



MEDICARE

NATIONAL & LOCAL COVERAGE DETERMINATIONS REFERENCE MANUAL

Medicare Part A & B – as of July 2021

**CMS NCDs
Noridian LCDs**

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Local Coverage Determination (LCD): MoIDX: Circulating Tumor Cell Marker Assays (L34066)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
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Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
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Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
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Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L34066

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Revision Effective Date

MoIDX: Circulating Tumor Cell Marker Assays

For services performed on or after 12/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period End Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

42 CFR 410.32(a). Order diagnostic tests.

42 CFR 411.15(k)(1). Particular Services excluded from coverage.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This is a NON-coverage policy for all circulating tumor cells (CTC) assays. This policy does not address tests for circulating free or circulating tumor DNA (cfDNA; ctDNA).

Summary of Evidence

Although the detection of elevated CTCs during therapy is a definitive indication of subsequent rapid disease progression and mortality in breast, colorectal and prostate cancer, no data has been forthcoming to demonstrate improved patient outcomes, or that the assay changes physician management to demonstrate improved patient outcomes.

Analysis of Evidence (Rationale for Determination)

Level of Evidence

Quality of evidence – absent

Strength of evidence – absent

Weight of evidence – absent

CTC testing for all malignant diagnoses will be denied as not reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). There are been no substantive articles demonstrating clinical utility for this assay – prospective studies that demonstrate improved patient outcomes based on testing results, or that testing changes physician management to change patient outcomes.

General Information

Associated Information

N/A

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/01/2019	R5	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
12/01/2019	R4	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p>	<ul style="list-style-type: none"> Revisions Due To Code Removal
09/24/2018	R3	<p>Indications and limitations were corrected to clarify that this policy does not address tests for circulating free or circulating tumor DNA (cfDNA; ctDNA). Completed 21st Century Cures Act required fields.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2017	R2	<p>Added MoIDX into the title of the LCD and revised verbiage to be consistent with the MoIDX Program. There is no change in coverage.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
10/01/2015	R1	This final LCD, effective 10/1/2015, combines JFA L35096 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57816 - Billing and Coding: MoIDX: Circulating Tumor Cell Marker Assays

A55598 - Billing and Coding: MoIDX: OncoCee™

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/29/2020 with effective dates 12/01/2019 - N/A

Updated on 11/24/2019 with effective dates 12/01/2019 - N/A

Updated on 09/27/2018 with effective dates 09/24/2018 - 11/30/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Circulating Tumor

Local Coverage Article: Billing and Coding: MolDX: Circulating Tumor Cell Marker Assays (A57816)

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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57816

Original Effective Date

12/01/2019

Article Title

Billing and Coding: MoIDX: Circulating Tumor Cell
Marker Assays

Revision Effective Date

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub. 100-02, *Medicare Benefit Policy Manual*, Chapter 15, § 80.1, Clinical Laboratory services.

CMS Internet-Only Manual, Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

CMS Internet-Only Manual, Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a CTC service, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
86152	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG, CIRCULATING TUMOR CELLS IN BLOOD);
86153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG, CIRCULATING TUMOR CELLS IN BLOOD); PHYSICIAN INTERPRETATION AND REPORT, WHEN REQUIRED

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55598 - Billing and Coding: MoIDX: OncoCee™

LCD(s)

L34066 - MoIDX: Circulating Tumor Cell Marker Assays

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/24/2019 with effective dates 12/01/2019 - N/A

Keywords

- Circulating Tumor
- 86152
- 86153

Local Coverage Determination (LCD): MoIDX: Molecular RBC Phenotyping (L36171)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
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LCD Information

Document Information

LCD ID L36171	Original Effective Date For services performed on or after 04/01/2016
Original ICD-9 LCD ID N/A	Revision Effective Date N/A
LCD Title MoIDX: Molecular RBC Phenotyping	Revision Ending Date N/A
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	Notice Period Start Date 02/11/2016
	Notice Period End Date 03/31/2016

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CMS National Coverage Policy Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests"

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This policy provides limited-coverage for molecular phenotyping of erythrocyte antigens performed on the HEA BeadChip™ (Immucor, Warren, NJ), a single nucleotide polymorphisms (SNP)-based microarray test. This high-throughput molecular assay received FDA PMA approval in May, 2014 and is the only IVD- approved molecular test to characterize human red blood cell (RBC) antigens.

Many clinically significant antigens are encoded by alleles defined by SNPs. This assay identifies 35 antigens and 3 phenotypic variants across 11 blood groups (Rh, Kell, Duffy, Kidd, MNS, Lutheran, Dombrock, Landsteiner-Wiener, Diego, Colton and Scianna). Genomic DNA targets isolated from whole blood are amplified and fluorescent signals are interpreted by online software as specific alleles and probable antigen phenotype. This test does not evaluate patient antibody status.

For more than ten years, RBC genotyping has been applied mainly to mass screen donors in blood centers. American Rare Donor Program, a consortium of the American Red Cross and American Association of Blood Banks (AABB) accredited immunohematology reference laboratories have used molecular genotype information for several years to identify antigen negative blood units from donor for patients with antibodies. Blood centers also
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use molecular technology to genotype donors for certain antigens (e.g., Dombrock) that are hard to ascertain because of antisera unavailability or weak potency.

Hemagglutination is the most common serologic method of determining a RBC phenotype. In this technique, the patient's RBCs are tested with antisera specific for the antigens of interest. However, hemagglutination testing cannot be used if a patient has a positive direct antiglobulin test (DAT), or if direct agglutination typing sera is not available for the antigen. In addition, serologic phenotyping is invalid in the transfused patient who may have persistent donor RBCs in circulation. Because molecular genotyping is not subject to the limitations of serologic testing, it has become a useful tool in large hospital transfusion services.

As early as 1999, Legler et al demonstrated disparate molecular Rh phenotyping in 7 of 27 patients compared to serologic typing. Soon afterwards, Reid and others demonstrated that DNA from blood samples could be used to genotype patients who had recently been transfused. Castilho et al confirmed the unreliability of serologic testing when they showed that 6 of 40 molecular genotypes differed from serologic phenotypes in multiply transfused sickle cell anemia (SCA) patients, and in 9 of 10 alloimmunized thalassemic patients. A number of investigators have replicated these findings, most notably Bakanay et al when they demonstrated genotypic and phenotypic discrepancies in 19 or 37 multi-transfused patients in multiple alleles. The discrepancies aided in the selection of antigen-matched blood products and improved RBC survival, ultimately improving patient care. A recent case report by Wagner emphasizes the usefulness of molecular testing over serologic testing in chronically transfused patients.

In a prospective observational study, Klapper et al. used the HEA BeadChip™ to provide extended human erythrocyte antigen (xHEA) phenotyped donor units and recipient patient samples. XHEA-typed units were assigned to pending transfusion requests using a web-based inventory management system to simulate blood order processing at four hospital transfusion services. The fraction of requests filled (FF) in 3 of 4 sites was > 95% when matching for ABO, D and known alloantibodies, with a FF of > 90% when additional matching for C, c, E, e, and K antigens. The most challenging requests came from the fourth site where the FF was 62 and 51% respectively, even with a limited donor pool.

In a prospective observational study by Da Costa et al, 21 of 35 sickle cell anemia (SCA) patients had discrepancies or mismatches, mainly in the Rh, Duffy, Jk and MNS blood groups, between the genotype profile and the serologically-matched blood unit for multiple antigens. These authors report that their genotype-matching program resulted in elevated hemoglobin levels, increased time between transfusions and prevented the development of new alloantibodies.

Two recently published papers have shown the feasibility of routinely applying molecular blood banking techniques in a hospital transfusion service. Routine RBC testing has been implemented in a large tertiary care hospital in Los Angeles, CA to maximize efficient use of blood units. Patients with warm or cold reacting autoantibodies, patients with SCA and patients with antibodies that could not be identified were molecularly genotyped and received molecularly matched blood from the hospital's genotyped donor inventory.

At a large hospital in Cleveland, OH, pre-transfusion molecular typing is performed on chronically transfused patients, patients with autoantibodies, multiple antibodies, when no antigen specific antibody is available for testing and to solve laboratory discrepancies. The authors note that the major benefit of molecular typing is its application for patients who cannot be typed by serology due to an unsuitable sample. Valid results can be obtained even when they have been transfused within a few days of testing or have been massively transfused. Samples selected for molecular testing were based on an algorithm.

Medicare will cover pretransfusion molecular testing using the HEA BeadChip™ assay for the following categories of patients:

- Long term, frequent transfusions anticipated to prevent the development of alloantibodies (e.g. sickle cell anemia, thalassemia or other reason);
- Autoantibodies or other serologic reactivity that impedes the exclusion of clinically significant alloantibodies (e.g. autoimmune hemolytic anemia, warm autoantibodies, patient recently transfused with a positive DAT, high-titer low avidity antibodies, other reactivity of no apparent cause);
- Suspected antibody against an antigen for which typing sera is not available; and
- Laboratory discrepancies on serologic typing (e.g. rare Rh D antigen variants)

Medicare does not expect molecular testing to be performed on patients undergoing surgical procedures such as bypass or other cardiac procedures, hip or knee replacements or revisions, or patients with alloantibodies

identifiable by serologic testing that are not expected to require long term, frequent transfusions.

The medical necessity for molecular RBC phenotyping must be documented in the patient's medical record.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

0x TBD

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE
81403 ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT
REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes	Description
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.9	Nutritional anemia, unspecified
D55.0	Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency
D55.1	Anemia due to other disorders of glutathione metabolism
D55.2	Anemia due to disorders of glycolytic enzymes
D55.3	Anemia due to disorders of nucleotide metabolism
D55.8	Other anemias due to enzyme disorders
D55.9	Anemia due to enzyme disorder, unspecified
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D56.3	Thalassemia minor
D56.5	Hemoglobin E-beta thalassemia
D56.8	Other thalassemias
D56.9	Thalassemia, unspecified
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome

ICD-10 Codes	Description
D57.02	Hb-SS disease with splenic sequestration
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.3	Sickle-cell trait
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia with acute chest syndrome
D57.412	Sickle-cell thalassemia with splenic sequestration
D57.419	Sickle-cell thalassemia with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
D58.0	Hereditary spherocytosis
D58.1	Hereditary elliptocytosis
D58.9	Hereditary hemolytic anemia, unspecified
D59.0	Drug-induced autoimmune hemolytic anemia
D59.1	Other autoimmune hemolytic anemias
D59.9	Acquired hemolytic anemia, unspecified
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.89	Other specified anemias

ICD-10 Codes that DO NOT Support Medical Necessity N/A
ICD-10 Additional Information

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General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Coverage Indications, Limitations, and/or Medical Necessity") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the MAC upon request.

This final LCD, effective 04/01/2016, combines JFA DL36169 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number.

Sources of Information and Basis for Decision

References

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15. Wilkinson K, Harris S, Gaur P, et al. Molecular blood typing augments serologic testing and allows for enhanced matching of red blood cells for transfusion in patients with sickle cell disease. Transfusion 2012;52(2):381-8.

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Revision History Information

N/A [Back to Top](#)

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A54866 - Response to Comments: MoIDX: Molecular RBC Phenotyping](#) LCD(s) [DL36169 - MoIDX: Molecular RBC Phenotyping](#) [DL36171](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 01/29/2016 with effective dates 04/01/2016 - N/A [Back to Top](#)

Keywords

- Molecular RBC Phenotyping
- 81403
- genotyping

Read the [LCD Disclaimer](#) [Back to Top](#)

Local Coverage Article: Billing and Coding: MolDX: Molecular RBC Phenotyping (A57445)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A57445

Original Effective Date
11/01/2019

Article Title

Revision Effective Date

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests"

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction

of Laboratory Claims, §60.12 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 §10 "Reporting ICD Diagnosis and Procedure Codes".

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a Molecular RBC Phenotyping service, please submit the following claim information:

- Select PLA Code 0001U
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
0001U	RED BLOOD CELL ANTIGEN TYPING, DNA, HUMAN ERYTHROCYTE ANTIGEN GENE ANALYSIS OF 35 ANTIGENS FROM 11 BLOOD GROUPS, UTILIZING WHOLE BLOOD, COMMON RBC ALLELES REPORTED

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.9	Nutritional anemia, unspecified
D55.0	Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency
D55.1	Anemia due to other disorders of glutathione metabolism
D55.2	Anemia due to disorders of glycolytic enzymes
D55.3	Anemia due to disorders of nucleotide metabolism
D55.8	Other anemias due to enzyme disorders
D55.9	Anemia due to enzyme disorder, unspecified
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D56.3	Thalassemia minor
D56.5	Hemoglobin E-beta thalassemia
D56.8	Other thalassemias
D56.9	Thalassemia, unspecified
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome

ICD-10 CODE	DESCRIPTION
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.3	Sickle-cell trait
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia with acute chest syndrome
D57.412	Sickle-cell thalassemia with splenic sequestration
D57.419	Sickle-cell thalassemia with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
D58.0	Hereditary spherocytosis
D58.1	Hereditary elliptocytosis
D58.9	Hereditary hemolytic anemia, unspecified
D59.0	Drug-induced autoimmune hemolytic anemia
D59.1	Other autoimmune hemolytic anemias
D59.9	Acquired hemolytic anemia, unspecified
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease

ICD-10 CODE	DESCRIPTION
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.89	Other specified anemias

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
013x	Hospital Outpatient

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/01/2019	R1	<p>11/01/2019: This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles.</p> <p>Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related MoIDX: Molecular RBC Phenotyping L36171 LCD and placed in this article.</p>

Associated Documents

Related Local Coverage Document(s)

Article(s)

A54866 - Response to Comments: MoIDX: Molecular RBC Phenotyping

LCD(s)

L36171 - MoIDX: Molecular RBC Phenotyping

DL36169

- (MCD Archive Site)DL36171

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/04/2019 with effective dates 11/01/2019 - N/A

Keywords

N/A

Local Coverage Determination (LCD): MoIDX-CDD: ConfirmMDx Epigenetic Molecular Assay (L36329)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

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LCD Information

Document Information

LCD ID: L36329
Original Effective Date: For services performed on or after 10/01/2015

LCD Title: MoIDX-CDD: ConfirmMDx Epigenetic Molecular Assay
Revision Effective Date: For services performed on or after 10/01/2016

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Revision Ending Date: N/A
Retirement Date: N/A
Notice Period Start Date: N/A
Notice Period End Date: N/A

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CMS National Coverage Policy Title XVIII of the Social Security Act (the "Act"), Section 1862(a)(1)(A). This section limits coverage and payment to those items and services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim that lacks the necessary information to process the claim.

42 C.F.R. § 410.32 "Diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests: Condition."

Medicare Internet Online Manual Pub. 100-2 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests"

Medicare Internet Online Manual Pub. 100-4 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications and Limitations of Coverage

Noridian will provide limited coverage for the ConfirmMDx epigenetic assay for prostate cancer (MDxHealth, Irvine, CA) to reduce unnecessary repeat prostate biopsies. While prospective evidence is currently being generated, retrospective evidence of clinical utility supports the potential value of this diagnostic test and serves as adequate evidence of likely clinical utility to support limited coverage. Noridian is aware that MDxHealth has initiated the PASCUAL Clinical Trial to prospectively address outcomes to establish clinical utility. Although limited coverage of this assay does support data collection within the PASCUAL trial, participation in the PASCUAL trial is not a prerequisite to the limited coverage. Coverage is limited to providers enrolled in the ConfirmMDx Certification and Training Registry (CTR) program.

ConfirmMDx assesses the methylation status of 3 biomarkers (GSTP1, RASSF1, APC) associated with prostate cancer. ConfirmMDx is intended for use in patients with high-risk factors such as elevated/rising prostate-specific antigen (PSA) or abnormal digital rectal examination (DRE), with a negative or non-malignant abnormal histopathology finding (e.g., atypical cell or high grade prostate intraepithelial neoplasia (HGPIN)) in the previous biopsy, and is being considered for repeat biopsy. Several case/control studies in archived biopsy core tissue blocks demonstrated the sensitivity, specificity and high negative predictive value (NPV) of these biomarkers to predict cancer detection in a repeat biopsy procedure. Single biopsy cores, using as little as 20 microns from formalin-fixed, paraffin embedded (FFPE) tissue blocks or sections cut from blocks fixed on glass slides are used in this assay.

The performance of this assay in a large, blinded clinical validation study demonstrated a NPV of 90% which is considerably higher than that afforded by standard histopathology review. A mathematically-based budget impact model using the assay in urologic practices to decide upon the need for repeat biopsies reported significant cost and medical resource savings by avoiding unnecessary, invasive biopsies over current standard of care methods. Further logistic regression models using all pertinent risk factors for prostate cancer detection (patient age, serum PSA level, digital rectal exam, histopathological findings on the previous cancer-negative biopsy and the assay) from the clinical validation trial were analyzed to compare various metrics separately and in combination. Assay results and prior histopathology were the strongest predictors of missed cancers and these two measures combined had a higher performance than either alone.

The repeat biopsy rate for patients with an initial negative biopsy was reported to be approximately 40% in the Prostate, Lung, Ovarian and Lung (PLCO) screening trial suggesting that a majority of the patients undergoing repeat biopsies did not have cancer detected. A recently completed field observation study was conducted in 138 patients with negative biopsies and managed by the urologist receiving negative ConfirmMDx for Prostate Cancer assay findings from those patient's tissues. Only 6 of the 138 patients in that series had received a repeat biopsy yielding a 4.5% repeat biopsy rate.

ConfirmMDx is covered under the following conditions:

1. Males aged 40 to 85 years old that have undergone a previous cancer-negative prostate biopsy within 24 months and are being considered for a repeat biopsy due to persistent or elevated cancer-risk factors, **and**
2. The previous negative prostate biopsy must have collected a minimum of 8 tissue cores (but not have received a saturation biopsy of > 24 tissue cores) and remaining FFPE tissue from all cores is available for testing, **and**
3. Minimum tissue volume criteria of 20 microns of prostate biopsy core tissue is available (40 microns preferable), **and**
4. Previous biopsy histology does not include a prior diagnosis of prostate cancer or cellular atypia suspicious for cancer (but may include the presence of high-grade prostatic intraepithelial neoplasia (HGPIN), proliferative inflammatory atrophy (PIA), or glandular inflammation), **and**
5. Patient is not being managed by active surveillance for low stage prostate cancer, **and**
6. Tissue was extracted using standard patterned biopsy core extraction (and not transurethral resection of the prostate (TURP)), **and**
7. Patient has not been previously tested by ConfirmMDx from the same biopsy samples or similar molecular test, **and**
8. Testing has been ordered by a physician who is certified in the MoIDx approved ConfirmMDx Certification and Training Registry (CTR) program.

Noridian expects MDxHealth to accrue patients in the PASCUAL trial and expects that, prior to any expansion of the CTR program based on a positive interim analysis result, roughly 50% of all Medicare cases covered under this LCD will be for Medicare patients that are enrolled in the PASCUAL trial. Noridian expects that preliminary interim analysis of the PASCUAL trial results will become available within 2 years from the beginning of the trial. Under this LCD, if the interim analysis demonstrates a substantially lower re-biopsy rate without adverse events, physician participation in the ConfirmMDx CTR program will be expanded, effectively increasing the number of patients tested and covered. If the interim analysis demonstrates poor patient accrual, suggesting limited merit of this assay in clinical practice, or fails to demonstrate a substantially decreased re-biopsy rate, limited coverage will continue until either 1200 patients have been tested or 3 years from the date of this LCD, whichever occurs first. Regardless of the final outcomes, when trial accrual is complete, Noridian expects peer-reviewed presentation and publication of the PASCUAL trial results. The trial results will be reviewed by Palmetto GBA as the CMS designated MoIDx contractor in the context of a LCD reconsideration. Full coverage and removal of the CTR requirement are expected with favorable trial findings, or non-coverage for unfavorable findings.

Certification and Training Registry (CTR) Program

Because of the complicated nature of management decisions utilizing the ConfirmMDx assay and the potential for missing early prostate cancer, testing must be furnished only by physicians who are enrolled in a MoIDx approved CTR program. The ConfirmMDx CTR program serves as a control to assure the appropriate selection of patients, compliance with management decisions and stringent follow up to ensure the benefits of the test outweigh its risks. As part of this requirement MDxHealth will provide to Noridian and the CMS MoIDx contractor regular reports every 6 months.

The goals of the ConfirmMDx Certification and Training Program are as follows:

- To avoid missing clinically relevant early prostate cancers with associated increased morbidity and mortality,
- To inform prescribers and patients on the safe-use conditions for ConfirmMDx,
- To collect data to inform and manage appropriate utilization and long term safety of patients who were tested but not part of a trial.

Noridian is aware that MDxHealth has initiated a confirmatory prospective trial (PASCUAL Clinical Trial) addressing the clinical utility and safety of ConfirmMDx. To assure safe use, MDxHealth will ensure that healthcare providers who order ConfirmMDx are registered and certified in the ConfirmMDx CTR program. Coverage for ConfirmMDx testing is available only through these providers. The following criteria must be met in order for a healthcare provider to become certified:

- Must have been trained and certified in the same manner as registered investigators in the ConfirmMDx PASCUAL trial,
- Must manage and follow patients in a similar fashion to those enrolled in the PASCUAL trial,
- Must provide and document patient counseling as to the benefits and risks of ConfirmMDx testing, highlighting the possibility of missing a clinically significant early prostate cancer,
- Must collect and provide, on request to MDxHealth, a limited number of clinical data elements in patients where the test is ordered but the patient is not a participant in a registry or trial where similar outcome data is being collected separately.

Data Element Collection for Patients NOT enrolled in PASCUAL Study:

- General Elements:
 - Total number of tests submitted to Medicare for payment
 - Number of Medicare patients enrolled in ConfirmMDx clinical trial(s), and
 - Number of Medicare tested patients whose data has accrued into the CTR program registry
- Patient Specific Elements (at initial testing):
 - Date of digital rectal examination ("DRE")
 - Date of PSA
 - PSA and DRE findings
 - Dates of previous prostate biopsy(ies), with copies of pathology report preferred
 - ConfirmMDx test results
- Every 6 months:

- Prostate re-biopsy to include time (weeks/months) for previous negative biopsy, type of biopsy (trans-rectal vs trans-peritoneal),
- Prostate cancer status (Y/N) to include Gleason score, stage, and PSA at time of detection and treatment(s), when applicable
- Deaths

As part of the Certification and Training registry process, MDxHealth will:

- Maintain a secure database of Confirm MDx CTR providers,
- Monitor to ensure that only ConfirmMDx CTR providers are ordering ConfirmMDx testing.
- Monitor use of the test for patients not enrolled in a clinical trial or outcome focused registry,
- Ensure that CTR providers schedule appropriate follow-up visits following ConfirmMDx testing in accordance with policies based on accepted practice,
- Institute corrective action and prevent a certified provider from enrolling additional patients into the CTR program if the provider fails to come into compliance with the ConfirmMDx CTR program.li>

MDxHealth will develop policies and procedures to provide Palmetto GBA with the required data elements. Palmetto GBA and Noridian expect MDxHealth to obtain observational data elements on approximately 600 ConfirmMDx test recipients. MDxHealth will also provide representative samples of educational materials, data collection forms, and reporting forms. The reportable data elements will be submitted to Palmetto GBA as the CMS designated MoIDX contractor every 6 months in a mutually accepted format.

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[Coding Information](#)

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A**Group 1 Codes:**

ICD-10 Codes	Description
D29.1	Benign neoplasm of prostate
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N41.0	Acute prostatitis
N41.1	Chronic prostatitis
N41.9	Inflammatory disease of prostate, unspecified
N42.81	Prostatodynia syndrome
N42.82	Prostatosis syndrome
N42.83	Cyst of prostate
N42.89	Other specified disorders of prostate
N42.9	Disorder of prostate, unspecified
R97.20	Elevated prostate specific antigen [PSA]

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information

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General Information

Associated Information

N/A

Sources of Information and Basis for Decision

References:

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2016	R2	<p>The following ICD-10 codes are added/deleted effective 10/1/16: Added code: R97.20. Deleted code: R97.2</p> <p>N40.0 descriptor was changed in Group 1 from Enlarged prostate without lower urinary tract symptoms to Benign prostatic hyperplasia without lower urinary symptoms.</p> <p>N40.1 descriptor was changed in Group 1 from Enlarged prostate with lower urinary tract symptoms to Benign prostatic hyperplasia with lower urinary tract symptoms.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R1	<p>The Part A LCD (L36328) is retired and Part A contract numbers are added to the Part B LCD.</p> <p>LCD is revised to add "CDD" (Coverage with Data Development) to the title identifying LCDs which are coverage requiring data development.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction

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[Associated Documents](#)

Attachments N/A

Related Local Coverage Documents Article(s) [A54227](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 09/28/2016 with effective dates 10/01/2016 - N/A [Updated on 11/30/2015 with effective dates 10/01/2015 - 09/30/2016](#) [Updated on 08/05/2015 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

[Keywords](#)

- MDxHealth
- Epigenetic
- MoIDX
- 81479
- prostate

Read the [LCD Disclaimer](#) [Back to Top](#)

Local Coverage Determination (LCD): MoIDX: NRAS Genetic Testing (L36339)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

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LCD Information

Document Information

LCD ID
L36339

Original Effective Date
For services performed on or after 07/05/2016

LCD Title
MoIDX: NRAS Genetic Testing

Revision Effective Date
For services performed on or after 01/19/2017

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Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
05/19/2016

Notice Period End Date
07/04/2016

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CMS National Coverage Policy Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

Title XVIII of the Social Security Act, §1862(a)(1)(D). Allows coverage and payment for clinical care items and services provided with the concurrence of the Secretary and with respect to research and experimentation conducted by, or under contract with, the Medicare Payment Advisory Commission or the Secretary, which are not reasonable and necessary to carry out the purposes of section

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

42 CFR 410.32(a). States diagnostic tests must be ordered by the physician treating the beneficiary.

CMS On-Line Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, §§ 80.6, Requirements for Ordering and Following Orders for Diagnostic Tests.

CMS On-Line Manual, Publication 100-08, Medicare Benefit Policy Manual, Chapter 3, §§ 3.4.1.3, Diagnosis Code Requirements.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications:

This is limited coverage policy for genetic testing of tumor tissue for somatic mutations in the NRAS gene (81311). Noridian will cover NRAS testing for metastatic colorectal cancer, per NCCN guidelines (Version 2.2016).

All other NRAS testing is non-covered.

Background:

RAS oncogene is a superfamily of signal transduction proteins, which are proteins that communicate signals between the cells. DNA mutations in the RAS family genes turns the signals on permanently such that the cells divide nonstop, leading to cancer. Three of this family's proteins, HRAS, KRAS, and NRAS are important in tumors and encode 21kD proteins called p21s.

Previous studies have shown that targeting oncogenic NRAS-driven melanomas requires decrease in both pERK and pAKT downstream of RAS-effectors for efficacy, which could be achieved by either targeting both BRAF and CRAF or BRAF and PIK3CA simultaneously in NRAS mutant tumor cells.

Colorectal Cancer:

Multiple signaling pathways are involved in colorectal cancer pathogenesis. The epidermal growth factor receptor (EGFR) plays a key role in activation of these pathways and is commonly overexpressed in metastatic colorectal cancer (mCRC). Consequently, EGFR is a target of anticancer therapies. Two of these drugs, cetuximab and panitumumab, are monoclonal antibodies that block EGFR action. The 2013 NCCN Clinical Practice Guidelines for Colon Cancer describes a recent study by Douillard et al [2013] which reported that 17% of 641 patients from the

PRIME trial without KRAS exon 2 mutations were found to have mutations in exons 3 and 4 of KRAS or mutations in exons 2, 3, and 4 of NRAS. A predefined retrospective analysis of a subset of these patients showed that progression free survival (PFS) and overall survival (OS) were decreased in those who received panitumumab plus FOLFOX compared to those who received FOLFOX alone. For this reason the FDA indication for panitumumab was recently updated to state that panitumumab is not indicated for the treatment of patients with NRAS mutation-positive disease in combination with oxaliplatin-based chemotherapy.

In chemotherapy-refractory patients, fewer than 10% of patients who harbor one of these mutations respond to EGFR immunotherapy. The American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN) both recommend KRAS mutation testing prior to prescribing EGFR antagonist therapy for patients with mCRC and state that alternative therapy should be prescribed when mutations are detected.

However, NCCN Colorectal Guidelines (Version 2.2016) recommend "All patients with metastatic colorectal cancer should have tumor tissue genotyped for RAS mutations (KRAS and NRAS) and BRAF mutations. Patients with any known KRAS mutation (exon 2 or non- exon 2) or NRAS mutation should not be treated with either cetuximab or panitumumab." Evidence increasingly suggests that BRAF V600E mutation makes response to panitumumab or cetuximab highly unlikely, as a single agent, or in combination with cytotoxic chemotherapy. In light of the above, KRAS, NRAS and BRAF are covered for metastatic colorectal cancer.

Metastatic Melanoma:

The NRAS gene encodes a protein that helps control cell division. Approximately 15% to 20% of melanomas harbor an oncogenic NRAS mutation. NRAS mutations can occur in all melanoma subtypes, but may be slightly more common in skin with chronic sun damage or in nodular melanomas. In addition, NRAS mutations are not found in tumors with BRAF mutations.

Several studies have been carried out to examine whether mutations in BRAF and NRAS confer different pathological features and clinical behavior. The effect of these mutations on clinical outcome remains uncertain with previous studies reporting conflicting results.

(Per NCCN Guidelines 3.2016- BRAF- targeted Therapies: "Approximately half of patients with metastatic cutaneous melanoma harbor an activating mutation of BRAF, an intracellular signaling kinase in the MAPK pathway. Most BRAF-activating mutations occurring in melanomas are at residue V600, usually V600E but occasionally V600K or other substitutions. BRAF inhibitors have been shown to have clinical activity in melanomas with BRAF V600 mutations. Inhibitors of MEK, a signaling molecule downstream of BRAF, may potentiate these effects. Recent efficacy and safety data from large randomized trials testing BRAF and MEK inhibitors have significantly impacted the recommended treatment options for patients with BRAF-mutation positive advanced melanoma.")

The NRAS protein is a GTPase which can lead to the activation of other proteins (such as AKT and MEK) that are also in pathways that help regulate cell division. In theory, drugs that inhibit AKT or MEK also have the potential to counteract the effects of NRAS mutations, although NRAS targeting therapies are still in clinical trials. In addition, pathways that help regulate cell division also include other proteins that could potentially be targeted such as PI3K and mTOR.

Melanomas can be tested for NRAS mutations with targeted sequencing. There are several manufacturers of targeted genetic tests that can detect NRAS mutations in melanoma tumor samples. The prognostic significance of NRAS mutations is still not well understood and further investigation of the histologic types of melanoma with specific NRAS mutations in a larger series is necessary to validate these apparent impacts on patient outcomes. In smaller subsets of cutaneous melanoma, other activating mutations have been described, including NRAS, c-KIT, and CDK4.

Other Cancers:

Other neoplastic diseases in which NRAS mutations have been reported in the primary literature include: myeloid leukemia, bladder cancer, liver cancer, and proliferative thyroid lesions.

Schulten et al [2-013] directly sequenced mutational hotspot regions encompassing codons 12, 13, and 61 of the RAS genes in 381 cases of thyroid lesions. In addition, the putative NRAS hotspot region encompassing codon 97 was sequenced in 36 thyroid lesions. Schulten and team found mutations in 16 out of 57 patients.

Kompier et al [2010] reports that although they have been reported, NRAS mutations are not common in bladder cancer.

Although NRAS mutations have been identified in the above tumor types, evidence in the primary literature is limited with regard to the clinical utility of NRAS mutation testing and its impact on management and survival. There is currently insufficient evidence to demonstrate clinical utility of NRAS testing in these tumor types.

NRAS Testing in relation to Noonan syndrome diagnosis:

Noonan syndrome is a common autosomal dominant condition with an incidence of 1/1,000 to 1/2,500 people. Unlike the somatic tumor mutations discussed above, Noonan syndrome may be caused by a germline mutation in the NRAS gene which would be present in every cell of the body. Noonan syndrome is characterized by a number of phenotypic findings including distinctive facial features, short stature, heart defects, cryptorchidism, lymphedema, and coagulation defects, among others. Several syndromes have features that overlap clinically with Noonan syndrome including cardiofaciocutaneous syndrome, Costello syndrome, LEOPARD syndrome and Noonan--like syndrome with loose anagen hair. The genetic etiologies of these conditions can also overlap with Noonan syndrome.

Several of these disorders have been referred to as neurocardiofacialcutaneous syndromes, RASopathies or Ras/MAPK pathway disorders and have a shared pathway of genetic function.

They are characterized by facial dysmorphism, cardiac disease, reduced growth, skeletal and ectodermal defects and variable cognitive deficits. They also share a predisposition to development of malignancies.

Overall, approximately 75% of individuals with Noonan syndrome will have an identifiable mutation with gene panel testing. To date, NRAS mutations have been found in four individual case reports which suggests that NRAS testing for Noonan syndrome is unlikely to yield positive results. The clinical features appear to be typical with no particular or distinctive phenotype observed suggesting that mutation testing targeted to select individuals is not feasible.

Genotype-/phenotype correlations have emerged that can help to direct medical management for those affected with an associated condition, but not specifically for NRAS mutations. For instance, mutations in the SOS1 gene have been associated with an increased chance for ectodermal involvement, development of certain solid tumors, pulmonary stenosis, and atrial and ventricular septal defects; with an associated decreased prevalence of cognitive defects, short stature, and hypertrophic cardiomyopathy.

Medical management recommendations are available for many of the Noonan syndrome spectrum disorders. Overlapping features result in overlapping medical management recommendations, typically guided by clinical features.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

81311 NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINOMA), GENE ANALYSIS, VARIANTS IN EXON 2 (EG, CODONS 12 AND 13) AND EXON 3 (EG, CODON 61)

81479 UNLISTED MOLECULAR PATHOLOGY PROCEDURE

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: Although not specifically addressed in the ICD-10-CM Official Guidelines for Coding and Reporting 2016, when an encounter is for management of a complication associated with a neoplasm (NRAS testing for metastatic colon cancer), the complication (metastasis) is coded first, followed by the appropriate codes for the neoplasm.

*Primary Diagnoses are listed in Group 1 and Secondary Diagnoses in Group 2.

Group 1 Codes:

ICD-10 Codes

Description

C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site

Group 2 Paragraph: Secondary Diagnoses:

Group 2 Codes:

ICD-10 Codes	Description
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information

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General Information

Associated Information

N/A

Sources of Information and Basis for Decision

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/19/2017	R2	<p>Added the following ICD-10 codes under Group 1 that were left out of the C79.00-C79.9 range in error. C79.01, C79.02, C79.10,C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9</p> <p>Added primary and secondary diagnoses codes under ICD-10 Codes that Support Medical Necessity:</p>	<ul style="list-style-type: none">Revisions Due To ICD-10-CM Code Changes
01/19/2017	R1	<p>Group 1: C77.0-C77.9 Secondary and unspecified malignant neoplasm of lymph nodes C78.00-C78.89 – Secondary malignant neoplasm of respiratory and digestive organs C79.00-C79.9 Secondary malignant of other and unspecified sites</p> <p>Group 2: C18.0-C18.9 – Malignant neoplasm of colon C19 – Malignant neoplasm of recto-sigmoid junction C20 – Malignant neoplasm of rectum</p>	<ul style="list-style-type: none">Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A55049 - Response to Comments: MoIDx: NRAS Genetic Testing](#)
LCD(s) [DL36337](#) - (MCD Archive Site) [DL36339](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 01/26/2017 with effective dates 01/19/2017 - N/A [Updated on 01/23/2017 with effective dates 01/19/2017 - N/A](#) [Updated on 05/03/2016 with effective dates 07/05/2016 - N/A](#) [Back to Top](#)

Keywords

- NRAS
- KRAS
- HRAS
- Noonan
- 81311
- 81479
- neoplasm
- melanoma
- MoIDx
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Local Coverage Article: Billing and Coding: MoIDX: NRAS Genetic Testing (A57487)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
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Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A57487

Original Effective Date
12/01/2019

Article Title

Revision Effective Date

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS On-Line Manual, Publication 100-08, Medicare Benefit Policy Manual, Chapter 3, §§ 3.4.1.3, Diagnosis Code

Requirements.

42 CFR 410.32(a). States diagnostic tests must be ordered by the physician treating the beneficiary.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a NRAS Genetic Testing service, please submit the following claim information:

- Select appropriate CPT® code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81311	NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINOMA), GENE ANALYSIS, VARIANTS IN EXON 2 (EG, CODONS 12 AND 13) AND EXON 3 (EG, CODON 61)
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

Although not specifically addressed in the ICD-10-CM Official Guidelines for Coding and Reporting 2016, when an encounter is for management of a complication associated with a neoplasm (NRAS testing for metastatic colon cancer), the complication (metastasis) is coded first, followed by the appropriate codes for the neoplasm.

*Primary Diagnoses are listed in Group 1 and Secondary Diagnoses in Group 2.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis

ICD-10 CODE	DESCRIPTION
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site

Group 2 Paragraph:

Secondary Diagnoses:

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon

ICD-10 CODE	DESCRIPTION
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/01/2019	R1	CMS references are revised.

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55049 - Response to Comments: MoIDX: NRAS Genetic Testing

LCD(s)

L36339 - MoIDX: NRAS Genetic Testing

DL36337

- (MCD Archive Site)DL36339

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/05/2019 with effective dates 12/01/2019 - N/A

Updated on 10/28/2019 with effective dates 12/01/2019 - N/A

Keywords

N/A

Centers for Medicare & Medicaid Services[Back to Document ID Search Results](#)**National Coverage Determination (NCD) for Histocompatibility Testing (190.1)****- Tracking Information**

Publication Number	Manual Section Number	Manual Section Title
100-3	190.1	Histocompatibility Testing

Version Number	Effective Date of this Version
1	8/1/1978

- Description Information**Benefit Category**

Diagnostic Laboratory Tests

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.**Item/Service Description**

Histocompatibility testing involves the matching or typing of the human leucocyte antigen (HLA).

Indications and Limitations of Coverage

This testing is safe and effective when it is performed on patients:

- A. In preparation for a kidney transplant;
- B. In preparation for bone marrow transplantation;
- C. In preparation for blood platelet transfusions (particularly where multiple infusions are involved); or
- D. Who are suspected of having ankylosing spondylitis.

This testing is covered under Medicare when used for any of the indications listed in A, B, and C and if it is reasonable and necessary for the patient.

It is covered for ankylosing spondylitis in cases where other methods of diagnosis would not be appropriate or have yielded inconclusive results. Request documentation supporting the medical necessity of the test from the physician in all cases where ankylosing spondylitis is indicated as the reason for the test.

- Transmittal Information**Revision History**

03/2013 - CMS translated the information for this policy from ICD-9-CM/PCS to ICD-10-CM/PCS according to HIPAA standard medical data code set requirements and updated any necessary and related coding infrastructure. These updates do not expand, restrict, or alter existing coverage policy. Implementation date: 10/07/2013 Effective date: 10/1/2015. ([TN 1199](#)) ([TN 1199](#)) (CR 8197)

05/2014 - CMS translated the information for this policy from ICD-9-CM/PCS to ICD-10-CM/PCS according to HIPAA standard medical data code set requirements and updated any necessary and related coding infrastructure. These updates do not expand, restrict, or alter existing coverage policy. Implementation date: 10/06/2014 Effective date: 10/1/2015. ([TN 1388](#)) ([TN 1388](#)) (CR 8691)

Local Coverage Determination (LCD): Serum Magnesium (L36700)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
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Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
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Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
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Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L36700

Original Effective Date

For services performed on or after 03/13/2017

LCD Title

Revision Effective Date

Serum Magnesium

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL36700

Retirement Date

N/A

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Notice Period Start Date

01/26/2017

Notice Period End Date

03/12/2017

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CMS National Coverage Policy

Title XVIII of the Social Security Act; Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or

injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act; Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Note: Providers should seek information related to National Coverage Determinations (NCD) and other Centers for Medicare & Medicaid Services (CMS) instructions in CMS Manuals. This LCD only pertains to the contractor's discretionary coverage related to this service.

Magnesium is a mineral required by the body for the use of adenosine triphosphate (ATP) as a source of energy. It is also necessary for neuromuscular irritability and blood clotting. Magnesium deficiency produces neuromuscular disorders. It may cause weakness, tremors, tetany, and convulsions. Hypomagnesemia is associated with hypocalcemia, hypokalemia, long-term hyperalimentation, intravenous therapy, diabetes mellitus (especially during treatment of ketoacidosis); alcoholism and other types of malnutrition; malabsorption; hyperparathyroidism; dialysis; pregnancy; and hyperaldosteronism. The following are other conditions that may cause magnesium deficiencies

- Renal loss of magnesium occurs with cis-platinum therapy.
- Hypomagnesemia may also be induced by amphotericin or anti-EGFR (some monoclonal antibodies) toxicity.
- Magnesium deficiency is described with cardiac arrhythmias. There is evidence that magnesium may cause arrhythmias.

Indications:

Utilization of certain cardiac drugs which cause adverse effects in the presence of low magnesium (i.e., quinidine, procainamide, and disopyramide phosphate or Norpace). Patients taking these drugs should have their magnesium checked approximately once every six months.

- Long term parenteral nutrition. Patients on long term parenteral nutrition that are otherwise asymptomatic should have their serum magnesium checked monthly.
- Malabsorption syndrome. The frequency should depend on the severity of the syndrome, but once the patient's level is stabilized, a monthly check should be adequate.
- Renal loss secondary to diuretic use.
- Chronic alcoholism, diabetic acidosis, and renal tubular acidosis. These patients should be followed on an as needed basis according to their symptomatology. Without symptoms, they should be checked no more than annually.
- Chronic diarrhea, otherwise unexplained and persistent.
- Prolonged nasogastric suction greater than five days. These patients should have a magnesium check every two to three weeks.
- Cisplatin treatment.
- Amphotericin treatment
- EGFR monoclonal antibodies
- Patients receiving IV magnesium therapy for a low serum level. Serum level should be monitored appropriately.

- Patients with hypocalcemia. If the hypocalcemia persists, the level should probably be checked on a six-month basis as long as the patient does not have symptoms of arrhythmias that would warrant closer follow up.
- Lethargy and confusion that are not otherwise explained. Once a patient has been diagnosed with mental health processes such as Alzheimer or psychotic depression, etc., there is no indication to follow their magnesium level on a regular basis.
- Patients receiving oral magnesium in the face of impaired renal function should have their magnesium level checked on a monthly basis.

Other clinical situations:

- Pre-eclampsia
- Unexplained muscular paralysis
- Neuromuscular irritability
- Blood clotting abnormalities
- Evidence (mixed) that magnesium levels are low and increased magnesium may benefit patients with sickle cell anemia, beta thalassemia and hypersplenism- more recent articles dispute this.
- Long Q-T syndrome, torsades de pointes and ventricular arrhythmias.

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

NA

General Information

Associated Information

N/A

Sources of Information

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16. Noridian Carrier Advisory Committee members

Bibliography

NA

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R4	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
10/01/2019	R3	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Update to revision number 2: Added ICD-10 code R15.11 is a typo. The correct code is R11.15.	
10/01/2019	R2	<p>Effective 10/1/2019. Added and deleted the following ICD-10 codes per the 2019/2020 annual ICD-10-CM updates.</p> <p>Added:</p> <ul style="list-style-type: none"> • I26.93 Single subsegmental pulmonary embolism without acute cor pulmonale • I26.94 Multiple subsegmental pulmonary emboli without acute cor pulmonale • I48.11 Longstanding persistent atrial fibrillation • I48.19 Other persistent atrial fibrillation • I48.20 Chronic atrial fibrillation, unspecified • I48.21 Permanent atrial fibrillation • R15.11 Cyclical vomiting syndrome unrelated to migraine <p>Deleted:</p> <ul style="list-style-type: none"> • I48.1 Persistent atrial • I48.2 Chronic atrial fibrillation <p>09/16/19: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes
10/01/2017	R1	<p>08/24/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective DOS 10/01/2017 the following ICD-10-CM codes were added and deleted:</p> <p>Add:</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<ul style="list-style-type: none"> • K56.50 • K56.51 • K56.52 <p>The following ICD-10 codes were deleted from the ICD-10 Codes that Support Medical Necessity field: K56.5 was deleted from Group 1</p>	

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57198 - Billing and Coding: Serum Magnesium

A55362 - Response to Comments: Serum Magnesium

LCD(s)

DL36700

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 01/29/2020 with effective dates 10/01/2019 - N/A

Updated on 09/20/2019 with effective dates 10/01/2019 - N/A

Updated on 08/31/2017 with effective dates 10/01/2017 - 09/30/2019

Updated on 01/11/2017 with effective dates 03/13/2017 - N/A

Keywords

- Serum
- Magnesium
- Mag
- MG++

Local Coverage Article: Billing and Coding: Serum Magnesium (A57198)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A57198

Original Effective Date
10/01/2019

Article Title

Revision Effective Date

Billing and Coding: Serum Magnesium

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act; Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act; Section 1833(e). This section prohibits Medicare payment for any claim, which

lacks the necessary information to process the claim.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local Coverage Determination.

Documentation must be made available to Medicare upon request. Failure to do so, may result in denial of claims.

Documentation of the medical necessity of the test must be retained in the ordering physician's patient medical record. Documentation should state the signs/symptoms and/or diagnosis that caused the need of the test procedure.

Laboratories must maintain the record of the physician's order for the test.

Medical records must contain the lab test results.

When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and literature that supports the request. At a minimum two (2) Phase II studies (human feasibility studies suggesting efficacy, pilots) or one (1) Phase III study (primary evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The Section titled "Does the 'CPT 30% Rule' apply?" needs clarification. This rule comes from the AMA (American Medical Association), the organization that holds the copyrights for all CPT codes. The rule states that if, in a given section (e.g., surgery) or subsection (e.g., surgery, integumentary) of the CPT Manual, more than 30% of the codes are listed in the LCD, then the short descriptors must be used rather than the long descriptors found in the CPT Manual.

Group 1 Codes:

CODE	DESCRIPTION
83735	MAGNESIUM

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
D57.02	Hb-SS disease with splenic sequestration
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.412	Sickle-cell thalassemia with splenic sequestration
D57.812	Other sickle-cell disorders with splenic sequestration
D68.8	Other specified coagulation defects
D73.2	Chronic congestive splenomegaly
D73.81	Neutropenic splenomegaly
D73.89	Other diseases of spleen
E03.5	Myxedema coma
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
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
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
E08.3291	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
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative

ICD-10 CODE	DESCRIPTION
	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
E08.3391	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
E08.3411	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
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
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
E08.3511	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
E08.3591	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
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic

ICD-10 CODE	DESCRIPTION
	complication
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
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
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

ICD-10 CODE	DESCRIPTION
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
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
E09.3291	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
E09.3311	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
E09.3391	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
E09.3411	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
E09.3491	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

ICD-10 CODE	DESCRIPTION
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
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
E09.3591	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
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
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
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
ICD-10 CODE	DESCRIPTION
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

ICD-10 CODE	DESCRIPTION
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
E09.9	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
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
E10.3291	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
E10.3311	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
E10.3391	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

ICD-10 CODE	DESCRIPTION
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
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
E10.3491	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
E10.3511	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
E10.3591	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
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
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

ICD-10 CODE	DESCRIPTION
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
E10.9	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
E11.3211	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
E11.3291	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
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye

ICD-10 CODE	DESCRIPTION
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
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
E11.3411	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
E11.3491	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
E11.3511	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
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
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
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy

ICD-10 CODE	DESCRIPTION
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
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
E11.9	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
E13.3211	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

ICD-10 CODE	DESCRIPTION
	macular edema, bilateral
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
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
E13.3311	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
E13.3391	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
E13.3411	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
E13.3491	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
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
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

ICD-10 CODE	DESCRIPTION
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
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
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
E13.9	Other specified diabetes mellitus without complications
E20.0	Idiopathic hypoparathyroidism
E20.1	Pseudohypoparathyroidism
E20.8	Other hypoparathyroidism

ICD-10 CODE	DESCRIPTION
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.4	Other specified disorders of parathyroid gland
E26.01	Conn's syndrome
E26.02	Glucocorticoid-remediable aldosteronism
E26.09	Other primary hyperaldosteronism
E26.1	Secondary hyperaldosteronism
E26.81	Bartter's syndrome
E26.89	Other hyperaldosteronism
E34.2	Ectopic hormone secretion, not elsewhere classified
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E44.0	Moderate protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
E67.2	Megavitamin-B6 syndrome
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
ICD-10 CODE	DESCRIPTION
E83.41	Hypermagnesemia
E83.42	Hypomagnesemia
E83.49	Other disorders of magnesium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E83.81	Hungry bone syndrome
E86.0	Dehydration

ICD-10 CODE	DESCRIPTION
E86.1	Hypovolemia
E87.0	Hyperosmolality and hypernatremia
E87.1	Hypo-osmolality and hyponatremia
E87.2	Acidosis
E87.4	Mixed disorder of acid-base balance
E87.5	Hyperkalemia
E87.6	Hypokalemia
E87.8	Other disorders of electrolyte and fluid balance, not elsewhere classified
E89.2	Postprocedural hypoparathyroidism
F05	Delirium due to known physiological condition
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.220	Alcohol dependence with intoxication, uncomplicated
F28	Other psychotic disorder not due to a substance or known physiological condition
F42.2	Mixed obsessional thoughts and acts
F42.3	Hoarding disorder
F42.4	Excoriation (skin-picking) disorder
F42.8	Other obsessive-compulsive disorder
F42.9	Obsessive-compulsive disorder, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder
F50.89	Other specified eating disorder
F95.1	Chronic motor or vocal tic disorder
F95.8	Other tic disorders
G25.3	Myoclonus
G25.61	Drug induced tics
G25.69	Other tics of organic origin
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

ICD-10 CODE	DESCRIPTION
	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
G71.3	Mitochondrial myopathy, not elsewhere classified
G71.8	Other primary disorders of muscles
G72.81	Critical illness myopathy
G72.89	Other specified myopathies
G73.7	Myopathy in diseases classified elsewhere
G93.3	Postviral fatigue syndrome
G95.11	Acute infarction of spinal cord (embolic) (nonembolic)
G95.19	Other vascular myelopathies
I10	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending

ICD-10 CODE	DESCRIPTION
	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
I21.4	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
I23.0	Hemopericardium as current complication following acute myocardial infarction
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
I23.7	Postinfarction angina
I23.8	Other current complications following acute myocardial infarction
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.89	Other forms of chronic ischemic heart disease
I26.09	Other pulmonary embolism with acute cor pulmonale
I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale
I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition

ICD-10 CODE	DESCRIPTION
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
ICD-10 CODE	DESCRIPTION
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I51.3	Intracardiac thrombosis, not elsewhere classified
I51.81	Takotsubo syndrome
I51.89	Other ill-defined heart diseases

ICD-10 CODE	DESCRIPTION
I95.0	Idiopathic hypotension
I95.1	Orthostatic hypotension
I95.2	Hypotension due to drugs
I95.3	Hypotension of hemodialysis
I95.81	Postprocedural hypotension
I95.89	Other hypotension
I97.110	Postprocedural cardiac insufficiency following cardiac surgery
I97.111	Postprocedural cardiac insufficiency following other surgery
I97.120	Postprocedural cardiac arrest following cardiac surgery
I97.121	Postprocedural cardiac arrest following other surgery
I97.130	Postprocedural heart failure following cardiac surgery
I97.131	Postprocedural heart failure following other surgery
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery
I97.191	Other postprocedural cardiac functional disturbances following other surgery
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified
K50.013	Crohn's disease of small intestine with fistula
K50.113	Crohn's disease of large intestine with fistula
K50.813	Crohn's disease of both small and large intestine with fistula
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.213	Ulcerative (chronic) proctitis with fistula
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.413	Inflammatory polyps of colon with fistula
K51.513	Left sided colitis with fistula
K51.813	Other ulcerative colitis with fistula
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.831	Collagenous colitis
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis

ICD-10 CODE	DESCRIPTION
K52.89	Other specified noninfective gastroenteritis and colitis
K56.50	Intestinal adhesions [bands], unspecified as to partial versus complete obstruction
K56.51	Intestinal adhesions [bands], with partial obstruction
K56.52	Intestinal adhesions [bands] with complete obstruction
K63.2	Fistula of intestine
K90.0	Celiac disease
K90.2	Blind loop syndrome, not elsewhere classified
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K91.2	Postsurgical malabsorption, not elsewhere classified
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M35.04	Sicca syndrome with tubulo-interstitial nephropathy
M63.811	Disorders of muscle in diseases classified elsewhere, right shoulder
M63.812	Disorders of muscle in diseases classified elsewhere, left shoulder
M63.821	Disorders of muscle in diseases classified elsewhere, right upper arm
M63.822	Disorders of muscle in diseases classified elsewhere, left upper arm
M63.831	Disorders of muscle in diseases classified elsewhere, right forearm
M63.832	Disorders of muscle in diseases classified elsewhere, left forearm
M63.841	Disorders of muscle in diseases classified elsewhere, right hand
M63.842	Disorders of muscle in diseases classified elsewhere, left hand
M63.851	Disorders of muscle in diseases classified elsewhere, right thigh
M63.852	Disorders of muscle in diseases classified elsewhere, left thigh
M63.861	Disorders of muscle in diseases classified elsewhere, right lower leg
M63.862	Disorders of muscle in diseases classified elsewhere, left lower leg
M63.871	Disorders of muscle in diseases classified elsewhere, right ankle and foot
M63.872	Disorders of muscle in diseases classified elsewhere, left ankle and foot
M63.88	Disorders of muscle in diseases classified elsewhere, other site
M63.89	Disorders of muscle in diseases classified elsewhere, multiple sites
N00.0	Acute nephritic syndrome with minor glomerular abnormality
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions

ICD-10 CODE	DESCRIPTION
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N00.6	Acute nephritic syndrome with dense deposit disease
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis
N00.8	Acute nephritic syndrome with other morphologic changes
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis
ICD-10 CODE	DESCRIPTION
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N03.0	Chronic nephritic syndrome with minor glomerular abnormality

ICD-10 CODE	DESCRIPTION
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N03.6	Chronic nephritic syndrome with dense deposit disease
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis
N03.8	Chronic nephritic syndrome with other morphologic changes
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N06.0	Isolated proteinuria with minor glomerular abnormality
N06.1	Isolated proteinuria with focal and segmental glomerular lesions
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis
N06.6	Isolated proteinuria with dense deposit disease
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.8	Isolated proteinuria with other morphologic lesion
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative

ICD-10 CODE	DESCRIPTION
	glomerulonephritis
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions
N08	Glomerular disorders in diseases classified elsewhere
N14.0	Analgesic nephropathy
N14.1	Nephropathy induced by other drugs, medicaments and biological substances
N14.3	Nephropathy induced by heavy metals
N14.4	Toxic nephropathy, not elsewhere classified
N15.0	Balkan nephropathy
N15.8	Other specified renal tubulo-interstitial diseases
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N25.0	Renal osteodystrophy
N25.1	Nephrogenic diabetes insipidus
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N26.1	Atrophy of kidney (terminal)
N26.2	Page kidney

ICD-10 CODE	DESCRIPTION
N28.0	Ischemia and infarction of kidney
N29	Other disorders of kidney and ureter in diseases classified elsewhere
O02.1	Missed abortion
O03.1	Delayed or excessive hemorrhage following incomplete spontaneous abortion
O03.2	Embolism following incomplete spontaneous abortion
O03.31	Shock following incomplete spontaneous abortion
O03.32	Renal failure following incomplete spontaneous abortion
O03.33	Metabolic disorder following incomplete spontaneous abortion
O03.34	Damage to pelvic organs following incomplete spontaneous abortion
O03.35	Other venous complications following incomplete spontaneous abortion
O03.36	Cardiac arrest following incomplete spontaneous abortion
O03.38	Urinary tract infection following incomplete spontaneous abortion
O03.39	Incomplete spontaneous abortion with other complications
O03.6	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
O03.7	Embolism following complete or unspecified spontaneous abortion
O03.81	Shock following complete or unspecified spontaneous abortion
O03.82	Renal failure following complete or unspecified spontaneous abortion
O03.83	Metabolic disorder following complete or unspecified spontaneous abortion
O03.84	Damage to pelvic organs following complete or unspecified spontaneous abortion
O03.85	Other venous complications following complete or unspecified spontaneous abortion
O03.86	Cardiac arrest following complete or unspecified spontaneous abortion
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O04.7	Embolism following (induced) termination of pregnancy
O04.81	Shock following (induced) termination of pregnancy
O04.82	Renal failure following (induced) termination of pregnancy
O04.83	Metabolic disorder following (induced) termination of pregnancy
O04.85	Other venous complications following (induced) termination of pregnancy
O04.86	Cardiac arrest following (induced) termination of pregnancy
O04.89	(Induced) termination of pregnancy with other complications
O07.1	Delayed or excessive hemorrhage following failed attempted termination of pregnancy

ICD-10 CODE	DESCRIPTION
O07.2	Embolism following failed attempted termination of pregnancy
O07.31	Shock following failed attempted termination of pregnancy
O07.32	Renal failure following failed attempted termination of pregnancy
O07.33	Metabolic disorder following failed attempted termination of pregnancy
O07.35	Other venous complications following failed attempted termination of pregnancy
O07.36	Cardiac arrest following failed attempted termination of pregnancy
O07.39	Failed attempted termination of pregnancy with other complications
O08.1	Delayed or excessive hemorrhage following ectopic and molar pregnancy
O08.2	Embolism following ectopic and molar pregnancy
O08.3	Shock following ectopic and molar pregnancy
O08.4	Renal failure following ectopic and molar pregnancy
O08.5	Metabolic disorders following an ectopic and molar pregnancy
O08.7	Other venous complications following an ectopic and molar pregnancy
O08.81	Cardiac arrest following an ectopic and molar pregnancy
O08.89	Other complications following an ectopic and molar pregnancy
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
O09.11	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
O09.291	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
O09.31	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

ICD-10 CODE	DESCRIPTION
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
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.521	Supervision of elderly multigravida, first trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third 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
O09.621	Supervision of young multigravida, first trimester
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third 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
O09.891	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
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester
O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester
O10.02	Pre-existing essential hypertension complicating childbirth
O10.03	Pre-existing essential hypertension complicating the puerperium
O10.111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10.112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.12	Pre-existing hypertensive heart disease complicating childbirth
O10.13	Pre-existing hypertensive heart disease complicating the puerperium
O10.211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first

ICD-10 CODE	DESCRIPTION
	trimester
O10.212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10.213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth
O10.23	Pre-existing hypertensive chronic kidney disease complicating the puerperium
O10.311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10.312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O10.33	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium
O10.411	Pre-existing secondary hypertension complicating pregnancy, first trimester
O10.412	Pre-existing secondary hypertension complicating pregnancy, second trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.42	Pre-existing secondary hypertension complicating childbirth
O10.43	Pre-existing secondary hypertension complicating the puerperium
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O12.11	Gestational proteinuria, first trimester
O12.12	Gestational proteinuria, second trimester
O12.13	Gestational proteinuria, third trimester
O12.21	Gestational edema with proteinuria, first trimester
O12.22	Gestational edema with proteinuria, second trimester
O12.23	Gestational edema with proteinuria, third trimester
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester

ICD-10 CODE	DESCRIPTION
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O15.02	Eclampsia complicating pregnancy, second trimester
O15.03	Eclampsia complicating pregnancy, third trimester
O15.1	Eclampsia complicating labor
O15.2	Eclampsia complicating the puerperium
O20.0	Threatened abortion
O20.8	Other hemorrhage in early pregnancy
ICD-10 CODE	DESCRIPTION
O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance
O21.2	Late vomiting of pregnancy
O21.8	Other vomiting complicating pregnancy
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
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth
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
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
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

ICD-10 CODE	DESCRIPTION
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O25.11	Malnutrition in pregnancy, first trimester
O25.12	Malnutrition in pregnancy, second trimester
O25.13	Malnutrition in pregnancy, third trimester
O25.2	Malnutrition in childbirth
O25.3	Malnutrition in the puerperium
O26.11	Low weight gain in pregnancy, first trimester
O26.12	Low weight gain in pregnancy, second trimester
O26.13	Low weight gain in pregnancy, third trimester
O26.31	Retained intrauterine contraceptive device in pregnancy, first trimester
O26.32	Retained intrauterine contraceptive device in pregnancy, second trimester
O26.33	Retained intrauterine contraceptive device in pregnancy, third trimester
O26.41	Herpes gestationis, first trimester
O26.42	Herpes gestationis, second trimester
O26.43	Herpes gestationis, third trimester
O26.51	Maternal hypotension syndrome, first trimester
O26.52	Maternal hypotension syndrome, second trimester
O26.53	Maternal hypotension syndrome, third trimester
O26.63	Liver and biliary tract disorders in the puerperium
O26.811	Pregnancy related exhaustion and fatigue, first trimester
O26.812	Pregnancy related exhaustion and fatigue, second trimester
O26.813	Pregnancy related exhaustion and fatigue, third trimester
O26.831	Pregnancy related renal disease, first trimester
O26.832	Pregnancy related renal disease, second trimester
O26.833	Pregnancy related renal disease, third trimester
O29.111	Cardiac arrest due to anesthesia during pregnancy, first trimester
O29.112	Cardiac arrest due to anesthesia during pregnancy, second trimester
O29.113	Cardiac arrest due to anesthesia during pregnancy, third trimester
O29.121	Cardiac failure due to anesthesia during pregnancy, first trimester
O29.122	Cardiac failure due to anesthesia during pregnancy, second trimester
O29.123	Cardiac failure due to anesthesia during pregnancy, third trimester

ICD-10 CODE	DESCRIPTION
O29.191	Other cardiac complications of anesthesia during pregnancy, first trimester
O29.192	Other cardiac complications of anesthesia during pregnancy, second trimester
O29.193	Other cardiac complications of anesthesia during pregnancy, third trimester
O29.211	Cerebral anoxia due to anesthesia during pregnancy, first trimester
O29.212	Cerebral anoxia due to anesthesia during pregnancy, second trimester
O29.213	Cerebral anoxia due to anesthesia during pregnancy, third trimester
O29.291	Other central nervous system complications of anesthesia during pregnancy, first trimester
O29.292	Other central nervous system complications of anesthesia during pregnancy, second trimester
O29.293	Other central nervous system complications of anesthesia during pregnancy, third trimester
O29.3X1	Toxic reaction to local anesthesia during pregnancy, first trimester
O29.3X2	Toxic reaction to local anesthesia during pregnancy, second trimester
O29.3X3	Toxic reaction to local anesthesia during pregnancy, third trimester
O44.11	Complete placenta previa with hemorrhage, first trimester
O44.12	Complete placenta previa with hemorrhage, second trimester
O44.13	Complete placenta previa with hemorrhage, third trimester
O45.011	Premature separation of placenta with afibrinogenemia, first trimester
O45.012	Premature separation of placenta with afibrinogenemia, second trimester
O45.013	Premature separation of placenta with afibrinogenemia, third trimester
O45.021	Premature separation of placenta with disseminated intravascular coagulation, first trimester
O45.022	Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45.023	Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45.091	Premature separation of placenta with other coagulation defect, first trimester
O45.092	Premature separation of placenta with other coagulation defect, second trimester
O45.093	Premature separation of placenta with other coagulation defect, third trimester
O45.8X1	Other premature separation of placenta, first trimester
O45.8X2	Other premature separation of placenta, second trimester
O45.8X3	Other premature separation of placenta, third trimester

ICD-10 CODE	DESCRIPTION
O46.011	Antepartum hemorrhage with afibrinogenemia, first trimester
O46.012	Antepartum hemorrhage with afibrinogenemia, second trimester
O46.013	Antepartum hemorrhage with afibrinogenemia, third trimester
O46.021	Antepartum hemorrhage with disseminated intravascular coagulation, first trimester
O46.022	Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46.023	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46.091	Antepartum hemorrhage with other coagulation defect, first trimester
O46.092	Antepartum hemorrhage with other coagulation defect, second trimester
O46.093	Antepartum hemorrhage with other coagulation defect, third trimester
O46.8X1	Other antepartum hemorrhage, first trimester
O46.8X2	Other antepartum hemorrhage, second trimester
O46.8X3	Other antepartum hemorrhage, third trimester
O67.0	Intrapartum hemorrhage with coagulation defect
O67.8	Other intrapartum hemorrhage
O72.0	Third-stage hemorrhage
O72.1	Other immediate postpartum hemorrhage
O72.2	Delayed and secondary postpartum hemorrhage
O74.2	Cardiac complications of anesthesia during labor and delivery
O74.4	Toxic reaction to local anesthesia during labor and delivery
O75.1	Shock during or following labor and delivery
O75.4	Other complications of obstetric surgery and procedures
O75.81	Maternal exhaustion complicating labor and delivery
O75.89	Other specified complications of labor and delivery
O88.211	Thromboembolism in pregnancy, first trimester
ICD-10 CODE	DESCRIPTION
O88.212	Thromboembolism in pregnancy, second trimester
O88.213	Thromboembolism in pregnancy, third trimester
O88.22	Thromboembolism in childbirth
O88.23	Thromboembolism in the puerperium
O89.1	Cardiac complications of anesthesia during the puerperium

ICD-10 CODE	DESCRIPTION
O89.3	Toxic reaction to local anesthesia during the puerperium
O90.4	Postpartum acute kidney failure
O90.89	Other complications of the puerperium, not elsewhere classified
O99.281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99.282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99.284	Endocrine, nutritional and metabolic diseases complicating childbirth
O99.285	Endocrine, nutritional and metabolic diseases complicating the puerperium
O99.321	Drug use complicating pregnancy, first trimester
O99.322	Drug use complicating pregnancy, second trimester
O99.323	Drug use complicating pregnancy, third trimester
O99.324	Drug use complicating childbirth
O99.325	Drug use complicating the puerperium
O99.351	Diseases of the nervous system complicating pregnancy, first trimester
O99.352	Diseases of the nervous system complicating pregnancy, second trimester
O99.353	Diseases of the nervous system complicating pregnancy, third trimester
O99.354	Diseases of the nervous system complicating childbirth
O99.355	Diseases of the nervous system complicating the puerperium
O99.511	Diseases of the respiratory system complicating pregnancy, first trimester
O99.512	Diseases of the respiratory system complicating pregnancy, second trimester
O99.513	Diseases of the respiratory system complicating pregnancy, third trimester
O99.52	Diseases of the respiratory system complicating childbirth
O99.53	Diseases of the respiratory system complicating the puerperium
O99.611	Diseases of the digestive system complicating pregnancy, first trimester
O99.612	Diseases of the digestive system complicating pregnancy, second trimester
O99.613	Diseases of the digestive system complicating pregnancy, third trimester
O99.62	Diseases of the digestive system complicating childbirth
O99.63	Diseases of the digestive system complicating the puerperium
O99.711	Diseases of the skin and subcutaneous tissue complicating pregnancy, first trimester
O99.712	Diseases of the skin and subcutaneous tissue complicating pregnancy, second trimester

ICD-10 CODE	DESCRIPTION
O99.713	Diseases of the skin and subcutaneous tissue complicating pregnancy, third trimester
O99.72	Diseases of the skin and subcutaneous tissue complicating childbirth
O99.73	Diseases of the skin and subcutaneous tissue complicating the puerperium
O99.820	Streptococcus B carrier state complicating pregnancy
O99.824	Streptococcus B carrier state complicating childbirth
O99.825	Streptococcus B carrier state complicating the puerperium
O99.89	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium
O9A.111	Malignant neoplasm complicating pregnancy, first trimester
O9A.112	Malignant neoplasm complicating pregnancy, second trimester
O9A.113	Malignant neoplasm complicating pregnancy, third trimester
O9A.12	Malignant neoplasm complicating childbirth
O9A.13	Malignant neoplasm complicating the puerperium
O9A.211	Injury, poisoning and certain other consequences of external causes complicating pregnancy, first trimester
O9A.212	Injury, poisoning and certain other consequences of external causes complicating pregnancy, second trimester
O9A.213	Injury, poisoning and certain other consequences of external causes complicating pregnancy, third trimester
O9A.22	Injury, poisoning and certain other consequences of external causes complicating childbirth
O9A.23	Injury, poisoning and certain other consequences of external causes complicating the puerperium
O9A.311	Physical abuse complicating pregnancy, first trimester
O9A.312	Physical abuse complicating pregnancy, second trimester
O9A.313	Physical abuse complicating pregnancy, third trimester
O9A.32	Physical abuse complicating childbirth
O9A.33	Physical abuse complicating the puerperium
O9A.411	Sexual abuse complicating pregnancy, first trimester
O9A.412	Sexual abuse complicating pregnancy, second trimester
O9A.413	Sexual abuse complicating pregnancy, third trimester
O9A.42	Sexual abuse complicating childbirth
O9A.43	Sexual abuse complicating the puerperium

ICD-10 CODE	DESCRIPTION
P00.0	Newborn affected by maternal hypertensive disorders
P00.1	Newborn affected by maternal renal and urinary tract diseases
P00.4	Newborn affected by maternal nutritional disorders
P00.81	Newborn affected by periodontal disease in mother
P00.89	Newborn affected by other maternal conditions
P03.810	Newborn affected by abnormality in fetal (intrauterine) heart rate or rhythm before the onset of labor
P03.811	Newborn affected by abnormality in fetal (intrauterine) heart rate or rhythm during labor
P03.82	Meconium passage during delivery
P03.89	Newborn affected by other specified complications of labor and delivery
P04.3	Newborn affected by maternal use of alcohol
P92.01	Bilious vomiting of newborn
P92.09	Other vomiting of newborn
P96.81	Exposure to (parental) (environmental) tobacco smoke in the perinatal period
Q61.2	Polycystic kidney, adult type
Q86.0	Fetal alcohol syndrome (dysmorphic)
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension
R11.14	Bilious vomiting
R11.15	Cyclical vomiting syndrome unrelated to migraine
R25.0	Abnormal head movements
R25.2	Cramp and spasm
R25.3	Fasciculation
R25.8	Other abnormal involuntary movements
R29.0	Tetany
R29.898	Other symptoms and signs involving the musculoskeletal system
R40.0	Somnolence
R40.1	Stupor
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

ICD-10 CODE	DESCRIPTION
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
R40.2211	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
ICD-10 CODE	DESCRIPTION
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
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
R40.2311	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
R40.2321	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
R40.2341	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
R40.4	Transient alteration of awareness
R41.0	Disorientation, unspecified

ICD-10 CODE	DESCRIPTION
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness
R53.81	Other malaise
R53.83	Other fatigue
R55	Syncope and collapse
R56.00	Simple febrile convulsions
R56.01	Complex febrile convulsions
R57.0	Cardiogenic shock
R57.1	Hypovolemic shock
R57.8	Other shock
R63.0	Anorexia
R63.3	Feeding difficulties
R63.4	Abnormal weight loss
R63.6	Underweight
R63.8	Other symptoms and signs concerning food and fluid intake
R64	Cachexia
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
R94.31	Abnormal electrocardiogram [ECG] [EKG]
R94.4	Abnormal results of kidney function studies
T36.0X5A	Adverse effect of penicillins, initial encounter
T36.0X5D	Adverse effect of penicillins, subsequent encounter
T36.0X5S	Adverse effect of penicillins, sequela
T36.1X5A	Adverse effect of cephalosporins and other beta-lactam antibiotics, initial encounter
T36.1X5D	Adverse effect of cephalosporins and other beta-lactam antibiotics, subsequent encounter
T36.1X5S	Adverse effect of cephalosporins and other beta-lactam antibiotics, sequela
T36.2X5A	Adverse effect of chloramphenicol group, initial encounter
T36.2X5D	Adverse effect of chloramphenicol group, subsequent encounter

ICD-10 CODE	DESCRIPTION
T36.2X5S	Adverse effect of chloramphenicol group, sequela
T36.3X5A	Adverse effect of macrolides, initial encounter
T36.3X5D	Adverse effect of macrolides, subsequent encounter
T36.3X5S	Adverse effect of macrolides, sequela
T36.4X5A	Adverse effect of tetracyclines, initial encounter
T36.4X5D	Adverse effect of tetracyclines, subsequent encounter
T36.4X5S	Adverse effect of tetracyclines, sequela
T36.5X5A	Adverse effect of aminoglycosides, initial encounter
T36.5X5D	Adverse effect of aminoglycosides, subsequent encounter
T36.5X5S	Adverse effect of aminoglycosides, sequela
T36.6X5A	Adverse effect of rifampicins, initial encounter
T36.6X5D	Adverse effect of rifampicins, subsequent encounter
T36.6X5S	Adverse effect of rifampicins, sequela
T36.7X5A	Adverse effect of antifungal antibiotics, systemically used, initial encounter
T36.7X5D	Adverse effect of antifungal antibiotics, systemically used, subsequent encounter
T36.7X5S	Adverse effect of antifungal antibiotics, systemically used, sequela
T36.8X5A	Adverse effect of other systemic antibiotics, initial encounter
T36.8X5D	Adverse effect of other systemic antibiotics, subsequent encounter
T36.8X5S	Adverse effect of other systemic antibiotics, sequela
T37.0X5A	Adverse effect of sulfonamides, initial encounter
T37.0X5D	Adverse effect of sulfonamides, subsequent encounter
T37.0X5S	Adverse effect of sulfonamides, sequela
T37.1X5A	Adverse effect of antimycobacterial drugs, initial encounter
T37.1X5D	Adverse effect of antimycobacterial drugs, subsequent encounter
T37.1X5S	Adverse effect of antimycobacterial drugs, sequela
T37.2X5A	Adverse effect of antimalarials and drugs acting on other blood protozoa, initial encounter
T37.2X5D	Adverse effect of antimalarials and drugs acting on other blood protozoa, subsequent encounter
T37.2X5S	Adverse effect of antimalarials and drugs acting on other blood protozoa, sequela
T37.3X5A	Adverse effect of other antiprotozoal drugs, initial encounter
T37.3X5D	Adverse effect of other antiprotozoal drugs, subsequent encounter

ICD-10 CODE	DESCRIPTION
T37.3X5S	Adverse effect of other antiprotozoal drugs, sequela
T37.4X5A	Adverse effect of anthelmintics, initial encounter
T37.4X5D	Adverse effect of anthelmintics, subsequent encounter
T37.4X5S	Adverse effect of anthelmintics, sequela
T37.5X5A	Adverse effect of antiviral drugs, initial encounter
T37.5X5D	Adverse effect of antiviral drugs, subsequent encounter
T37.5X5S	Adverse effect of antiviral drugs, sequela
T37.8X5A	Adverse effect of other specified systemic anti-infectives and antiparasitics, initial encounter
T37.8X5D	Adverse effect of other specified systemic anti-infectives and antiparasitics, subsequent encounter
T37.8X5S	Adverse effect of other specified systemic anti-infectives and antiparasitics, sequela
T38.0X5A	Adverse effect of glucocorticoids and synthetic analogues, initial encounter
T38.0X5D	Adverse effect of glucocorticoids and synthetic analogues, subsequent encounter
T38.0X5S	Adverse effect of glucocorticoids and synthetic analogues, sequela
T38.1X5A	Adverse effect of thyroid hormones and substitutes, initial encounter
T38.1X5D	Adverse effect of thyroid hormones and substitutes, subsequent encounter
T38.1X5S	Adverse effect of thyroid hormones and substitutes, sequela
T38.2X5A	Adverse effect of antithyroid drugs, initial encounter
T38.2X5D	Adverse effect of antithyroid drugs, subsequent encounter
T38.2X5S	Adverse effect of antithyroid drugs, sequela
T38.3X5A	Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter
T38.3X5D	Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter
T38.3X5S	Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, sequela
T38.4X5A	Adverse effect of oral contraceptives, initial encounter
T38.4X5D	Adverse effect of oral contraceptives, subsequent encounter
T38.4X5S	Adverse effect of oral contraceptives, sequela
T38.5X5A	Adverse effect of other estrogens and progestogens, initial encounter
T38.5X5D	Adverse effect of other estrogens and progestogens, subsequent encounter
T38.5X5S	Adverse effect of other estrogens and progestogens, sequela

ICD-10 CODE	DESCRIPTION
T38.6X5A	Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter
T38.6X5D	Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, subsequent encounter
T38.6X5S	Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, sequela
T38.7X5A	Adverse effect of androgens and anabolic congeners, initial encounter
T38.7X5D	Adverse effect of androgens and anabolic congeners, subsequent encounter
T38.7X5S	Adverse effect of androgens and anabolic congeners, sequela
T38.815A	Adverse effect of anterior pituitary [adenohypophyseal] hormones, initial encounter
T38.815D	Adverse effect of anterior pituitary [adenohypophyseal] hormones, subsequent encounter
T38.815S	Adverse effect of anterior pituitary [adenohypophyseal] hormones, sequela
T38.895A	Adverse effect of other hormones and synthetic substitutes, initial encounter
T38.895D	Adverse effect of other hormones and synthetic substitutes, subsequent encounter
T38.895S	Adverse effect of other hormones and synthetic substitutes, sequela
T39.095A	Adverse effect of salicylates, initial encounter
T39.095D	Adverse effect of salicylates, subsequent encounter
T39.095S	Adverse effect of salicylates, sequela
T39.1X5A	Adverse effect of 4-Aminophenol derivatives, initial encounter
T39.1X5D	Adverse effect of 4-Aminophenol derivatives, subsequent encounter
T39.1X5S	Adverse effect of 4-Aminophenol derivatives, sequela
T39.2X5A	Adverse effect of pyrazolone derivatives, initial encounter
T39.2X5D	Adverse effect of pyrazolone derivatives, subsequent encounter
T39.2X5S	Adverse effect of pyrazolone derivatives, sequela
T39.315A	Adverse effect of propionic acid derivatives, initial encounter
T39.315D	Adverse effect of propionic acid derivatives, subsequent encounter
T39.315S	Adverse effect of propionic acid derivatives, sequela
T39.395A	Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter
T39.395D	Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], subsequent encounter
T39.395S	Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], sequela

ICD-10 CODE	DESCRIPTION
T39.4X5A	Adverse effect of antirheumatics, not elsewhere classified, initial encounter
T39.4X5D	Adverse effect of antirheumatics, not elsewhere classified, subsequent encounter
T39.4X5S	Adverse effect of antirheumatics, not elsewhere classified, sequela
T39.8X5A	Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified, initial encounter
T39.8X5D	Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified, subsequent encounter
T39.8X5S	Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified, sequela
T40.0X5A	Adverse effect of opium, initial encounter
T40.0X5D	Adverse effect of opium, subsequent encounter
T40.0X5S	Adverse effect of opium, sequela
T40.2X5A	Adverse effect of other opioids, initial encounter
T40.2X5D	Adverse effect of other opioids, subsequent encounter
T40.2X5S	Adverse effect of other opioids, sequela
T40.3X5A	Adverse effect of methadone, initial encounter
T40.3X5D	Adverse effect of methadone, subsequent encounter
T40.3X5S	Adverse effect of methadone, sequela
T40.4X5A	Adverse effect of other synthetic narcotics, initial encounter
T40.4X5D	Adverse effect of other synthetic narcotics, subsequent encounter
T40.4X5S	Adverse effect of other synthetic narcotics, sequela
T40.5X5A	Adverse effect of cocaine, initial encounter
T40.5X5D	Adverse effect of cocaine, subsequent encounter
T40.5X5S	Adverse effect of cocaine, sequela
T40.695A	Adverse effect of other narcotics, initial encounter
T40.695D	Adverse effect of other narcotics, subsequent encounter
T40.695S	Adverse effect of other narcotics, sequela
T40.7X5A	Adverse effect of cannabis (derivatives), initial encounter
T40.7X5D	Adverse effect of cannabis (derivatives), subsequent encounter
T40.7X5S	Adverse effect of cannabis (derivatives), sequela
T40.995A	Adverse effect of other psychodysleptics [hallucinogens], initial encounter
T40.995D	Adverse effect of other psychodysleptics [hallucinogens], subsequent encounter
T40.995S	Adverse effect of other psychodysleptics [hallucinogens], sequela

ICD-10 CODE	DESCRIPTION
T41.5X5A	Adverse effect of therapeutic gases, initial encounter
T41.5X5D	Adverse effect of therapeutic gases, subsequent encounter
T41.5X5S	Adverse effect of therapeutic gases, sequela
T42.0X5A	Adverse effect of hydantoin derivatives, initial encounter
T42.0X5D	Adverse effect of hydantoin derivatives, subsequent encounter
T42.0X5S	Adverse effect of hydantoin derivatives, sequela
T42.1X5A	Adverse effect of iminostilbenes, initial encounter
T42.1X5D	Adverse effect of iminostilbenes, subsequent encounter
T42.1X5S	Adverse effect of iminostilbenes, sequela
T42.2X5A	Adverse effect of succinimides and oxazolidinediones, initial encounter
T42.2X5D	Adverse effect of succinimides and oxazolidinediones, subsequent encounter
T42.2X5S	Adverse effect of succinimides and oxazolidinediones, sequela
T42.3X5A	Adverse effect of barbiturates, initial encounter
T42.3X5D	Adverse effect of barbiturates, subsequent encounter
T42.3X5S	Adverse effect of barbiturates, sequela
T42.4X5A	Adverse effect of benzodiazepines, initial encounter
T42.4X5D	Adverse effect of benzodiazepines, subsequent encounter
T42.4X5S	Adverse effect of benzodiazepines, sequela
T42.5X5A	Adverse effect of mixed antiepileptics, initial encounter
T42.5X5D	Adverse effect of mixed antiepileptics, subsequent encounter
T42.5X5S	Adverse effect of mixed antiepileptics, sequela
T42.6X5A	Adverse effect of other antiepileptic and sedative-hypnotic drugs, initial encounter
T42.6X5D	Adverse effect of other antiepileptic and sedative-hypnotic drugs, subsequent encounter
T42.6X5S	Adverse effect of other antiepileptic and sedative-hypnotic drugs, sequela
T42.8X5A	Adverse effect of antiparkinsonism drugs and other central muscle-tone depressants, initial encounter
T42.8X5D	Adverse effect of antiparkinsonism drugs and other central muscle-tone depressants, subsequent encounter
T42.8X5S	Adverse effect of antiparkinsonism drugs and other central muscle-tone depressants, sequela
T43.015A	Adverse effect of tricyclic antidepressants, initial encounter
T43.015D	Adverse effect of tricyclic antidepressants, subsequent encounter

ICD-10 CODE	DESCRIPTION
T43.015S	Adverse effect of tricyclic antidepressants, sequela
T43.025A	Adverse effect of tetracyclic antidepressants, initial encounter
T43.025D	Adverse effect of tetracyclic antidepressants, subsequent encounter
T43.025S	Adverse effect of tetracyclic antidepressants, sequela
T43.1X5A	Adverse effect of monoamine-oxidase-inhibitor antidepressants, initial encounter
T43.1X5D	Adverse effect of monoamine-oxidase-inhibitor antidepressants, subsequent encounter
T43.1X5S	Adverse effect of monoamine-oxidase-inhibitor antidepressants, sequela
ICD-10 CODE	DESCRIPTION
T43.215A	Adverse effect of selective serotonin and norepinephrine reuptake inhibitors, initial encounter
T43.215D	Adverse effect of selective serotonin and norepinephrine reuptake inhibitors, subsequent encounter
T43.215S	Adverse effect of selective serotonin and norepinephrine reuptake inhibitors, sequela
T43.225A	Adverse effect of selective serotonin reuptake inhibitors, initial encounter
T43.225D	Adverse effect of selective serotonin reuptake inhibitors, subsequent encounter
T43.225S	Adverse effect of selective serotonin reuptake inhibitors, sequela
T43.295A	Adverse effect of other antidepressants, initial encounter
T43.295D	Adverse effect of other antidepressants, subsequent encounter
T43.295S	Adverse effect of other antidepressants, sequela
T43.3X5A	Adverse effect of phenothiazine antipsychotics and neuroleptics, initial encounter
T43.3X5D	Adverse effect of phenothiazine antipsychotics and neuroleptics, subsequent encounter
T43.3X5S	Adverse effect of phenothiazine antipsychotics and neuroleptics, sequela
T43.4X5A	Adverse effect of butyrophenone and thiothixene neuroleptics, initial encounter
T43.4X5D	Adverse effect of butyrophenone and thiothixene neuroleptics, subsequent encounter
T43.4X5S	Adverse effect of butyrophenone and thiothixene neuroleptics, sequela
T43.595A	Adverse effect of other antipsychotics and neuroleptics, initial encounter
T43.595D	Adverse effect of other antipsychotics and neuroleptics, subsequent encounter
T43.595S	Adverse effect of other antipsychotics and neuroleptics, sequela
T43.615A	Adverse effect of caffeine, initial encounter
T43.615D	Adverse effect of caffeine, subsequent encounter

ICD-10 CODE	DESCRIPTION
T43.615S	Adverse effect of caffeine, sequela
T43.625A	Adverse effect of amphetamines, initial encounter
T43.625D	Adverse effect of amphetamines, subsequent encounter
T43.625S	Adverse effect of amphetamines, sequela
T43.635A	Adverse effect of methylphenidate, initial encounter
T43.635D	Adverse effect of methylphenidate, subsequent encounter
T43.635S	Adverse effect of methylphenidate, sequela
T43.695A	Adverse effect of other psychostimulants, initial encounter
T43.695D	Adverse effect of other psychostimulants, subsequent encounter
T43.695S	Adverse effect of other psychostimulants, sequela
T43.8X5A	Adverse effect of other psychotropic drugs, initial encounter
T43.8X5D	Adverse effect of other psychotropic drugs, subsequent encounter
T43.8X5S	Adverse effect of other psychotropic drugs, sequela
T44.0X5A	Adverse effect of anticholinesterase agents, initial encounter
T44.0X5D	Adverse effect of anticholinesterase agents, subsequent encounter
T44.0X5S	Adverse effect of anticholinesterase agents, sequela
T44.1X5A	Adverse effect of other parasympathomimetics [cholinergics], initial encounter
T44.1X5D	Adverse effect of other parasympathomimetics [cholinergics], subsequent encounter
T44.1X5S	Adverse effect of other parasympathomimetics [cholinergics], sequela
T44.2X5A	Adverse effect of ganglionic blocking drugs, initial encounter
T44.2X5D	Adverse effect of ganglionic blocking drugs, subsequent encounter
T44.2X5S	Adverse effect of ganglionic blocking drugs, sequela
T44.3X5A	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter
T44.3X5D	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, subsequent encounter
T44.3X5S	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, sequela
T44.4X5A	Adverse effect of predominantly alpha-adrenoreceptor agonists, initial encounter
T44.4X5D	Adverse effect of predominantly alpha-adrenoreceptor agonists, subsequent encounter
T44.4X5S	Adverse effect of predominantly alpha-adrenoreceptor agonists, sequela
T44.5X5A	Adverse effect of predominantly beta-adrenoreceptor agonists, initial encounter

ICD-10 CODE	DESCRIPTION
T44.5X5D	Adverse effect of predominantly beta-adrenoreceptor agonists, subsequent encounter
T44.5X5S	Adverse effect of predominantly beta-adrenoreceptor agonists, sequela
T44.6X5A	Adverse effect of alpha-adrenoreceptor antagonists, initial encounter
T44.6X5D	Adverse effect of alpha-adrenoreceptor antagonists, subsequent encounter
T44.6X5S	Adverse effect of alpha-adrenoreceptor antagonists, sequela
T44.7X5A	Adverse effect of beta-adrenoreceptor antagonists, initial encounter
T44.7X5D	Adverse effect of beta-adrenoreceptor antagonists, subsequent encounter
T44.7X5S	Adverse effect of beta-adrenoreceptor antagonists, sequela
T44.8X5A	Adverse effect of centrally-acting and adrenergic-neuron-blocking agents, initial encounter
T44.8X5D	Adverse effect of centrally-acting and adrenergic-neuron-blocking agents, subsequent encounter
T44.8X5S	Adverse effect of centrally-acting and adrenergic-neuron-blocking agents, sequela
T44.995A	Adverse effect of other drug primarily affecting the autonomic nervous system, initial encounter
T44.995D	Adverse effect of other drug primarily affecting the autonomic nervous system, subsequent encounter
T44.995S	Adverse effect of other drug primarily affecting the autonomic nervous system, sequela
T45.0X5A	Adverse effect of antiallergic and antiemetic drugs, initial encounter
T45.0X5D	Adverse effect of antiallergic and antiemetic drugs, subsequent encounter
T45.0X5S	Adverse effect of antiallergic and antiemetic drugs, sequela
T45.1X5A*	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D*	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S*	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.2X5A	Adverse effect of vitamins, initial encounter
T45.2X5D	Adverse effect of vitamins, subsequent encounter
T45.2X5S	Adverse effect of vitamins, sequela
T45.3X5A	Adverse effect of enzymes, initial encounter
T45.3X5D	Adverse effect of enzymes, subsequent encounter
T45.3X5S	Adverse effect of enzymes, sequela
T45.4X5A	Adverse effect of iron and its compounds, initial encounter

ICD-10 CODE	DESCRIPTION
T45.4X5D	Adverse effect of iron and its compounds, subsequent encounter
T45.4X5S	Adverse effect of iron and its compounds, sequela
T45.515A	Adverse effect of anticoagulants, initial encounter
T45.515D	Adverse effect of anticoagulants, subsequent encounter
T45.515S	Adverse effect of anticoagulants, sequela
T45.525A	Adverse effect of antithrombotic drugs, initial encounter
T45.525D	Adverse effect of antithrombotic drugs, subsequent encounter
T45.525S	Adverse effect of antithrombotic drugs, sequela
T45.615A	Adverse effect of thrombolytic drugs, initial encounter
T45.615D	Adverse effect of thrombolytic drugs, subsequent encounter
T45.615S	Adverse effect of thrombolytic drugs, sequela
T45.625A	Adverse effect of hemostatic drug, initial encounter
T45.625D	Adverse effect of hemostatic drug, subsequent encounter
T45.625S	Adverse effect of hemostatic drug, sequela
T45.695A	Adverse effect of other fibrinolysis-affecting drugs, initial encounter
T45.695D	Adverse effect of other fibrinolysis-affecting drugs, subsequent encounter
T45.695S	Adverse effect of other fibrinolysis-affecting drugs, sequela
T45.7X5A	Adverse effect of anticoagulant antagonists, vitamin K and other coagulants, initial encounter
T45.7X5D	Adverse effect of anticoagulant antagonists, vitamin K and other coagulants, subsequent encounter
T45.7X5S	Adverse effect of anticoagulant antagonists, vitamin K and other coagulants, sequela
T45.8X5A	Adverse effect of other primarily systemic and hematological agents, initial encounter
T45.8X5D	Adverse effect of other primarily systemic and hematological agents, subsequent encounter
T45.8X5S	Adverse effect of other primarily systemic and hematological agents, sequela
T46.0X5A	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, initial encounter
ICD-10 CODE	DESCRIPTION
T46.0X5D	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, subsequent encounter
T46.0X5S	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, sequela

ICD-10 CODE	DESCRIPTION
T46.1X5A	Adverse effect of calcium-channel blockers, initial encounter
T46.1X5D	Adverse effect of calcium-channel blockers, subsequent encounter
T46.1X5S	Adverse effect of calcium-channel blockers, sequela
T46.2X5A	Adverse effect of other antidysrhythmic drugs, initial encounter
T46.2X5D	Adverse effect of other antidysrhythmic drugs, subsequent encounter
T46.2X5S	Adverse effect of other antidysrhythmic drugs, sequela
T46.3X5A	Adverse effect of coronary vasodilators, initial encounter
T46.3X5D	Adverse effect of coronary vasodilators, subsequent encounter
T46.3X5S	Adverse effect of coronary vasodilators, sequela
T46.4X5A	Adverse effect of angiotensin-converting-enzyme inhibitors, initial encounter
T46.4X5D	Adverse effect of angiotensin-converting-enzyme inhibitors, subsequent encounter
T46.4X5S	Adverse effect of angiotensin-converting-enzyme inhibitors, sequela
T46.5X5A	Adverse effect of other antihypertensive drugs, initial encounter
T46.5X5D	Adverse effect of other antihypertensive drugs, subsequent encounter
T46.5X5S	Adverse effect of other antihypertensive drugs, sequela
T46.6X5A	Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter
T46.6X5D	Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, subsequent encounter
T46.6X5S	Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, sequela
T46.7X5A	Adverse effect of peripheral vasodilators, initial encounter
T46.7X5D	Adverse effect of peripheral vasodilators, subsequent encounter
T46.7X5S	Adverse effect of peripheral vasodilators, sequela
T46.8X5A	Adverse effect of antivaricose drugs, including sclerosing agents, initial encounter
T46.8X5D	Adverse effect of antivaricose drugs, including sclerosing agents, subsequent encounter
T46.8X5S	Adverse effect of antivaricose drugs, including sclerosing agents, sequela
T46.995A	Adverse effect of other agents primarily affecting the cardiovascular system, initial encounter
T46.995D	Adverse effect of other agents primarily affecting the cardiovascular system, subsequent encounter
T46.995S	Adverse effect of other agents primarily affecting the cardiovascular system, sequela
T47.0X5A	Adverse effect of histamine H2-receptor blockers, initial encounter

ICD-10 CODE	DESCRIPTION
T47.0X5D	Adverse effect of histamine H2-receptor blockers, subsequent encounter
T47.0X5S	Adverse effect of histamine H2-receptor blockers, sequela
T47.1X5A	Adverse effect of other antacids and anti-gastric-secretion drugs, initial encounter
T47.1X5D	Adverse effect of other antacids and anti-gastric-secretion drugs, subsequent encounter
T47.1X5S	Adverse effect of other antacids and anti-gastric-secretion drugs, sequela
T47.2X5A	Adverse effect of stimulant laxatives, initial encounter
T47.2X5D	Adverse effect of stimulant laxatives, subsequent encounter
T47.2X5S	Adverse effect of stimulant laxatives, sequela
T47.3X5A	Adverse effect of saline and osmotic laxatives, initial encounter
T47.3X5D	Adverse effect of saline and osmotic laxatives, subsequent encounter
T47.3X5S	Adverse effect of saline and osmotic laxatives, sequela
T47.4X5A	Adverse effect of other laxatives, initial encounter
T47.4X5D	Adverse effect of other laxatives, subsequent encounter
T47.4X5S	Adverse effect of other laxatives, sequela
T47.5X5A	Adverse effect of digestants, initial encounter
T47.5X5D	Adverse effect of digestants, subsequent encounter
T47.5X5S	Adverse effect of digestants, sequela
T47.6X5A	Adverse effect of antidiarrheal drugs, initial encounter
T47.6X5D	Adverse effect of antidiarrheal drugs, subsequent encounter
T47.6X5S	Adverse effect of antidiarrheal drugs, sequela
T47.7X5A	Adverse effect of emetics, initial encounter
T47.7X5D	Adverse effect of emetics, subsequent encounter
T47.7X5S	Adverse effect of emetics, sequela
T47.8X5A	Adverse effect of other agents primarily affecting gastrointestinal system, initial encounter
T47.8X5D	Adverse effect of other agents primarily affecting gastrointestinal system, subsequent encounter
T47.8X5S	Adverse effect of other agents primarily affecting gastrointestinal system, sequela
T48.0X5A	Adverse effect of oxytocic drugs, initial encounter
T48.0X5D	Adverse effect of oxytocic drugs, subsequent encounter
T48.0X5S	Adverse effect of oxytocic drugs, sequela
T48.1X5A	Adverse effect of skeletal muscle relaxants [neuromuscular blocking agents], initial

ICD-10 CODE	DESCRIPTION
	encounter
T48.1X5D	Adverse effect of skeletal muscle relaxants [neuromuscular blocking agents], subsequent encounter
T48.1X5S	Adverse effect of skeletal muscle relaxants [neuromuscular blocking agents], sequela
T48.295A	Adverse effect of other drugs acting on muscles, initial encounter
T48.295D	Adverse effect of other drugs acting on muscles, subsequent encounter
T48.295S	Adverse effect of other drugs acting on muscles, sequela
T48.3X5A	Adverse effect of antitussives, initial encounter
T48.3X5D	Adverse effect of antitussives, subsequent encounter
T48.3X5S	Adverse effect of antitussives, sequela
T48.4X5A	Adverse effect of expectorants, initial encounter
T48.4X5D	Adverse effect of expectorants, subsequent encounter
T48.4X5S	Adverse effect of expectorants, sequela
T48.5X5A	Adverse effect of other anti-common-cold drugs, initial encounter
T48.5X5D	Adverse effect of other anti-common-cold drugs, subsequent encounter
T48.5X5S	Adverse effect of other anti-common-cold drugs, sequela
T48.6X5A	Adverse effect of antiasthmatics, initial encounter
T48.6X5D	Adverse effect of antiasthmatics, subsequent encounter
T48.6X5S	Adverse effect of antiasthmatics, sequela
T48.995A	Adverse effect of other agents primarily acting on the respiratory system, initial encounter
T48.995D	Adverse effect of other agents primarily acting on the respiratory system, subsequent encounter
T48.995S	Adverse effect of other agents primarily acting on the respiratory system, sequela
T49.0X5A	Adverse effect of local antifungal, anti-infective and anti-inflammatory drugs, initial encounter
T49.0X5D	Adverse effect of local antifungal, anti-infective and anti-inflammatory drugs, subsequent encounter
T49.0X5S	Adverse effect of local antifungal, anti-infective and anti-inflammatory drugs, sequela
T49.1X5A	Adverse effect of antipruritics, initial encounter
T49.1X5D	Adverse effect of antipruritics, subsequent encounter
T49.1X5S	Adverse effect of antipruritics, sequela

ICD-10 CODE	DESCRIPTION
T50.0X5A	Adverse effect of mineralocorticoids and their antagonists, initial encounter
T50.0X5D	Adverse effect of mineralocorticoids and their antagonists, subsequent encounter
T50.0X5S	Adverse effect of mineralocorticoids and their antagonists, sequela
T50.1X5A	Adverse effect of loop [high-ceiling] diuretics, initial encounter
T50.1X5D	Adverse effect of loop [high-ceiling] diuretics, subsequent encounter
T50.1X5S	Adverse effect of loop [high-ceiling] diuretics, sequela
T50.2X5A	Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, initial encounter
T50.2X5D	Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, subsequent encounter
T50.2X5S	Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, sequela
T50.3X5A	Adverse effect of electrolytic, caloric and water-balance agents, initial encounter
T50.3X5D	Adverse effect of electrolytic, caloric and water-balance agents, subsequent encounter
T50.3X5S	Adverse effect of electrolytic, caloric and water-balance agents, sequela
T50.4X5A	Adverse effect of drugs affecting uric acid metabolism, initial encounter
T50.4X5D	Adverse effect of drugs affecting uric acid metabolism, subsequent encounter
T50.4X5S	Adverse effect of drugs affecting uric acid metabolism, sequela
T50.5X5A	Adverse effect of appetite depressants, initial encounter
T50.5X5D	Adverse effect of appetite depressants, subsequent encounter
T50.5X5S	Adverse effect of appetite depressants, sequela
T50.6X5A	Adverse effect of antidotes and chelating agents, initial encounter
T50.6X5D	Adverse effect of antidotes and chelating agents, subsequent encounter
T50.6X5S	Adverse effect of antidotes and chelating agents, sequela
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter
T50.7X5D	Adverse effect of analeptics and opioid receptor antagonists, subsequent encounter
T50.7X5S	Adverse effect of analeptics and opioid receptor antagonists, sequela
T50.8X5A	Adverse effect of diagnostic agents, initial encounter
T50.8X5D	Adverse effect of diagnostic agents, subsequent encounter
T50.8X5S	Adverse effect of diagnostic agents, sequela
T79.4XXA	Traumatic shock, initial encounter

ICD-10 CODE	DESCRIPTION
T79.4XXD	Traumatic shock, subsequent encounter
T79.4XXS	Traumatic shock, sequela
T81.12XA	Postprocedural septic shock, initial encounter
T81.12XD	Postprocedural septic shock, subsequent encounter
T81.12XS	Postprocedural septic shock, sequela
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
Z48.21	Encounter for aftercare following heart transplant
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z49.31	Encounter for adequacy testing for hemodialysis
Z49.32	Encounter for adequacy testing for peritoneal dialysis
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z79.2	Long term (current) use of antibiotics
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
Z79.83	Long term (current) use of bisphosphonates
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z92.21	Personal history of antineoplastic chemotherapy
Z92.22	Personal history of monoclonal drug therapy
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.83	Pancreas transplant status

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

*"Use T45.1X5A T45.1X5D and T45.1X5S in addition to the code that indicates the nature of the condition"

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All ICD-10-CM codes not listed in this policy under "ICD-10-CM Codes that Support Medical Necessity" above.

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CODE	DESCRIPTION
030X	Laboratory - General Classification

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55362 - Response to Comments: Serum Magnesium

LCD(s)

L36700 - Serum Magnesium

DL36700

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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- MG++
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Local Coverage Determination (LCD): MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (L36186)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

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LCD Information

Document Information

LCD ID L36186	Original Effective Date For services performed on or after 04/19/2016
LCD Title MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease	Revision Effective Date For services performed on or after 10/01/2017
Proposed LCD in Comment Period N/A	Revision Ending Date N/A
Source Proposed LCD N/A	Retirement Date N/A
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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests."

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes."

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §30-Correct Coding Policy.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications and Limitations of Coverage

This policy provides coverage for multi-gene non-NGS panel testing and NGS testing for the diagnostic workup for myeloproliferative disease (MPD), and limited coverage for single-gene testing of patients with BCR-ABL negative MPD. MPD includes polycythemia vera (PV), essential thrombocytopenia (ET), and primary myelofibrosis (PMF).

For laboratories performing single gene technologies, a sequential genetic testing approach is expected. Once a positive result is obtained and the appropriate diagnosis is established, further testing should stop. Reflex testing to the next gene will be considered reasonable and necessary if the following sequence of genetic tests produce a negative result:

1. BCR-ABL negative test results, progress to #2
2. JAK 2, cv negative test results, progress to #3 or #4
3. JAK, exon 12 (JAK2 exon 12 is only done when PV is suspected)
4. CALR/MPL (CALR/MPL is only done when either ET or PMF is suspected; testing for CALR/MPL does NOT require a negative JAK2 exon 12, just a negative JAK2 V617F result)

Genetic testing of the JAK2 V617F mutation (81270) is medically necessary when the following criteria are met:

- Genetic testing impacts medical management; and
- Patient would meet World Health Organization's diagnostic criteria for myeloproliferative disease (i.e. polycythemia vera, essential thrombocytopenia, primary myelofibrosis) if JAK2 V617F were identified.

Genetic testing of JAK2 exon 12 (81403), performed to identify PV, is medically necessary when the following criteria are met:

- Genetic testing impacts medical management; and
- Patient would meet World Health Organization's diagnostic criteria for PV, if JAK2 exon 12 testing were positive; and
- JAK2 V617F mutation analysis was previously completed and was negative.

Genetic testing of the CALR gene (81219) (only found in ET and PMF) is medically necessary when the following criteria are met:

- Genetic testing impacts medical management; and
- JAK2 V617F mutation analysis was previously completed and negative; and
- Patient would meet World Health Organization's diagnostic criteria for MPD (i.e. ET, PMF) if a clonal marker were identified.

Genetic testing of the MPL gene (81402) is medically necessary when the following criteria are met:

- Genetic testing impacts medical management; and
- JAK2 V617F mutation analysis was previously completed and negative; and
- Patient would meet World Health Organization's diagnostic criteria for MPD (i.e. ET, MPF) if a clonal marker were identified.

Note: In a single-gene sequential approach (not mandated by this policy), CALR would be a higher priority single gene test than MPL because:

- CALR mutations is more prevalent than MPL mutations in ET/PMF patients; and
- CALR mutations are reported to predict a more indolent disease course than that of patients with JAK2 mutations.

For laboratories performing next generation sequencing (NGS or "hotspot") testing platforms: Molecular testing for BCR-ABL, JAK 2, JAK, exon 12, and CALR/MPL genes by NGS is covered as medically necessary for the identification of myeloproliferative disorders.

Summary of Evidence

Myeloproliferative Disorders

Myeloproliferative disorders are a group of conditions that cause abnormal growth of blood cells in the bone marrow. They include polycythemia vera (PV), essential thrombocytosis (ET), primary myelofibrosis (PMF), and chronic myelogenous leukemia (CML). The World Health Organization (WHO) further classifies PV, ET, and PMF as Philadelphia chromosome negative myeloproliferative neoplasms (MPNs). The diagnosis of an MPN is suspected based upon clinical, laboratory, and pathological findings (i.e. bone marrow morphology). MPNs are related, but distinct from, myelodysplastic syndromes (MDS). In general, MDS are characterized by ineffective or dysfunctional blood cells, while MPN are characterized by an increase in the number of blood cells.

Polycythemia Vera

Polycythemia vera is a chronic myeloproliferative disease characterized by increased hemoglobin, hematocrit, and red blood cell mass. There is an associated increased risk for thrombosis and transformation to acute myelogenous leukemia or primary myelofibrosis; however, patients are often asymptomatic. Criteria for a diagnosis of PV are based upon CBC and clinical features. The JAK2 V617F mutation is present in the vast majority of PV, accounting for approximately 90% of cases. Functionally similar mutations in JAK2 exon 12 account for most remaining cases of JAK2 V617F mutation-negative PV. Together, they are identified in 98% of PV cases and lead to high diagnostic certainty.

Among the proposed revised World Health Organization (WHO) criteria for diagnosis is presence of the somatic JAK2 V617F mutation or functionally similar exon 12 mutation. Absence of a JAK2 mutation, combined with normal or increased serum erythropoietin level, greatly decreases the likelihood of a PV diagnosis. WHO proposed revision criteria for PV do not address additional molecular markers, including CALR mutation status.

Essential Thrombocythemia

Essential thrombocythemia is a disorder of sustained increased platelet count. The majority of ET patients (60%) carry a somatic JAK2 V617F mutation, while a smaller percentage (5-10%) have activating MPL mutations. Revision to the WHO criteria for diagnosis of ET has been proposed and includes exclusion of PV, PMF, CML, myelodysplastic syndrome, or other myeloid neoplasm. Also included in the proposed major criteria for diagnosis is demonstration of somatic JAK2 V617F mutation or MPL exon 10 mutation¹². Proposed criteria additionally state that 70% of patients without a JAK2 or MPL mutation carry a somatic mutation of the calreticulin (CALR) gene. Among confirmed ET cases, mutations in CALR are more common than MPL. Positive CALR mutation status is suggested as indicating a more indolent course⁵.

Primary Myelofibrosis

Primary myelofibrosis (PMF) is a rare disorder in which the bone marrow is replaced with fibrous tissue, leading to bone marrow failure. Clinical features are similar to ET. The approximate incidence is 1 in 100,000 individuals. Persons can be asymptomatic in the early stages of the disease. For such patients, treatment may not initially be necessary. Progression of the disease can include transformation to acute myeloid leukemia. Treatment is generally symptomatic and aimed at preventing complications.

Demonstration of a clonal marker is important for diagnosis. Somatic molecular markers in PMF patients are similar to those in patients with ET, and include JAK2 V617F, MPL, and CALR. Somatic mutations in JAK2 are identified in 50-60% of PMF cases, and MPL mutations in 10%. Mutations in CALR are less common than JAK2, but more common than MPL.

Molecular Genetic Testing

One JAK2 gene mutation, V617F, is most commonly reported, occurring in over 90% of all polycythemia vera (PV) cases and about 50% of ET cases. Testing for JAK2 V617F gene mutations can be useful in diagnosis and is incorporated into the WHO's diagnostic criteria for these conditions.

The thrombopoietin receptor MPL is one of several JAK2 cognate receptors and is considered essential for myelopoiesis. The mutation frequency of MPL mutations associated with myeloproliferative disorders is substantially less (<10%) than JAK2 mutations. The guideline group for the British Committee for Standards

in Haematology recommended a modification to the 2008 WHO criteria for ET to include the presence of an acquired pathogenetic mutation (e.g. in the JAK2 or MPL genes)³. Therefore, MPL gene testing may be indicated for individuals who would meet World Health Organization's diagnostic criteria for myeloproliferative disease if a clonal marker were identified.

Calreticulin (CALR) mutations have been identified in patients with myeloproliferative neoplasms and recent studies have investigated the utility of CALR mutation testing for the diagnosis and classification of myeloproliferative neoplasms. The mutations themselves are variable; however, generally focused in the exon 9 region.

Studies have shown that a significant proportion of patients with myeloproliferative neoplasms and normal JAK2 V617F mutation testing have a CALR gene mutation. CALR mutations account for a large proportion of JAK2/MPL-negative ET and PMF cases. Approximately 60% of JAK2/MPL-negative ET patients are CALR-positive and 30% of JAK2/MPL-negative PMF patients are CALR-positive. Overall, CALR mutations are identified in approximately 21% of ET cases and 16% of PMF cases. CALR mutations have not been reported in PV case series².

For this reason, CALR gene testing may be indicated for individuals who would meet World Health Organization's diagnostic criteria for myeloproliferative disease if a clonal marker were identified. Proponents have argued for revised WHO criteria that includes CALR mutation status in the classification system for ET and PMF¹². Current NCCN guidelines do not make recommendations for CALR genetic testing; however, these guidelines are specific to MDS and do not broadly address myeloproliferative neoplasms, such as ET or PMF. Somatic mutations in non-MDS genes, such as CALR, are listed as being associated with conditions that can mimic other myelodysplastic syndromes.

Aside from diagnostic utility, some research suggests distinct clinical outcomes associated with CALR mutation status; however, the findings have not been confirmed in other studies. It is suggested that ET patients with CALR mutations have lower polycythemic transformation rates, but not lower myelofibrotic transformation rate, compared with ET patients harboring a JAK2 mutation. Others reported a higher platelet count, younger age of diagnosis, lower leukocyte count, and decreased risk for thrombosis, compared with a JAK2 positive ET population¹. CALR-mutated ET has also been associated with better thrombosis-free survival and lower leukocyte counts; overall survival has been reported as not different among CALR mutated and non-mutated ET^{2,15}.

Although they are useful for establishing a diagnosis, the presence of specific clonal markers does not dictate treatment. Controversy exists generally regarding the treatment of asymptomatic individuals with ET. Some argue against treatment if there are no associated complications. In general, the main goal of treatment with PV and ET is to identify persons at high risk for thrombosis and prevent complications. Persons with PV and ET are determined to be at high-risk due to age >60 years and past history of thrombotic event(s). CALR mutational status is not currently used for risk stratification ¹¹.

Analysis of Evidence (Rationale for Determination)

Level of evidence

Quality – Strong

Strength – Strong

Weight – Moderate

In summary, multiple studies have demonstrated the diagnostic value of CALR mutation status in a population of JAK2 and MPL negative patients with suspected ET and PMF. The presence of a somatic CALR mutation can prove useful in obtaining an accurate diagnosis. Emerging evidence suggests possible differences in clinical phenotype among the associated clonal markers, including CALR-positive ET cases. However, CALR mutation status is currently not incorporated into clinical risk stratification and more research is needed in this area.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

0x TBD

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

- 81206 BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE
- 81207 BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE
- 81208 BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE
- 81219 CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9
- 81270 JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT
- 81402 MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD])
- 81403 MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS)
- 81445 TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED
- 81450 TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED
- 81455 TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED
- 81479 UNLISTED MOLECULAR PATHOLOGY PROCEDURE

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:**ICD-10 Codes****Description**

C88.8	Other malignant immunoproliferative diseases
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.4	Refractory anemia, unspecified
D46.Z	Other myelodysplastic syndromes
D46.9	Myelodysplastic syndrome, unspecified
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D72.821	Monocytosis (symptomatic)
D72.829	Elevated white blood cell count, unspecified
D75.1	Secondary polycythemia
D75.81	Myelofibrosis
D75.89	Other specified diseases of blood and blood-forming organs
D75.9	Disease of blood and blood-forming organs, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information [Back to Top](#)

General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Coverage Indications, Limitations, and/or Medical Necessity") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the MAC upon request.

This final LCD, effective 04/19/2016, combines JFA DL36182 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number.

Sources of Information

N/A

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2017	R5	Added ICD-10 code D47.02, effective 10/1/2017. Added 21st Century Act required fields. Added ICD-10 codes C92.11 and C92.12 effective 10/13/2016.	<ul style="list-style-type: none">• Creation of Uniform LCDs With Other MAC Jurisdiction
01/01/2017	R4	Changed MPD to MPL in reference to the MPL gene mutation. MPD refers to myeloproliferative disease.	<ul style="list-style-type: none">• Creation of Uniform LCDs Within a MAC Jurisdiction

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		CPT code 81402 descriptor was changed in Group 1, under CPT/HCPCS Codes. There may not be any change in how the code displays in the document.	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
01/01/2017	R3	<p>Minor typographical errors were corrected: Indications and Limitations of Coverage- (bullet 13)</p> <ul style="list-style-type: none"> CALR mutations are reported to predict a more indolent disease course than (added "that of") patients with JAK2 mutations and changed CALF to CALR. <p>Molecular Genetic Testing- (3rd paragraph) Studies have shown that a significant proportion of patients with myeloproliferative neoplasms and normal JAK2 (added "v")617F mutation testing have a CALR gene mutation.</p>	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
04/19/2016	R2	The acronym for myeloproliferative disease was previously noted primarily as MPL with a few notations as MPD. LCD was revised to consistently use MPD to describe myeloproliferative disease.	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
04/19/2016	R1	LCD is revised to include the following diagnoses per the MoIDX contractor effective 04/19/2016: C88.8, C92.10, C93.10, C94.40, C94.41, C94.42, C94.6, D46.0-D46.9, D46.Z, D47.4, D47.9, D47.Z9, D72.821, D72.829 and D75.9	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction

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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A55600 - MoIDX: BCR-ABL Coding and Billing Guidelines](#) [A54916 - Response to Comments: MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease](#) LCD(s) [DL36182 - MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease](#) [DL36186](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 09/29/2017 with effective dates 10/01/2017 - N/A [Updated on 03/17/2017 with effective dates 01/01/2017 - 09/30/2017](#) [Updated on 01/04/2017 with effective dates 01/01/2017 - N/A](#) [Updated on 08/04/2016 with effective dates 04/19/2016 - 12/31/2016](#) [Updated on 04/26/2016 with effective dates 04/19/2016 - N/A](#) [Updated on 02/18/2016 with effective dates 04/19/2016 - N/A](#) [Back to Top](#)

Keywords

- MoIDX
- Genetic
- BCR-ABL
- Myeloproliferative
- 81206
- 81207
- 81208
- 81219
- 81270

- 81403
- 81402
- 81445
- 81450
- 81479
- 81455
- JAK
- MPD
- CALR
- V617F
- Polycythemia
- thrombocythemia
- myelofibrosis

Read the [LCD Disclaimer](#) [Back to Top](#)

Local Coverage Article: Billing and Coding: MoIDX: BCR-ABL (A55600)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A55600

Original Effective Date
12/01/2017

Article Title

Revision Effective Date

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance**Article Text:**

Breakpoint testing for BCR-ABL1 is commonly performed as a combination or panel of tests (major, minor and other breakpoints). To report multiple tests assigned a single ID, submit CPT code 81479. This guideline includes the

following CPT[®] code combinations:

- 81206 and 81207
- 81206, 81207, and 81208

CPT codes 81206, 81207, and 81208 may only be reported when performed as a single test.

Laboratories performing BCR-ABL translocation analysis by NGS must obtain a DEX™ Z-code identifier to differentiate NGS testing from non-NGS methods.

To submit a claim for BCR-ABL translocation analysis by NGS:

- CPT 81479
- Enter "1" in the Days/Unit field
- Enter the DEX Z-Code™ identifier adjacent to the CPT code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400/SV101-7 for the 5010A1 837P
 - Item 19 for CMS-1500 paper claim form
- Enter the DEX Z-Code™ identifier adjacent to the CPT code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

Reimbursement is based on the number of reported gene(s) in small NGS panels. Tier 1 and/or Tier 2 individual biomarker CPT[®] codes should not be used for a single gene or any combination of genes when testing is performed as part of a NGS or other multiplexing technology panel.

To report the FDA-approved MRDx BCR-ABL Test, use CPT code 0040U.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE

CODE	DESCRIPTION
81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE
0040U	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT, QUANTITATIVE

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/01/2019	R2	Added 0040U effective 1/1/19, per the 2019 CPT/HCPCS Annual Update and consistency with the MoIDX Contractor and converted article to Billing and Coding Article type.
12/01/2017	R1	Article is revised to provide updated billing instructions and reimbursement information.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36186 - MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

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N/A

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Keywords

N/A

Local Coverage Article: Billing and Coding: MolDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease (A57422)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57422

Original Effective Date

11/01/2019

Article Title

Billing and Coding: MoIDX: Genetic Testing for BCR-ABL
Negative Myeloproliferative Disease

Revision Effective Date

11/07/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §80, Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests.

CMS Internet-Only Manual, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

CMS Internet-Only Manual, Publication 100-04 Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes.

CMS Internet-Only Manual, Publication 100-04 Medicare Claims Processing Manual, Chapter 12, §30 Correct Coding Policy.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report Genetic Testing for BCR-ABL Negative Myeloproliferative Disease service, please submit the following claim information:

- Select appropriate CPT[®] code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION

CODE	DESCRIPTION
	ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE
81219	CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT
81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-SEQUENCING TARGET VARIANT ANALYSIS], IMMUNOGLOBULIN AND T-CELL RECEPTOR GENE REARRANGEMENTS, DUPLICATION/DELETION VARIANTS OF 1 EXON, LOSS OF HETEROZYGOSITY [LOH], UNIPARENTAL DISOMY [UPD])
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

Group 2 Paragraph:

CPT® codes that are also referenced in other articles

Group 2 Codes:

CODE	DESCRIPTION
81403	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS)
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED
81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), INTERROGATION FOR SEQUENCE VARIANTS, AND COPY NUMBER VARIANTS OR REARRANGEMENTS, OR ISOFORM EXPRESSION OR MRNA EXPRESSION LEVELS, IF PERFORMED
81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C88.8	Other malignant immunoproliferative diseases
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality

ICD-10 CODE	DESCRIPTION
D46.4	Refractory anemia, unspecified
D46.Z	Other myelodysplastic syndromes
D46.9	Myelodysplastic syndrome, unspecified
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D72.821	Monocytosis (symptomatic)
D72.829	Elevated white blood cell count, unspecified
D75.1	Secondary polycythemia
D75.81	Myelofibrosis
D75.89	Other specified diseases of blood and blood-forming organs
D75.9	Disease of blood and blood-forming organs, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report

this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/07/2019	R1	<p>Article is revised to add CMS references.</p> <p>Under CPT/HCPCS Codes Group 1: Codes deleted CPT[®] codes 81403, 81445, 81450, and 81455. Under CPT/HCPCS Codes Group 2: Paragraph added verbiage, "CPT[®] codes that are also referenced in other articles". Under CPT/HCPCS Group 2: Codes added CPT[®] codes 81403, 81445, 81450, and 81455.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36186 - MoIDX: Genetic Testing for BCR-ABL Negative Myeloproliferative Disease

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/05/2019 with effective dates 11/07/2019 - N/A

Updated on 10/09/2019 with effective dates 11/01/2019 - N/A

Keywords

N/A

Local Coverage Determination (LCD): MoIDX: MGMT Promoter Methylation Analysis (L36192)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

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LCD Information

Document Information

LCD ID L36192	Original Effective Date For services performed on or after 04/15/2016
LCD Title MoIDX: MGMT Promoter Methylation Analysis	Revision Effective Date For services performed on or after 01/01/2018
Proposed LCD in Comment Period N/A	Revision Ending Date N/A
Source Proposed LCD N/A	Retirement Date N/A
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	Notice Period End Date 04/14/2016

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests".

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §30-Correct Coding Policy.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications and Limitations of Coverage

This policy provides limited coverage for methylation analysis for hypermethylation of the O-6--methylguanine DNA methyltransferase (MGMT) gene promoter. MGMT methylation analysis testing is considered to be reasonable and necessary for adult patients when the following criteria are met:

- Tumor type is high--grade malignant glioma (e.g. glioblastoma multiforme (GBM), anaplastic astrocytoma) **and**

- Patients are able to tolerate temozolomide therapy or radiation therapy, **and**
- The physician will use the MGMT testing results to decide between radiation therapy and chemotherapy alone as 1st line adjuvant treatment, or between temozolomide and other chemotherapy for 1st line adjuvant treatment

Note: This assessment is predicated on the assumption that therapy is considered beneficial for the specific patient.

Summary of Evidence

Cancer is the consequence of genetic alterations that result in a deregulation of important cellular pathways responsible for various essential functions, including cell growth, cell cycle progression, and apoptosis (programmed cell death). One result of these genetic alterations is gliomas. The treatment of high-grade gliomas, especially GBM, remains difficult as no contemporary treatments are curative. For the past several years, the standard treatment for GBM consists of maximal surgical resection, radiotherapy (RT), and concomitant and adjuvant chemotherapy with temozolomide.

Although surgical resection, RT, and chemotherapy with temozolomide are considered standard of care for most patients with high-grade glioma (including GBM and anaplastic astrocytoma), not all patients tolerate these treatments. For patients older than 70 years with a low performance rating, radiation or temozolomide alone is sometimes employed. Temozolomide treatment is not considered inferior to radiation therapy and may be tolerated better than RT by "frail" patients with low performances scores.

In patients for whom temozolomide is not the current standard of care, it has been proposed that MGMT methylation analysis can be used to predict the efficacy of temozolomide treatment. Epigenetic silencing of the MGMT (O-6-methylguanine-DNA methyltransferase) DNA repair gene, by promoter methylation, leads to a lack of MGMT protein expression. Lack of MGMT protein expression immunohistochemically is related to drug responses in patients with malignant glioma treated with alkylating agents. In particular, MGMT hypermethylation is a known predictive biomarker of response to temozolomide treatment with favorable outcomes in terms of overall survival (OS) and progression free survival (PFS) in GBM patients.

MGMT promoter methylation status is a strong and independent prognostic factor in patients with newly diagnosed GBM and a clinically relevant predictive marker in the subpopulation of elderly GBM patients. MGMT promoter methylation analysis can aid in treatment decisions for patients over 70. For patients older than 70 with a good performance rating, there is evidence of benefit of temozolomide in addition to RT. In patients with lower performance, temozolomide can be used alone as it was found to be equally as effective as RT alone and it has lower toxicity for the frail population. In the temozolomide arm of both the Nordic and German trials, patients with MGMT promoter methylation had longer survival than those without. (9.7 vs 6.8 months; HR, 0.56; 95% CI, 0.34-0.93)

MGMT promoter methylation analysis also has prognostic utility. However performing MGMT analysis is only recommended by NCCN guidelines for temozolomide guidance and not for overall prognosis prediction. Lattanzio et al confirmed that patients carrying methylation of the MGMT promoter reported a longer OS and PFS than patients with an unmethylated promoter. Wang et al also evaluated the prognostic value of MGMT promoter methylation and TP53 mutation status found similar results.

There is still a lack of consensus on the optimal assay for reliable MGMT promoter methylation testing and a variety of tests are being used in different laboratories. According to Berghoff et al, pyrosequencing is the only method for which an adequately high analytical performance (high intra- and inter-laboratory repeatability and reproducibility) has been demonstrated in a fully published trial. MGMT promoter methylation testing should be performed by an experienced laboratory in which this testing has been validated.

MGMT may also be useful for determining the prognosis of colorectal cancer patients and to identify those requiring more aggressive adjuvant therapies. Future studies will be necessary to determine its clinical utility in this area. Likewise, MGMT methylation may be an important biomarker in subsets of esophageal cancers where temozolomide may be utilized to successfully treat these patients, but where additional research on clinical utility is also needed. MGMT methylation analysis is also mentioned in the literature as a predictive marker for ovarian cancer and melanoma. However, evidence on the use of MGMT testing is unclear in these diagnoses and additional studies are needed on the clinical utility in these cancers.

Analysis of Evidence

(Rationale for Determination)

Level of Evidence:

Quality - Strong

Strenght - Strong

Weight - Moderate

In summary, the current literature and NCCN guidelines support the use of MGMT methylation analysis to predict the usefulness of temozolomide treatment in adult patients with high-grade gliomas.

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Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

022x Skilled Nursing - Inpatient (Medicare Part B only)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

81287 MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME), METHYLATION ANALYSIS

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes

Description

C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain

ICD-10 Codes	Description
C71.9	Malignant neoplasm of brain, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information [Back to Top](#)

General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Coverage Indications, Limitations, and/or Medical Necessity") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the MAC upon request.

Sources of Information

N/A

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
01/01/2018	R1	This policy is revised to comply with the 21st Century Cures Act.	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

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Associated Documents

Attachments N/A

Related Local Coverage Documents Article(s) [A54896 - Response to Comments: MoIDX: MGMT Promoter Methylation Analysis](#) LCD(s) [DL36190](#) - (MCD Archive Site) [DL36192](#) - (MCD Archive Site)

Related National Coverage Documents N/A

Public Version(s) Updated on 12/28/2017 with effective dates 01/01/2018 - N/A [Updated on 02/05/2016 with effective dates 04/15/2016 - N/A](#) [Back to Top](#)

Keywords

- MoIDX
- MGMT
- Methylation
- methyltransferase

- methylguanine
- glioma
- glioblastoma
- GBM
- anaplastic
- astrocytoma
- temozolomide
- 81287

Read the [LCD Disclaimer](#) [Back to Top](#)

Local Coverage Article: Billing and Coding: MolDX: MGMT Promoter Methylation Analysis (A57433)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57433

Original Effective Date

11/01/2019

Article Title

Billing and Coding: MoIDX: MGMT Promoter Methylation Analysis

Revision Effective Date

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary

documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests".

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 12, §30-Correct Coding Policy.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a MGMT Promoter Methylation Analysis service, please submit the following claim information:

- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81287	MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GLIOBLASTOMA MULTIFORME) PROMOTER METHYLATION ANALYSIS

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
022x	Skilled Nursing - Inpatient (Medicare Part B only)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A54896 - Response to Comments: MoIDX: MGMT Promoter Methylation Analysis

LCD(s)

L36192 - MoIDX: MGMT Promoter Methylation Analysis

DL36190

- (MCD Archive Site)DL36192

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 10/08/2019 with effective dates 11/01/2019 - N/A

Keywords

- MoIDX
- MGMT
- Methylation
- methyltransferase
- methylguanine
- glioma
- glioblastoma
- GBM
- anaplastic
- astrocytoma
- temozolomide
- 81287

Local Coverage Determination (LCD): MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing (L36312)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
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Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
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Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L36312

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1
Genetic Testing

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the

Revision Effective Date

For services performed on or after 01/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

N/A

Notice Period End Date

N/A

functioning of a malformed body member

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim which lack the necessary information to process the claim.

42 CFR 410.32(a) Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions

42CFR411.15(k)(1) Particular services excluded from coverage

CMS On-Line Manual, Publication 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3, diagnosis code requirements

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This policy limits *CYP2C19* (CPT 81225) and *CYP2D6* (CPT 81226) genetic testing to defined indications. All other testing for *CYP2C19* and *CYP2D6* is non-covered until definitive clinical utility is established to justify coverage.

This policy non-covers *CYP2C9* (CPT 81227) and *VKORC1* (CPT 81355) genetic testing for all medications.

CYP2C19 Genotyping

Background on CYP2C19 Testing

The CYP450 gene superfamily is composed of many isoenzymes that are involved in the metabolism of about 75% of commonly prescribed drugs. *CYP2C19* metabolizes 15% of all currently used drugs, whereas *CYP2D6* enzymes metabolize approximately 20-25%, and *CYP2C9* metabolizes approximately 10%.

Genetic alterations or "polymorphisms" are common in these isoenzymes, with more than 30 polymorphisms identified in *CYP2C19*. These polymorphisms can lead to differences in individual drug response secondary to variation in metabolism.

CYP2C19 phenotypes include poor, intermediate, extensive and ultra-rapid metabolizers. The frequency of the various metabolizers phenotypes has been estimated as follows:

- 2-15% - poor metabolizers
- 18-45% - intermediate metabolizers
- 35-50% - extensive metabolizers
- 5-30% - ultra-rapid metabolizers

The genotypic rates vary by ethnicity. Approximately 2% of whites, 4% of blacks and 14% of Chinese are poor *CYP2C19* metabolizers.

Pharmacogenetic testing has been proposed to predict individual response to a variety of *CYP2C19*-metabolized drugs including clopidogrel, proton pump inhibitors, and tricyclic antidepressants, among others. In certain scenarios, an individual patient may benefit from genetic testing in determining dosage and likely response to specific medications.

Clopidogrel bisulfate (Plavix) is a widely prescribed medication to/for:

- Prevent blood clots in patients with acute coronary syndrome (ACS),
- Other cardiovascular (CV) disease-related events,
- Undergoing percutaneous coronary intervention

Clopidogrel response varies significantly due to genetic and acquired factors including obesity, smoking and non-compliance. Patients with poor response to clopidogrel may experience recurrent CV event or thrombotic events while taking clopidogrel. They are at greater risk for major adverse CV events such as heart attack, stroke and death. These individuals are typically poor to intermediate metabolizers of clopidogrel due to the presence of the associated *CYP2C19* polymorphisms. These individuals should be given an alternate treatment strategy (Plavix PI). As such, the clinical utility of *CYP2C19* genotyping has been supported with net benefits on improving health outcomes for individuals with ACS who are undergoing percutaneous coronary interventions (PCI). There is insufficient evidence of clinical utility of *CYP2C19* genotyping for individuals considering clopidogrel therapy for other indications, such as medical management of ACS without PCI, stroke, or peripheral artery disease.

With regards to *CYP2C19* testing for antidepressant treatment, recent evidence has suggested genetic testing prior to initiating certain tricyclic antidepressants, namely amitriptyline, due to the effects of the genotype on drug efficacy and safety. Use of this information to determine dosing has been proposed to improve clinical outcomes and reduce the failure rate of initial treatment. However, the Clinical Pharmacogenetics Implementation Consortium did not have enough evidence to make a strong recommendation for dose modification based on genotype, and a moderate recommendation was given based on data outside of randomized trials. Additionally, even with genotype information, a suggestion is given to start patients on low dose, gradually increasing to avoid adverse side effects. Consequently, genotyping is not needed with this approach.

Proton pump inhibitors are used to treat several gastric acid-related conditions including duodenal ulcer, gastric ulcer and gastroesophageal reflux disease. Proton pump inhibitors can also be used to treat *Helicobacter pylori*. Several proton pump inhibitors are metabolized by *CYP2C19*. However, there is insufficient data to warrant *CYP2C19* genotyping to determine health outcomes or adverse drug reactions in treatment with proton pump inhibitors.

With regards to Serotonin reuptake inhibitors, there is insufficient evidence to support *CYP2C19* genotyping to determine medical management for the treatment of obsessive compulsive disorder at this time.

Covered Indications

In summary, genetic testing of the *CYP2C19* gene is considered medically necessary for patients with ACS undergoing PCI who are initiating or reinitiating Clopidogrel (Plavix) therapy.

Non-covered Indications

Genetic testing for the *CYP2C19* gene is considered investigational at this time for the following medications including but not limited to:

- Amitriptyline
- Clopidogrel for indications other than above
- Proton pump inhibitors
- Selective serotonin reuptake inhibitors
- Warfarin

CYP2D6 Genotyping

Background on CYP2D6 Testing

Genetic alterations or “polymorphisms” are common in these isoenzymes, with more than 100 polymorphisms identified in *CYP2D6*. These polymorphisms can lead to differences in individual drug response secondary to variation in metabolism.

CYP2D6 phenotypes include poor, intermediate, extensive and ultra-rapid metabolizers. The frequency of the poor metabolizer phenotype varies by ethnicity with 7-10% in Caucasians, 1.9-7.3% in African- Americans, and $\leq 1\%$ in most Asian populations studied. The extensive metabolizer phenotype, observed in 50% of Caucasians, is the most common in this population. Genetic variation, as well as drug-drug interactions, can influence the classification of *CYP2D6* metabolism into one of the above phenotypes. In addition, chronic dosing of a *CYP2D6* drug can inhibit its own metabolism over time as the concentration of the drug approaches a steady state.

Pharmacogenetic testing has been proposed to predict individual response to a variety of *CYP2D6*-metabolized drugs including tamoxifen, antidepressants, opioid analgesics, and tetrabenazine for chorea, among others. In certain scenarios, an individual patient may benefit from this genetic testing in determining dosage and likely response to specific medications.

Tamoxifen

Available evidence fails to support direct evidence of clinical utility for testing of *CYP2D6* in treatment with tamoxifen. Tamoxifen metabolism and the causes for resistance are complex rather than the result of a single polymorphism.

Antidepressants

In regards to *CYP2D6* testing for antidepressant treatment, there was insufficient evidence in the past to support testing to determine treatment. More recently, evidence has supported the use of genetic testing prior to initiating certain tricyclic antidepressants due to the effects of genotype on drug efficacy and safety. Use of this information to determine dosing can improve clinical outcomes and reduce the failure rate of initial treatment. However, there is insufficient evidence for *CYP2D6* genotyping for individuals considering antipsychotic medications or other antidepressants with *CYP2D6* as a metabolizing enzyme.

Codeine

In addition, the role of *CYP2D6* genotyping has been evaluated for use in opioid analgesic drug therapy, specifically codeine analgesia. The efficacy and toxicity, including severe or life-threatening toxicity after normal doses of codeine has been linked to an individual's *CYP2D6* genotype. However, genotyping would indicate avoidance of codeine due to risk of adverse events in only 1-2% of the populations, and there is considerable variation in the degree of severity of adverse events, with most not classified as serious. Furthermore, codeine is widely used without genotyping. At this time, there is insufficient evidence to support clinical utility of genotyping for management of codeine therapy.

Tetrabenazine

The dosing of tetrabenazine is based, in part, on *CYP2D6* genotyping. However, a recent study suggests that the necessity to genotype may need to be reconsidered. The Xenazine[®] manufacturer package insert indicates that poor metabolizers of *CYP2D6* should not exceed a maximum dose of 50 mg/day.

Drugs for Alzheimer's Disease

Galantamine is an anticholinergic drug used in the treatment of Alzheimer's disease. Studies have been performed that reveal the *CYP2D6* genotype significantly influences galantamine concentrations in blood. Still other studies have revealed that urinary assays for *CYP2D6* phenotype are technically feasible. At this time, the association between phenotype and drug responsiveness remains unknown. It has been suggested that confirmation studies in larger populations are necessary to establish evidence regarding individuals most likely to benefit from galantamine, including information on treatment efficacy and tolerability.

Donepezil (Aricept) is a drug used to treat an Alzheimer's disease. Some studies have reported an influence of the *CYP2D6* on the response to treatment with this drug. Other studies suggest that therapy based on *CYP2D6* genotype is unlikely to be beneficial for treating Alzheimer's disease patients in routine clinical practice. Additional studies are needed to determine the efficacy and utility of *CYP2D6* genotyping in those patients who are treated with donepezil.

Covered Indications

In summary, genetic testing of the *CYP2D6* gene is considered medically necessary to guide medical treatment

and/or dosing for individuals for whom initial therapy is planned with:

- Amitriptyline or nortriptyline for treatment of depressive disorders
- Tetrabenazine doses greater than 50 mg/day, or re-initiation of therapy with doses greater than 50 mg/day

Non-covered Indications

There is insufficient evidence to demonstrate that genetic testing for the *CYP2D6* gene improves clinical outcomes. Consequently, genetic testing for the *CYP2D6* gene is considered investigational including but not limited to the following medications:

- Antidepressants other than those listed above
- Antipsychotics
- Codeine
- Donepezil
- Galantamine
- Tamoxifen

CYP2C9 Genotyping

Background on CYP2C9 Testing

CYP2C9 metabolizes approximately 10-15% of all currently used drugs. Genetic alternations or “polymorphisms” are

common in these isoenzymes, with 57 polymorphisms identified in *CYP2C9*, which can lead to differences in individual drug response secondary to variation in metabolism.

Pharmacogenetic testing has been proposed to predict individual response to a variety of *CYP2C9*-metabolized drugs including celecoxib, fluorbipofen, fluvoxamine and warfarin, among others. In certain scenarios, an individual patient may benefit from this genetic testing in determining dosage and likely response to specific medications. However, there is insufficient evidence to support *CYP2C9* genotyping to determine medical management and alter outcomes at this time.

Individuals with low enzyme activity for *CYP2C9* substrates are at risk of adverse drug reactions. However, pharmacogenetic testing for individuals being treated with drugs, such as warfarin, may experience little or no benefit from testing. This is, in part, because the *CYP2C9* genotype accounts for only part of the variability in drug sensitivity.

Warfarin

While there is extensive literature regarding warfarin and the *CYP2C9* genotype, the clinical utility of such testing remains unproven at this time. In fact, pharmacogenetic testing for warfarin treatment has been recommended against by the American College of Medical Genetics and the American College of Chest Physicians. These guidelines suggest that genetic testing for warfarin metabolism is not medically necessary, and evidence of clinical utility remains to be proven. Obstacles for determining clinical utility have been reviewed with suggestions for researchers in this area.

Celecoxib

In addition, limited information is available regarding celecoxib metabolism in individuals with *CYP2C9* polymorphisms. More trials are needed to determine clinical utility and appropriateness of pharmacogenetic testing in this population.

Covered Indications

Effective August 3, 2009, the Centers for Medicare & Medicaid Services (CMS) believes that the available evidence supports that coverage with evidence development (CED) under §1862(a)(1)(E) of the Social Security Act (the Act) is appropriate for pharmacogenomic testing of *CYP2C9* or *VKORC1* alleles to predict warfarin responsiveness by any method, and is therefore covered only when provided to Medicare beneficiaries who are candidates for anticoagulation therapy with warfarin who:

- Have not been previously tested for *CYP2C9* or *VKORC1* alleles; and
- Have received fewer than five days of warfarin in the anticoagulation regimen for which the testing is ordered; and
- Are enrolled in a prospective, randomized, controlled clinical study when that study meets the standards as set forth in National Coverage Determination 90.1.

Non-covered Indications

All other coverage for genetic testing for the *CYP2C9* gene is considered investigational at this time. There is currently no proven clinical utility related to any medication, including but not limited to:

- Celecoxib
- Fluoribiprofen
- Flovoxamine

VKORC1 Genotyping

Background on VKORC1 Testing

The vitamin K epoxide reductase complex subunit 1, encoded by the gene *VKORC1*, is critical in the vitamin K pathway for coagulation. Warfarin therapy targets *VKORC1* to reduce clotting risk.

Variation in response to warfarin therapy has been linked to genetic variations. Retrospective study of European-American patients undergoing long term warfarin therapy identified 5 major haplotypes that were most predictive of approximately 25% of variance in warfarin dose. These are classified into A: low dose haplotype and B: high dose haplotype. This was validated in two European-American populations. Average maintenance dose for A/A haplotypes was approximately 2.7 mg per day; 4.9 mg per day for A/B, and 6.2 mg per day for B/B ($p < 0.001$).

Review by the American College of Medical Genetics (2008) confirmed the analytic validity of testing *VKORC1* and confirmed that there is sufficient evidence to support association with final therapeutic dose of warfarin. However, safe warfarin dosing requires careful monitoring and there is insufficient evidence is available to support routine *VKORC1* genotyping for determination of final dosing. Further study in prospective clinical trials are needed to determine clinical utility.

Clinical Pharmacogenetics Implementation Consortium guidelines recommend that pharmacogenetic algorithms be used to determine ideal dosing, and recommend including *VKORC1* genotyping when available. However the evidence from randomized prospective trials is limited, and impact on clinical outcomes is not yet known, limiting the ability to recommend that genotyping be performed for initial warfarin prescribing.

Prospective study of 30 healthy subjects assessed for warfarin dosing with daily INR measurements determined that *VKORC1* ($p=0.02$) variant carriers require lower cumulative doses of warfarin to achieve $INR \geq 2.0$. Participants who carried variants in both *CYP2C9* and *VKORC1* required fewer days to achieve $INR \geq 2.0$ that wild type subjects ($p=0.01$) resulting in an estimated genetic contribution to dose variability of 62%.

Meta-analysis of *CYP2C9* and *VKORC1* genotypes influence the risk of hemorrhagic complications in warfarin treated

patients and increase the risk for over-coagulation and hemorrhagic complications with *CYP2C9**3 carriers. No significant association was noted between *VKORC1* genotypes and hemorrhagic complications.

Randomized controlled study assessing 109 adult patients and the influence of *VKORC1* genotyping data on clinical outcomes of initial warfarin dosing was performed. Primary endpoints included time in therapeutic range over 90 days and number of anticoagulation visits. Hospitalizations, emergency visits, time to reach therapeutic dose, INR >4, hemorrhagic events, thrombotic events and mortality were secondary endpoints. No difference in the primary endpoints was noted between patients who received initial dosing by clinical and genotype information as compared to those whose initial dosing was determined by clinical information alone. No statistical difference was noted between either group in secondary events, however fewer of these events were noted among patients whose dosing included genotypic data.

Covered Indications

Effective August 3, 2009, the Centers for Medicare & Medicaid Services (CMS) believes that the available evidence supports that coverage with evidence development (CED) under §1862(a)(1)(E) of the Social Security Act (the Act) is appropriate for pharmacogenomic testing of *CYP2C9* or *VKORC1* alleles to predict warfarin responsiveness by any method, and is therefore covered only when provided to Medicare beneficiaries who are candidates for anticoagulation therapy with warfarin who:

- Have not been previously tested for *CYP2C9* or *VKORC1* alleles; and
- Have received fewer than five days of warfarin in the anticoagulation regimen for which the testing is ordered; and
- Are enrolled in a prospective, randomized, controlled clinical study when that study meets the standards as set forth in National Coverage Determination 90.1.

Non-covered Indications

Genetic testing for the *VKORC1* gene is considered investigational at this time for all other medications.

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

Group 2 Paragraph:

N/A

Group 2 Codes:

CODE	DESCRIPTION
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG

CODE	DESCRIPTION
	METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (IE, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *XN)

Group 3 Paragraph:

N/A

Group 3 Codes:

CODE	DESCRIPTION
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, -1639G>A, C.173+1000C>T)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
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
I21.29	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
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I24.0	Acute coronary thrombosis not resulting in myocardial infarction

ICD-10 CODE	DESCRIPTION
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
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
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
I25.700	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

ICD-10 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

Group 2 Paragraph:

N/A

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate

ICD-10 CODE	DESCRIPTION
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.9	Bipolar disorder, unspecified
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
F53.0	Postpartum depression
G10	Huntington's disease

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

General Information

Associated Information

Sources of Information

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Prescriber information, medication specific.

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Bibliography

NA

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2019	R5	LCD is revised to add 0070U per the 2019 HCPCS Code Update. 12/20/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none">• Creation of Uniform LCDs With Other MAC Jurisdiction• Revisions Due To CPT/HCPCS Code Changes
10/01/2018	R4	09/19/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none">• Creation of Uniform LCDs With Other MAC Jurisdiction• Revisions Due To ICD-10-CM Code

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		LCD is revised to add ICD-10 F53.0 to Group 2 diagnoses due to 2019 ICD-10 code updates.	Changes
10/01/2017	R3	<p>02/06/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>LCD is revised to remove <i>Title XVIII of the Social Security Act, §1862(a)(1)(D) items and services related to research and experimentation</i> from the CMS National Coverage Policy section.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
10/01/2017	R2	<p>09/08/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Added the following codes under ICD-10 Codes that Support Medical Necessity , Group 1:I25.111, I25.118, I25.119, I25.701, I25.708, I25.709, I25.711, I25.718, I25.719, I25.721, I25.728, I25.729, I25.731, I25.738, I25.739, I25.751, I25.758, I25.759, I25.761, I25.768, I25.769, I25.791, I25.798 and I25.799 effective 6/1/2017.</p> <p>Added ICD-10 codes I21.9, I21.A1, I21.A9 due to the 2017 Annual ICD-10 Code Update.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction Revisions Due To ICD-10-CM Code Changes
07/08/2016	R1	Effective 07/08/2016, CPT code 81479 is added to groups 1 & 2 under the "CPT/HCPCS Codes " section, per the MoIDX contractor. The Part A LCD (L36311) is retired and Part A contract numbers are added to the Part B LCD so that they will have the same LCD number in the Medicare Coverage Database.	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction Revisions Due To CPT/HCPCS Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A54237

- (MCD Archive Site)A54749

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 12/21/2018 with effective dates 01/01/2019 - N/A

Updated on 09/26/2018 with effective dates 10/01/2018 - 12/31/2018

Updated on 02/06/2018 with effective dates 10/01/2017 - 09/30/2018

Updated on 09/09/2017 with effective dates 10/01/2017 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- genetic
- MoIDx
- genotyping
- pharmacogenetic
- CYP2C19
- CYP2D6
- CYP2C9
- VKORC1
- 81225
- 81479
- 81226
- 81227
- 81355
- 0070U

Local Coverage Article: Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing (A57522)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57522

Original Effective Date

11/01/2019

Article Title

Billing and Coding: MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing

Revision Effective Date

11/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Publication 100-04, Medicare Claims Processing Manual, Ch. 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

Article Guidance

Article Text:

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing L36312.

To report a CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing service, please submit the following claim information:

- Select appropriate CPT[®] code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8, *17)

Group 2 Paragraph:

N/A

Group 2 Codes:

CODE	DESCRIPTION
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS (IE, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *XN)

Group 3 Paragraph:

CPT codes CYP2C9 and VKORC1 are non-covered for all indications per the MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing L36312 LCD.

However, CYP2C9 and VKORC1 can be covered in accordance with NCD 90.1 and should be reported with HCPCS code G9143 warfarin responsiveness testing.

Group 3 Codes:

CODE	DESCRIPTION
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, -1639G>A, C.173+1000C>T)

Group 4 Paragraph:

CYP gene panels (testing for more than 1 CYP gene on same date of service) is a single unit of service (UOS=1). All CYP panels should be billed with 81479 and are non-covered.

Group 4 Codes:

CODE	DESCRIPTION
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE

CPT/HCPCS Modifiers**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
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
I21.29	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
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
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
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
I25.700	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

ICD-10 CODE	DESCRIPTION
	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
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

ICD-10 CODE	DESCRIPTION
	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

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

Group 2 Paragraph:

N/A

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed

ICD-10 CODE	DESCRIPTION
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.9	Bipolar disorder, unspecified
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.9	Major depressive disorder, recurrent, unspecified
F53.0	Postpartum depression
G10	Huntington's disease

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/01/2019	R1	11/09/2019: This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related MoIDX: CYP2C19, CYP2D6, CYP2C9, and VKORC1 Genetic Testing L36312 LCD and placed in this article.

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/04/2019 with effective dates 11/01/2019 - N/A

Updated on 11/08/2019 with effective dates 11/01/2019 - N/A

Keywords

N/A

Local Coverage Determination (LCD): Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs) (L37368)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L37368

Original Effective Date

For services performed on or after 02/11/2019

LCD Title

Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)

Proposed LCD in Comment Period

N/A

Source Proposed LCD

DL37368

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Revision Effective Date

For services performed on or after 10/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

12/27/2018

Notice Period End Date

02/10/2019

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

42 Code of Federal Regulations (CFR) 410.32(a). Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS On-Line Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services.

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This contractor will provide limited coverage for Gastrointestinal Pathogen (GIP) molecular assays identified by multiplex nucleic acid amplification tests (NAATs), and will limit GIP coverage in immune competent beneficiaries up to 5 bacterial targets which represent the top 90-95% of foodborne infections ([incidence of infection per 100,000 population]in decreasing incidence): Salmonella [15.89]; Campylobacter [12.97]; Shigella [5.53]; Cryptosporidium [3.31]; Shiga toxin producing E. coli (STEC) non-O157 [1.64] and STEC O157 [.95].

In addition, when there is a clinical concern for Clostridium difficile colitis, this contractor will cover up to 11 targets if Clostridium difficile is one of the organisms tested for.

Testing for 12 or more organisms will only be covered in critically ill or immunosuppressed patients.

In immune competent individuals, most people with Cryptosporidium, a parasitic disease, will recover without treatment. The pathogens in some of the GIP panels are determined by the manufacturers that make them, and do not represent specific pathogens that cause a common age-based syndrome, or represent organisms that commonly are found in a specific sample type, patient population or reflect community acquired foodborne infections. Because of the unique clinical circumstances of immune compromised patients, ICU patients, and HIV positive patients with diarrhea, GIP testing for bacteria, virus and parasite testing may be indicated, and thus a Medicare benefit.

Summary of Evidence

Traditionally, stool testing algorithms required physicians to consider which specific pathogens that might be associated with individual cases of gastroenteritis, and choose a testing scheme that ensured that all the appropriate pathogens were targeted. In the setting of community-acquired diarrheal illness, large foodborne GIP testing panels for parasites and viral etiologies is not reasonable and necessary because these GI diseases are:

- Generally self-limited,
- Virus specific therapies are not available, and

- Patients are managed by supportive care and hydration.

Travelers with >2 weeks of symptoms, after bacterial pathogens have been ruled out, may require traditional ova and parasite stool examination and/or specific protozoa antigen or molecular testing. Medicare specifies that testing must be reasonable and necessary for the specific needs of a given patient. Large panels that represent a “one size fits all” approach to testing without regard for a patient’s medical history, time of year, clinical setting, and patient symptoms are not reasonable and necessary, and thus not a Medicare benefit. A “one size fits all” panel approach is not restricted to specific population subgroups, such as neonates, pediatrics, or adults, does not differentiate between community-acquired vs traveler source of infection, and does not differentiate the needs of select patient populations such as the ICU patient or immunocompromised patients. In addition, while identification of specific viruses may be of interest in an outbreak or epidemiologically, clinical management is not predicated on viral test results, and are thus not reasonable and necessary.

This contractor recognizes that GIP assays are closed systems, without random access for physician directed, patient-specific testing. However, some laboratories elect to use GIP panel tests but report only the specific tests ordered by the physician. In other words, and the laboratory “blinds” unnecessary test results or utilize disclaimers in their reporting and bill only for the medically necessary test results. Other laboratories report results of all tests in the panel which adds unnecessary cost to the healthcare system when reimbursement is directly related to the number of organisms in the panel. The FDA approved/cleared assays discussed below are comparable with coverage limited to bacterial organisms for acute diarrhea, with justification of medical necessity recorded in the patient’s medical record.

Nucleic Acid Amplified Probe Technique (NAAT) for Identification of Microorganisms:

Tests performed by NAAT uses a microorganism’s DNA or RNA to directly identify specific bacteria, viruses, and/or protozoa rather than standard microorganism detection techniques such as bacterial culture, microscopy with and without stains, direct fluorescent antibody testing, rapid antigen testing, qualitative and quantitative immunoassay for identification of antigens or toxins from stool and single-plex PCR assays. Multiplex NAAT tests are included in the larger grouping of culture-independent diagnostic tests (CIDT). CIDT includes but is not limited to simplex direct probe and amplified probe techniques. This technology offers same day results in a matter of hours rather than 2-3 days of time-consuming and labor intensive bacterial cultures and immunoassays for processing stool specimens. CIDT are touted as providing a more comprehensive assessment of disease etiology by increasing the diagnostic yield compared with conventional diagnostic tests permitting earlier initiation of appropriate therapeutic agents targeted to the detected pathogen(s), if any, rather than empirical therapy until culture results are available.

CIDT testing is not without its challenges; latent infections or colonization cannot be distinguished from active, clinically significant infections. Additionally, fragments of nucleic acids from dead microorganisms may cloud organism identification, complicating clinical interpretation, and potentially, clinical management. In a CIDT comparative study, mixed infections were identified in 13-21% of positive prospective stool samples compared to only 8.3% by routine (culture/immunoassay/microscopy) methods.¹ In another recent study, 32.9% of the FilmArray GI Panel-positive specimens were found to contain more than one potential pathogen.² The significance of detecting coinfections may be difficult to understand, as the clinical implications of specific pathogen combinations are not well documented or understood. Many GI pathogens can be shed asymptotically or for prolonged periods of time after symptoms subside, further complicating the interpretation of positive results. For example, *Salmonella* spp. and norovirus can be shed for weeks to months after symptoms subside. Asymptomatic infection with *Cryptosporidium* spp. or *G. lamblia* is common in children.² High rates of asymptomatic carriage of enteropathogens, often identified as a co-infection in large microbial panels, create diagnostic confusion by the interpreting clinician.³

From a public health and epidemiologic point of view, CIDT testing does not provide the culture isolates that are needed for antimicrobial susceptibility testing, serotyping, subtyping and whole genome sequencing that are critical for monitoring trends, detecting clusters of illness and investigating outbreaks. For *Salmonella*, the inability to

distinguish serotypes will prevent tracking of important changes in incidence by serotype, and markedly limit detection and investigation of outbreaks (not a Medicare benefit). For Shiga toxin producing E. coli (STEC), because identification of serogroups requires culture, it is not known which STEC-positive CIDT result represents O157 vs non-O157⁴.

FDA-approved GIP Assays:

Five FDA approved GIP assays are currently on the market, and all are closed system tests that do not allow random access for physicians to select likely etiologic agents of diarrhea. These include:

- **Hologic/Gen-Probe's ProGastro SSCS**

- **Targets identified:**
 - Salmonella,
 - Shigella,
 - Campylobacter (*C. jejuni* and *C. coli* only, undifferentiated) nucleic acids, and
 - Shiga toxin 1 (stx1) /Shiga toxin 2 (stx2) genes (STEC typically harbor one or both genes that encode for Shiga toxins 1 and 2)
- TAT (turn-around time) - 4 hr.

- **BD Diagnostics' BD MAX Enteric Bacterial Panel (EBP):**

- Targets identified:
 - Campylobacter spp. (*jejuni* and *coli*),
 - Salmonella spp.,
 - Shigella spp.,
 - Enterohemorrhagic E. coli (EHEC),
 - Shiga toxin 1 (stx1)/Shiga toxin 2 (stx2) genes (found in STEC, as well, as *Shigella dysenteriae*)
- TAT – 3-4 hr.

- **Nanosphere's Verigene Enteric Pathogens (EP):**

- Targets identified:
 - Campylobacter Group (comprised of *C. coli*, *C. jejuni*, and *C. lari*),
 - Salmonella species,
 - Shigella species (including *S. dysenteriae*, *S. boydii*, *S. sonnei* and *S. flexneri*),
 - Vibrio Group (comprised of *V. cholera* and *V. parahaemolyticus*),
 - Yersinia enterocolitica,
 - Shiga toxin I gene and Shiga toxin 2 gene virulence markers, Shiga toxin producing E coli (STEC)
 - Norovirus
 - Rotavirus
- TAT – 2 hr.

- **Luminex's xTAG Gastroenterology Pathogen Panel (GPP):**

- Targets identified
 - Campylobacter (*C. jejuni*, *C. coli* and *C. lari* only)
 - Clostridium difficile (*C. difficile*) toxin A/B
 - Cryptosporidium (*C. parvum* and *C. hominis* only)
 - Escherichia coli (*E. coli*) O157
 - Enterotoxigenic E. coli (ETEC) LT/ST
 - Giardia (*G. lamblia* only) (aka *G. intestinalis* and *G. duodenalis*)
 - Norovirus GI/GII
 - Rotavirus A
 - Salmonella
 - Shiga-like Toxin producing E. coli (STEC) stx 1/stx 2
 - Shigella (*S. boydii*, *S. sonnei*, *S. flexneri* and *S. dysenteriae*)

- *E. histolytica*
 - Adenovirus 40/41
 - *Vibrio cholera*
- TAT - <5 hr.

- **Biofire Diagnostic's FilmArray GI Panel:**

- Targets identified
 - *Campylobacter* (*C. jejuni*/*C. coli*/*C. upsaliensis*),
 - *Clostridium difficile* (*C. difficile*) toxin A/B,
 - *Plesiomonas shigelloides*,
 - *Salmonella*,
 - *Vibrio* (*V. parahaemolyticus*/*V. vulnificus*/ *V. cholerae*), including specific identification of *Vibrio cholerae*,
 - *Yersinia enterocolitica*,
 - Enteroaggregative *Escherichia coli* (EAEC),
 - Enteropathogenic *Escherichia coli* (EPEC),
 - Enterotoxigenic *Escherichia coli* (ETEC) lt/st,
 - Shiga-like toxin-producing *Escherichia coli* (STEC) stx1/stx2 (including specific identification of the *E. coli* O157 serogroup within STEC),
 - *Shigella*/ Enteroinvasive *Escherichia coli* (EIEC),
 - *Cryptosporidium*,
 - *Cyclospora cayetanensis*,
 - *Entamoeba histolytica*,
 - *Giardia lamblia* (also known as *G. intestinalis* and *G. duodenalis*),
 - Adenovirus F 40/41,
 - Astrovirus,
 - Norovirus GI/GII,
 - Rotavirus A,
 - Sapovirus (Genogroups I, II, IV, and V)
- TAT -1-2 hr.

All targeted viruses included in GIPs are more prevalent in young children than in adults. In one study, Sapovirus was detected in 10% of all specimens from children >1 year old and 7.4% of specimens from children between 1 to 5 years of age.²

Enteropathogenic *E. coli* (EPEC), historically associated with developing countries, are known to cause both acute and persistent diarrhea in 2 young children in the US and were identified in one study in 24.8% of all samples collected from children <1 year of age, and 37% of all samples from children between age of 1 and 5 years. EPEC strains can also be found in healthy children and adults, thus confounding its significance when identified in symptomatic children and adults.

Similarly, the interpretation of *C. difficile* toxin A/B detection is also complicated, especially in children <1 year old. The American Academy of Pediatrics does not recommend routine testing for *C. difficile* in children <1 year of age and suggests that positive *C. difficile* results be interpreted with suspicion in children <3 years old⁵.

Most recently a publication looking at Syndromic Panel-Based Testing, specifically the multiplex detection of GI pathogens, states that it makes it difficult the interpretation of a positive results in asymptomatic individuals colonized with *C. difficile*. Patients experiencing diarrhea associated with antecedent of antibiotic or hospitalization are at risk for *C. difficile* infection; in such cases specific testing for *C. difficile* is most cost-effective. GIP's detection

of multiple targets has created confusion for healthcare providers that now faced with results that were not previously reported and for which current guidelines provide no direction as to management (treatment, clinical significance or the need for additional or repeat testing)¹².

A meta-analysis (of 10 studies) by NHS in UK found that GIP testing produces a greater number of pathogen-positive findings than conventional testing. It is unclear whether or not these additional “positives” are clinically important. The review identified no robust evidence to inform consequent clinical management of patients. There is considerable uncertainty about cost-effectiveness of GIP panels used to test for suspected infectious gastroenteritis in hospital and community settings. The systemic review and cost-effectiveness model identify uncertainties about the adoption of GIP tests. GIP testing will generally identify pathogens identified by conventional testing, however, these tests also generate considerable additional positive results of uncertain clinical importance¹³.

Indications for Foodborne GI Testing

Acute diarrhea, often called gastroenteritis, can be defined as the passage of a greater number of stools of decreased form from the normal lasting < 14 days. Acute diarrhea is generally associated with clinical features of nausea, vomiting, abdominal pain and cramps, bloating, flatulence, fever, passage of bloody stools, tenesmus and fecal urgency. It is the leading cause of outpatient visits, hospitalizations, and lost quality of life occurring domestically and those traveling abroad. The Centers for Disease Control and Prevention (CDC) has estimated 47.8M cases occurring annually in the US with an estimated healthcare cost upwards of US\$150M.⁶ Detection of microbial pathogens associated with GI disease may be important in certain populations, such as immunocompromised hosts, the critically ill and individuals with prolonged disease that is refractory to treatment.

Over a 20 year period, some foods that have been linked to food-borne outbreaks including milk (Campylobacter), shellfish (Noroviruses), unpasteurized apple cider (Escherichia coli O157:H7), raw and undercooked eggs (Salmonella), fish (ciguatera poisoning), raspberries (Cyclospora); strawberries (Hepatitis A virus); and ready-to-eat meats (Listeria).⁷

Although the etiologic agents responsible for about 80% of GI illnesses are unidentified or otherwise unspecified, Norovirus and Salmonella spp (non-typhoidal) are currently the most commonly identified pathogens associated with food-borne disease in the US and account for 5.5 and 1.0 million cases each year, respectively.⁸ Clostridium perfringens, Campylobacter and Staphylococcus aureus follow Norovirus and Salmonella spp. in decreasing frequency in domestically acquired foodborne illnesses. Healthcare- and antibiotic-associated diarrhea is also problematic, with the major causative pathogen being toxin-producing Clostridium difficile⁹. In the US, >300,000 cases of C. difficile are diagnosed annually, with associated costs of >\$1 billion.

In 2015, the number and incidence of confirmed infections per 100,000 population were reported for Salmonella (15.89), Campylobacter (12.97), Shigella (5.53), Cryptosporidium (3.31), Shiga-toxin producing Escherichia coli (STEC) non-O157 (1.64), STEC O157 (.95), Vibrio (0.39), Yersinia (0.29), Listeria (0.24) and Cyclospora (0.13).⁴ Among confirmed infections, the vast majority were diagnosed only by culture. Compared with incidence in 2012-2014, the incidence of confirmed infections was significantly higher for STEC non-O157 (40% increase) and Cryptosporidium (57% increase). No significant changes were observed in 2015 for other pathogens compared with the previous 3-year averages. In addition to the 20,107 confirmed cases of infection, there were 3,112 positive CIDT case reports. In general, the incidence of most foodborne bacterial pathogens and for Cryptosporidium is highest among children aged <5, except for Listeria and Vibrio for which the highest incidence is among persons aged ≥ 65 years.¹⁰

Many episodes of acute diarrhea are self-limited and require fluid replacement and supportive care. Oral rehydration is indicated for patients who are mildly to moderately dehydrated. IV fluids may be required for more severe dehydration. Routine use of antidiarrheal agents is not recommended because many of these agents have potentially

serious adverse effects, particularly in infants and young children. Antimicrobial therapy is warranted only for patients with severe disease or for individuals with immune systems are severely weakened from medications and other illnesses.¹¹

Laboratory testing algorithms for infectious causes of diarrhea generally agree that testing is NOT warranted for community-acquired diarrhea of <7 days duration without signs or symptoms of severe (fever, bloody diarrhea, dysentery, severe abdominal pain, dehydration, hospitalization and immunocompromised state) disease. In general, when community-acquired diarrhea persists for ≥ 7 days, or the diarrhea is travel-related, or there are signs/symptoms of severe disease, GIP testing may be warranted. Additional directed testing may be indicated if the GIP results are negative and diarrhea persists. No additional testing is indicated for GIP-positive result unless the clinical picture changes. Clostridium difficile molecular testing is warranted on health-care associated diarrhea with onset after the 3rd inpatient day or after recent antibiotic use.

Analysis of Evidence (Rationale for Determination)

Level of Evidence

Quality of Evidence: Moderate

Strength of Evidence: Moderate

Weight of Evidence: Moderate

Summary Medicare Coverage Decision:

GIP testing is limited to no more than 5 bacterial pathogen targets when not testing for Clostridium difficile. Testing for 6-11 pathogens is covered when there is a clinical concern for Clostridium Difficile colitis, and Clostridium difficile is one of the pathogens being tested.

Testing for viral etiologies is not reasonable and necessary because these GI diseases are generally self-limited, virus specific therapies are not available, and patients are managed by supportive care and hydration. Travelers with >2weeks of symptoms, after bacterial pathogens have been ruled out, may require traditional ova and parasite stool examination and/or specific protozoa antigen or molecular testing. Large panels inclusive of 11 viruses and protozoa are not reasonable and necessary for community-acquired diarrheal illness. There is no Medicare benefit for GIP testing for national, state or local agency tracking of diarrheal outbreaks, for epidemiologic purposes, or to confirm another etiologic test result. Once the target etiology of an outbreak is identified, subsequent patient testing is generally not indicated and patients are managed empirically. However, if the clinical presentation varies from the outbreak prototype, a specific test for the causative organism may be indicated. The Medicare benefit is specifically for the clinical identification and management of disease for a given beneficiary. The Medicare benefit does not extend for purposes of the family or community tracking or surveillance.

Limitations

A GIP test **panel** is a single service with a single unit of service (UOS =1). A panel cannot be unbundled and billed as individual components regardless of the fact that the GIP test reports multiple individual pathogens and/or targets. The panel is a closed system performed on a single platform, and as such, is a single test panel with multiple components (UOS=1). If *C. difficile* is not included in a GIP panel, testing for *C. difficile* may be reasonable and necessary when ordered in addition to a GIP bacterial pathogen panel and supported by documentation in the medical record.

General Information

Associated Information

N/A

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R4	10/01/2019: All coding located in the Coding Information section has been moved into the related Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) A56711 article and removed from the LCD.	<ul style="list-style-type: none"> Revisions Due To Code Removal
02/11/2019	R3	08.19.19: Removal of codes per requirement and billing and coding article created to complement LCD and removal of MoIDX from the title of the LCD	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes Revisions Due To CPT/HCPCS Code Changes
02/11/2019	R2	12/21/2018: Removal of verbiage 'in addition to a diagnosis code from Group 1' from Group 2 Paragraph per Palmetto GBA.	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
02/11/2019	R1	LCD revised to add E. histolytica, Adenovirus 40/41 and Vibrio cholera under FDA approved GIP Assays for Luminex's xTAG Gastroenterology Pathogen Panel (GPP) Target identified.	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction Typographical Error

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56711 - Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)

A56207 - Response to Comments: MoIDX: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)

LCD(s)

DL37368

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 09/20/2019 with effective dates 10/01/2019 - N/A

Updated on 08/19/2019 with effective dates 02/11/2019 - 09/30/2019

Updated on 12/26/2018 with effective dates 02/11/2019 - N/A

Updated on 12/20/2018 with effective dates 02/11/2019 - N/A

Updated on 12/11/2018 with effective dates 02/11/2019 - N/A

Keywords

- MoIDX
- Foodborne
- Gastrointestinal
- Multiplex
- Nucleic Acid
- Amplification
- NAATs

Local Coverage Article: Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) (A56711)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A56711

Original Effective Date

07/01/2019

Article Title

Billing and Coding: Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs)

Article Type

Article

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Revision Effective Date

10/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Article Guidance**Article Text:**

The information in this article contains billing, coding or other guidelines that complement the Local Coverage

Determination (LCD) for Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification (NAATs) (L37368).

This contractor will provide limited coverage for Gastrointestinal Pathogen (GIP) molecular assays identified by multiplex nucleic acid amplification tests (NAATs). In immune competent beneficiaries, coverage is limited to no more than 5 bacterial targets (when not testing for *Clostridium difficile*). Testing for 6-11 pathogens is covered when there is a clinical concern for *Clostridium Difficile* colitis, and *Clostridium difficile* is one of the pathogens being tested.

Testing for 12 or more organisms will only be covered in critically ill or immunosuppressed patients.

Documentation Requirements:

ICD-10-CM diagnosis codes supporting medical necessity must be submitted with each claim. Claims submitted without such evidence will be denied as not medically necessary.

Any diagnosis submitted must have documentation in the patient's record to support coverage and medical necessity.

The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

Billing and Coding Information:

To bill for GIP molecular assays identified by multiplex NAATs, please provide the following claim information:

- If the panel being used does not have its own proprietary CPT code, use CPT code 87505, 87506 or 87507
- For dates of service on or after 7/1/2019, laboratories billing for services using the BioFire® FilmArray® Gastrointestinal (GI) Panel (BioFire® Diagnostics) should report 0097U
- Enter 1 unit of service (UOS)
- Enter the appropriate CPT code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim
- Enter the appropriate CPT code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

ICD-10-CM diagnosis code(s) as set forth below.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

These codes are covered

Group 1 Codes:

CODE	DESCRIPTION
87505	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 3-5 TARGETS
87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARGETS
0097U	GASTROINTESTINAL PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 22 TARGETS (CAMPYLOBACTER [C. JEJUNI/C. COLI/C. UPSALIENSIS], CLOSTRIDIUM DIFFICILE [C. DIFFICILE] TOXIN A/B, PLESIOMONAS SHIGELLOIDES, SALMONELLA, VIBRIO [V. PARAHAEMOLYTICUS/V. VULNIFICUS/V. CHOLERAE], INCLUDING SPECIFIC IDENTIFICATION OF VIBRIO CHOLERAE, YERSINIA ENTEROCOLITICA, ENTEROAGGREGATIVE ESCHERICHIA COLI [EAEC], ENTEROPATHOGENIC ESCHERICHIA COLI [EPEC], ENTEROTOXIGENIC ESCHERICHIA COLI [ETEC] LT/ST, SHIGA-LIKE TOXIN-PRODUCING ESCHERICHIA COLI [STEC] STX1/STX2 [INCLUDING SPECIFIC IDENTIFICATION OF THE E. COLI O157 SEROGROUP WITHIN STEC], SHIGELLA/ENTEROINVASIVE ESCHERICHIA COLI [EIEC], CRYPTOSPORIDIUM, CYCLOSPORA CAYETANENSIS, ENTAMOEBIA HISTOLYTICA, GIARDIA LAMBLIA [ALSO KNOWN AS G. INTESTINALIS AND G. DUODENALIS], ADENOVIRUS F 40/41, ASTROVIRUS, NOROVIRUS GI/GII, ROTAVIRUS A, SAPOVIRUS [GENOGROUPS I, II, IV, AND V])

Group 2 Paragraph:

This code is covered in beneficiaries with immunodeficiency.

Group 2 Codes:

CODE	DESCRIPTION
87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GASTROINTESTINAL PATHOGEN (EG, CLOSTRIDIUM DIFFICILE, E. COLI, SALMONELLA, SHIGELLA, NOROVIRUS, GIARDIA), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

One of the following diagnosis codes must be on the claim to bill for 87505, 87506 or 0097U

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
A01.00	Typhoid fever, unspecified
A02.0	Salmonella enteritis
A02.9	Salmonella infection, unspecified
A03.0	Shigellosis due to Shigella dysenteriae
A03.1	Shigellosis due to Shigella flexneri
A03.2	Shigellosis due to Shigella boydii
A03.3	Shigellosis due to Shigella sonnei
A03.8	Other shigellosis
A04.0	Enteropathogenic Escherichia coli infection
A04.1	Enterotoxigenic Escherichia coli infection
A04.2	Enteroinvasive Escherichia coli infection
A04.3	Enterohemorrhagic Escherichia coli infection
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A09	Infectious gastroenteritis and colitis, unspecified
B20	Human immunodeficiency virus [HIV] disease
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses

ICD-10 CODE	DESCRIPTION
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function

ICD-10 CODE	DESCRIPTION
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.8	Other specified immunodeficiencies
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.3	Immune reconstitution syndrome
D89.40	Mast cell activation, unspecified
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome
D89.43	Secondary mast cell activation
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified
R19.7	Diarrhea, unspecified
Y92.239	Unspecified place in hospital as the place of occurrence of the external cause
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status

ICD-10 CODE	DESCRIPTION
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

Group 2 Paragraph:

To bill for 87507, one of the following diagnoses must be on the claim.

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency

ICD-10 CODE	DESCRIPTION
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
D84.8	Other specified immunodeficiencies
D84.9	Immunodeficiency, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.3	Immune reconstitution syndrome
D89.40	Mast cell activation, unspecified
D89.41	Monoclonal mast cell activation syndrome
D89.42	Idiopathic mast cell activation syndrome

ICD-10 CODE	DESCRIPTION
D89.43	Secondary mast cell activation
D89.49	Other mast cell activation disorder
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified
Y92.239	Unspecified place in hospital as the place of occurrence of the external cause
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2019	R1	<p>10/01/2019:</p> <p>Covered ICD-10 Codes Group 1: Codes ICD-10 code D81.3 was deleted and ICD-10 codes D81.30, D81.31, D81.32, and D81.39 were added.</p> <p>Covered ICD-10 Codes Group 2: Codes ICD-10 code D81.3 was deleted and ICD- 10 codes D81.30, D81.31, D81.32, and D81.39 were added.</p> <p>This revision is due to the 2019 Annual ICD-10 Code Update and is effective on October 1, 2019.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)
 L37368 - Foodborne Gastrointestinal Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 09/20/2019 with effective dates 10/01/2019 - N/A

Updated on 08/19/2019 with effective dates 07/01/2019 - N/A

Keywords

- Foodborne
- Gastrointestinal
- Panels
- Multiplex
- Nucleic
- Acid
- Amplification
- (NAATs)
- 87505
- 87506
- 87507

Local Coverage Determination (LCD): B-type Natriuretic Peptide (BNP) Testing (L34038)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
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Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
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Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L34038

Original Effective Date

For services performed on or after 10/01/2015

LCD Title**Revision Effective Date**

B-type Natriuretic Peptide (BNP) Testing

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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CMS National Coverage Policy

Language quoted from the Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review a NCD. See

§1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Title XVIII of the Social Security Act, §1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a)(7) excludes routine physical examinations (screening).

Code of Federal Regulations:

42 CFR Sections 410.32(a) & 410.32(a)(3) require that clinical laboratory services be ordered and used promptly by the physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) who is treating the beneficiary.

42CFR411.15 excludes from coverage examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury with specific legislative enactments as the only exceptions.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 6, §§20.4.4 and 20.4.5.

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 9, §100 General Billing Requirements.

CMS Manual System, Pub 100-20, One Time Notification, Transmittal 477, dated April 24, 2009, Change Request 6338.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

B-type natriuretic peptide (BNP) is a cardiac neurohormone produced mainly in the left ventricle. It is secreted in response to ventricular volume expansion and pressure overload, conditions often present in congestive heart failure (CHF). Used in conjunction with other clinical information, measurement of BNP levels (either total or N-terminal) is useful in rapidly establishing or excluding the diagnosis or worsening of CHF in patients with acute exacerbation of dyspnea. Also, BNP levels determined in the first few days after an acute coronary syndrome or event (ACS) may be useful in the prediction of longer-term cardiovascular risk but this risk assessment does not change the management of ACS and is non-covered by regulation.

Indications:

BNP measurements may be considered reasonable and necessary when used in combination with other medical data such as medical history, physical examination, laboratory studies, and chest x-ray.

- to diagnose or to differentiate heart failure from other potential clinical conditions **if** the patient's signs and/or symptoms are consistent with both heart failure and one or more other conditions, e.g., acute dyspnea in a patient with known or suspected pulmonary disease.
- to diagnose or differentiate worsening heart failure if use of the test replaces other diagnostic tests, such as chest film; and/or to confirm the diagnosis when other diagnostic tests are equivocal.

Limitations:

- BNP measurements must be assessed in conjunction with standard diagnostic tests, medical history and clinical findings. The efficacy of BNP measurement as a stand-alone test has not been established yet.
- BNP measurements for monitoring and management of CHF are non-covered. Treatment guided by BNP has not been shown to be superior to symptom-guided treatment in either clinical or quality-of-life outcomes.
- The efficacy but not the utility of BNP as a risk stratification tool (to assess risk of death, myocardial infarction or congestive heart failure) among patients with acute coronary syndrome (myocardial infarction with or without T-wave elevation and unstable angina) has been established. However, the assessment of BNP level has not been shown to alter patient management. The BNP is not sufficiently sensitive to either preclude or necessitate any other evaluation or treatment in this group of patients.
- Screening examinations are statutorily non-covered.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation supporting medical necessity must be legible, maintained in the patient's record, and made available to the A/B MAC upon request.

The patient's medical record must contain documentation that fully supports the medical necessity for services

included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Sources of Information

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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	RE CH
10/01/2019	R7	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage.</p> <p>LCD was converted to the "no-codes" format.</p>	
10/01/2019	R6	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage.</p> <p>The following codes were added to Group I:</p> <p>I20.0;I21.01;I21.02;I21.09;I21.11;I21.19;I21.21;I21.29;I21.3;I21.4;I21.A1;I21.A9;I22.0</p> <p>I22.2;I22.8;I22.9; I25.110;I25.700;I25.710;I25.720;I25.730;I25.750;I25.760;I25.790</p> <p>R06.89;R60.1</p>	
10/01/2017	R5	<p>08/21/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>LCD is revised to add the following diagnoses effective 10/01/2017:</p> <p>I50.810: Right heart failure, unspecified.</p> <p>I50.811: Acute right heart failure</p> <p>I50.812: Chronic right heart failure</p> <p>I50.813: Acute on chronic right hear failure</p> <p>I50.814: Right heart failure due to left heart failure.</p> <p>I50.82: Biventricular heart failure</p> <p>I50.83: High output heart failure</p> <p>I50.84: End state heart failure</p>	

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	RE CH
		I50.89: Other heart failure R06.03: Acute Respiratory distress	
11/03/2016	R4	This final LCD, effective 10/01/2016, combines JFA L34038 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number.	
10/01/2016	R3	2016-2017 ICD 10 Update to add: I16.0 and I16.1 To Group I codes.	
10/01/2015	R2	The LCD revised to add I50.9 to the ICD-10 Codes that Support Medical Necessity section effective 10/1/2015.	
10/01/2015	R1	The B-type Natriuretic Peptide (BNP) Testing LCD is revised to incorporate the changes made to the same LCD policy from the JE contract after the comment period ending 03/14/2014. Updates are made only in the "CMS National Coverage Policy", "Coverage Indications, Limitations and/or Medical Necessity", "Associated Information," and " Sources of Information and Basis for Decision" sections. The effective date of the updates is 07/22/2014.	

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57084 - Billing and Coding: B-type Natriuretic Peptide (BNP) Testing

Related National Coverage Documents

N/A

Public Version(s)

Updated on 09/14/2019 with effective dates 10/01/2019 - N/A

Updated on 08/23/2017 with effective dates 10/01/2017 - 09/30/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- B-type Natriuretic
- BNP

Local Coverage Article: Billing and Coding: B-type Natriuretic Peptide (BNP) Testing (A57084)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57084

Original Effective Date

10/01/2019

Article Title

Billing and Coding: B-type Natriuretic Peptide (BNP) Testing

Article Type

Billing and Coding

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Revision Effective Date

10/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Title XVIII of the Social Security Act, §1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a)(7) excludes routine physical examinations (screening).

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42CFR411.15 excludes from coverage examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury with specific legislative enactments as the only exceptions.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 6, §§20.4.4 and 20.4.5.

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 9, §100 General Billing Requirements.

CMS Manual System, Pub 100-20, One Time Notification, Transmittal 477, dated April 24, 2009, Change Request 6338.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

Documentation supporting medical necessity must be legible, maintained in the patient's record, and made available to the A/B MAC upon request.

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
83880	NATRIURETIC PEPTIDE

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM (e.g., to the third to seventh character). The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I20.0	Unstable angina
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

ICD-10 CODE	DESCRIPTION
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
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior 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
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I31.1	Chronic constrictive pericarditis
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I50.1	Left ventricular failure, unspecified
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure

ICD-10 CODE	DESCRIPTION
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.901	Unspecified asthma with (acute) exacerbation
J98.01	Acute bronchospasm
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified
R06.89	Other abnormalities of breathing
R60.1	Generalized edema

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

Not Applicable

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
072x	Clinic - Hospital Based or Independent Renal Dialysis Center
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CODE	DESCRIPTION
0300	Laboratory - General Classification
0301	Laboratory - Chemistry
0520	Freestanding Clinic - General Classification
0521	Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
0523	Freestanding Clinic - Family Practice Clinic
0525	Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2019	R1	10/01/2019: Typographical Error - Corrected Code R06.1 to R60.1

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L34038 - B-type Natriuretic Peptide (BNP) Testing

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/13/2019 with effective dates 10/01/2019 - N/A

Updated on 09/14/2019 with effective dates 10/01/2019 - N/A

Keywords

- B-type Natriuretic
- BNP
-

Local Coverage Determination (LCD): Helicobacter Pylori Infection Testing (L37626)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L37626

Original Effective Date

For services performed on or after 05/27/2019

LCD Title**Revision Effective Date**

Helicobacter Pylori Infection Testing

For services performed on or after 10/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL37626

Retirement Date

N/A

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Notice Period Start Date

04/11/2019

Notice Period End Date

05/26/2019

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CMS On-Line Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services.

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This policy provides limited coverage for *Helicobacter pylori* (*H. pylori*) infection testing by carbon isotope (^{13}C or ^{14}C) urea breath testing or stool antigen testing. This policy also denies coverage for *H. pylori* serology testing, TZAM *H. pylori* multiplex PCR testing, plasma pepsinogen II testing, tonsillar *H. pylori* colonization, IL1B-31>T polymorphism testing for *H. pylori*, tumor necrosis factor-alpha (TNF α), and AmHPR *Helicobacter* antibiotic resistance next generation sequencing panel testing.

Summary of Evidence

This policy is consistent with guidelines of the American Gastroenterological Association and the American College of Gastroenterology.^{3,4} in younger patients without "alarm" symptoms (e.g., weight loss, progressive dysphagia, recurrent vomiting, evidence of GI bleeding, or family history of UGI cancer)²⁰. Endoscopy with biopsy is recommended for patients >55 years of age and younger patients with alarm symptoms.^{2,5}

Multiple Food and Drug Administration (FDA) cleared urea place.^{6,8} (Halyard Health, Alpharetta, GA).

A stool antigen test, cleared by the FDA, may be used for initial diagnosis, therapeutic monitoring and eradication confirmation in adults and children. The HpSA[®] test (Meridian Bioscience, Cincinnati, OH) is the only FDA cleared stool antigen test in the US. All others use analyte specific reagents (ASR) or are laboratory developed tests (LDTs). The stool antigen test is based on the passage of *H. pylori* bacteria and *H. pylori* antigens in the GI tract, and their detection by immunoassay which translates into the detection of an active infection. The test does not require fasting or an instrument for analysis, does not have adverse effects, nor does it depend on a by-product of *H. pylori* and, has the additional advantage that testing can be performed while patients are on proton pump inhibitor (PPI), bismuth or H2 blockers.

Confirmation of the presence of *H. pylori* bacterium can be determined invasively on endoscopic biopsy followed by rapid urease testing (CLOtest™ PyloriTek™, Hpfast™), by histology which on occasion may require special stains or immunohistochemistry, or culture.

More than 90% of gastroduodenal ulcers are associated with *H. pylori* infection. The ACG guidelines recommend that all person suspected of having peptic ulcer disease should be tested for *H. pylori* regardless of whether they are concurrently taking non-steroidal anti-inflammatory drugs (NSAIDs), as *H. pylori* and NSAIDs are independent risk factors for the development of peptic ulcer disease. Antibiotic therapy is indicated for all *H. pylori* infected ulcer patients together with acid-suppressing drugs to facilitate symptom relief and healing. The ACG also recommend post-treatment testing, by the stool antigen test or the urea breath test, in ALL patients treated for *H. pylori* infection³.

With an *H. pylori* prevalence of up to 30-40% in the US, it is not surprising that 30-40% of patients undergoing bariatric surgery are infected with *H. pylori*.⁹ Because *H. pylori* infection may increase the risk of post-operative marginal ulcers, noninvasive *H. pylori* infection testing is recommended as part of the routine pre-operative evaluation of patients before bariatric surgery.

The AGA and ACG no longer recommend *H. pylori* serology testing because it is not a test of active infection. Although a negative serology for *H. pylori* antibody can be used to rule out infection, a positive serology indicates *H. pylori* exposure at some time in the past, not whether the patient has current infection. Studies suggest that nearly 50% of person with positive *H. pylori* serology do not have active infection.³ Furthermore, serology cannot be used to show that *H. pylori* infection has been successfully eradicated after treatment. Antibody levels commonly remain elevated for months to years after treatment.

A reliable diagnosis is mandatory for the identification of infection and to confirm eradication of infection. Although bacterial culture from the gastric biopsy is the "gold" standard technique for *H. pylori* identification, and is recommended for antibiotic susceptibility testing, it is not practical for all patients. Although infrequently indicated, quantitative polymerase chain reaction (PCR) on gastric biopsies can be used to detect low bacterial loads, the use of the testing is limited by its high cost.¹⁰ Others have suggested the measurement of decreased plasma pepsinogen II may be a reliable biomarker to confirm successful eradication of *H. pylori* infection.¹¹ However, studies are with limited numbers of patients, and inconclusive findings.

Others have suggested that *H. pylori* infection plays a role in the development of other conditions. Hwang et al¹², in a systematic review and meta-analysis, found no evidence that *H. pylori* infection plays a role in the pathogenesis or development of chronic tonsillitis. Gomes et al¹³ concluded that recurrent aphthous stomatitis (RAS) ulcers are not associated with the presence of bacteria in the oral cavity and there is no evidence that *H. pylori* infection drives RAS development. Sun et al¹⁴ hypothesized that host genetic factors that control the production of cytokines, including interleukin -1 β , which affect susceptibility to many *H. pylori*-related diseases. The authors concluded that the findings of their meta-analysis showed that IL1 β -31C>T polymorphism might increase *H. pylori* risk in Asian and Latin American populations, that TNFa-308G>A and -1031T>C polymorphisms may be protective factors against *H. pylori* infection¹⁵, and that -863C>A may be a risk factor in Asian populations. However, they indicate further studies with different ethnicities and larger samples size are needed to validate their findings.

AmHPR *H. pylori* antibiotic resistance panel testing examines antibiotic resistance to 6 antibiotic types that are currently used in *H. pylori* treatment by means of NGS: 23S rRNA for clarithromycin; gyrA for fluoroquinolones; rdxA for metronidazole; pbp1 for amoxicillin; 16S rRNA for tetracycline, and rpoB for rifabutin. Binh et al¹⁶ stated that metronidazole resistance is a key factor associated with *H. pylori* failure. The authors confirmed that the mutations in rdxA were mainly associated with metronidazole resistance, and mutations in frxA were able to enhance *H. pylori* resistance only in the presence of rdxA mutations. These authors conclude that further work is needed to identify the

role of mutations associated with treatment failure. In a large pilot study by¹⁷ and colleagues on 849 Indonesian dyspeptic patients, authors showed a high prevalence of metronidazole and levofloxacin resistance with low prevalence of clarithromycin, amoxicillin and tetracycline resistance, largely related to local antibiotic consumption. They noted that resistance is primarily due to the *H. pylori* genotype, rather than the human genotype.

Multiple regimens are available for treating *H. pylori* infection. The first-line regimen for *H. pylori* eradication includes proton pump inhibitor (PPI), clarithromycin (CAM), and amoxicillin (AMX), or metronidazole. Proton pump inhibitors (PPIs) suppress acid production in combination with antibiotic treatment. However, the failure rate of triple anti-*H. pylori* therapies has increased up to 30%. The known factors for therapy failure include antibiotic resistance, poor compliance, high gastric acidity, and high bacterial load.

Studies suggest that cytochrome P450 CYP2C19 polymorphism may also play a role in therapy failure. CYP2C19 is implicated in the metabolism of PPIs. What is known is that differences in PPI metabolism lead to variability in gastric acid suppression, with associated variability in gastric pH, and that CYP2C19 polymorphism is highly varied among different ethnic populations. Observational studies suggest that extensive metabolizers (EM) of PPIs have lower eradication rates following standard treatment for *H. pylori* compared to poor metabolizers (PM). Studies suggest that CYP2C19 genotype is a cardinal factor for *H. pylori* eradication in patients taking omeprazole-based or lansoprazole-based triple therapies. In contrast, this polymorphism has no significant effect on the rabeprazole-based or esomeprazole-based triple therapies. However, overall there is conflicting data and meta-analyses that conflict with one another. At the current time, the existing scientific data is insufficient to demonstrate a causal effect.

Analysis of Evidence (Rationale for Determination)

Level of Evidence

Quality of evidence: Mixed

Strength of evidence: Strong

Weight of evidence: Sufficient

Based upon the American College of Gastroenterology 2017 Guidelines, Noridian establishes the following Criteria for coverage for urea breath testing **or** stool antigen testing for active *H. pylori* infection are:

- Evaluation of new onset, uninvestigated dyspepsia in persons younger than 60 years of age without alarm symptoms; or
- All patients with active peptic ulcer disease (PUD), a past history of PUD (unless previous cure of *H. pylori* infection is documented); or
- Patients with low grade gastric mucosa-associated lymphoid tissue (MALT); or
- Patients with a history of endoscopic resection of early gastric cancer; or
- Patients taking long term low dose aspirin may be considered for testing to reduce the risk of ulcer bleeding; or
- Patients initiating chronic treatment with nonsteroidal anti-inflammatory drugs; or
- Patients with unexplained iron deficiency despite an appropriate workup; or
- Adults with idiopathic thrombocytopenic purpura; or
- Recurrent dyspeptic symptoms suggest reinfection with *H. pylori*; or
- Re-evaluation to assess success of eradication of *H. pylori* infection (no sooner than 4 weeks post-treatment and after PPI therapy has been withheld for 1-2 weeks).

All other H. pylori testing for any other etiology is not reasonable and necessary, and not a Medicare benefit. Some non-covered etiologies including but not limited to the risk of developing dementia, dyspepsia associated with “alarm” markers, recurrent aphthous stomatitis (RAS), onset of new dyspepsia in person aged 55 years or older, and screening of asymptomatic person for H. pylori infection. Upper GI endoscopy is indicated for persons aged 55 years or older because of increased concern for gastric neoplasia.

Note: Either urea breath testing or stool antigen testing for H. pylori is medically indicated; not both tests. Serology is no longer an acceptable non-invasive test H. pylori infection.

General Information

Associated Information

N/A

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R2	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>LCD was converted to the "no-codes" format.</p>	<ul style="list-style-type: none">• Revisions Due To Code Removal
05/27/2019	R1	<p>04/04/2019: Corrected typographical error in title of LCD.</p>	<ul style="list-style-type: none">• Typographical Error

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57227 - Billing and Coding: Helicobacter Pylori Infection Testing

A56382 - Response to Comments: Helicobacter Pylori Infection Testing

LCD(s)

DL37626 - Helicobacter Pylori Infection Testing

Related National Coverage Documents

N/A

Public Version(s)

Updated on 09/20/2019 with effective dates 10/01/2019 - N/A

Updated on 04/05/2019 with effective dates 05/27/2019 - 09/30/2019

Updated on 03/28/2019 with effective dates 05/27/2019 - N/A

Keywords

- Helicobacter
- Pylori
- Infection
- Testing

Local Coverage Article: Billing and Coding: Helicobacter Pylori Infection Testing (A57227)

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Article Information

General Information

Article ID
A57227

Original Effective Date
10/01/2019

Article Title

Revision Effective Date

Billing and Coding: Helicobacter Pylori Infection Testing N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

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CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

Article Guidance

Article Text:

N/A

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: CPT 87338 is to be used for FDA cleared HpSA stool antigen testing only. All other stool antigen tests must use CPT 84999.

Non-covered CPT codes:

0008U H. pylori detection and antibiotic resistance, ...

83009 H. pylori, blood test analysis for urease activity, non-radioactive isotope

83519 IA for analyte other than infectious agent antibody {plasma pepsinogen II testing}

86318 IA for infectious agent antibody, qual or semiquant, egg, reagent strip {office-based serology}

86677 Antibody, H. pylori {lab-based}

Group 1 Codes:

CODE	DESCRIPTION
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS

CODE	DESCRIPTION
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS
83013	HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE ISOTOPE (EG, C-13)
83014	HELICOBACTER PYLORI; DRUG ADMINISTRATION
87338	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA], IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; HELICOBACTER PYLORI, STOOL

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

All other ICD10 Codes are not covered

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb

ICD-10 CODE	DESCRIPTION
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified
K25.0	Acute gastric ulcer with hemorrhage
K25.1	Acute gastric ulcer with perforation
K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.1	Acute duodenal ulcer with perforation
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.3	Acute duodenal ulcer without hemorrhage or perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.5	Chronic or unspecified duodenal ulcer with perforation
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K26.7	Chronic duodenal ulcer without hemorrhage or perforation
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation

ICD-10 CODE	DESCRIPTION
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Acute peptic ulcer, site unspecified, with perforation
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage
K28.1	Acute gastrojejunal ulcer with perforation
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K29.30	Chronic superficial gastritis without bleeding
K29.31	Chronic superficial gastritis with bleeding
K29.40	Chronic atrophic gastritis without bleeding
K29.41	Chronic atrophic gastritis with bleeding
K29.50	Unspecified chronic gastritis without bleeding
K29.51	Unspecified chronic gastritis with bleeding
K29.60	Other gastritis without bleeding
K29.61	Other gastritis with bleeding

ICD-10 CODE	DESCRIPTION
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K30	Functional dyspepsia
K31.89	Other diseases of stomach and duodenum
R10.13	Epigastric pain
Z87.11	Personal history of peptic ulcer disease

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A56382 - Response to Comments: Helicobacter Pylori Infection Testing

LCD(s)

L37626 - Helicobacter Pylori Infection Testing

DL37626 - Helicobacter Pylori Infection Testing

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

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Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36362)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
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For services performed on or after 10/01/2019

Proposed LCD in Comment Period

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Source Proposed LCD

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Retirement Date

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary

documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests".

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications and Limitations

Under preventative services, Medicare Part B covers the basic lipid panel (total cholesterol, high density lipoprotein-cholesterol (HDL-C), triglycerides, and low density lipoprotein-cholesterol (LDL-C)) for cardiovascular (CV) disease screening, every 5 years when ordered by a doctor.

NCD 190.23 covers **lipid panel** testing for symptomatic patients for evaluating atherosclerotic CV disease, to monitor the progress of patients on anti-lipid dietary management and pharmacologic therapy for various lipid disorders. Per NCD 190.23, "Routine screening and prophylactic testing for lipid disorders are not covered by Medicare. While lipid screening may be medically appropriate, Medicare by statute does not pay for it. Lipid testing in asymptomatic individuals is considered to be screening regardless of the presence of other risk factors such as family history, tobacco use, etc."

This policy denies coverage for **all CV risk assessment panels**, except the basic lipid panel, for symptomatic (with signs and symptoms) patients with suspected or documented CV disease because panel testing is not specific to a given patient's lipid abnormality or disease. The policy indicates the medical indication(s) based on published scientific articles and consensus guidelines for individual lipid biomarkers that may be covered to characterize a given lipid abnormality or disease, to determine a treatment plan or to assist with intensification of therapy. Each individual lipid biomarkers must be specifically ordered and the reason for the test order documented in the patient's medical record. The policy denies coverage for all **non-lipid** biomarkers when used for CV risk assessment including but not limited to, biochemical, immunologic, and hematologic, and genetic biomarkers for CV risk assessment regardless of whether ordered in a panel or individually.

The following biomarkers, when they are included in a CV risk assessment panel, are non-covered:

- Lipoprotein subclasses;
- LDL particles;
- Intermediate density lipoproteins;
- High density lipoprotein AI9LpAI and AI/AII;

- Lipoprotein(a);
- Apolipoprotein B (Apo B), apo A-I and apo E;
- Lipoprotein-associated phospholipase A2 (Lp-PLA2)
- BNP
- Cystatin C
- Thrombogenic/hematologic actors
- Interleukin-6 (IL-6), tissue necrosis factor- α (TNF- α), plasminogen activator inhibitor-1 (PAI-1) and IL-6 promoter polymorphism
- Free fatty acids
- Visfatin, angiotensin-converting enzyme 1 (ACE2) and serum amyloid A
- Microalbumin
- Myeloperoxidase (MPO)
- Homocysteine and methylenetetrahydrofolate reductase (MTHFR) mutation testing
- Uric acid
- Vitamin D
- White blood cell count
- Long-chain omega-3 fatty acids in red blood cell membranes
- Gamma-glutamyltransferase (GGT)
- Genomic profiling including CardiaRisk angiotensin gene
- Leptin, ghrelin, adiponectin and adipokines including retinol binding protein 4 (RBP4) and resistin
- Inflammatory markers including VCAM-1, P-selectin (PSEL) and E-selectin (ESEL)
- Cardiovascular risk panels

Note #1: There is no Medicare benefit for screening CV risk assessment testing for asymptomatic (without signs or symptoms of disease) patients. Screening asymptomatic patients for cardiovascular risk is statutorily excluded by Medicare and will not be addressed in this policy.

Note #2: FDA approval/clearance means that a test/assay has analytical and clinical validity. The FDA does not review clinical utility (that the test/assay demonstrates improved patient outcomes). To meet Medicare's "reasonable and necessary" criteria for coverage, a test/assay must have proven clinical utility.

Traditional vs Non-traditional CV Risk Assessment

During the last two decades the interest in CV biomarkers as early screening tools has risen dramatically, largely fueled by the recognition that traditional CV risk factors (diabetes, smoking, hypertension and hyperlipidemia) do not fully explain individual variation in CV risk, and by advances in genetic and molecular research. Risk assessment for determining the 10-year risk for developing CHD is traditionally carried out using the Framingham risk score (<http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3xsum.pdf>) or other classification that incorporates a lipid profile in the calculation.

Despite the Framingham risk-scoring tool, clinicians have sought non-traditional lipid and other biomarker measurements to predict CV events. The most promising biomarkers are the ones that closely correlate with the pathophysiological process of the disease. In general, there is evidence that some of these biomarkers may alter risk categorization (higher or lower) compared to traditional risk prediction, but it has not been established that changes in categorization provides clinically actionable information beyond that of traditional lipid measures. In addition, no study has provided high-quality evidence that measurement of non-traditional lipid and other biomarkers leads to changes in management that improve health outcomes.

To provide clinically useful knowledge, a biomarker should meet the following criteria:

- Adds clinical knowledge that improves patient outcomes (criteria for Medicare “reasonable and necessary”);
- Provides risk information that is independent of established predictors;
- Is easy to measure and interpret in the clinical setting; and
- Is accurate, reproducible and standardized.

High-sensitivity C-reactive protein (hs-CRP)

CRP is a protein produced in the liver during episodes of acute inflammation or infection. The hs-CRP test measures CRP that is in the normal range for healthy people, and is used to distinguish people with low normal levels from those with high normal levels. In recent years, prospective epidemiologic studies have demonstrated that inflammation is essential for CV disease pathogenesis and that high normal levels of hs-CRP correlate with an increased risk of CV events such as myocardial infarction (MI), stroke, sudden cardiac death and peripheral vascular disease (PVD) even when lipid levels are within acceptable ranges. The American Heart Association (AHA) and the US Centers for Disease Control and Prevention (CDC) recommend averaging two hs-CRP levels obtained two weeks apart. Based on hs-CRP test results, they recognize: low (3.0 mg/L) risk groups.

In 2009, the US Preventive Services Task Force (USPSTF) report on the use of non-traditional risk factors noted there is insufficient evidence to recommend the use of non-traditional risk factors to screen asymptomatic individuals with no history of CHD to prevent CHD events. The non-traditional risk factors in their recommendation included: hs-CRP, ankle-brachial index (ABI), leukocyte count, fasting blood glucose level, periodontal disease, carotid intima-media thickness, coronary artery calcification (CAC) score on electron beam computerized tomography (EBCT), homocysteine level, and lipoprotein(a) level. The USPSTF stated there is insufficient evidence to determine the percentage of intermediate-risk individuals who would be reclassified by screening with non-traditional risk factors, other than hs-CRP or ABI. For individuals reclassified as high-risk by hs-CRP or ABI, data are not available to determine whether they benefit from additional treatment. They note the potential harms resulting from re-classification including the use of medications without proven benefit and psychological effects. The USPSTF stated that clinicians should continue to use the Framingham model to assess CHD risk and guide risk-based preventive therapy.

While data from the Physicians’ Health Study and Framingham Heart Study have shown that hs-CRP measurements may result in reclassification of an individual’s risk compared to standard risk prediction models, meta-analysis including data from the second Northwick Park Heart Study (NPHS II) and the Edinburgh Artery Study concluded that the ability of hs-CRP to reclassify risk correctly was modest and inconsistent.

The Jupiter trial, a randomized, double-blind, placebo-controlled trial of the use of rosuvastatin vs placebo in the primary prevention of CVD in patients without diabetes with LDL-C <130mg/dL and CRP =2 mg/dL was associated with a significant reduction in the primary endpoint of CV events. These findings suggest that hs-CRP measurement in highly preselected patients may have important clinical implications. However, the Jupiter study was not a trial of hs-CRP because individuals with unknown or low hs-CRP concentrations were not studied. Despite evidence that elevated hs-CRP levels are associated with increased risk of CHD, it has

not been determined whether hs-CRP is causally related to CHD.

In 2010, The American College of Cardiology Foundation and the American Heart Association (ACCF/AHA) published guidance as to when and in whom to measure blood levels of hs-CRP. The guidance states that hs-CRP levels may assist in the selection of patients for statin therapy according to the following criteria (Class IIa; Level of evidence (LOE): B):

- Men >50 years of age, or women >60 years of age or older,
- LDL-C
- Patients not on lipid-lowering, hormone replacement, or immunosuppressant therapy,
- Patients without clinical CHD, diabetes, chronic kidney disease, severe inflammatory conditions, or contraindications to statins

For example, a patient may appear to have a low or low-moderate elevated risk of CV events based on traditional risk factor scoring with cholesterol levels, weight, level of exercise, smoking history, diabetes and hypertension. However, an elevated hs-CRP level would indicate that the cardiac risk may be substantially greater than traditional risk factors suggest, and that treatment might be considered. For patients who are already known to have high risk, according to current recommendations, hs-CRP levels will not add any substantially new information, since the patient should already be receiving all available therapy including statins to reduce the risk.

The ACCF/AHA recommended measurement of hs-CRP for CV risk assessment in asymptomatic intermediate-risk men 50 years of age or younger, or women 60 years of age or younger (Class IIb; LOE B). Since screening (asymptomatic patient) is statutorily excluded from coverage, hs-CRP testing for these individuals is not a Medicare benefit. They found no benefit for hs-CRP testing in asymptomatic high-risk adults or men and women below the ages stated above. (Class III; LOE B).

The Canadian Cardiovascular Society guidelines recommend hs-CRP testing in men older than 50 and women older than 60 years of age who are at intermediate risk (10-19%) according to their Framingham risk score and who do not otherwise qualify for lipid-lowering therapy. They also state that subjects who meet Jupiter criteria can be considered for treatment based on the results of that study.

In the National Academy of Clinical Biochemistry's practice guidelines on emerging CV risk factors, only hs-CRP met the stated criteria as a biomarker for risk assessment in primary prevention. They recommended:

- If the 10-year predicted risk, after standard global risk assessment, is <5%, hs-CRP should not be measured.
- If the 10-year risk is 5-10%, it is expected that 10% might be reclassified to a higher risk group with the test.
- If the risk is intermediate (10-20%), and uncertainty remains as to the use of preventive therapies such as statins or aspirin, then hs-CRP measurement might be useful for further stratification into a higher or lower risk category.

The NACB also recommended that:

- Therapies based on hs-CRP should be based on a clinician's clinical judgment because benefits of such treatment are uncertain;

- There is insufficient data that therapeutic monitoring using hs-CRP over time is useful to evaluate effects of treatment in primary prevention;
- The utility of hs-CRP levels to motivate patients to improve lifestyle behaviors has not been demonstrated;
- Evidence is inadequate to support concurrent measurement of other inflammatory markers in addition to hs-CRP for coronary risk assessment.

In 2012, the American Association of Clinical Endocrinologist gave a 2b recommendation for the use of hs-CRP to stratify borderline CV risk in patients with a standard risk assessment, or those with an LDL-C. The AHA's statement on non-traditional risk factors and biomarkers in CV disease in youth notes "There is currently no clinical role for measuring CRP routinely in children when assessing or considering therapy for CVD risk factors." The AHA also state that it is not clear whether high hs-CRP levels during childhood and adolescence lead to an increased risk of CVD in adult life. While lifestyle changes have been shown to decrease hs-CRP in children, and statins reduce CRP in adults, the AHA indicates there is minimal information available on the effect of statins on hs-CRP in children and whether lowering hs-CRP in children mitigates preclinical disease or CVD in adulthood. Similarly, the National Heart, Blood and Lung Institute (NHBLI) guideline on CV risk in children and adolescents found insufficient evidence to recommend hs-CRP testing in these patient groups.

In summary, this contractor expects testing to be limited to the following criteria:

1. Patient has intermediate CV risk (10-20% risk of CVD per 10 years using the Framingham point score); **and**
2. Patient has LDL-C between 100-130 mg/dL; **and**
3. Patient has two or more CHD major risk factors, including
 - Age (Men > 50 years; Women >60 years)
 - Current cigarette smoking
 - Family history of premature CHD (CHD in male first degree relative <55; CHD in female first degree relative)
 - Hypertension (Systolic > 140 mm Hg, or on anti-hypertensive medication)
 - Low HDL-C (

The use of hs-CRP testing to evaluate the effects of treatment or to motivate patients to improve lifestyle behaviors are not considered medically reasonable and necessary, and therefore not covered by Medicare.

Lipoprotein subclasses

Lipoprotein subclass determination based on density, electric charge and other physical chemistry aspect of particles such as nuclear magnetic resonance allow more specific characterization of the major subclasses (VLDL, LDL, IDL and HDL). Studies showed that small, dense LDL particles were highly associated with the occurrence of CVD and diabetes.

LDL Particles (LDL-P) (aka LDL or Lipoprotein Particles or Particle Number, LDL or Lipid Subfractionation, Lipid Phenotyping, Nuclear Magnetic Resonance or NMR Profile)

Small dense LDL with elevated triglyceride levels and low HDL-cholesterol levels constitute the "atherogenic lipoprotein phenotype" form of dyslipidemia that is a feature of type II diabetes and the metabolic syndrome. Measurement of LDL particle density has been proposed as a technique to further risk

stratification in patients with elevated LDL levels or for patients with normal LDL levels who have other high risk factors for CAD, or to predict response to a particular therapy.

Although great progress has been made in the development of refined lipoprotein assessment and such measurements have helped in understanding the atherosclerotic process, it is not known whether measurements beyond traditional lipids can identify CV risk subgroups and how treatment would differ based on subgroup classification. Furthermore, it is not known whether this additional information helps the health care provider to identify with greater precision and accuracy the person who will develop clinical or subclinical CVD.

The NACB does not recommend testing as there is insufficient data that measurement of lipoprotein subclasses can identify CV risk subgroups, how treatment would differ based on subgroup classification and whether, over time, measurement is useful to evaluate the effects of treatments. In addition, the 2010 ACCF/AHA guidelines for assessment of lipoprotein, other lipoprotein parameters and modified lipids state that "measurement of lipid parameters, including lipoproteins, apolipoproteins, particle size, and density, beyond standard fasting lipid profile is not recommended for cardiovascular disease risk assessment in asymptomatic adults."

Unlike lipoprotein size or subclass measures, which seek to improve CV risk assessment beyond conventional lipid testing, LDL particle number tests (NMR LDL-P) and apoB) are simply an alternate measure of LDL quantity. Current data supports the ability of LDL particle number to provide clinically actionable information beyond traditional lipid measures to adjudicate individual response to treatment and guide adjustment in therapy. In addition, recent data demonstrate that patients with established CHD, stroke, TIA, peripheral arterial or diabetes achieving NMR LDL-P < 1000 nmol/L during the course of their normal medical care experienced a significant 22-25% reduction in risk of CV events (myocardial infarction, revascularization, angina and stroke) versus patients managed to LDL-C < 100 mg/dL at 12, 24, and 36 months follow-up.

LDL particle number (NMR LDL-P), rather than LDL size or subclass, has been shown to be significantly associated with CV risk independent of traditional lipid and established risk factors. The American Association of Clinical Endocrinologists (AACE), the National Lipid Association (NLA), the American Diabetes Association (ADA) in conjunction with the American College of Cardiology (ACC), and the American Association of Clinical Chemistry (AACC) have developed consensus position statement on lipoprotein particle management in individuals at risk for CVD. Due to the prevalence of discordantly elevated LDL-P despite achieving low LDL-C and non-HDL-C values, each endorses use of LDL particle number to evaluate LDL response and aid decision making regarding potential adjustment of therapy. The 2013 AACE Comprehensive Diabetes Management Algorithm, as well as the 2015 joint AACE/American College of Endocrinology Clinical Practice Guidelines for Comprehensive Diabetes Mellitus Care, advocate specific LDL particle number goals for statin treated diabetic patients at high CV risk.

Intermediate Density Lipoproteins (Remnant Proteins)

Intermediate density lipoproteins (IDLs) have a density that falls between LDLs and VLDLs, and may be referred to as remnant lipoproteins because they vary in size and contain varying proportion of triglycerides and cholesterol. Although there is abundant evidence the remnant lipoproteins are atherogenic, and a risk factor for CAD, there is no evidence how testing improves patient outcomes.

High Density Lipoprotein (HDL) Subclass (Lipoprotein AI 9LpAI) and Lipoprotein AI/AII (LpAI/AII)

and/or HDL3 and HDL2

HDL cholesterol (HDL-C) is the risk indicator most often used in associated with CHD risk. HDL subfractions have been used for risk prediction. However data is lacking how the subfractions aid in the diagnosis and management of CHD. Neither the NCEP nor ACCF/AHA guidelines recommend the routine measurement of HDL subspecies in CHD risk assessment.

Lipoprotein(a) (Lp(a))

Lp(a) is a modified form of LDL in which a large glycoprotein, apolipoprotein(a) is bound to apolipoprotein B. It promotes foam cell formation and the deposition of cholesterol in atherosclerotic plaques, and, because it is structurally similar to plasminogen, Lp(a) may contribute to clot formation. However, the complete role of lipoprotein(a) is not fully understood.

There is no standardized scale for measuring Lp(a) because there is no level that is considered "normal". Because Lp(a) levels are controlled predominantly by genes, cholesterol-lowering drugs have little effect on lowering Lp(a) levels. Elevated Lp(a) is considered an independent risk factor for cardiovascular events, including myocardial infarction, stroke, CVD, vein graft restenosis, and retinal arterial occlusion and may be used to identify individuals who might benefit from more aggressive treatment of other risk factors. However, regardless of the association between Lp(a) and CV disease, there is no data to suggest that more aggressive risk factor modification improves patient health outcomes.

The NACB specifies that Lp(a) screening is not warranted for primary prevention and assessment of cardiovascular risk. They comment that Lp(a) measurement may be done at the physician's discretion if the risk is intermediate (10%–20%) and uncertainty remains as to the use of preventive therapies such as statins or aspirin (Recommendation – IIB; LOE – C). They further note there is insufficient evidence to support therapeutic monitoring of Lp(a) concentrations for evaluating the effects of treatment.

Similarly, the 2010 ACCF/AHA guidelines conclude that apolipoproteins is not recommended for CV disease risk assessment in asymptomatic adults. UpToDate notes that Lp(a) is a modest, independent risk factor for CVD, especially MI, but notes there are no clinical trials that have adequately tested the hypothesis that Lp(a) reduction reduces the incidence of first or recurrent CVD events.

Lp(a) testing may be indicated in select patients, particularly intermediate risk patient, to assist physicians with the use of preventive therapies. Routine testing is not covered by Medicare.

Apolipoprotein B (Apo B), Apolipoprotein A-I (Apo AI), and Apolipoprotein E (Apo E)

Apo B is a constituent of LDL particles, and serves as an indirect measurement of the number of LDL particles. Consequently, elevated levels of Apo B suggest increased levels of small dense LDL particles that are thought to be atherogenic.

Apo AI is the major protein constituent of HDL-C. However, its measurement has not been established as a clinically useful test in determining clinical therapy for patients with CAD or dyslipidemia at the current time.

While Apo B and Apo A-I are thought to be the main structural proteins of atherogenic and anti-atherogenic lipoproteins and particles, testing for these compounds has not been validated as a tool for risk assessment. As such, the 2010 ACCF/AHA guidelines indicate that apolipoproteins testing is not recommended for CV risk

assessment in asymptomatic adults. However, AACE recommends apoB testing to assess residual risk in patients for CAD (even when LDL-C levels are controlled) in patient when the triglyceride concentration is >150 mg/dL or the HDL-C concentration is

Medicare expects testing to be limited to assessment of residual risk in patients with CAD with triglyceride concentrations of >150 mg/dL or HDL-C of

Apo E, the major constituent of VLDL and chylomicrons, acts as the primary binding protein for LDL receptors in the liver and is thought to play a role in lipid metabolism. Although some individuals hypothesize that Apo E genotypes may be useful in the selection of drug therapy, the value of Apo E testing in the diagnosis and management of CHD is insufficient and needs further evaluation.

The National Cholesterol Education Program (NCEP) expert panel concluded that Apo AI is carried in HDL and it is usually low when HDL is reduced. A low Apo AI thus is associated with increased risk of CHD, but not independently of low HDL. Whether it has independent predictive power beyond HDL-C is uncertain and its measurement is not recommended for routine risk assessment in Adult Treatment Panel (ATP III) Guidelines.

Testing for Lipoproteins

Apolipoproteins

Apolipoproteins are measured in routine clinical laboratories with the use of immunonephelometric or immunoturbidimetric assays. ApoB reflects the number of potentially atherogenic lipoprotein particles because each particle of VLDL, IDL, LDL and lipoprotein(a) particle carries on its surface 1 Apo B100 protein. Most of plasma Apo B is found in LDL particles. HDL particles do not carry Apo B. Instead they carry Apo AI, which does not correspond directly to the concentration of HDL particles in a 1-to-1 fashion.

LDL Gradient Gel Electrophoresis (GGE) (used by Berkeley Heart Lab, Berkeley, CA)

GGE is the most commonly used lab technique to measure LDL particle density. It has been promoted as an important criteria of CHD risk, and as a guide to drug and diet therapy in patients with CAD. While the measurement of LDL subclass patterns may be useful in elucidating possible atherogenic dyslipidemia in patients without abnormal total cholesterol, HDL, LDL and triglycerides, there is inadequate evidence that LDL sub-classification by GGE improves outcomes in patients with CV disease.

Density Gradient Ultracentrifugation (DGU) (used by Atherotec Inc, Birmingham, AL)

The Vertical Auto Profile (VAP) test measures the relative distribution of cholesterol within various lipoprotein subfractions, quantifying the cholesterol content in the VLDL, IDL, LDL, lipoprotein(a) and HDL subclasses. It includes components (e.g., total cholesterol, direct measured LDL-C, HDL-C and triglycerides), LDL density (i.e. pattern A versus pattern B), IDL, HDL sub types, VLDL density and Lp(a), and non-lipid CV risk assessment biomarkers including hs-CRP, homocysteine, Lp-PLA2, apo-E genotype, vitamin D, cystatin and NT-proBNP.

Nuclear Magnetic Resonance Spectroscopy

In this method (NMR LipoProfile® is FDA cleared and available from LipoScience Inc, Raleigh, NC) particle concentrations of lipoprotein subfractions of different size are obtained from the measured amplitudes of their lipid methyl group NMR signals. Lipoprotein particle sizes are then derived from the sum of the

diameter of each subclass multiplied by its relative mass percentage based on the amplitude of its methyl NMR signal.

Note: FDA clearance does not mean the test has clinical utility.

Ion-Mobility Analysis

This method (available from Quest Diagnostics Inc, Madison, NJ) measures both the size and concentration of lipoprotein particle subclasses on the basis of gas-phase differential electric mobility.

Summary of Lipoprotein Testing

At the current time, none of the above tests for lipoproteins have better predictive strength than total/HDL-C ratio and there has been no clear benefit for measuring particle number in most studies to date. Additional research is needed to establish the utility of following changes in lipoproteins as a therapeutic target and determine if any subgroups of patients benefit.

Lipoprotein-Associated Phospholipase A2 (Lp-PLA2)

Lp-PLA2 is also known as platelet activating factor acetylhydrolase. This enzyme hydrolyzes phospholipids and is primarily associated with LDLs. It has been suggested that this enzyme has a proinflammatory role in the development of atherosclerosis. Studies show that Lp-PLA2 is an independent predictor of CV risk but fail to demonstrate improved health outcomes. To improve outcomes, studies must demonstrate how risk factors improve risk classification and change in physician practice to improve patient outcomes.

The NCEP ATP III panel concluded that routine measurement of inflammatory markers (including Lp-PLA2) for the purpose of modifying LDL-cholesterol goals in primary prevention is not warranted. In the 2010 ACCF/AHA guidelines for assessment of CV risk, the experts concluded "lipoprotein-associated phospholipase (Lp-PLA2) might be reasonable for cardiovascular risk assessment in intermediate risk asymptomatic adults". However, at the current time, it is not known whether Lp-PLA2 concentrations are clinically effective for motivating patients, guiding treatment, or improving outcomes.

B-type Natriuretic Peptide (BNP)

BNP and NT-proBNP, hormones produced by cardiocytes in response to hemodynamic stress, have emerged as preferred biomarkers for assessing heart-related stress. There is evidence that these hormones provide prognostic information of mortality and first CV events beyond traditional risk factors. However, there is currently no evidence that treatment or intervention based on the increased risk implied by these biomarkers improves patient outcomes.

These hormones do play a role in the acute setting for use in diagnosing decompensated heart failure. For coverage guidance regarding the use of B type natriuretic peptide as a diagnostic tool in the acute setting please refer to Palmetto GBA LCD L34410 for Part A coverage and LCD L33422 for Part B coverage.

Cystatin C

Cystatin C, encoded by the CST3 gene, is a small serine protease inhibitor protein secreted by all functional cells in the body. It is used as a biomarker for renal function, and in CV risk assessment although there is

no evidence that this marker improves outcomes when used in clinical care. The NACB guidelines on Biomarkers of Renal Function and Cardiovascular Disease Risk do not recommend testing. The NCEP advocates clinical studies to characterize the utility of these markers in the global assessment of CV disease risk.

Thrombogenic/Hematologic Factors

Hematologic factors including coagulation factors and platelets play a role in acute coronary syndrome although the precise mechanism is not known. That platelets are involved in this process is supported by strong evidence that aspirin and other antiplatelet therapies reduce the risk of myocardial infarction.

Fibrinogen has also been associated with CHD risk. A high fibrinogen level is associated with increased risk for coronary events, independent of cholesterol levels, while a low fibrinogen indicates a reduced risk even with high cholesterol levels. Other hemostatic factors associated with increased coronary risk include, but are not limited to, activated factor VII (aFVII), tissue plasminogen activator (tPA), plasminogen activator inhibitor-1 (PAI-1), von Willebrand factor (wWF), Factor V Leiden (FVL), Factor II (F2), Protein C (PC) and antithrombin III.

In 2009, the NACB guidelines reported there was sufficient data that fibrinogen is an independent marker of CVD risk. In addition, measurement of fibrinogen was not recommended because they expressed analytical concerns regarding insufficient assay standardization and uncertainty in identifying treatment strategies. Additionally, the NCEP expert panel concluded "ATPIII does not recommend measurement of prothrombotic factors as part of routine assessment of CHD risk". They indicated that the strength of the association between thrombogenic/hematologic factors and CHD risk has not been defined and recommended clinical trials that target specific prothrombotic factors.

D-dimer is associated with an increased risk of venous and arterial thrombotic events, irrespective of baseline vascular disease, even after adjusting for confounders such as age, smoking and diabetes. In CVD, an increased fibrin turnover represents not only a prothrombotic state, but also is a marker for the severity of atherosclerosis. Although D-dimer is a simple test that is widely available, it remains unclear whether D-dimer plays a causal role in the pathophysiology of CV adverse events, or whether D-dimer is simply a marker of the extent of disease.

Interleukin-6 (IL-6), Tissue Necrosis Factor- α (TNF- α), Plasminogen Activator Inhibitor-1 (PAI-1), and IL-6 Promoter Polymorphism

Adipose tissue is a prominent source of PAI-1. Recent data indicates there is continuous production of large amounts of active PAI-1 in platelets that may contribute to clot stabilization. PAI-1 is the primary physiological inhibitor of plasminogen activation. Increased PAI-1 expression acts as a CV risk factor and plasma levels of PAI-1 strongly correlate with body mass index (BMI). Similar associations have been reported between PAI-1 activity and plasma insulin and triglyceride levels in patients with CAD and diabetes. However, there is no data that PAI-1 testing changes physician management to improve patient outcomes.

IL-6, an inflammatory cytokine, is involved in metabolic regulation of CRP. IL-6 plays an important role in the process of rupture or erosion of atherosclerotic plaques, and its serum levels are elevated during these events. At the current time, there is no consensus on IL-6 assay methods or reference values, and no data that demonstrates IL-6 testing changes physician management to improve patient outcomes.

Early in atherosclerotic plaque formation, leukocytes adhere to and are entrapped in the endothelial wall, a process mediated by inflammatory adhesion molecules such as P-selectin and ICAM-1 that are modulated by TNF- α . However, to date, these biomarkers have not provided additional predictive power above that of traditional lipid markers.

Because a polymorphism in the promoter region of IL-6 (174 bp upstream from the start site) appears to influence the transcription of the IL-6 gene and plasma levels of IL-6, this functional polymorphism was considered a candidate gene in the development of CV disease. However, multiple studies have produced inconsistent findings. In a large population-based study, no significant relationship between IL-6 promoter polymorphism and risk of CHD was identified. The authors concluded that IL-6-174 promoter polymorphism is not a suitable genetic marker for increased risk of CHD in person aged 55 years or older.

Free Fatty Acids (FFA, Saturated and Unsaturated)

The role of plasma FFA in thrombogenesis in humans is poorly established and no strong direct evidence is available. Increasing plasma FFA concentration is known to induce endothelial activation, increase plasma MPO level and promote a prothrombotic state in non-diabetic healthy subjects. Studies are ongoing to demonstrate the role of FFA in the pathogenesis of atherosclerosis. However, at the current time, there is sparse data on its role in early atherosclerosis and no evidence how testing improves patient outcomes.

Visfatin, Angiotensin-Converting Enzyme 2 (ACE2) and Serum Amyloid A

Visfatin is an active player promoting vascular inflammation and associated with atherosclerosis-related disease. It is involved in cytokine and chemokine secretion, macrophage survival, leukocyte recruitment by endothelial cells, vascular smooth muscle inflammation and plaque destabilization. Although visfatin has emerged as a promising pharmacological target in the context of CV complications, there is no evidence how testing improves patient outcomes.

The renin-angiotensin system (RAS) plays a major role in the pathophysiology of CVD. The enzyme angiotensin-converting enzyme (ACE) converts angiotensin I into the vasoconstrictor, angiotensin II, the main effector of the renin-angiotensin system. It has been suggested that circulating ACE2 may be a marker of CVD with low levels of ACE2 in healthy individuals and increased levels in those with CV risk factors or disease. However, larger clinical studies are needed to clarify the role of ACE2 as a biomarker of CVD, determine the prognostic significance of circulating ACE2 activity and assess whether the measurement of ACE2 will improve CVD risk prediction.

Serum amyloid A (SAA) is a sensitive marker of inflammation and its elevation has been implicated in obesity and in CVD. It is a highly conserved acute-phase protein, stimulated by proinflammatory cytokines such as IL-6, TNF, interferon- γ and transforming growth factor- β (TGF- β). SAA is also a kind of apolipoprotein that is involved in cholesterol metabolism. However, there is sparse data on its role in early atherosclerosis and no evidence how testing improves patient outcomes.

Microalbumin

Microalbuminuria is both a renal risk factor and a CV risk factor in patients with diabetes, and particularly a risk marker of CV mortality in the general population. Microalbuminuria also appears to be a sensitive marker for detecting new onset of hypertension and diabetes. However, for albuminuria to be a target for therapy, one needs to prove that lowering of albuminuria per se is cardioprotective. Albuminuria-lowering

effect of antihypertensive agents, particularly those that interfere with RAS, and the use of statins and glucoseaminoglycans have been proved in randomized, controlled trial to be cardioprotective. However, few have been directed at albuminuria lowering per se to evaluate the effect on CV outcome. The question remains as to whether microalbuminuria is the consequence or the cause of organ damage, particularly whether high levels of albuminuria in young children reflect normal physiological variations in endothelial function associated with CV and renal risk in later age. While albumin excretion levels may represent a primary marker for success of intervention strategies aimed at repairing vascular function, there is no data how testing improves patient outcomes at the current time.

Myeloperoxidase (MPO)

Elevated levels of myeloperoxidase, secreted during acute inflammation, are thought by some to be associated with coronary disease and predictive of acute coronary syndrome in patients with chest pain. Many studies have implicated MPO in the pathogenesis of atherosclerosis, showing that it is enriched within atheromatous plaques. Inflammatory cells recruited into the vascular wall release MPO-derived reactive oxygen species that can promote endothelial dysfunction by reducing the bioavailability of nitric oxide, generate atherogenic oxidized-LDL, and modify HDL, impairing its function in cholesterol efflux. However, at the current time there is insufficient data to demonstrate that plasma MPO can predict CHD independent of other CVD risk factors and there is no data that demonstrates how plasma MPO levels affect management of individuals at risk for or patients with CHD.

PPAR- β/δ is a key regulator of fatty acid metabolism, promoting its storage in adipose tissue and reducing circulating levels of free fatty acids. Activation of PPAR- β/δ has favorable effects on surrogate measures of adipocyte function, insulin sensitivity, lipoprotein metabolism, and vascular structure and function. However clinical trials of thiazolidinedione PPAR- β/δ activators have not provided conclusive evidence that they reduce CV morbidity and mortality.

At the current time, there is no clinical data that demonstrates the clinical utility of testing for lipid peroxidation, isoprostanes, malondialdehyde, nitrotyrosine, S-glutathionylation, oxidized LDL, or oxidized phospholipids. Additionally, genetic testing for genes that regulate cellular and systemic oxidative stress, including but not limited to, nuclear factor-2 (Nrf-2), peroxisome proliferator-activated receptor gamma-co-activator 1alpha (PCG-1a), and the thioredoxin family or proteins have no clinical data that demonstrates utility.

Homocysteine and Methylenetetrahydrofolate Reductase (MTHFR) Mutation Testing

Homocysteine is an amino acid found in the blood. Observational evidence generally supports the association of homocysteine levels with CV risk, particularly observational data that patients with hereditary homocystinuria, an inborn error of metabolism associated with high plasma levels of homocysteine, have markedly increased risk of CV disease. Folic acid and the B vitamins are involved in the metabolism of homocysteine. Several studies found the higher levels of B vitamins are associated with lower homocysteine levels, while other evidence shows that low levels of folic acid are linked to a higher risk of CHD and stroke. However, large randomized controlled trials do not support a protective effect of folic acid supplementation (rectifying homocysteine levels) in cardiovascular disease.

MTHFR is a key enzyme in folate metabolism. Two variants of the MTHFR polymorphisms result in reduced enzyme activity, impaired methylation and increased risk of CVD, stroke, and hypertension. MTHFR mutation testing has been advocated to evaluate the cause of elevated homocysteine levels.

However, in 2009, the US Preventive Services Task Force (USPSTF) concluded that the evidence was insufficient to assess the benefits and harms of using non-traditional risk factors to screen asymptomatic adults with no history of CHD to prevent CHD events. Homocysteine was one of the non-traditional factors considered in the recommendation. In 2010, later updated in March 2014, the AHA stated that a causal link between homocysteine levels and atherosclerosis has not been established, and noted that high homocysteine levels is not a major risk factor for CV disease. The 2012 American Association of Clinical Endocrinologists (AACE) guidelines for management of dyslipidemia and prevention of atherosclerosis stated that testing for homocysteine, uric acid, PAI-1 or other inflammatory markers is not recommended.

Uric acid

A recent systemic review and meta-analysis suggests that elevated uric acid levels may modestly increase the risk of stroke and mortality. However, future studies are needed to determine whether lowering uric acid levels has any beneficial effects on stroke risk. Data is inadequate to show that uric acid testing changes physician management to improve patient outcomes.

Vitamin D

Low levels of vitamin D are an independent risk factor for CV death in populations without pre-existing CV disease. However, systematic reviews on interventional vitamin D supplementation and CV disease risk reported that vitamin D supplementation had no effect on cardiovascular disease risk, indicating a lack of a causal relationship.

An additional concern regarding vitamin D testing is the considerable variation between results obtained with the various methods (competitive immunoassays, direct detection by high performance liquid chromatography or liquid chromatography combined with tandem mass spectrometry), as well as between laboratories. Immunoassay technologies are less sensitive and specific for vitamin D than liquid chromatography with or without mass spectrometry.

WBC

A large body of data from prospective studies has established an association of leukocyte count with increased risk for CVD events. Leukocytes are thought to play a role in the development and/or progression of atherosclerotic plaques and their rupture due to their proteolytic capacity and oxidative properties. WBC count is correlated with other coronary disease risk factors, including cigarette smoking, BMI, cholesterol level, HDL-C (inversely), triglycerides, diabetes and blood glucose level, physical activity (inversely) and blood pressure. However, the NACB does not recommend WBC testing because clinical utility in reclassifying risk level and identifying treatment strategies is not known.

Long-chain Omega-3 Fatty Acids in Red Blood Cell (RBC) Membranes

It has been proposed that the fatty acid composition of RBCs are an index of long-term intake of eicosapentaenoic (EPA) plus docosahexaenoic (DHA) acids. The omega-3 fatty acids are considered a new modifiable and clinically relevant risk factor for death from CHD. Most studies to date have focused on the association between fish consumption and risk of CHD. In the Rotterdam Study, analysis of EPA plus DHA and fish intake was assessed in relation of incident heart failure (HF). With nearly 5300 study individuals, the authors concluded that their findings did not support a major role for fish intake in the prevention of HF.

Not only is there no association between fish intake and EPA+DHA levels regarding prevention of HF, there is no scientific evidence regarding how measurements of RBC omega-3 fatty acids composition would affect management of individuals at risk for or patients with CHD. A recent article (Marai, 2014) notes that the available data do not support testing for omega-3 polyunsaturated fatty acids (EPA + DHA) among healthy subjects and patients with specific cardiac diseases.

Gamma-glutamyltransferase (GGT)

GGT, a marker of excessive alcohol consumption or liver disturbance, is an enzyme catalyzing the first step in extracellular degradation of the anti-oxidant glutathione and is thought to play a role in the atherosclerotic process. Coverage for GGT is limited to the indications and limitations specified in CMS NCD 190.32. Whether serum levels of GGT can aid in the detection of individuals at high risk for incident CV events is under investigation. Despite its potential role in stratifying patient risk, there is no evidence testing improves patient outcomes.

Gene Mutations (any methodology) and Genomic Profiling

Proponents of molecular CV profile testing argue that improvement in CVD risk classification leading to management changes that improve outcomes warrants coverage of these tests. However, the Evaluation of Genomic Applications in Practice and Prevention Working Group (EWG) found insufficient evidence to recommend testing for 9p21 genetic variant or 57 other variants in 28 genes to assess risk for CVD in the general population, specifically heart disease and stroke.

The following genes were included in the EWG's assessment: ACE, AGT, AGTR1, APOB, APOC3, APOE, CBS, CETP, CYBA, CYP11B2, F2, F5, GNB3, GPX1, IL1B, LPL, ITGB3, MTHFR, MTR, MTRR, NOS3, PAI-1, PON1, SELE, SOD2, SOD3, TNF, and 9p21. The EWG found that the magnitude of net health benefit from the use of any of these tests alone or in combination is negligible.

CardiaRisk™ (Myriad, Salt Lake UT) markets a genetic test to identify a mutation in the AGT genes. This test supposedly identifies specific hypertensive patients at increased risk of CV disease and identifies patients likely to respond to antihypertensive drug therapy. However, at the present time there is no literature that points to clinical utility for this test.

Leptin, Ghrelin, Adiponectin, and Adipokines including Retinol Binding Protein 4 (RBP4) and Resistin

Leptin, a satiety factor secreted by adipocytes that is instrumental in appetite regulation and metabolism, is elevated in heart disease. In a recent study, leptin levels and proinflammatory high-density lipoprotein (piHDL) when combined into a risk score (PREDICTS) confers 28-fold increased odds of the presence of any current, progressive, or acquired carotid plaque and significantly associated with higher rates of intima-media thickness. However, there is no data that demonstrates how measurement of leptin levels affects management of individuals at risk for or patients with CHD.

Ghrelin is a hormone produced in the stomach and pancreas that plays a role in hunger and weight gain. In a recent study, ghrelin when incorporated in the CV risk model improved the prediction of CVD events in hypertensive patients with reclassification of roughly 21%. However, there is no evidence how testing improves patient outcomes.

Adiponectin is an adipose-specific hormone that has anti-inflammatory properties, and is protective against

obesity. Particularly in children, measurement of total adiponectin or high-molecular-weight adiponectin (HMW adiponectin) as a biomarker for insulin sensitivity and/or as a risk factor for CVD is gaining support. However, the additive value of adiponectin levels remains unclear and how it changes patient outcomes is not known. It is not recommended clinically in children or adults.

RBP4 is gaining recognition as an adipokine that may play an important role in obesity and insulin resistance. The relationship between RBP4 and other traditional and non-traditional risk factors for CVD, such as inflammatory factors and/or oxidative stress, have not been confirmed in larger populations, and causality has not been established.

Resistin is an adipokine expressed highly in visceral compared with subcutaneous adipose tissue. In the Study of Inherited Risk of Coronary Atherosclerosis, resistin levels were positively correlated with higher coronary calcium scores and correlated with higher levels of soluble TNF- α , receptor-2, Lp(a), and IL-6. The resistin gene (RETN) polymorphism (bp -420 and +299) leads to increased concentrations of the resistin peptide in circulation, which is associated with cardiomyopathy and CAD. One study suggests that in addition to primary risk factors (total cholesterol, LDL, triglycerides and low concentrations of HDL), resistin cytokine may be a risk factor for CVD. However, there is no clinical role for measuring resistin as no data demonstrates how measurement of resistin levels affects management of individuals at risk for or patients with CHD.

Inflammatory Markers – VCAM-1, ICAM-1, P-selectin (PSEL) and E-selectin (ESEL)

Clinical studies have shown that elevated serum concentrations of cell adhesion molecules such as inter-cellular adhesion molecule-1 (ICAM-1), vascular adhesion molecule-1 (VCAM-1), E-selectin (ESEL) and P-selectin (PSEL) may contribute to CVD through their inflammatory effects on the vascular endothelium and be independent risk factors for atherosclerosis and cardiovascular disease (CVD). However, at the current time, testing for these inflammatory markers has not been confirmed in larger populations, causality has not been established and testing has not resulted in improved patient outcomes.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Coverage Indications, Limitations, and/or Medical Necessity") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the MAC upon request.

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N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R6	As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.	<ul style="list-style-type: none"> • Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all of the fields included on the LCD are applicable as noted in this policy.	
10/01/2019	R5	<p>The following revisions are made due to the 2019 Annual ICD-10 Code Update: the description changed for ICD-10 codes I70.238 and I70.248, ICD-10 code I48.2 was deleted, and ICD-10 codes I48.11, I48.19, I48.20, I48.21 were added.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all of the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
01/31/2019	R4	<p>3/1/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Removed ICD-10 Code: Z13.220 from Group 1 to be consistent with the national policy. This update is effective 1/31/19.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2018	R3	<p>09/17/2018 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>The following ICD-10 codes were deleted from the ICD-10 Codes that Support Medical Necessity field: E78.4 was deleted from Group 1.</p> <p>The following ICD-10 codes were added to the ICD-10 Codes that Support Medical Necessity field: E78.41, E78.49, I63.81, I63.89, I67.858, I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323,</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533. I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.9. Corrected the links in Bibliography: #1 and #45.	
01/01/2017	R2	2017 CPT Code update: 83704 descriptor was changed in Group 1.	<ul style="list-style-type: none"> Revisions Due To CPT/HCPCS Code Changes
10/01/2016	R1	The following ICD-10 codes are added/deleted effective 10/1/16: Added code: E78.00 and E78.01. Deleted code: E78.0	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57055 - Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment

A55095 - MoIDX: ApoE Genotype Billing and Coding Guidelines

A54976 - MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing Billing and Coding Guidelines

A54979 - Response to Comments: MoIDX: Biomarkers in Cardiovascular Risk Assessment

LCD(s)

DL36360

- (MCD Archive Site)DL36362

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 09/17/2019 with effective dates 10/01/2019 - N/A

Updated on 03/01/2019 with effective dates 01/31/2019 - 09/30/2019

Updated on 09/26/2018 with effective dates 10/01/2018 - 01/30/2019

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Keywords

- MoIDX
- Biomarkers
- Cardiovascular
- Risk
- Assessment
- Lipoprotein
- Atherosclerosis
- 82172
- 82610
- 83090
- 83695
- 83698
- 83700
- 83701
- 83704
- 83719
- 83721
- 86141

Local Coverage Article: Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57055)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57055

Original Effective Date

10/01/2019

Article Title

Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment

Revision Effective Date

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet Online Manual Pub. 100-02 (Medicare Benefit Policy Manual), Chapter 15, Section 80, "Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests".

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a Biomarker in Cardiovascular Risk Assessment service, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The following CPT codes are covered:

Group 1 Codes:

CODE	DESCRIPTION
82172	APOLIPOPROTEIN, EACH

CODE	DESCRIPTION
82610	CYSTATIN C
83090	HOMOCYSTEINE
83695	LIPOPROTEIN (A)
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2 (LP-PLA2)
83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG, ELECTROPHORESIS, ULTRACENTRIFUGATION)
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBER(S) (EG, BY NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY), INCLUDES LIPOPROTEIN PARTICLE SUBCLASS(ES), WHEN PERFORMED
83719	LIPOPROTEIN, DIRECT MEASUREMENT; VLDL CHOLESTEROL
83721	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10 codes are covered:

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
E71.30	Disorder of fatty-acid metabolism, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified

ICD-10 CODE	DESCRIPTION
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
I10	Essential (primary) hypertension
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I42.0	Dilated cardiomyopathy
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I51.9	Heart disease, unspecified
I52	Other heart disorders in diseases classified elsewhere
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery

ICD-10 CODE	DESCRIPTION
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid

ICD-10 CODE	DESCRIPTION
	arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery

ICD-10 CODE	DESCRIPTION
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery

ICD-10 CODE	DESCRIPTION
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction
I63.9	Cerebral infarction, unspecified
I67.858	Other hereditary cerebrovascular disease
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh

ICD-10 CODE	DESCRIPTION
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 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 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
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities,

ICD-10 CODE	DESCRIPTION
	other extremity
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
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
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis

ICD-10 CODE	DESCRIPTION
I70.92	Chronic total occlusion of artery of the extremities
R00.2	Palpitations
R07.1	Chest pain on breathing
R07.2	Precordial pain
ICD-10 CODE	DESCRIPTION
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
Z13.6	Encounter for screening for cardiovascular disorders
Z86.711	Personal history of pulmonary embolism
Z86.718	Personal history of other venous thrombosis and embolism
Z86.72	Personal history of thrombophlebitis
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
Z86.74	Personal history of sudden cardiac arrest
Z86.79	Personal history of other diseases of the circulatory system

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report

this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55095 - Billing and Coding: MoIDX: ApoE Genotype

A54976 - MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing Billing and Coding Guidelines

A54979 - Response to Comments: MoIDX: Biomarkers in Cardiovascular Risk Assessment

LCD(s)

L36362 - MoIDX: Biomarkers in Cardiovascular Risk Assessment

DL36360

- (MCD Archive Site)DL36362

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 09/17/2019 with effective dates 10/01/2019 - N/A

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- Atherosclerosis
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- 83695
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- 83700
- 83701
- 83704
- 83719
- 83721
- 86141

Local Coverage Determination (LCD): MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (L37315)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L37315

Original Effective Date

For services performed on or after 05/13/2019

LCD Title

MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

Proposed LCD in Comment Period

N/A

Source Proposed LCD

DL37315

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

Revision Effective Date

For services performed on or after 10/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

03/28/2019

Notice Period End Date

05/12/2019

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

42 Code of Federal Regulations (CFR) 410.32(a). Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS On-Line Manual, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services.

CMS Internet-Only Manuals, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (*Medicare Claims Processing Manual*), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This policy limits coverage of multiplex PCR respiratory viral panels. Panels of 3-5 pathogens are covered under limited circumstances. Specifically, the test must be ordered either in a healthcare setting that is equipped to care for and routinely does care for critically ill patients, or it must be ordered by an infectious disease specialist, unless an infectious disease specialist is not available.

Multiplex PCR respiratory viral panels of 6 or more pathogens are non-covered. The pathogen targets that compose the panels are determined by the manufacturers that make them, and do not represent specific pathogens that cause a common syndrome, or the organisms that commonly are found in a specific sample type or patient population or reflect seasonal variations. The fixed nature of these multiplex panels includes pathogens that cause infections different enough that simultaneous testing for these pathogens should be rare. Examples include *Chlamydia pneumoniae* or *Bordetella pertussis* in combination with rhinovirus, influenza viruses, and respiratory syncytial virus (RSV). The multiplex PCR respiratory viral panels are effectively a "one size fits all" diagnostic approach, and do not meet Medicare's "reasonable and necessary" criteria. Non-coverage of these multiplex PCR respiratory viral panels does not deny patient access because appropriate clinician directed testing is available.

Respiratory Pathogen Diagnosis in Elderly Patients

Viral pathogens are the most common cause of upper respiratory tract infections (URIs). Most URIs occur more frequently during the cold winter months, because of overcrowding. Adults develop an average of 2 to 4 colds annually. Rhinovirus, parainfluenza virus, coronavirus, adenovirus, respiratory syncytial virus, Coxsackie virus, human metapneumovirus, and influenza virus account for most cases.¹ Antigenic variation of hundreds of respiratory viruses result in repeated circulation in the community.

Children with viral respiratory diseases typically present with classic symptoms, high viral titers, and positive results of viral cultures or rapid antigen tests. Unlike children, elderly individuals may present with atypical symptoms such as confusion, anorexia, dizziness, or falls.² Elderly patients may lack fever and be unable to articulate classic symptoms of viral infection, such as sore throat or myalgias. Some elderly patients experience exacerbations of underlying chronic cardiopulmonary.

Influenza classically presents with the acute onset of fevers, myalgias, and cough, unlike RSV which presents with nasal congestion, wheezing, and cough. In a prospective study of patients with obstructive lung disease, fever when compared with culture and serological test results had a sensitivity of only 26% when used to diagnose influenza in older adults.³ In a study of hospitalized adults, clinical symptoms had poor sensitivity (43%) for identification of influenza-like illness in adults, one-half of whom were aged ≥ 65 years.⁴

Influenza is the predominant viral cause of community acquired pneumonia (CAP) in adults. Other commonly recognized viruses include RSV, adenovirus, and parainfluenza virus. In a study of immunocompetent adult patient admitted to hospital with CAP, 18% had a viral etiology, and in 9%, a respiratory virus was the only pathology identified. Studies that include outpatients find viral pneumonia rates as high as 36%.

The identification of viral infections in older adults is of practical importance when it guides individualized treatment decisions in a way that would be expected to improve outcomes. The diagnosis of influenza can help guide antiviral treatment for individual patients and is critical in long-term care facilities and other closed populations in the event that institutional chemoprophylaxis is needed to limit outbreaks. Although the evidence on tailored pathogen-specific treatment is limited for other respiratory viral pathogens, broad antiviral treatment may have use in the treatment of particularly vulnerable populations, for example ribavirin possibly in conjunction with intravenous immunoglobulin in the treatment of respiratory syncytial virus, parainfluenza, and metapneumovirus in patients who have received transplants.⁵

The diagnosis of CAP is based on the presence of clinical features including cough, fever, sputum production and pleuritic chest pain, and is supported usually by chest radiograph. However, clinical features, and rales or bronchial breath sounds by physical examination may be lacking or altered in elderly patients. The need for diagnostic testing to determine the etiology of CAP is justified when test results will change antibiotic management for an individual patient,⁶ and as such limited virus testing in susceptible populations may be appropriate.

Clinical Indications for Viral Testing

Because viruses cause most URIs, the diagnostic role of laboratory investigations and radiologic studies is limited. Only after common conditions are ruled out, should uncommon viral conditions be tested.

Influenza Infection:

Influenza testing is not needed for all patients with signs and symptoms of influenza to make antiviral treatment decisions. The CDC indicates that once influenza activity has been identified in the community or geographic area, a clinical diagnosis of influenza can be made for outpatients with signs and symptoms consistent with suspected influenza, especially during periods of peak influenza activity in the community. While molecular testing is not needed on all patients with suspected influenza, influenza testing is most appropriate for hospitalized patients if a positive test would result in a change in clinical management. The CDC advises that if treatment is clinically indicated, antiviral treatment should NOT be withheld from patients with suspected influenza while awaiting test results during peak influenza periods in the community when the likelihood of influenza is high because the greatest clinical benefit is when treatment is initiated as close to illness onset as possible.

Upper respiratory tract specimens should be collected for influenza testing in hospitalized patients without lower respiratory tract disease. In the hospitalized patient with suspected influenza and pneumonia or respiratory failure on mechanical ventilation, and a negative upper respiratory tract test result, induced sputum, protected brush samples, endotracheal aspirate or bronchoalveolar lavage specimens can be considered for testing using tests validated for lower respiratory tract specimens.

Parainfluenza Infection:

Human parainfluenza virus commonly causes upper and lower respiratory illnesses in infants and young children. Symptoms include fever, runny nose and cough. Severe lower respiratory illness symptoms include croup, bronchitis, bronchiolitis and pneumonia. Adults with weakened immune systems are at risk of more severe illness. There is no specific antiviral treatment, and most people recover on their own with rest and fluids.

RSV Infection:

Adults, particularly in healthcare workers or caretakers of small children, are susceptible to symptomatic RSV infection. Symptoms usually consist of rhinorrhea, pharyngitis, cough, headache, fatigue, and fever. Some high-risk adults, such as those with chronic illness or immunosuppression, may have more severe symptoms consistent with a lower respiratory tract infection, such as pneumonia.

RT-PCR assay are commercially available for RSV testing. Use of highly sensitive RT-PCR assay should be considered when testing adults because they may have low viral loads in their respiratory specimens. Palivizumab is a monoclonal antibody recommended by the American Academy of Pediatrics (AAP) to be administered to high risk infants and young children likely to benefit from immunoprophylaxis based on gestational age, certain underlying medical conditions, and RSV seasonality. No recommendation can be made for the use of RSV immune globulin or monoclonal antibody to control outbreaks of RSV infection in the health-care setting (Unresolved issue).

Human Metapneumovirus Infection:

Human metapneumovirus (HMPV) can cause upper and lower respiratory disease in people of all ages, especially among young children, older adults, and people with weakened immune systems. Symptoms commonly associated with HMPV include cough, fever, nasal congestion, and shortness of breath. Clinical symptoms of HMPV infection may progress to bronchiolitis or pneumonia. There is no specific antiviral therapy for HMPV. Medical care is supportive.

Adenovirus Infection:

Adenoviruses can cause a wide range of illnesses such the common cold, pharyngitis, bronchitis, pneumonia, diarrhea, conjunctivitis, fever, cystitis, gastroenteritis, and neurologic disease. Adenoviruses rarely cause serious illness or death. However, infants and people with weakened immune systems, or existing respiratory or cardiac disease, are at higher risk of developing severe illness from an adenovirus infection. There is no specific treatment for people with adenovirus infection. Most adenovirus infections are mild and may require only care to help relieve symptoms.

Rhinovirus infection:

Many different viruses can cause the common cold, but rhinoviruses are the most common. Symptoms are non-specific including sore throat, runny nose, coughing, sneezing, headache and body aches. Rhinovirus infection is usually self-limited but in individuals with a weakened immune system, asthma, or other respiratory condition, may develop pneumonia. Treatment is directed towards symptom relief and hydration.

Laboratory Diagnosis of Viral Infections in Elderly Patients

Culture: Traditionally, culture has been the gold standard for the diagnosis of viral respiratory disease. Viral culture is fraught with numerous issues:

- Requires specialized facilities and well-trained staff;
- Definitive identification of a viral pathogen may take days to weeks to identify;

- Older adults generally have lower viral loads in their respiratory secretions which may affect the sensitivity of cultures;
- Viral culture is most useful for relatively hardy viruses, such as influenza virus, where labile viruses such as RSV may not survive transportation to a laboratory;
- No single cell culture line can grow all medically important viruses
- Shell vial cultures can be used to increase the number of identifiable pathogens and decrease the time of diagnosis from 2-5 days to 1-2 days, and yet retain the sensitivity and specificity of conventional culture;
- Viral culture is most useful in highly febrile patient who has been ill only 2-3 days
- Viral culture is relatively insensitive to serologic tests and PCR

Rapid Antigen Testing: Rapid antigen testing is an enzyme immunoassay (EIA) that can easily be performed at point of care with the following characteristics:

- Very successful for the diagnosis of influenza and RSV infection in children;
- Poor results for influenza and RSV in older adults due to lower viral loads in respiratory secretions; sensitivity of EIA for the diagnosis of influenza decreases with increasing patient age and can be as low as 8%–22% in patients aged ≥ 80 years Steininger 2009; however, despite low sensitivities associated with EIA, the test does have good specificity in older adults such that a positive EIA result is likely a true positive test result, but a negative does not rule out influenza;
- EIA sensitivity for RSV in older adults is very low ($\leq 10\%$ when compared with serologic testing and PCR).

Fluorescent Antibody Assays: Fluorescent antibody staining is another rapid method of diagnosing respiratory viral diseases that:

- Involves placing a pellet of cells from the sample on a microscope slide followed by staining with viral specific fluorescent antibodies;
- Results available in a matter of hours but requires trained staff;
- Can be used to test for adenoviruses, influenza viruses A and B, RSV, and other viruses;

Serologic Testing: Serologic testing to detect viral specific immunoglobulin G is not useful for diagnosis because viral respiratory infections in older adults represent reinfection. Instead, a ≥ 4 -fold increase in antibody (baseline compared with convalescent-phase specimen) is required to identify a recent infection and confirm a diagnosis. However, serological attesting is not useful for clinicians and patient care decisions.

Polymerase Chain Reaction: PCR testing has become a common test in the clinical lab because it can:

- Detect minute amounts of viral nucleic acid and does not require infectious organism for detections;
- Surmount problems of poor culture and antigen detection sensitivity in older adults;
- Requires extreme care to avoid contamination due to the extreme sensitivity of PCR;
- More accurately detects influenza virus, RSV, hMPV, parainfluenza virus, rhinoviruses and coronaviruses in the lower respiratory tract illness in old adults;
- Has been used successfully in nursing homes to identify sources of outbreaks;
- Diagnosis coronaviruses and group C rhinoviruses, unlike other testing methods;
- Test for individual viruses (single-virus assays) or multiple viruses simultaneously (multiplex PCR).

Commercially Available Viral Tests by Amplified Probe Technique and Multiplex Nucleic Acid Amplified Test Panels

Multiple FDA approved/cleared influenza⁸ and respiratory molecular assays⁹ are currently commercially available. Most consist of combinations of influenza A and B with or without RSV.

Large respiratory viral panels with and without bacterial pathogens have also been approved/cleared by the FDA and include the following include:

1. **Luminex xTAG Respiratory Viral Panel (RVP)** – The 510(k) summary specifies that the intended use from nasopharyngeal swabs from individuals suspected of respiratory tract infections. It states that “it is recommended that specimens found to be negative for Influenza B, RSV subtypes A and B, Parainfluenza 1, 2 and 3, and adenovirus, after examination using RVP, be confirmed by cell culture. Negative results do not preclude respiratory virus infection and should not be used as the sole basis for diagnosis, treatment or other management decision. Positive results do not rule out bacterial infection, or co-infection with other viruses. The agent detected may not be the definite cause of disease. The use of additional laboratory testing (e.g. bacterial culture, immunofluorescence, radiography) and clinical presentation must be taken into consideration in order to obtain the final diagnosis of respiratory viral infection”.

Clinical viral targets:

- Influenza A,
- Influenza A subtype H1,
- Influenza A subtype H3,
- Influenza B,
- Respiratory Syncytial Virus subtype A,
- Respiratory Syncytial Virus subtype B,
- Parainfluenza 1 virus
- Parainfluenza 2 virus
- Parainfluenza 3 virus,
- Human Metapneumovirus,
- Rhinovirus,
- Adenovirus

2. **Luminex xTAG Respiratory Viral Panel FAST** – K103776 - The 510(k) summary specifies that “the intended use from nasopharyngeal swabs from individuals suspected of respiratory tract infections.” “Negative results do not preclude respiratory viral infection and should not be used as the sole basis for diagnosis, treatment or other management decisions. Positive results do not rule out bacterial infection or co-infection with other organisms. The agent detected may not be the definite cause of disease. The use of additional laboratory testing (e.g. bacterial and viral culture, immunofluorescence, and radiography) and clinical presentation must be taken into consideration in order to obtain the final diagnosis of respiratory infection”.

Clinical viral targets:

- Influenza A,

- Influenza A subtype H1,
- Influenza A subtype H3,
- Influenza B,
- Respiratory Syncytial Virus,
- Human Metapneumovirus,
- Rhinovirus,
- Adenovirus

3. **eSensor[®] Respiratory Viral Panel (RVP)** – K113731 The 510(k) summary specifies that the test is for the “identification of multiple respiratory viral nucleic acids in nasopharyngeal swabs (NPS)”. This test is a multiplex microarray-based genotyping test system.

Clinical viral targets:

- Influenza A,
- Influenza A H1 Seasonal Subtype,
- Influenza A H3 Seasonal Subtype,
- Influenza A 2009 H1N1 subtype,
- Influenza B,
- Respiratory Syncytial Virus subtype A,
- Respiratory Syncytial Virus subtype B,
- Parainfluenza Virus 1,
- Parainfluenza Virus 2,
- Parainfluenza Virus 3,
- Human Metapneumovirus,
- Human Rhinovirus,
- Adenovirus species B/E,
- Adenovirus species C

4. **Nanosphere Verigene Respiratory Pathogens Plus Nucleic Acid Test** – K103209 The 510(k) specifies “qualitative nucleic acid multiplex test intended to simultaneously detect and identify multiple respiratory virus nucleic acids in nasopharyngeal (NP) swab specimens from individuals with signs and symptoms of respiratory tract infection”. It also notes that “Negative results for Influenza A, Influenza B, or RSV do not preclude influenza virus or RSV infection and should not be used as the sole basis for diagnosis, treatment, or patient management decisions. Conversely, positive results do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. The use of additional laboratory testing and clinical presentation must be considered in order to obtain the final diagnosis of respiratory viral infection”.

Clinical pathogen targets:

- Influenza A,

- Influenza A subtype H1,
- Influenza A subtype H3,
- Influenza A 2009 H1N1 subtype,
- Influenza B,
- Respiratory Syncytial Virus subtype A,
- Respiratory Syncytial Virus subtype B

5. **BioFire FilmArray Respiratory Panel (RP)** – K123620 – the 510(k) summary specifies that simultaneous qualitative detection and identification of multiple respiratory viral and bacterial nucleic acids in nasopharyngeal swabs (NPS) obtained from individuals suspected of respiratory tract infections. The summary also has disclaimers similar to that of Luminex regarding positive and negative results, including the statement that “Negative results in the setting of a respiratory illness may be due to pathogens that are not detected by this test or lower respiratory tract infection that is not detected by a nasopharyngeal swab specimen.

Clinical pathogen targets:

- Adenovirus,
- Coronavirus 229E,
- Coronavirus HKU 1,
- Coronavirus NL63,
- Coronavirus 0C43,
- Human Metapneumovirus,
- Influenza A,
- Influenza A subtype H1,
- Influenza A subtype H3,
- Influenza A subtype H1-2009,
- Influenza B, Parainfluenza Virus 1,
- Parainfluenza Virus 2,
- Parainfluenza Virus 3,
- Parainfluenza Virus 4,
- Human Rhinovirus/Enterovirus,
- Respiratory Syncytial Virus,
- Bordetella pertussis,
- Chlamydomphila pneumoniae,
- Mycoplasma pneumonia

6. **BioFire FilmArray Respiratory Virus Panel, CLIA-waved**

Clinical pathogen targets:

- Adenovirus,
- coronavirus,
- Human metapneumovirus,
- Human rhinovirus/enterovirus,
- Influenza A, influenza A/H1,
- Influenza A/H1-2009,
- Influenza A/H3,
- Influenza B,
- Parainfluenza,
- Respiratory syncytial virus,
- Bordetella pertussis,
- Chlamydomphila pneumoniae,
- Mycoplasma pneumoniae

Summary of Evidence

Level of Evidence

Quality – Moderate

Strength – Moderate

Weight – Moderate

Analysis of Evidence (Rationale for Determination)

The use of limited multiplex viral panels in susceptible populations may be reasonable and necessary. The use of highly multiplexed NAAT tests as front-line diagnostics cannot be justified at the current time. A panel that includes pathogens that are very rare, or a panel in which all pathogens do not cause overlapping clinical syndromes, or when some pathogens are found only in specific patient populations (immunocompromised patients) is not reasonable and necessary. Despite an individual patient having signs or symptoms of a respiratory illness, the above highly multiplexed NAAT tests are not reasonable and necessary: a one size fits all diagnostic approach. The use of limited simplex or multiplex direct probe technique tests for respiratory viruses, such as Influenza A/B with, or without inclusion of other several other viruses is a Medicare covered benefit.

Understanding the performance characteristics of all members of the panel is essential, as the sensitivity and specificity for the detection of each pathogen may vary. The prevalence of the pathogen will greatly affect the positive and/or negative predictive value of the test. A negative test result does not necessarily rule out a virus and requires additional testing to confirm its negativity, as implied in the 510(k) documents for some of the tests discussed above. No clinical utility studies demonstrate that rapid, accurate highly multiplexed NAAT tests decrease the use of empirical antibiotics and allow for a more targeted approach to using antivirals.

Syndromic surveillance (testing to improve early detection of outbreaks) and/or public monitoring of disease transmission in nursing homes or other facilities to follow disease transmission or mutational change are not Medicare benefits.

General Information

Associated Information

N/A

Sources of Information

See Bibliography

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R2	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all of the fields included on the LCD are applicable as noted in this policy.</p> <p>This LCD was converted to the "no-codes" format.</p>	<ul style="list-style-type: none"> Revisions Due To Code Removal
10/01/2019	R1	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all of the fields included on the LCD are applicable as noted in this policy.</p> <p>Under Covered ICD-10 Codes Group 1: Codes ICD-10 code D81.3 was deleted and ICD-10 codes D81.30, D81.31, D81.32, and D81.39 were added. This revision is due to the 2019 Annual ICD-10 Code Update and is effective on October 1, 2019.</p> <p>Under Article Text added all verbiage and corresponding bullet points under the first paragraph. Under CPT/HCPCS Codes Group 1: Codes added codes 0098U, 0099U, and 0100U. Under Covered ICD-10 Codes Group 1: Paragraph added the verbiage "0098U, 0099U, and 0100U" to the first sentence. This revision is due to the Q3 2019 CPT/HCPCS Code Update and is effective for dates of service on or after 7/1/2019.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes Revisions Due To Code Removal

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57340 - Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

A56255 - Response to Comments: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

LCD(s)

DL37315 - MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

Related National Coverage Documents

N/A

Public Version(s)

Updated on 09/24/2019 with effective dates 10/01/2019 - N/A

Updated on 03/13/2019 with effective dates 05/13/2019 - N/A

Keywords

- MoIDX
- Multiplex
- Nucleic
- Acid
- Amplified
- Respiratory
- Viral
- PCR

Local Coverage Article: Billing and Coding: MolDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels (A57340)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57340

Original Effective Date

10/01/2019

Article Title

Billing and Coding: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

Revision Effective Date

10/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS On-Line Manual, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services.

Article Guidance

Article Text:

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels .

To report a multiplex PCR respiratory viral panel service, please submit the following claim information:

- If the panel being used does not have its own proprietary CPT® Code, use CPT® code 87631, 87632 or 87633
- For dates of service on or after 7/1/2019, laboratories billing for services using BioFire® FilmArray® Respiratory Panel (RP) EZ, BioFire® Diagnostics should report 0098U; laboratories billing for services using BioFire® FilmArray® Respiratory Panel (RP), BioFire® Diagnostics should report 0099U; laboratories billing for services using BioFire® FilmArray® Respiratory Panel 2 (RP2), BioFire® Diagnostics should report 0100U. While each of these panels are able to report results for a specific number of pathogens, this contractor will interpret the use of 0098U, 0099U, and 100U to represent the use of a specific testing platform regardless of the number of pathogens reported by the laboratory.
- For dates of service on or after 10/1/2019, laboratories billing for services using GenMark® ePlex Respiratory Pathogen (RP) Panel should report 0115U. While this panel is able to report results for a specific number of pathogens, this contractor will interpret the use of 0115U to represent the use of a specific testing platform regardless of the number of pathogens reported by the laboratory.
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

A DEX Z-Code™ identifier is not required for multiplex PCR respiratory viral panel testing. If submitting a DEX Z-Code™ identifier, please submit following the below instructions:

- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

Coding Information

CPT/HCPCS Codes**Group 1 Paragraph:**

These codes are covered under limited circumstances. It may be billed in places of service 20, 21, or 23 (Urgent care, Inpatient hospital, or Emergency room respectively) by a provider of any medical specialty for whom the ordering of this test is within the provider's scope of practice and institutional privileges.

Outside of one of these places of service, the test must be ordered by an infectious disease specialist who is diagnosing and treating the beneficiary. An exception may be made in geographic locations where no infectious disease specialist can be reasonably reached by the beneficiary and the ordering provider is located closer to the beneficiary's place of residence than the nearest infectious disease specialist. We would generally expect that beneficiaries for whom the test is ordered under this exception to be living in rural locations, islands, or some other location where access to care is limited.

Group 1 Codes:

CODE	DESCRIPTION
87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 3-5 TARGETS
0098U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 14 TARGETS (ADENOVIRUS, CORONAVIRUS, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE H1, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1-2009, INFLUENZA B, PARAINFLUENZA VIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)
0099U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 20 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, INFLUENZA A, INFLUENZA A SUBTYPE, INFLUENZA A SUBTYPE H3, INFLUENZA A SUBTYPE H1-2009, INFLUENZA, PARAINFLUENZA VIRUS, PARAINFLUENZA VIRUS 2, PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4, HUMAN RHINOVIRUS/ENTEROVIRUS, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PERTUSSIS, CHLAMYDOPHILA PNEUMONIA, MYCOPLASMA PNEUMONIAE)
0100U	RESPIRATORY PATHOGEN, MULTIPLEX REVERSE TRANSCRIPTION AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 210 TARGETS (ADENOVIRUS, CORONAVIRUS 229E, CORONAVIRUS HKU1, CORONAVIRUS NL63, CORONAVIRUS OC43, HUMAN METAPNEUMOVIRUS, HUMAN RHINOVIRUS/ENTEROVIRUS, INFLUENZA A, INCLUDING SUBTYPES H1, H1-2009, AND H3, INFLUENZA B, PARAINFLUENZA VIRUS 1, PARAINFLUENZA VIRUS 2,

CODE	DESCRIPTION
	PARAINFLUENZA VIRUS 3, PARAINFLUENZA VIRUS 4, RESPIRATORY SYNCYTIAL VIRUS, BORDETELLA PARAPERTUSSIS [IS1001], BORDETELLA PERTUSSIS [PTXP], CHLAMYDIA PNEUMONIAE, MYCOPLASMA PNEUMONIAE)
0115U	RESPIRATORY INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA AND RNA), 18 VIRAL TYPES AND SUBTYPES AND 2 BACTERIAL TARGETS, AMPLIFIED PROBE TECHNIQUE, INCLUDING MULTIPLEX REVERSE TRANSCRIPTION FOR RNA TARGETS, EACH ANALYTE REPORTED AS DETECTED OR NOT DETECTED

Group 2 Paragraph:

These codes are non-covered.

Group 2 Codes:

CODE	DESCRIPTION
87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARGETS
87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, METAPNEUMOVIRUS, PARAINFLUENZA VIRUS, RESPIRATORY SYNCYTIAL VIRUS, RHINOVIRUS), INCLUDES MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED, AND MULTIPLEX AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGETS

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

These are the diagnosis codes corresponding to coverage of 87631, 0098U, 0099U, 0100U and 0115U. One of these codes must be on the claim in addition to the sign or symptom for which there is suspicion of respiratory illness.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus

ICD-10 CODE	DESCRIPTION
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2019	R1	10/01/2019: Under Article Text added the third bullet point verbiage "For dates of service on or after 10/1/2019, laboratories billing for services using GenMark® ePlex Respiratory Pathogen (RP) Panel should report 0115U. While this panel is able to report results for a specific number of pathogens, this contractor will interpret the use of 0115U to represent the use of a specific testing platform regardless of the number of pathogens reported by the laboratory". Under CPT/HCPCS Codes Group 1: Codes added 0115U. Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph added the verbiage "and 0115U".

Associated Documents

Related Local Coverage Document(s)

Article(s)

A56255 - Response to Comments: MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

LCD(s)

L37315 - MoIDX: Multiplex Nucleic Acid Amplified Tests for Respiratory Viral Panels

DL37315

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/05/2019 with effective dates 10/01/2019 - N/A

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Keywords

- MoIDX
- Multiplex
- Nucleic
- Acid
- Amplified
- Respiratory
- Viral
- PCR

Local Coverage Determination (LCD): MoIDX: Molecular Diagnostic Tests (MDT) (L36256)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
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Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L36256

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Revision Effective Date

MoIDX: Molecular Diagnostic Tests (MDT)

For services performed on or after 11/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

08/16/2015

Notice Period End Date

09/30/2015

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA) §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that "are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of malformed body member."

Title XVIII of the Social Security Act (SSA) §1862(a)(1)(D), Investigational or Experimental.

Pub 100-08 PIM, Ch. 13, Sec 13.1.3, Program Integrity Manual, *LCDs consist of only "reasonable and necessary" information.*

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This coverage policy provides the following information:

- defines tests required to register for a unique identifier
- defines tests required to submit a complete technical assessment (TA) for coverage determination
- defines the payment rules applied to covered tests that are not reported with specific CPT codes
- lists specific covered tests that have completed the registration and TA process and meet Medicare's reasonable and necessary criteria for coverage.

Tests evaluated through the application process and/or technical assessment will be reviewed to answer the following questions:

- Is the test performed in the absence of clinical signs and symptoms of disease?
- Will the test results provide the clinician with information that will improve patient outcomes and/or change physician care and treatment of the patient?
- Will the test results confirm a diagnosis or known information?
- Is the test performed to determine risk for developing a disease or condition?
- Will risk assessment change management of the patient?
- Is there a diagnosis specific indication to perform the test?
- Is the test performed to measure the quality of a process or for Quality Control/Quality Assurance (QC/QA), i.e., a test to ensure a tissue specimen matches the patient?

MDT Policy Specific Definitions

MDT: Any test that involves the detection or identification of nucleic acid(s) (DNA/RNA), proteins, chromosomes, enzymes, cancer chemotherapy sensitivity and/or other metabolite(s). The test may or may not include multiple components. A MDT may consist of a single mutation analysis/identification, and/or may or may not rely upon an algorithm or other form of data evaluation/derivation.

Laboratory developed test (LDT): Any test developed by a laboratory developed without Food and Drug Administration (FDA) approval or clearance.

Applicable Tests/Assays

In addition to the MDT definition, this coverage policy applies to all tests that meet at least one of the following descriptions:

- All non-FDA approved/cleared laboratory developed tests (LDT)
- All modified FDA-approved/cleared kits/tests/assays
- All tests/assays billed with more than one CPT code to identify the service, including combinations of method-based, serology-based, and anatomic pathology codes
- All tests that meet the first three bullets and are billed with a Not Otherwise Classified (NOC) code

Unique Test Identifier Requirement

Because the available language in the HCPCS and CPT manuals to describe the pathology and laboratory categories and the tests included in those categories are not specific to the actual test results provided, all MDT services must include an identifier as additional claim documentation. Test providers must apply for an identifier specific to the applicable test and submit the test assigned identifier with the claim for reimbursement. The assigned identifier will provide a crosswalk between the test's associated detail information on file and the submitted claim detail line(s) required to adjudicate each test's claim. The unique identifier limits the need to submit the required additional information about the test on each claim.

Laboratory providers who bill MDT services must register services on the DEX™ Diagnostics Exchange.

Technology Assessments (TA)

MolDX will review all new test/assay clinical information to determine if a test meets Medicare's reasonable and necessary requirement. Labs must submit a comprehensive dossier on each new test/assay prior to claim submission. MolDX will only cover and reimburse tests that demonstrate analytical and clinical validity, and clinical utility at a level that meets the Medicare reasonable and necessary requirement.

Payment Rules

MolDX will reimburse:

- approved tests covered for dates of service consistent with the effective date of the coverage determination.

Covered Tests

Please refer to the Noridian website for covered tests' specific coding and billing information.

Other tests/assays may be addressed by separate Noridian policy. In addition the CPT codes listed under Group 1 are addressed in the MolDX program. If a test is not linked below under Related Local Coverage Documents, it may be addressed under separate Noridian policy or it has not been approved for coverage as it has either not been vetted by the MolDx contractor or has been found to be considered statutorily excluded.

To obtain a unique identifier for a test and, to submit information for a technical assessment go to DEX™ Diagnostics Exchange:<https://app.dexzcodes.com/login>.

For additional MolDX Program information, go to the Noridian Medicare home page at noridianmedicare.com and select MolDX under the Policies Tab.

MolDX expects laboratory providers to follow test indications published by the developer.

Summary of Evidence

NA

**Analysis of Evidence
(Rationale for Determination)**

NA

General Information

Associated Information

Sources of Information

Current Procedural Terminology® (CPT) American Medical Association. American Medical Association Press, ISBN9781603592178, 2011.

Bibliography

NA

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
11/01/2019	R12	<p>11/01/2019: This LCD is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual. There has been no change in coverage with this LCD revision.</p> <p>Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT) A57627 article.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none">• Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
11/01/2019	R11	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
11/01/2019	R10	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To CPT/HCPCS Code Changes
01/01/2019	R9	<p>01/23/2019 - Either the short and/or long code description was changed for the following code(s). Please Note: Depending on which descriptor was used, there may not be any changes to the code display in this document: 0008U descriptor was changed in Group 1 0011M descriptor was changed in Group 1</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To CPT/HCPCS Code Changes
01/01/2019	R8	<p>The following paragraph under Covered Tests has been clarified:</p> <p>Other tests/assays may be addressed by separate Noridian policy. In addition the CPT codes listed under Group 1 are addressed in the MoIDX program. If a test is not linked below under Related Local Coverage Documents, it may be addressed under separate Noridian policy or it has not been approved for coverage as it has either not been vetted by the MoIdx contractor or has been found to be considered statutorily excluded.</p>	<ul style="list-style-type: none"> • Other (Clarification of paragraph requested by the MoIDX contractor.)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2019	R7	Corrected typographical error in R7 revision history: CPT codes 71178, 71179, 71180 should be 81178, 81179 and 81180.	<ul style="list-style-type: none"> • Typographical Error
01/01/2019	R6	<p>The following updates were made as a result of the 2019 Annual HCPCS code update:</p> <p>Deleted codes:0001M, 81211, 81213, 81214</p> <p>Codes added to existing ranges: 81163, 81164, 81165, 81166, 81167, 81171, 81172, 81173, 81174, 81177, 71178, 71179, 71180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81204, 81233, 81234, 81236, 81237, 81239, 81237, 81239, 81271, 81274, 81284, 81285, 81286, 81289, 81305 ,81306, 81312, 80320, 81329, 81333, 81336, 81337, 81343, 81344,81345, 81443, 81518,81596</p> <p>Codes with descriptor changes: 0006U, 0012M, 0031U, 0032U, 81109, 81162, 81212, 81215, 81216, 81217, 81244, 81287, 81327, 81334</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To CPT/HCPCS Code Changes
06/21/2018	R5	<p>Removed: 88399, 89398, 87999, 88199, 88299</p> <p>Added: 0001U, 0002U, 0003U, 0005U, 0006U, 0007U, 0008U, 0009U, 0010U, 0011U, 0012U, 0013U, 0014U, 0016U, 0017U, 0018U, 0019U, 0020U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0027U, 0028U, 0029U, 0030U, 0031U, 0032U, 0033U, 0034U, 0035U, 0036U, 0037U, 0038U, 0039U, 0040U, 0041U, 0042U, 0043U, 0044U, 0011M, 0012M, 0013M, 81105-81112, 81120-81121, 86152-86153, 88120-88121.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To CPT/HCPCS Code Changes
01/01/2018	R4	<p>Removed G0452, 88380, 88381 because they no longer require a DEX Z code identifier. Revised the link for technical assessment information.</p> <p>03/29/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2018	R3	<p>The following changes were made as a result of the Annual 2018 CPT/HCPCS code update:</p> <p>81175, 81176, 81230, 81231, 81232, 81238, 81247, 81248, 81249, 81258, 81259, 81269, 81283, 81328, 81334, 81335, 81346, 81361, 81362, 81363, 81364, 81448, 81520, 81521, 81541 and 81551 were added to code range 81161 - 81599 in Group 1.</p> <p>CPT codes are current as of the AMA CPT® 2018 Professional Edition, ISBN 978-1-62202-600-5, ISSN 0276-8283.</p> <p>12/5/2017 At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To CPT/HCPCS Code Changes
01/01/2017	R2	<p>2017 CPT Code Changes:</p> <p>The following CPT/HCPCS codes were added to these code ranges:</p> <p>81327 was added to code range 81161 - 81599 in Group 1</p> <p>81413 was added to code range 81161 - 81599 in Group 1</p> <p>81414 was added to code range 81161 - 81599 in Group 1</p> <p>81422 was added to code range 81161 - 81599 in Group 1</p> <p>81439 was added to code range 81161 - 81599 in Group 1</p> <p>81539 was added to code range 81161 - 81599 in Group 1</p> <p>Description was changed for the following CPT/HCPCS codes:</p> <p>81402 descriptor was changed in Group 1, 81407</p>	<ul style="list-style-type: none"> • Revisions Due To CPT/HCPCS Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		descriptor was changed in Group 1 CPT/HCPCS codes were deleted: 0010M, 81280, 81281 and 81282 was deleted from Group 1.	
04/21/2016	R1	Replaced Palmetto GBA reference with MoIDX, Under "Unique Test Identifier Requirement" - removed instruction to register services via Z-Code Identifier Application and Palmetto GBA Test Identifier (PTI) Application. Under "Payment Rules" - removed suspension of claims that omit Z-Code IDs. Under "Covered Tests" - updated the point of contact for McKesson and MoIDX.) JFA LCD L36255 is retired and JFA contract numbers are added to the JFB LCD so that JFA and JFB have the same MCD LCD number.	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

- A55712 - Billing and Coding: MoIDX: Abbott RealTime IDH1 and IDH2 testing for Acute Myeloid Leukemia (AML)
- A55888 - Billing and Coding: MoIDX: ThermoFisher Oncomine Dx Target Test For Non-Small Cell Lung Cancer
- A54358 - Billing and Coding: MoIDX: Afirma™ Assay by Veracyte
- A54366 - Billing and Coding: MoIDX: AlloMap
- A54378 - Billing and Coding: MoIDX: Avise PG Assay
- A54388 - Billing and Coding: MoIDX: bioTheranostics Cancer TYPE ID®
- A54420 - Billing and Coding: MoIDX: FDA-Approved BRAF Tests
- A54424 - Billing and Coding: MoIDX: FDA-Approved EGFR Tests
- A54500 - Billing and Coding: MoIDX: FDA-Approved KRAS Tests
- A54439 - Billing and Coding: MoIDX: HERmark® Assay by Monogram
- A54447 - Billing and Coding: MoIDX: MammaPrint
- A57527 - Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)
- A55295 - Billing and Coding: MoIDX: Myriad's BRACAnalysis CDx™
- A54482 - Billing and Coding: MoIDX: Oncotype DX® Breast Cancer Assay
- A54486 - Billing and Coding: MoIDX: Oncotype DX® Colon Cancer
- A54492 - Billing and Coding: MoIDX: Progensa® PCA3 Assay
- A54496 - Billing and Coding: MoIdx: ResponseDX Tissue of Origin®

A54505 - Billing and Coding: MoIDX: Vectra™ DA

A54554 - Response to Comments: MoIDX: Molecular Diagnostic Tests (MDT)

A54431

- (MCD Archive Site)A54511

- (MCD Archive Site)A55186

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 12/04/2019 with effective dates 11/01/2019 - N/A

Updated on 10/17/2019 with effective dates 11/01/2019 - N/A

Updated on 04/25/2019 with effective dates 01/01/2019 - 10/31/2019

Updated on 01/23/2019 with effective dates 01/01/2019 - N/A

Updated on 12/19/2018 with effective dates 01/01/2019 - N/A

Updated on 12/18/2018 with effective dates 01/01/2019 - N/A

Updated on 07/05/2018 with effective dates 06/21/2018 - 12/31/2018

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Keywords

- 0002M
- 0003M
- 0004M
- 0006M
- 0007M
- 0008M
- 0009M
- 0011M
- 0012M
- 0013M
- 0001U
- 0002U
- 0003U
- 0005U
- 0006U
- 0007U
- 0008U
- 0009U
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- 81302

Local Coverage Article: Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT) (A57527)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57527

Original Effective Date

11/01/2019

Article Title

Billing and Coding: MoIDX: Molecular Diagnostic Tests (MDT)

Revision Effective Date

11/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA) §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1, 80.1.1, 80.1.2, 80.1.3, laboratory services must meet applicable requirements of CLIA.

Article Guidance

Article Text:

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for MoIDX: Molecular Diagnostic Tests (MDT) L36256.

To report a Molecular Diagnostic Test service, please submit the following claim information:

- Select appropriate CPT[®] code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81105	Hpa-1 genotyping
81106	Hpa-2 genotyping
81107	Hpa-3 genotyping
81108	Hpa-4 genotyping
81109	Hpa-5 genotyping
81110	Hpa-6 genotyping
81111	Hpa-9 genotyping

CODE	DESCRIPTION
81112	Hpa-15 genotyping
81120	Idh1 common variants
81121	Idh2 common variants
81161 - 81400	Dmd dup/delet analysis - Mopath procedure level 1
81402	Mopath procedure level 3
81404	Mopath procedure level 5
81405	Mopath procedure level 6
81408	Mopath procedure level 9
81410	Aortic dysfunction/dilation
81411	Aortic dysfunction/dilation
81413 - 81599	Car ion chnnlpath inc 10 gns - Unlisted maaa
84999	Clinical chemistry test
85999	Hematology procedure
86152	Cell enumeration & id
86153	Cell enumeration phys interp
86849	Immunology procedure
88120	Cytp urne 3-5 probes ea spec
88121	Cytp urine 3-5 probes cmptr
0002M	Liver dis 10 assays w/ash
0003M	Liver dis 10 assays w/nash
0004M	Scoliosis dna alys
0006M	Onc hep gene risk classifier
0007M	Onc gastro 51 gene nomogram
0011M	Onc prst8 ca mrna 12 gen alg
0012M	Onc mrna 5 gen rsk urthl ca
0013M	Onc mrna 5 gen recr urthl ca
0001U	Rbc dna hea 35 ag 11 bld grp
0002U	Onc clrct 3 ur metab alg plp
0003U	Onc ovar 5 prtn ser alg scor
0005U	Onco prst8 3 gene ur alg
0006U	Detc ia meds 120+ analytes
0007U	Rx test prsmv ur w/def conf

CODE	DESCRIPTION
0008U	Hpylori detcj abx rstnc dna
0009U	Onc brst ca erbb2 amp/nonamp
0010U	Nfct ds strn typ whl gen seq
0011U	Rx mntr lc-ms/ms oral fluid
0012U	Germln do gene reargmt detcj
0013U	Onc sld org neo gene reargmt
0014U	Hem hmtlmf neo gene reargmt
0016U	Onc hmtlmf neo rna bcr/abl1
0017U	Onc hmtlmf neo jak2 mut dna
0018U	Onc thyr 10 microrna seq alg
0019U	Onc rna tiss predict alg
0021U	Onc prst8 detcj 8 autoantb
0022U	Trgt gen seq dna&rna 23 gene
0023U	Onc aml dna detcj/nondetcj
0024U	Glyca nuc mr spectrsc quan
0025U	Tenofovir liq chrom ur quan
0026U	Onc thyr dna&mrna 112 genes
0027U	Jak2 gene trgt seq alys
0029U	Rx metab advrs trgt seq alys
0030U	Rx metab warf trgt seq alys
0031U	Cyp1a2 gene
0032U	Comt gene
0033U	Htr2a htr2c genes
0034U	Tpmt nudt15 genes
0035U	Neuro csf prion prtn qual
0036U	Xome tum & nml spec seq alys
0037U	Trgt gen seq dna 324 genes
0038U	Vitamin d srm microsamp quan
0039U	Dna antb 2strand hi avidity
0040U	Bcr/abl1 gene major bp quan
0041U	B brgdrferi antb 5 prtn igm
0042U	B brgdrferi antb 12 prtn igg

CODE	DESCRIPTION
0043U	Tbrf b grp antb 4 prtn igm
0044U	Tbrf b grp antb 4 prtn igg
0084U - 0103U	Rbc dna gnotyp 10 bld groups - Hered ova ca pnl 24 genes

Group 2 Paragraph:

CPT® codes that are also referenced in other articles.

Group 2 Codes:

CODE	DESCRIPTION
81401	Mopath procedure level 2
81403	Mopath procedure level 4
81406	Mopath procedure level 7
81407	Mopath procedure level 8
81412	Ashkenazi jewish assoc dis

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/01/2019	R1	11/01/2019: This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related MoIDX: Molecular Diagnostic Tests (MDT) L36256 LCD and placed in this article.</p> <p>Under CPT/HCPCS Codes Group 1: Codes deleted CPT[®] codes 81401, 81403, 81406, 81407, and 81412.</p> <p>Under CPT/HCPCS Codes Group 2: Paragraph added verbiage CPT[®] codes that are also referenced in other articles.</p> <p>Under CPT/HCPCS Codes Group 2: Codes added CPT[®] codes 81401, 81403, 81406, 81407, and 81412.</p> <p>The above revisions will become effective on 11/01/19.</p> <p>Under CPT/HCPCS Codes Group 1: Codes: CPT code 0104U was deleted.</p> <p>Under CPT/HCPCS Codes Group 1: Codes: CPT codes 0008U and 81404 descriptions were changed.</p> <p>Under CPT/HCPCS Codes Group 2: Codes: CPT code 81407 description was changed.</p> <p>These revisions are due to the Q4 CPT[®]/HCPCS Code Updates and are retroactive effective for dates of service on or after 11/1/19.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36256 - MoIDX: Molecular Diagnostic Tests (MDT)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/04/2019 with effective dates 11/01/2019 - N/A

Updated on 10/28/2019 with effective dates 11/01/2019 - N/A

Keywords

N/A

Local Coverage Determination (LCD): MolDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (L36159)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
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LCD Information

Document Information

LCD ID

L36159

Original Effective Date

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LCD Title

MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)

Proposed LCD in Comment Period

N/A

Source Proposed LCD

DL36159

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Revision Effective Date

For services performed on or after 11/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

04/28/2016

Notice Period End Date

06/15/2016

CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for

items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications

This is a non-coverage policy for genetic testing for thrombophilia testing for the Factor V Leiden (FVL) variant in the F5 gene, the G20210G>A (G20210A) variant in the F2 gene, and the MTHFR gene which encodes the 5,10-methylenetetrahydrofolate reductase enzyme. Genetic testing for these genes for all risk factors, signs, symptoms, diseases, or conditions, including cardiovascular risk assessment, are non-covered except for pregnant patients.

Testing for FVL and F2 G20210A mutations is indicated for pregnant patients who have a history of personal VTE associated with a non-recurrent (transient) risk factor who are not otherwise receiving anticoagulant prophylaxis. The results of genetic testing can inform risk stratification for venous thromboembolism (VTE) recurrence and subsequent need for antenatal prophylaxis. However, Medicare will not add coverage of thrombophilia testing for pregnant women because they likely represent a very small group of potential Medicare (disabled) patients. Claims submitted on this limited Medicare population will deny per the policy, but should be appealed for coverage with submission of medical records supporting the necessity for testing, and specify how testing changed anticoagulant prophylaxis management for the patient.

Background

Thrombophilia (or hypercoagulability) is the propensity to develop thrombosis due to either an acquired or inherited defect in the coagulation system. The major clinical manifestation of thrombophilia is VTE. Acquired thrombophilia risk factors include but are not limited to advancing age (> 50), trauma, malignancy, chemotherapy, major surgery, immobilization, pregnancy, estrogen, inflammation, antiphospholipid antibody syndrome, myeloproliferative disorders, heparin-induced thrombocytopenia, liver disease, nephrotic and prolonged air travel. Inherited thrombophilia risk factors include deficiencies in antithrombin, Protein C, Protein S, mutations in FVL and F2, and dysfibrinogenemias. Mixed or unknown risk factors include hyperhomocysteinemia, elevated levels of Factor VIII, acquired Protein C resistance in the absence of Factor V Leiden, and elevated levels of Factors IX and XI.

Testing for thrombophilia may consist of functional testing, antigenic testing, and genetic testing. Functional testing for thrombophilia may include tests such as:

- Anti-phospholipid antibody (lupus anticoagulant);
- Protein C;
- Protein S;
- Activated Protein C resistance (a surrogate for Factor V Leiden mutation);
- Factor VIII
- Fibrinogen
- C-reactive protein
- Homocysteine levels

Antigenic testing may be performed to identify specific glycoprotein antibodies associated with abnormal functional anti-phospholipid antibody studies, or to subtype deficiencies detected by decreased Protein S, Protein C and Antithrombin functional activity.

VTE is characteristically seen in deficiencies in Protein C, Protein S and antithrombin, as well as with FVL and F2 mutations. This is unlike the combination of arterial and venous thrombosis associated with hyperhomocysteinemia and lupus anticoagulant.

Genetic Testing for Thrombophilia

Genetic testing is available for a number of types of inherited thrombophilia, including mutations in the FVL, F2 and MTHFR genes. However, the clinical utility of testing is uncertain. The clinical utility of genetic testing depends on the ability of testing results to change management that results in improved clinical outcomes. The clinical utility of genetic testing for thrombophilia is based on the overall risk of thromboembolism and the risk/benefit ratio of treatment, primarily with anticoagulants.

During the previous 5 years, a number of guidelines and/or position statements on testing for thrombophilia have been published. In 2011, The Evaluation of Genomic Applications in Practice and Prevention Working Groups (EGAPP) addressed genetic testing for FVL and F2 mutations. The expert consensus recommended:

- There is no evidence that knowledge of FVL/F2 mutation status in patients with VTE affects anticoagulation treatment to avoid recurrence;
- There is convincing evidence that anticoagulation beyond three months reduces recurrence of VTE, regardless of mutation status;
- There is no evidence that knowledge of FVL/F2 mutation status among symptomatic family members of patients with VTE leads to anticoagulation aimed at avoiding initial episodes of VTE (See note).

Note: The Medicare benefit applies only to individuals with signs and symptoms of disease. There is no Medicare benefit for assessment of thrombosis risk in asymptomatic patients (aka screening for inherited thrombophilia) or in asymptomatic individuals whose relatives have documented inherited thrombophilia.

In 2008, the American College of Chest Physician's (ACCP) published guidelines for the treatment of thromboembolic disease stated the following concerning genetic testing for thrombophilia:

- The presence of hereditary thrombophilia has not been used as a major factor to guide duration of anticoagulation for VTE in these guidelines because evidence from prospective studies suggests that these factors are not major determinates of the risk of recurrence.

In the 2012 ACCP Clinical Practice Guidelines, Guyatt et al (2012) and Bates et al (2012) make the following recommendations for treatment and management of VTE:

- In persons with asymptomatic thrombophilia (i.e., without a previous history of VTE), we recommend against the long term daily use of mechanical or pharmacologic thromboprophylaxis to prevent VTE;
- For pregnant women with no prior history of VTE who are known to be homozygous for factor V Leiden or the prothrombin 20210A mutation and have a positive family history for VTE, we suggest antepartum prophylaxis with prophylactic or intermediate dose low molecularweight heparin (LMWH) and postpartum

prophylaxis for 6 weeks with prophylactic or intermediate dose LMWH or vitamin K antagonists (VKAs) targeted at INR 2.0 to 3.0 rather than no prophylaxis;

- For all pregnant women with prior VTE, we suggest postpartum prophylaxis for 6 weeks with prophylactic or intermediate dose LMWH or VKAs targeted at INR 2.0 to 3.0 rather than no prophylaxis;
- For pregnant women at low risk of recurrent VTE (single episode of VTE associated with a transient risk factor not related to pregnancy or use of estrogen), we suggest clinical vigilance antepartum rather than antepartum prophylaxis;
- For pregnant women at moderate to high risk of recurrent VTE (single unprovoked VTE, pregnancy or estrogen related VTE, or multiple prior unprovoked VTE not receiving long term anticoagulation), we suggest antepartum prophylaxis with prophylactic or intermediate dose LMWH rather than clinical vigilance or routine care.

In the 2013 American Congress of Obstetricians and Gynecologists (ACOG) clinical management guidelines for inherited thrombophilia in pregnancy, ACOG experts note that the following guidelines are based on limited or inconsistent scientific evidence:

- "Screening for thrombophilia is controversial. It is useful only when results will affect management decisions, and it is not useful in situations where treatment is indicated for other risk factors.
- Screening may be considered in the following clinical settings:
 - A personal history of VTE that was associated with a non-recurrent risk factor (e.g., fractures, surgery, and prolonged immobilizations).
- A first-degree relative (e.g., parent or sibling) with a history of high-risk thrombophilia." (See note below)

ACOG also stated that testing for inherited thrombophilia in women who have experienced recurrent fetal loss or placental abruption is not recommended because it is unclear if anticoagulation therapy reduces recurrence. They indicate that there is insufficient clinical evidence that antepartum prophylaxis with unfractionated heparin or low molecular weight heparin (LMWH) prevents recurrence in these patients, and note insufficient evidence to either screen for or treat women with inherited thrombophilia including complications such as fetal growth restriction or preeclampsia.

On behalf of the American College of Medical Genetics (ACMG) (reaffirmed in 2006), Grody, et al (2001) recommended testing for FVL for the following indications:

- Age under 50, any venous thrombosis;
- Venous thrombosis in unusual sites (such as hepatic, mesenteric, and cerebral veins);
- Recurrent venous thrombosis;
- Venous thrombosis and a strong family history of thrombotic disease;
- Venous thrombosis in pregnant women or women taking oral contraceptives;
- Relatives of individuals with venous thrombosis under age 50;
- Myocardial infarction in female smokers under age 50.

ACMG suggested that FVL testing may also be considered in the following situations:

- Venous thrombosis, age over 50, except when active malignancy is present;
- Relatives of individuals known to have FVL. Knowledge that they have the FVL mutation may influence management of pregnancy and may be a factor in decision making regarding oral contraceptive use;
- Women with recurrent pregnancy loss or unexplained severe preeclampsia, placental abruption, intrauterine fetal growth retardation, or stillbirth. Knowledge of FVL carrier status may influence management of future pregnancies.

FVL testing is not recommended for the following:

- A general population screen;
- A routine initial test during pregnancy or prior to the use of oral contraceptives, hormone replacement therapy (HRT) or selective estrogen receptor modulators (SERMs);
- A prenatal or newborn test, or as a routine test in asymptomatic children;
- A routine initial test in individuals with arterial thrombosis (testing may be considered, however, in selected young individuals [under age 50] with unexplained arterial thrombosis in the absence of other risk factors for atherosclerotic vascular disease).

In 2013, (ACMG) published a practice guideline on the lack of evidence for MTHFR polymorphism testing. Among a number of recommendations, ACMG experts concluded:

- MTHFR polymorphism genotyping should not be ordered as part of the clinical evaluation for thrombophilia or recurrent pregnancy loss;
- MTHFR polymorphism genotyping should not be ordered for at-risk family members.

Non-coverage Summary

Genetic testing for inherited thrombophilias is controversial. While the association between FVL and F2 mutations and increased risk for VTE is apparent, the actual impact of this increased risk on clinical management is less certain. Older professional society guidelines recommend genetic testing for thrombophilia for a wide range of indications, while more recent consensus statements and recommendations suggest much more limited clinical utility of testing.

The population for which genetic testing results have direct implications for treatment is pregnant women with a previous history of VTE associated with a transient risk factor (e.g., surgery, trauma). These women would typically not be treated with antepartum anticoagulant prophylaxis unless they were found to have a genotype associated with a high risk of VTE recurrence (FVL homozygosity, F2 G20210A homozygosity, or compound heterozygosity for FVL and F2 G20210A). Genetic testing for these patients is indicated.

There may also be benefit to screening pregnant women with a family history of known thrombophilia, as those women found to have a high risk genotype would be offered antenatal prophylactic anticoagulant therapy even in the absence of a personal history of VTE. However, the Medicare benefit applies only to patients with signs and symptoms of disease and does not include screening in asymptomatic patients.

Finally, despite many earlier publications suggesting a link between MTHFR polymorphisms and a risk for a wide spectrum of obstetric and cardiovascular complications, it is now accepted that MTHFR genotype alone is not associated with VTE. There is no clinical indication for MTHFR genotyping in any population.

There is insufficient evidence in the published peer-reviewed scientific literature to support coverage for genetic testing for inherited thrombophilias outside the pregnant women as described above. Genetic testing for FVL and F2 G20210A is considered investigational for all other indications. However, Medicare may consider coverage for FVL and/or F2 genetic testing in unusual circumstances where testing will change clinical management of the patient. Denied claims can be appealed with supporting evidence of specific medical necessity. Only providers with evidence of formal training with board eligibility or certification in hematology/oncology, hematopathology or coagulation disorders at an accredited program satisfy reasonable and necessary criteria for these tests . There is broad consensus in the medical literature that MTHFR genotyping has no clinical utility in any clinical scenario. This testing is considered investigational and is NOT a Medicare benefit.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Coverage Indications, Limitations, and/or Medical Necessity") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the MAC upon request.

Sources of Information

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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
11/01/2019	R2	<p>CMS references are revised.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage</p>	<ul style="list-style-type: none">Creation of Uniform LCDs With Other MAC Jurisdiction

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy	
11/01/2019	R1	As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.	<ul style="list-style-type: none"> Revisions Due To Code Removal

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57424 - Billing and Coding: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)

A54894 - Response to Comments: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia

LCD(s)

DL36157

- (MCD Archive Site)DL36159

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 12/18/2019 with effective dates 11/01/2019 - N/A

Updated on 10/08/2019 with effective dates 11/01/2019 - N/A

Updated on 04/13/2016 with effective dates 06/16/2016 - N/A

Keywords

- 81240
- 81241
- 81291
- Hypercoagulability
- Thrombophilia
- Factor V Leiden
- Factor II Prothrombin
- MTHFR
- genetic
- MoIdx

- pregnant
- thrombophilia
- FVL
- G20210A

Local Coverage Article: Billing and Coding: MolDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) (A57424)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57424

Original Effective Date

11/01/2019

Article Title

Billing and Coding: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)

Article Type

Billing and Coding

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

Revision Effective Date

11/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report a Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR) service, please submit the following claim information:

- Select appropriate CPT[®] code
- Enter 1 unit of service (UOS)
- Enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT
81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 1298C)

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
0x	TBD

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/01/2019	R1	CMS references are revised.

Associated Documents

Related Local Coverage Document(s)

Article(s)

A54894 - Response to Comments: MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia

LCD(s)

L36159 - MoIDX: Genetic Testing for Hypercoagulability / Thrombophilia (Factor V Leiden, Factor II Prothrombin, and MTHFR)

DL36157

- (MCD Archive Site)DL36159

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

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Keywords

- 81240
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- 81291
- Hypercoagulability
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- Factor V Leiden
- Factor II Prothrombin
- MTHFR

- genetic
- MoIDx
- pregnant
- thrombophilia
- FVL
- G20210A

Local Coverage Determination (LCD): Measurement of Salivary Hormones (L36857)

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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L36857

Original Effective Date

For services performed on or after 07/21/2017

LCD Title**Revision Effective Date**

Measurement of Salivary Hormones

For services performed on or after 11/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

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Source Proposed LCD

DL36857

Retirement Date

N/A

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06/05/2017

Notice Period End Date

07/20/2017

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CMS National Coverage Policy

Code of Federal Regulations:

42 CFR Sections 410.32(a) & 410.32(a)(3) require that clinical laboratory services be ordered and used promptly by the physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements)

who is treating the beneficiary.

42CFR411.15 excludes from coverage examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury with specific legislative enactments as the only exceptions.

CMS Manual System, Pub. 100-02, *Medicare Benefit Policy Manual*, Chapter 6, §§20.4.4 and 20.4.5.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Hormones, both endocrine and exocrine, are secreted into various bodily fluids and their measurement can often diagnose diseases or be used to follow the course of a disease. Traditionally endocrine hormones are measured in serum, plasma, or urine. Measurements of hormones at certain times of the day, or after various attempts at suppression or stimulation can be used for diagnoses of endocrine diseases. Recently some labs have attempted to develop measurement of hormones in salivary secretions. Material is collected from saliva and sent to a lab for measurement. The convenience of collection without need of arterial or venipuncture simplifies collection, but the accuracy of measurement and lack of standardization makes the values determined still investigational. Noridian Healthcare Solutions currently considers salivary cortisol collected in the evening for diagnosis of Cushing's syndrome as the only medically necessary and reasonable hormone measurement from salivary fluid. All other determinations of salivary hormones (e.g., thyroid, testosterone, estrogen, parathyroid, growth hormone, etc.) are considered investigational.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

If requested, chart documentation would show signs, symptoms, or clinical reasons why Cushing's syndrome was being tested for.

No comments were received for this draft LCD for comment period ending 12/15/2016.

Sources of Information

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10. Saliva as a diagnostic tool for oral and systemic diseases. Mohammad A. Javaid, Ahad S. Ahmed, Robert Durand, Simon D. Tran. *J Oral Biol Craniofac Res.* 2016 Jan-Apr;6(1):66-75. doi: 10.1016/j.jobcr.2015.08.006. Epub 2015 Sep 9.
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12. Taking on Free Hormone Measurement and Interpretation. Joseph R. Wiencek, PhD, *American Association for Clinical Chemistry (AACC),* August 1, 2016, CLN Daily.
13. *Wellmark Medical Policy, Saliva Hormone Tests.*

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
11/01/2019	R2	<p>11/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage.</p> <p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To Code Removal
10/01/2017	R1	<p>DATE (08/23/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to: Add ICD-10-CM codes: E27.8	

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57613 - Billing and Coding: Measurement of Salivary Hormones

LCD(s)

DL36857

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 10/22/2019 with effective dates 11/01/2019 - N/A

Updated on 08/23/2017 with effective dates 10/01/2017 - 10/31/2019

Updated on 05/10/2017 with effective dates 07/21/2017 - N/A

Keywords

- 84999

Local Coverage Article: Billing and Coding: Measurement of Salivary Hormones (A57613)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A57613

Original Effective Date
11/01/2019

Article Title

Revision Effective Date

Billing and Coding: Measurement of Salivary Hormones N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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specific illness, symptoms, complaint, or injury with specific legislative enactments as the only exceptions.

CMS Manual System, Pub. 100-02, *Medicare Benefit Policy Manual*, Chapter 6, §§20.4.4 and 20.4.5.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

If requested, chart documentation would show signs, symptoms, or clinical reasons why Cushing's syndrome was being tested for.

No comments were received for this draft LCD for comment period ending 12/15/2016.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Because current CPT® codes do not specify or identify "salivary" hormone testing from serum or urine hormone testing, claims for salivary levels of hormone should be coded with NOS code 84999 and the words "salivary cortisol". For other than cortisol use "salivary (name of other hormone)" which will generate a denial.

Group 1 Codes:

CODE	DESCRIPTION
84999	UNLISTED CHEMISTRY PROCEDURE

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
E24.0	Pituitary-dependent Cushing's disease
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
E27.0	Other adrenocortical overactivity
E27.8	Other specified disorders of adrenal gland

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services

reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36857 - Measurement of Salivary Hormones

DL36857

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 10/22/2019 with effective dates 11/01/2019 - N/A

Keywords

N/A

Local Coverage Determination (LCD): Lab: Special Histochemical Stains and Immunohistochemical Stains (L36353)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
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Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
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Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
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Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L36353

Original Effective Date

For services performed on or after 10/15/2015

LCD Title

Lab: Special Histochemical Stains and Immunohistochemical Stains

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

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Revision Effective Date

For services performed on or after 12/24/2020

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

08/30/2015

Notice Period End Date

10/14/2015

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.6.5 Surgical/Cytopathology Exception

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This policy does not designate specific special histochemical stains (aka special stains) and/or immunohistochemical (IHC) stains that should be used in the differential diagnosis of tissues or neoplasms because this information is readily available in textbooks and various scientific publications. This policy identifies the medically necessary criteria for the use of special stains and/or IHC stains and addresses, based on claims review, the scenarios that may be driving medically unnecessary over-utilization or incorrect billing of these services including:

- Reflex templates or pre-orders for special stains and/or IHC stains prior to review of the routine hematoxylin and eosin (H&E) stain by the pathologist; or
- Use of special stains and/or IHC stains without clinical evidence that the stain is actionable or provides the treating physician with information that changes patient management, or
- Use of added stains when the diagnosis is already known based on morphologic evaluation of the primary stain.

Background

Routine hematoxylin and eosin (H&E) staining is the corner stone of tissue-based microscopic diagnosis. Thin sections of tissue are stained with H&E to visualize the tissue morphology. Hematoxylin dye stains the cell nuclei blue and the eosin dye stains other structures pink/red. H&E staining provides excellent detail required for tissue-based diagnosis and is NOT a separate service, as pathology services includes routine H&E staining. “Acid hematoxylin” is not a special stain given that all hemotoxylin stains are acidic and that this stain has never been recognized by the Biological Stain Commission. It is not reasonable and necessary to claim this stain as a special stain. H&E staining is included as part of pathology services.

Special stains are called “special” because they are dyes used to stain particular tissues, structures or pathogens such as bacteria that may not be visible by routine H&E staining. Special stains can identify whether a substance is present or absent, where the substance is located in the tissue specimen, and frequently, how many or how much of a substance is present. There are special stains to identify bacteria, yeast and fungi; for connective tissue, muscle, collagen, lipid and fibrin; for nuclei acids; and multi-purpose stains to identify basement membranes, mucins, and various other cellular constituents. Two major categories for special stains are recognized: One is specifically for microorganisms; the second is for all

other purposes (not microorganisms) and specifically excludes detection of enzyme constituents.

IHC is a powerful tool for identifying substances and cells in tissue sections using the specificity of antigen-antibody reactions, where the antibody is linked to a colored indicator (stain) that can be seen with a microscope. More than 400 distinct antibody targets are currently available with varying sensitivity and specificity for a given target. A major use of IHC is to identify poorly differentiated malignant neoplasms (tumors) such as a carcinoma, lymphoma, melanoma and sarcoma. Some IHC stains are useful in determining the primary site of a metastatic neoplasm, and others are used to guide specific therapies (e.g., Her2 IHC to determine potential response to trastuzumab).

Medical Necessity of Services Performed

There are many different relationships that exist in the provision of pathology services in the United States. Some physicians, groups, laboratories and hospitals submit global claims for the services described in this policy. In other instances, there are separate individuals or entities providing the professional and the technical services. It is the obligation of each party to recognize that they are responsible for the medical necessity of the services submitted. For example, when a physician or physician group performs the professional component of services described in this policy and another entity performs the technical services, it is the obligation of each entity to independently assure the medical necessity of the services rendered by each entity.

Special Stains/IHC Medical Necessity

The CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.6.5 "...there may be additional tests, such as special stains, that the pathologist may need to perform, even though they have not been specifically requested by the treating physician/practitioner. The pathologist may perform such additional tests under the following circumstances:

- Services are **medically necessary** so that a complete and accurate diagnosis can be reported to the treating physician/practitioner;
- **Results** of the tests are communicated to and are used by the treating physician/practitioner in the treatment of the beneficiary; and
- Pathologist **documents** in his/her report **why** additional testing was done."

The above citation means that reflex templates or pre-orders for special stains and/or IHC stains prior to review of the routine H&E stain by the pathologist are not reasonable and necessary. A pathologist must first review the H&E stain prior to ordering special stains or IHC.

Exceptions do exist and are recognized standards of care in the practice of pathology. These exceptions include but are not limited to renal, liver, and neuromuscular biopsies, and for the suspicion of an infectious disease, particularly in an immune compromised patient. In certain clearly defined circumstances, it may be reasonable to perform some IHC on sentinel lymph nodes when the frozen sections show they are free of tumor.

The medical necessity for the special stain or IHC studies, and the results of the stain or IHC, must be documented in the surgical pathology report.

IHC for Breast Pathology

The clinical care of patients with breast cancer depends upon the accurate diagnosis and the assessment of biomarkers. Hormone receptor assays and Her2 testing are recommended on all primary **invasive** breast cancers, and on recurrent or metastatic cancers. At the current time, there is no recommendation for Her2 testing on in situ breast lesions outside of a clinical trial. While there are a number of promising additional biomarkers, such as Ki-67, PI3K and gene expression assays, the College of American Pathologists (CAP), the American Society of Clinical Oncologists (ASCO) and the National Comprehensive Cancer Network (NCCN) have not recognized these markers in patient treatment pathways.

Estrogen receptor (ER), progesterone receptor (PR) and epidermal growth factor receptor 2 (Her2) are well-established prognostic markers in invasive breast cancer management. The triple negative breast carcinoma subtype (ER-/PR-/Her2-) has been associated with worse overall prognosis in comparison with other subtypes in study populations consisting of ethnic minorities and young women.

Ki-67 expression is a biomarker for proliferation and has been associated with response to therapy, but methods of measurement are controversial. In December, 2013, the CAP reported that there is "a lack of consensus on scoring, definition of low versus high expression, an appropriate cut point for positivity, or which part of the tumor should be scored (e.g., leading edge, hot spots, overall average). There is also paucity of data on the effects of pre-analytical variables (e.g., ischemic time, length of fixation, antigen retrieval) on Ki-67 staining. For these reasons, routine testing of breast cancers for Ki-67 expression is not currently recommended by either ASCO or the NCCN." Consequently, Ki-67 is not reasonable and necessary for breast cancer and will not be covered by Medicare.

The clinical utility of testing for hormone receptors in in-situ breast cancer differs from those of invasive disease. Guidelines and the peer reviewed literature support the use of ER testing for in-situ breast neoplasia and PR testing only when the ER status is negative (Lester, personal communication). Clinical guidelines have not been established for the use of Her2 or other biomarkers in patients with non-invasive breast neoplasia.

In the absence of professional guidelines based on proven scientific literature, standing orders from clinicians for such tests as Ki-67 and EGFR on every breast cancer are not reasonable and necessary, and are not a covered Medicine service.

In addition, basal phenotype markers (eg, IHC for CK5) are not routinely necessary. Neither are IHC stains such as E-cadherin, p27, or high molecular weight cytokeratin to distinguish ductal from lobular differentiation necessary on every breast case, nor are myoepithelial cell markers such as p63 or smooth muscle myosin heavy chain necessary on every case.

Special Stains and/or IHC for Gastrointestinal (GI) Pathology

Pathologists are often called upon to microscopically diagnose abnormalities seen on endoscopic exam of the esophagus, stomach, duodenum and colon. Biopsy specimens constitute an important diagnostic patient service. Most normal and abnormal conditions of these organs can be detected by the use of the routine H&E stain alone.

Only the pathologist may determine the medical necessity of a special stain. Ordering special stains or IHC stains prior to review of the routine H&E stain is not reasonable and necessary. For most esophageal, gastric and duodenal specimens, it is not reasonable or necessary to perform special stains such as alcian blue – periodic acid Schiff (AB-PAS), or other mucin stains, such as diastase – PAS (D-PAS), or IHC stains such

CDX-2 to determine if clinically meaningful intestinal metaplasia is present. In addition, it is not usually reasonable and necessary to perform special stains or IHC to determine the presence of H. pylori organisms.

Other examples of special stains or IHC that are not reasonable and necessary on every specimen include:

- Esophagus – fungal stains, trichrome, D-PAS, CDX-2 or other mucin stains
- Gastric – AB-PAS, D-PAS, CDX-2 or other mucin stains, or special stains or IHC for H. pylori, or neuroendocrine markers such as synaptophysin or chromogranin
- Duodenum – AB-PAS, D-PAS, CD3, and trichrome, or other mucin stains
- Colon – CD3, p53 trichrome
- Hyperplastic polyps – Ki67, CK20, p53, CEA, BRAF
- Tubular or tubulovillous adenoma – Ki-67, CK20, CEA, p53, MMR

If special stains or IHC are needed in addition to the routine H&E for gastric specimens, specific documentation to justify the medical necessity for the stain is required in the pathology report. Cases that may require special stains or IHC include but are not limited to the following:

- Detection of H pylori in an appropriate milieu when organisms are not seen on H&E stained slides;
- Evaluating atrophic gastritis for evidence of autoimmune etiology and for enterochromaffin-like (ECL) cell hyperplasia/carcinoid tumor
- Characterizing a carcinoma, lymphoma, melanoma or sarcoma
- Defining a GIST tumor and to distinguish it from mimics
- Ki-67 by IHC in the differential diagnosis of certain neuroendocrine tumors of the gut

Scientific data demonstrates that the combined number of gastric biopsies requiring special stains or IHC is roughly 20% of biopsies received and examined in a pathology practice. GI specialty practices with a large GI referral base or GI consultant pathologists may sometimes exceed this relative number of special stains/IHC, but one would not expect to see routine high utilization of special stains or IHC. To check utilization, we encourage providers to perform a self-audit on the number of separate gastric biopsies as compared to ancillary stains. The ancillary stain group should be less than 20% of the total gastric biopsies submitted. Providers that exceed the 20% criteria may be subject to additional action

Over-utilization of special stains has also been observed with duodenal biopsies where CD3 and AB/D-PAS are reportedly used to help exclude intraepithelial lymphocytosis and gastric metaplasia. Both of these conditions, if present, are easily recognizable on H&E morphology. Mucin stains such as AB-PAS or DPAS would be reasonable and necessary in limited circumstances, and rarely is CD3 warranted on duodenal biopsies which show villous architectural abnormalities.

Architectural and histologic features define colonic polyps including hyperplastic, inflammatory, and adenomatous lesions. Special stains and/or IHC stains are not reasonable and necessary for colon polyps despite textbooks noting, for example, thickened subepithelial collagen demonstrated by trichrome or collagen staining in hyperplastic polyps, or carcinoembryonic antigen (CEA) overexpression in hyperplastic polyps. While the information is of academic interest, special stains are not reasonable and necessary to make the diagnosis of various colonic polyps.

Lynch Syndrome (LS) tumor screening for DNA mismatch repair (MLH1, MSH2, MSH6 and PMS2) by qualitative IHC and/or microsatellite instability (MSI) is considered medically necessary and covered by Medicare for the following indications:

- All individuals with colorectal cancer diagnosed at age ≤ 70 years of age, and those > 70 years of age who

meet the revised Bethesda guidelines **OR**

- Individuals with endometrial cancer

No definitive algorithm for LS screening has been recommended. However, if IHC is done first and is abnormal, MSI testing is not warranted. If IHC is normal, MSI may be warranted. IHC testing LS is qualitative and does not require the use of tumor morphometry.

Special Stains and/or IHC for Prostate Pathology

The accuracy of the pathologic diagnosis of prostate cancer is critical for optimal patient care. The diagnosis can usually be made on morphologic features such as growth pattern, nuclear atypia and the absence of basal cells. However, it may be difficult to reach a firm diagnosis by routine H&E stain for small foci of cancer in needle biopsies because many benign conditions can mimic prostate cancer.

The immunohistochemical diagnosis of prostate cancer largely depends on panels of markers because no absolutely specific and sensitive marker for prostate cancer has yet been identified. These panels usually include at least 1 basal cell marker, such as high-molecular-weight cytokeratin (HMWCK) or p63, and the prostate cancer-specific marker, alpha-methyl-CoA-Racemase (AMACR). Although AMACR is considered a useful IHC marker for prostate cancer, because of non-standardized immunostaining protocols, interpretation criteria and heterogeneous staining pattern, there is wide variation in the sensitivity and specificity of AMACR immunoreactivity in prostate biopsies. Furthermore, because AMACR expression has been demonstrated in high-grade prostatic intraepithelial neoplasia (PIN), atypical adenomatous hyperplasia/adenosis and nephrogenic adenoma, it is recommended that AMACR is best restricted to the evaluation of morphologically highly suspicious foci in which negative immunoreactivity of basal cell markers alone is insufficient to establish a diagnosis of cancer.

PTEN and MYC may provide some prognostic information but neither is part of any standard treatment protocol and neither should be routinely performed. ERG is another IHC that is more likely to be positive in cancer than in benign tissue, but it does not add information to conventional PIN4 testing. Similarly, neuroendocrine markers, such as IHC for synaptophysin, may be indicated in cases of recurrent/metastatic prostate carcinoma that have undergone small cell transformation after hormone therapy. The latter marker is only necessary for high grade, undifferentiated tumors and should not be used routinely.

PIN4 is an IHC cocktail of CK5/14, p63 and P504S that is used primarily to differentiate normal and neoplastic epithelial tissues. In prostate tissue, CK5 and CK14 are detected in basal cells of normal glands and PIN which is a precursor lesion to prostatic adenocarcinoma. However, expression of CK5 and CK14 is not identified in invasive prostatic adenocarcinoma. P63 is detected in nuclei of basal epithelium in normal prostate glands, but is not expressed in malignant prostate tumors. Because P504S (aka AMACR) is not specific for prostatic adenocarcinoma, the use of PIN4 is best restricted to evaluation of morphologically highly suspicious foci.

It is not reasonable and necessary to perform for IHC testing (either single antibody or antibody cocktails) on cases with morphologically negative cores. It is not reasonable and necessary to perform for IHC testing in a negative or a suspicious core biopsy when obvious prostate cancer is present in other cores. While the pathologist may choose to confirm a suspicious focus in one or more cores in a case where the diagnosis of cancer has already been made, it is not a Medicare covered service because it provides no additional actionable information to the treating physician.

Prostate cases that may require reasonable and necessary IHC staining include but are not limited to the

following:

- Indeterminate/suspicious focus and no other cores are positive for cancer
- Single worrisome core with minimal % tumor (roughly <5%)
- Worrisome core(s) contralateral to a positive core(s):
 - In a multi-part biopsy with Gleason 3+3=6 cancer in 1 part, and atypical small acinar proliferation (ASAP) suspicious for Gleason 3+3=6 cancer in other part(s); the number of positive biopsy sites and % core involvement of these sites can affect therapeutic choices for active surveillance (AS), focal therapy or surgery
 - In a multi-part biopsy with 4+3=7 or 4+4=8 cancer in 1 part, and ASAP suspicious for the same grade cancer in other part(s); workup is justified since the extent of high-grade cancer affects treatments
- Identify tumor invasion of adjacent structures
- Determine origin of undifferentiated/poorly differentiated neoplasm, such as bladder vs. prostate
- Other unexpected results when specific cell stains would be necessary

Prostate cases when IHC workup is **Not Reasonable and Necessary** include the following:

- In a multi-part biopsy with $\geq 3+4=7$ cancer in 1 part, and ASAP suspicious for 3+3=6 cancer in other part(s), because stains are unlikely to change treatment; or
- In a multi-part biopsy with $\geq 4+3=7$ cancer in 1 part, and "atypical cribriform lesion" (ACL) suspicious for intra-ductal carcinoma versus invasive, Gleason pattern 4 cancer in other part(s), because intra-ductal carcinoma is almost always closely associated with invasive high-grade cancer.

The International Society of Pathology (ISUP) recommendations state that at the current time, there are no prognostic IHC or molecular studies that are recommended to be routinely performed on biopsy or resection specimens.

The surgical pathology report is expected to designate the specific block(s) upon which IHC testing is performed, the reason for IHC testing, the specific markers, and whether single antibody(ies) or a cocktail of antibodies is utilized. A statement alone in the pathology report that states "IHC confirms the diagnosis" will not be covered as reasonable and necessary.

Special Stains and/or IHC for Lung Cancer

The diagnostic challenge of a lung biopsy can often prompt the need for additional stains to define the neoplasm. Two important considerations need to be considered in this regard:

- The diagnosis of squamous cell cancer can often be made without the use of any special stains, and;
- The diagnosis of non-small cell carcinoma often requires additional stains but it is essential that tumor tissue be carefully triaged to allow the patient's sample to be tested for molecular markers (EGFR, ALK, and others) when clinically indicated.

Experts in pulmonary pathology recommend starting the evaluation of non-small cell carcinomas with a combination of TTF-1 and p40 or p63 IHCs. Often these 2 stains are all that are needed to come to a reasonable diagnosis and retain enough tumor sample to complete molecular studies. In rare patients, a few additional IHCs or mucin stains may be needed.

Ki-67/MIB-1

Ki-67 and MIB-1 monoclonal antibodies are directed against different epitopes of the same proliferation-related antigen. These stains are used to determine the proliferative rate of a tumor. Ki-67 antigen or protein (hereafter Ki-67) is present during all active phases of the cell cycle (G1, S, G2, and mitosis), but is absent from resting cells (G0). By measuring the amount of tumor cells expressing Ki-67, an estimate of

DNA synthesis can be determined which has been found comparable to a mitotic count performed on a standard H&E slide. Furthermore, Ki-67/MIB-1 antibodies have suffered from a lack of international standardization which has limited their clinical usefulness. This is noted above in the discussion of breast cancers.

Classification of lung neuroendocrine (NE) tumors is a step-wise process with 4 tumor categories being identified by morphology, namely:

- Typical carcinoid (TC),
- Atypical carcinoid (AC),
- Large cell NE carcinoma, and
- Small cell lung carcinoma (SCLC).

Ki-67 has potential usefulness in a narrow range of pathologic lung cases. Namely, it allows better classification of atypical and typical lung carcinoid tumors, and in pulmonary neuroendocrine tumors with extensive crush artifact. (As noted above, Ki-67 may be useful in the classification of some gut neuroendocrine tumors.)

Ki-67 by IHC has clinical utility in the workup of lymphomas. Ki-67 has several established applications including:

- Final confirmation for the diagnosis of any low-grade lymphoma. A number of publications show a worse prognosis for follicular lymphomas which appear to be grade 1 or 2 but demonstrate high Ki-67 labeling. Similarly, small lymphocytic lymphomas/CLL with a high proliferative rate ("prolymphocytic progression") may be best detected with Ki-67.
- Distinguishing higher versus lower grade mantle cell lymphoma. A small percentage of cases behave as low grade rather than intermediate grade, and Ki-67 is the most accurate means to detect this subgroup. In addition, distinguishing the highly aggressive blastoid variant is aided by Ki-67 IHC testing.
- Recognizing Burkitt and Burkitt-like grouping as distinct from diffuse large B-cell type. One of the most important qualifying criteria is Ki-67 labeling at greater than 90%.
- Plasma cell myeloma proliferative rate has long been established as one of the most accurate prognostic markers.

IHC for Chemosensitivity and Resistance Tumor Profiling

ER, PR, and Her2 hormonal receptor status have demonstrated clinical utility in invasive breast cancer, as well as ER, and PR when appropriate, for in-situ breast cancer. ER and PR are performed by IHC specifically for tamoxifen therapy. Her2 testing has proven clinical utility in esophago-gastric and gastric cancers to determine response to trastuzumab. ER, PR and Her2 testing for the purpose of identifying patients likely to respond to hormonal therapy, biologics or chemotherapy is a covered Medicare service when medically necessary for breast and gastric adenocarcinoma.

Similarly, the efficacy of imatinib, a CD117 inhibitor, is determined by the mutation status of CD117 expression (c-KIT mutation). CD117 by IHC has a proven clinical benefit in gastrointestinal stromal tumors (GIST), some advanced dermatofibrosarcoma protuberans (DFSP), some lymphoblastic and myeloid leukemias, and mast cell tumors, and is a covered Medicare service when medically necessary.

However, IHC testing as above is distinctly different from chemotherapy sensitivity and/or resistance testing profiles offered by some labs to assist physicians in their selection of specific chemotherapeutic agents based on IHC antigen or protein expression in individual tumors. The goal stated by these profiles is to select a drug or combination of drugs from a panel of drugs to which a tumor has greater expression, and to avoid drugs to which the tumor has less expression.

Neither the ASCO nor the NCCN has endorsed chemosensitivity tumor profile testing by IHC. ASCO has stated, "the use of CSRA's (chemosensitivity and resistance assays) to select chemotherapeutic agents for individual patients is not recommended outside of the clinical trial setting." While the NCCN's Guidelines for Ovarian Cancer (V3.2014) states "chemosensitivity/resistance and/or other biomarker assays are being used in some NCCN member institutions for decisions related to future chemotherapy in situations where there are multiple equivalent chemotherapy options available. The current level of evidence is not sufficient (Category 3) to supplant standard of care chemotherapy." The NCCN panel also stated that in vitro chemosensitivity testing to choose a chemotherapy regimen for recurrent disease should not be recommended due to lack of demonstrated efficacy. Such IHC panels include but are not limited to the following biomarkers for specific drugs:

- ALK for crizotinib, ceritinib
- Androgen receptor (AR) for goserelin, leuprolide, gonadorelin, flutamide, bicalutamide, abiraterone;
- Androgen receptor for bicalutamide, flutamide, abiraterone and enzalutamide;
- AREG for cetuximab, panitumumab
- BRAF for vemurafenib and dabrafenib
- BRCA1 for cisplatin, carboplatin
- cKIT for sorafenib, sunitinib, imatinib
- cMET for erlotinib, gefitinib
- EGFR for gefitinib, panitumumab, erlotinib, cetuximab, FOLFIRIEGFRVIII
- EGFRvIII, GNA11, GNAQ, IDH2 – for clinical trials
- ER and PR for tamoxifen, gefitinib, toremifene, fulvestrant, letrozole, anastrozole, exemestane, megestrol acetate, erlotinib, panitumumab, medroxyprogesterone;
- ERCC1 for oxaliplatin, cisplatin, carboplatin, CAPOX, FOLFOX
- EREG for cetuximab, panitumumab
- Her2 (ErbB2), PGP and TOP2A (topoisomerase IIA) for doxorubicin, liposomal-doxorubicin, epirubicin;
- Her2 or lapatinib; epirubicin, pertuzumab, trastuzumab, liposomal doxorubicin, doxorubicin,
- KRAS for panitumumab, cetuximab, gefitinib, erlotinib, sorafenib
- MGMT for temozolomide and dacarbazine
- MRP1 for vinorelbine, vincristine, doxorubicin, epirubicin, vinblastine, methotrexate
- NRAS for cetuximab, panitumumab
- PDGFRA for imatinib
- PGP (aka MDR1 and ABCB1) for doxorubicin, vincristine, vinblastine, etoposide, liposomal doxorubicin, paclitaxel, docetaxel, vinorelbine, epirubicin;
- PIK3CA for lapatinib, panitumumab, trastuzumab, cetuximab, temsirolimus
- PTEN for gefitinib, cetuximab, erlotinib, trastuzumab, panitumumab, everolimus, temsirolimus
- RET for vandetanib
- ROS1 for crizotinib
- RRM1 for gemcitabine;
- SPARC (monoclonal and polyclonal) for nab-paclitaxel;
- TLE3, TUBB3 for docetaxel, paclitaxel;
- TOPO1 for irinotecan, topotecan, FOLFIRI;
- TS (thymidylate synthase or TYMS) for fluorouracil, capecitabine and pemetrexed

Chemosensitivity profile tumor panels, regardless of whether it is performed by IHC or chromogenic in-situ hybridization (CISH), is not reasonable and necessary for the reasons cited above, and is not a Medicare covered service.

Note, some of these markers are legitimate biomarkers for specified drugs when performed by mutation analysis or FISH testing.

IHC for Cervical/Gyn/Bladder/Kidney Tumors

A variety of IHC stains have found limited use in cervical, gynecologic, and urologic tumor settings. In unusual cases of cervical dysplasia, markers or surrogate markers for HPV may be useful where the diagnosis on conventional H&E stain cannot be made with certainty. These markers are clearly not reasonable and necessary on all biopsies. Claims data indicate combinations of gram stain, PAS, Ki-67, p16 and ProExC stains on all cervical biopsies from select pathology practices, and combinations of p53, Ki-67, CD20 and CD44 on bladder biopsies from select pathology practices.

Similarly, it is rare to need stains to prove that an endometrial or ovarian cancer is a serous cancer or that a kidney neoplasm is an oncocytoma or an eosinophilic or chromophobic renal cell cancer. The use of IHC stains in these circumstances requires adequate documentation in the pathology report, such as "Because the differential histologic diagnosis is between an endometrioid carcinoma and a serous carcinoma, I performed an xxx stain. The controls worked appropriately and the results were positive indicating the tumor is a yyy."

IHC for Skin & Cutaneous/Soft Tissue/Central Nervous System (CNS) & Peripheral Nervous System (PNS) Lesions

It is well recognized that most skin lesions are diagnosed with routine H&E slides. That is the case for most melanomas and other pigmented lesions as well. A minority of skin lesions require immunostains (e.g., atypical fibroxanthomas, Merkel cell lesions, lymphomas). Most common skin lesions (e.g., seborrheic keratosis) do not require IHC stains. Use of IHC morphometric codes for skin lesions is not reasonable and necessary.

Similarly, most soft tissue lesions do not require IHC stains or other "special" stains. Soft tissue masses may require stains (e.g., smooth muscle differentiation in a malignant mass) but the most do not.

Many CNS and peripheral nervous system lesions are readily diagnosed with routine stains. It is unusual for a meningioma to require an IHC. The primary role of IHC for CNS and PNS lesions is to differentiate primary from metastatic lesions.

IHC for Bone Marrow Samples

Most bone marrow samples are diagnosed with the use of Wright's stained smears and the use of H&E stained slides with an iron stain supplementing the battery. The use of IHC stains may assist in the interpretation of cases where flow cytometry (FC) does not fit with the routine slide interpretation, when FC was not obtained or for the evaluation of cell types that are not detected or significantly underrepresented in FC studies, such as large lymphocytes, plasma cells and Reed-Sternberg cells. IHC stains are generally not needed to confirm the results of FC and cytogenetic studies. When medically indicated, justification for the use of both methods must be stated in the pathology report and billed accordingly.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/24/2020	R8	<p>CMS National Coverage Policy added CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.6.5 Surgical/Cytopathology Exception. Under</p> <p>Coverage Indications, Limitations and/or Medical Necessity subheading</p> <ul style="list-style-type: none">• Background revised the verbiage in the first paragraph to state "Routine hematoxylin and eosin (H&E) staining is the corner stone of tissue-based microscopic diagnosis. Thin sections of tissue are stained with H&E to visualize the tissue morphology. Hematoxylin dye stains the cell nuclei blue and the eosin dye stains other structures pink/red. H&E staining provides excellent detail required for tissue-based diagnosis and is NOT a separate service, as pathology services include routine H&E staining. "Acid hematoxylin" is not a special stain given that all hematoxylin stains are acidic and that this stain has never been recognized by the Biological Stain Commission. It is not reasonable and necessary to claim this stain as a special stain. H&E staining is included as part of pathology services." In the second paragraph removed the verbiage "AMA CPT® coding"	<ul style="list-style-type: none">• Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>and the word "code" from the fourth sentence. Under subheading</p> <ul style="list-style-type: none"> • Medical Necessity of Services Performed revised the verbiage to state "There are many different relationships that exist in the provision of pathology services in the United States. Some physicians, groups, laboratories and hospitals submit global claims for the services described in this policy. In other instances, there are separate individuals or entities providing the professional and the technical services. It is the obligation of each party to recognize that they are responsible for the medical necessity of the services submitted. For example, when a physician or physician group performs the professional component of services described in this policy and another entity performs the technical services, it is the obligation of each entity to independently assure the medical necessity of the services rendered by each entity." Under subheading • Special Stains and/or IHC for Gastrointestinal (GI) Pathology revised the last sentence of the first paragraph to state "Most normal and abnormal conditions of these organs can be detected by the use of the routine H&E stain alone." Added the verbiage "Only the pathologist may determine the medical necessity of a special stain" to the first sentence of the second paragraph. Added the verbiage "To check utilization, we encourage providers to perform a self-audit on the number of separate gastric biopsies as compared to ancillary stains. The ancillary stain group should be less than 20% of the total gastric biopsies submitted. Providers that exceed the 20% criteria may be subject to additional action." to the fifth paragraph. Under subheading • Special Stains and/or IHC for Prostate Pathology removed the verbiage "bill for" and replaced it with the word "perform" in the fifth paragraph. Under subheading • IHC for Skin & Cutaneous/Soft Tissue/Central Nervous System (CNS) & Peripheral Nervous System (PNS) Lesions removed the verbiage "incorrect coding" and replaced it with the verbiage "not reasonable and necessary" in the first paragraph. References from under <p>Sources of Information were removed and placed in the Bibliography. Deleted reference #11 as this web address is</p>	

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>no longer available.</p> <p>Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted and defined where appropriate throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
12/01/2019	R7	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
12/01/2019	R6	<p>12/01/2019: This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains A57614 and Billing and Coding: MolDX: Immunohistochemistry (IHC) Indications for Breast Pathology A55271 articles.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Provider Education/Guidance
12/01/2019	R5	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	
08/31/2017	R4	Added "Lab" to the title. 03/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
08/31/2017	R3	Corrected typographical errors in bullets and references to be consistent with the MolDX Contractor. Associated the <i>Special Stains and Immunohistochemistry (IHC) Indications for Breast Pathology</i> article. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
11/17/2016	R2	This final LCD, effective 10/15/2015, combines JFA L36352 into the JFB LCD L36353 so that both JFA and JFB contract numbers will have the same final MCD LCD number.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction
10/15/2015	R1	Added additional indications for Prostate cases that may require reasonable and necessary IHC staining and Prostate cases when IHC workup is Not Reasonable and Necessary.	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57614 - Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains

A55803 - Billing and Coding: Lab: Special Stains and Immunohistochemistry (IHC) Indications for Gastric Pathology

A57797 - Billing and Coding: MolDX: Immunohistochemistry (IHC) Indications for Breast Pathology

A54597 - Response to Comments: Special Histochemical Stains and Immunohistochemical Stains, L36353

Related National Coverage Documents

N/A

Public Version(s)

Updated on 12/09/2020 with effective dates 12/24/2020 - N/A

Updated on 01/29/2020 with effective dates 12/01/2019 - 12/23/2020

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Updated on 10/30/2019 with effective dates 12/01/2019 - N/A

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Keywords

N/A

Local Coverage Article: Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains (A57614)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57614

Original Effective Date

12/01/2019

Article Title

Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains

Article Type

Billing and Coding

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance

Revision Effective Date

12/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To report special histochemical stains and/or immunohistochemical stains services, please submit the following claim information:

- Select the appropriate CPT[®] code
- Enter 1 unit of service (UOS)

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
88312	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (EG, ACID FAST, METHENAMINE SILVER)
88313	SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP II, ALL OTHER (EG, IRON, TRICHROME), EXCEPT STAIN FOR MICROORGANISMS, STAINS FOR ENZYME CONSTITUENTS, OR IMMUNOCYTOCHEMISTRY AND IMMUNOHISTOCHEMISTRY
88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE
88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX ANTIBODY STAIN PROCEDURE
88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR

CODE	DESCRIPTION
	SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; MANUAL
88361	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE RECEPTOR), QUANTITATIVE OR SEMIQUANTITATIVE, PER SPECIMEN, EACH SINGLE ANTIBODY STAIN PROCEDURE; USING COMPUTER-ASSISTED TECHNOLOGY

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/01/2019	R1	12/01/2019: This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related Lab: Special Histochemical Stains and Immunohistochemical Stains L36353 LCD and placed in this article.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36353 - Lab: Special Histochemical Stains and Immunohistochemical Stains

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/04/2019 with effective dates 12/01/2019 - N/A

Updated on 10/30/2019 with effective dates 12/01/2019 - N/A

Keywords

N/A

Local Coverage Determination (LCD): Lab: Flow Cytometry (L36094)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L36094

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Revision Effective Date

Lab: Flow Cytometry

For services performed on or after 12/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of malformed body member."

Title XVIII of the Social Security Act (SSA), §1862(a)(7) states Medicare will not cover any services or procedures associated with routine physical checkups.

42 CFR §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

CMS Internet-Only Manual System, Publication 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.4.1.3, Diagnoses Code Requirement.

CMS Internet-Only Manual System, Publication 100-08, *Medicare Program Integrity Manual*, Chapter 3, §3.6.2.3, Limitations of Liability Determinations

CMS Internet-Only Manual System, Publication 100-03, *Medicare National Coverage Determinations*, Chapter 1, Part 2, Section 110.8.1, Stem Cell Harvest and Transplantation

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Flow cytometry (FCM) is a complex process to examine blood, body fluids, cerebrospinal fluid (CSF), bone marrow, lymph node, tonsil, spleen and other solid tissues. The use of peripheral blood and fine needle aspirate material avoids more invasive procedures for diagnosis.

A flow cytometer evaluates the physical and/or chemical characteristics of single cells as the cells pass individually in a fluid stream through a measuring device. Surface receptors, intracellular molecules, and DNA bind with fluorescent dyes that allow detection and evaluation.

When light of one wave length excites electrons of certain chemicals to energy levels above their ground state and upon return to ground state emits light of a longer wavelength, fluorescence is produced. A flow cytometer detects cell characteristics by measuring the fluorescence produced by fluorochromes conjugated either directly with cell components or conjugated to antibodies directed against cell components.

Indications

Cytopenias and Hypercellular Hematolymphoid Disorders

Hematolymphoid neoplasia can present with cytopenias (anemia, leukopenia and/or thrombocytopenia) or elevated leukocyte counts. If medical review and preliminary laboratory testing fails to reveal a cause, bone marrow aspiration and biopsy are indicated to rule out an infiltrative process or a stem cell disorder. FCM is essential to evaluate hematolymphoid lineages. Although anemia commonly occurs in nonneoplastic diseases, anemia alone should not automatically trigger FCM.

FCM may be useful in hypercellular hematolymphoid disorders to differentiate reactive conditions from neoplastic conditions. In the absence of blasts, neutrophilic leukocytosis is not generally an indication for FCM. Isolated polycythemia and basophilia are not sufficient to warrant FCM.

Lymphomas

In the current World Health Organization (WHO) classification, all non-Hodgkin (NHLs) are distinct clinicopathologic entities defined by their clinical features, morphology, immunophenotype and, where appropriate, their genetic abnormalities. Immunophenotyping by FCM allows multiparameter evaluation of single cells and the ability to work on very small samples.

Most new cases of suspected NHL undergo initial immunophenotypic analysis as part of the routine handling of a specimen. A standard lymphoma panel is designed to identify abnormal populations of B cells, T cells and/or NK cells. A standard lymphoma panel might include a combination of markers from the following categories: T cells (CD2, CD3, CD4, CD5, CD7, CD8); B cells (CD19, CD20, CD23); Kappa and Lambda surface immunoglobulins light chains; plasma cells (CD38 and CD138); CALLA (CD10); CD45; CD56: FMC-7, CD103, CD11c, CD13, CD14, CD15, CD16 and CD34.

The immunophenotypes of are widely known and FCM allows appropriate classification of most cases. However, atypical patterns occur and pose significant diagnostic difficulties where aberrant antigen expression patterns must be reconciled with morphology. Additional markers may be required to characterize the abnormal population of cells including markers of immature cells (HLA-DR), B cells (CD22) and myeloid cells (CD14, CD15, CD33, CD64, CD117).

Acute Leukemia

The diagnosis and management of acute leukemia depend on the detection, identification and characterization of leukemic cells. The identification of leukemic cells is straightforward in most occasions. However, each acute leukemia subgroup has heterogeneous biologic characteristics, many of which are associated with a different response to therapy.

As part of a routine diagnostic workup, most suspected acute leukemia cases undergo initial multiparameter immunophenotypic analysis, combined with morphology, cytochemistry, cytogenetics, and molecular biology.

A standard acute leukemia FCM panel is designed to determine whether leukemic blasts are of myeloid or lymphoid origin, and then to further classify the neoplastic cells (myeloid blasts, B lymphoblasts, abnormal promyelocytes, monoblasts, etc). An acute leukemia panel might include a combination of cell markers from the following categories: stem cell lineage (CD34), immature cell lineage (HLA-DR, CD 10); T cell (CD2, CD3, CD4, CD5, CD7 and CD8); B cell (CD19, CD20); myeloid cell (CD13, CD14, CD15, CD33, CD64 and CD117); CD38, CD45, and CD56.

When the routine panel is insufficient to characterize the leukemic cells, additional antibodies including erythroid markers (CD71 and glycophorin A), megakaryocytic markers (CD41, CD61) or cytoplasmic markers may be indicated.

Chronic Lymphocytic Leukemia (CLL) & Other Chronic Lymphoproliferative Diseases (CLPD)

The history, physical exam (lymphadenopathy, splenomegaly and/or hepatomegaly) laboratory findings (lymphocytosis, granulocytopenia, anemia, thrombocytopenia), and lymphocyte morphology are suggestive of CLL. The diagnosis is established by paradoxical co-expression of CD5 on peripheral lymphocytes that express B cell markers (CD19, CD20, CD21 and CD23) with Kappa or Lambda immunoglobulin light chain restriction. Additional markers such as CD38 and ZAP70 may provide important prognostic information.

FCM can distinguish CLL, the peripheral counterpart of small lymphocytic lymphoma, often diagnosed in lymph node biopsies, from other indolent lymphocytic malignancies including prolymphocytic leukemia, Waldenstrom's macroglobulinemia, leukemic phase of , hairy cell leukemia, T-cell CLL, adult T-cell leukemia, large granulocytic leukemia and cutaneous T-cell lymphoma and natural killer (NK) disorders including KIR expression.

Plasma Cell Disorders

Plasma cell disorders are often identified through a combination of clinical, laboratory studies (urine or serum gamma globulins), morphologic, and radiologic findings. FCM immunophenotyping is useful to identify abnormal plasma cells, and the distinction between lymphoid and plasma cell neoplasms, and between reactive plasma cells and neoplastic plasma cells.

The initial FCM workup for a plasma cell disorder may include the basic lymphoma panel markers with additional markers such as CD28 and CD117.

Myelodysplastic Syndromes (MDS)

The gold standard for an MDS diagnosis is assessment of bone marrow smears for dysplastic changes. FCM may assist in MDS determination through the identification of abnormal maturing myeloid cells. An abnormal phenotype by FCM is a minimal diagnostic MDS criteria to establish a definitive diagnosis.

MDS has a definite risk and rate of progression to acute leukemia. Standard FCM leukemia panels are indicated to evaluate progression and onset of leukemia.

Chronic Myeloproliferative Disorders (CMPD)

Although genetic (Philadelphia chromosome and BCR/abl) and molecular studies (Jak 2) are the accepted cornerstone for the identification and classification of CMPDs, FCM may assist in the distinction from reactive hematopoietic proliferations and is important in the enumeration of blasts in the distinction from acute leukemia and an accelerated phase of CMPD.

CMPD also has a definite risk and rate of progression to acute leukemia. Standard FCM leukemia panels are indicated to evaluate progression and onset of leukemia.

Mast Cell Neoplasms

Mast cell neoplasms are uncommon disorders. Mast cells coexpress multiple markers including CD9, CD33, CD45, CD68, CD117, but also lack several myelomonocytic antigens including CD14, CD15, CD16 and most T- and B- cells antigens. Neoplastic mast cells have a similar antigen profile, but also can coexpress CD2 and CD25, which helps in distinguishing malignant mast cells from mastocytosis.

Paroxysmal hemoglobinuria (PNH)

PNH is a rare clonal hematopoietic disorder of stem cells. This condition is caused by genetic mutation that results in the absence of over a dozen surface antigens on red and white blood cells. FCM can diagnose PNH by assessing both the red and white blood cells for the absence of these antigens.

Minimal Residual Disease (MRD)

FCM analysis for MRD must identify phenotypic features characteristic of the disease of interest. The MRD flow analysis should not rely on an exact match between the phenotype of the residual disease and the original diagnostic specimen because phenotypes can change over time and with treatment. The antibody combinations should be chosen to maximize detection of disease, limit the impact of phenotypic variation, and permit detection of disease following antibody directed therapy.

HIV Infection

HIV-1 infection causes significant changes in the number of CD4 and CD8 positive lymphocytes. CD4 count falls roughly 30% while CD8 count increases within 6 months after seroconversion, causing a decrease in the CD4/CD8 ratio.

Following HIV-1 diagnosis, FCM should include enumeration of mature T cells (CD3), helper T cells (CD4) and suppressor T cells (CD8) to ensure all major T cell subsets are accounted for (the sum of helper CD4 and suppressor

CD8 T cells is roughly close to the total number of CD3 positive T cells). This ensures that the absolute CD4 is not artificially decreased due to sample degradation or other artifact.

A WBC count with differential also needs to be performed to calculate the absolute CD4 count (absolute lymphocyte count times CD4%).

Organ Transplants

In order to differentiate early rejection, immunosuppressive therapy toxicity or infection, FCM may be indicated to monitor postoperative organ transplants. CD3 is useful to monitor the effectiveness of certain immunosuppressive therapies. When the transplant patient demonstrates symptoms for the above conditions, repeated analysis may be required.

DNA Analysis

Carcinoma, Non-hematolymphoid Tumors

DNA analysis of tumor for ploidy and percent S-phase cells may be necessary for a few selective patients with carcinomas. When the obtained prognostic information will affect treatment decisions in patients with low stage (localized) disease, FCM results are useful.

Molar Pregnancy

FCM is useful to evaluate molar and partial molar pregnancies. Using a method to quantify DNA, similar to that used for evaluation of carcinomas, partial moles (triploid), can be distinguished from normal placenta and complete molar (diploid) pregnancies.

Primary Immunodeficiencies(PIDS)

PIDs are rare disorders that reflect inherited abnormalities in the development and maturation of cells responsible for immune function. More than 120 inherited immunodeficiency disorders are currently recognized. Affected individuals are prone to repeated infections, allergies, autoimmune disorders, and malignancies. Diagnosis typically occurs at an early age.

FCM may be indicated for diagnostic purposes and is usually limited to T (CD3, CD4, CD8), B (CD20) and NK cell (CD56) markers. Additional disease specific markers may be indicated.

Primary Platelet Disorders, Non-neoplastic

FCM is used for platelet analysis in quantitative and qualitative disorders such as Glanzmann Thrombasthenia (GT) and Bernard-Soulier Disease (B-S). GT is a rare inherited or acquired platelet disorder. Hereditary GT is defined by platelets with decreased expression or absence of the GPIIa/GPIIIb receptor. This receptor is responsible for the initial platelet plug at the site of endothelial injury. Absence of the receptor may result in increased bleeding.

Acquired GT is likely an autoimmune phenomenon with the presence of GPIIb/GPIIIa blocking antibodies. FCM may be used to determine the functional effect and identify the molecular targets of these antibodies.

B-S is another rare inherited disorder that prevents the initial binding of platelets at the site of endothelial injury by absence of or presence of abnormal surface GPIa/V/IX receptor. Abnormalities of this receptor prevent attachment of platelets to subendothelial or free von Willebrand's factor with subsequent tendency to bleed.

FCM may be used to measure antibodies directed at specific loci of the GPIa/V/IX receptor, which include GPIb (CD42b), GPIX (CD42a), and GPV (CD42d). FCM is also used to assess the size of platelets in the initial evaluation of B-S disease. In B-S disease, platelets are generally larger than normal. FCM can distinguish B-S platelets from

fragmented RBCs and debris by antibodies directed to the GPIb/IX/V receptor.

Red Cell and White Cell Disorders, Non-neoplastic

FCM is a valuable tool to establish abnormal or defective red blood cell, leukocyte and lymphocyte surface receptors, transmembrane molecules, and intracellular DNA. It may be used in acquired and congenital red cell conditions such as in quantifying fetomaternal hemorrhage and hereditary spherocytosis, hereditary elliptocytosis, and hereditary persistence of fetal hemoglobin in the context of compound hemoglobinopathy syndromes.

FCM is a sensitive and specific method to identify leukocyte receptor abnormalities for the diagnosis of chronic granulomatous disease and CD11b deficiency. It is an efficient method to identify lymphocytes HLA B27 associated with uveitis, ankylosing spondylitis, Reiter's syndrome and sacroiliitis.

Limitations:

Since FCM immunophenotypes for most common and leukemias are well characterized, Noridian does **NOT** consider it "reasonable and necessary" to perform more than 24 markers in a panel. When atypical or unusual FCM results are obtained, the selective addition of more markers may be indicated.

The flow report must document the specific indication for each marker over the 24 marker limit.

The FCM report must document the specific indication for **each** marker over the 24-marker limit. FCM reports without clear justification for each marker over 24 will be denied.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements:

Laboratories and physicians that request FCM studies **MUST** provide documentation of clinical and morphologic findings, cell counts(quantitative values), radiology and cytogenetic findings when available.

The referring physician or pathologist **MUST** provide the most specific suspected diagnosis or differential diagnosis to allow the performing laboratory to determine an appropriate panel of cell markers.

The performing laboratory **MUST** select an appropriate panel of cell markers for the suspected diagnosis.

Since Noridian expects the need for markers in excess of 24 to be rare, providers must include the following documentation to justify additional marker selection with their redetermination request:

- clinical information summary
- specific marker results
- diagnosis and interpretation
- rationale to support each additional marker in excess of 24

Redeterminations filed without this specific final report information shall be denied as not reasonable or necessary.

A flow cytometry report listing the antibodies performed and the percentage and expressed markers does NOT meet this documentation requirement for initial redetermination consideration or for the appeal process.

Hospital and reference labs must ensure the documentation in the medical record justifies the selection of the billed cell markers.

Flow cytometry is a dynamic field. Noridian will evaluate requests for coverage extension that are supported by peer reviewed literature.

Compliance with the provisions listed in this policy will be subject to postpayment data analysis and subsequent medical review. Failure to document and maintain supporting medical information in the patient's record or in the FCM report may result in overpayments and/or RAC referral.

Utilization Guidelines

Medicare does not expect to see labs routinely perform more than 24 markers per specimen.

Comprehensive marker panels used to indiscriminately "screen" specimens, regardless of the submitted suspected diagnosis, are not considered reasonable and necessary.

An FCM performed more than every 3 months to monitor stable HIV infection is not considered reasonable or necessary. More frequent studies may be indicated if a patient develops drug resistance and needs to be treated with another antiviral(s).

DNA analysis for selected patients with carcinomas may be appropriate ONLY once after diagnosis and before treatment is initiated.

Noridian expects the initial flow evaluation to contain a greater number of antibody determinations than a subsequent follow-up study. MDS and CMPD are general exceptions because these disorders are at risk for developing leukemia. Progression to leukemia may necessitate cytoplasmic markers.

Sources of Information

1. The development and coverage guidelines in this policy were based on a review of pertinent medical literature, policies from other Medicare contractors, and discussions with appropriate specialists.
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Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/01/2019	R12	<p>12/01/2019-At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage.</p> <p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To Code Removal
10/01/2018	R11	<p>01/30/2019 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Added "Lab" to the title.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2018	R10	<p>09/05/2018 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>The following codes were added and deleted per the Annual 2018 ICD-10 updates:</p> <p>Added: C44.1121, C44.1122, C44.1191, C44.1192, C44.1221, C44.1222, C44.1291, C44.1292, C44.1921, C44.1922, C44.1991 and C44.1992.</p> <p>Deleted: C44.112, C44.119, C44.122, C44.129, C44.192 and C44.199</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes
10/01/2017	R9	<p><! [if gte mso 9]> <![endif]><! [if gte mso 9]> Normal 0 false false false EN-US X-NONE X-NONE <![endif]><! [if gte mso 9]> <![endif]><! [if gte mso 10]><![endif]></p> <p>04/17/18: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective 10/01/2017 added ICD-10 code Z85.72</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2017	R8	<p>11/01/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Added ICD-10-CM codes D47.01 & D47.02 effective DOS on or after 10/01/2017corrected spelling error.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2017	R7	<p>08/24/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective DOS 10/01/2017 the following ICD-10-CM codes were added, deleted:</p> <p>Added:</p> <ul style="list-style-type: none"> • C96.20 • C96.21 • C96.22 • C96.29 <p>The following ICD-10 code were deleted from the ICD-10 Codes that Support Medical Necessity field: C96.2 was deleted from Group 1</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2016	R6	<p>In Revision History #5 C82.11-C85.19 should have been C85.11-C85.19 effective for DOS 10/01/15and after.</p> <p><i>Date 07/07/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Typographical Error
10/01/2016	R5	<p>LCD revised to add ICD-10 codes C82.11-C85.19 effective for dates of service on or after 10/01/2015. These codes should have been included when we converted to ICD-10 with an effective date of 10/1/2015.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction • Reconsideration Request
10/01/2016	R4	<p>The LCD is revised to add the following new codes effective 10/1/2016: C49.A0, C49.A1, C49.A2, C49.A3,</p>	<ul style="list-style-type: none"> • Typographical Error

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>C49.A4, C49.A5, C49.A9, D47.Z2, D89.40, D89.41, D89.42, D89.43, D89.49, N42.30, N42.31, N42.32 and N42.39 and corrected Typographical errors.</p> <p>The following ICD-10 code descriptions were changed in the ICD-10 Codes effective 10/1/2016: C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79.</p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R3	R3 Added ICD-10-CM codes D46.4 & D46.9. Part A LCD combined with Part B LCD. Content and LCD number combine and made the same for both Jurisdiction F Parts A & B	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R2	R2 LCD revised to add ICD 10 codes C85.91-C85.99	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2015	R1	R1 LCD revised to add ICD-10 codes 64.9, D69.6, D70.9, D72.819, 72.829 and D75.9	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction Reconsideration Request

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57690 - Billing and Coding: Lab: Flow Cytometry

A55934 - Flow Cytometry Coverage Clarification

Related National Coverage Documents

N/A

Public Version(s)

Updated on 11/26/2019 with effective dates 12/01/2019 - N/A

Updated on 02/06/2019 with effective dates 10/01/2018 - 11/30/2019

Updated on 09/06/2018 with effective dates 10/01/2018 - N/A

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Keywords

- 88182
- 88184
- 88185
- 88187
- 88188
- 88189
- 86355
- 86356
- 86357
- 86359
- 86360
- 86361
- 86367

Local Coverage Article: Billing and Coding: Lab: Flow Cytometry (A57690)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A57690

Original Effective Date
12/01/2019

Article Title

Revision Effective Date

Billing and Coding: Lab: Flow Cytometry

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS IOM Pub 100-04 Ch 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance

CMS IOM Pub 100-04 Medicare Claims Processing Manual, Ch 23, §10 Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local overage determination.

Flow cytometry is a complex laboratory process to examine body fluids, including blood and cerebrospinal fluid (CSF); bone marrow; and components of the lymphoreticular system, such as lymph nodes, tonsil, and spleen. The use of peripheral blood and fine needle aspirate material avoids more invasive procedures for diagnosis. LCD L36094-Flow Cytometry outlines the coverage criteria for flow cytometry testing. When covered, testing is limited to no more than 24 markers without additional medical necessity documentation.

Flow cytometry for the detection and/or identification or enumeration of bacteria or viruses in patients with chronic rhinosinusitis with or without polyps is investigational/experimental and is not a Medicare benefit.

To report a Flow Cytometry service, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
88182	Cell marker study
88184	Flowcytometry/ tc 1 marker
88185	Flowcytometry/tc add-on
88187	Flowcytometry/read 2-8
88188	Flowcytometry/read 9-15
88189	Flowcytometry/read 16 & >

Group 2 Paragraph:

Quantitative Codes in immunology section:

Group 2 Codes:

CODE	DESCRIPTION
86355	B cells total count
86356	Mononuclear cell antigen
86357	Nk cells total count
86359	T cells total count
86360	T cell absolute count/ratio
86361	T cell absolute count
86367	Stem cells total count

CPT/HCPCS Modifiers**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 88182, 88184, 88185, 88187, 88188, 88189, 86355, 86356, 86357, 86359, 86360, 86361 and 86367:**

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
B97.33	Human T-cell lymphotropic virus, type I [HTLV-I] as the cause of diseases classified elsewhere
B97.34	Human T-cell lymphotropic virus, type II [HTLV-II] as the cause of diseases classified elsewhere

ICD-10 CODE	DESCRIPTION
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction

ICD-10 CODE	DESCRIPTION
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.2	Hepatoblastoma
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis

ICD-10 CODE	DESCRIPTION
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C37	Malignant neoplasm of thymus
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C41.0	Malignant neoplasm of bones of skull and face
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus

ICD-10 CODE	DESCRIPTION
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
ICD-10 CODE	DESCRIPTION
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face

ICD-10 CODE	DESCRIPTION
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip

ICD-10 CODE	DESCRIPTION
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified

ICD-10 CODE	DESCRIPTION
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
ICD-10 CODE	DESCRIPTION
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.9	Malignant neoplasm of unspecified ovary
C57.4	Malignant neoplasm of uterine adnexa, unspecified

ICD-10 CODE	DESCRIPTION
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C63.00	Malignant neoplasm of unspecified epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder

ICD-10 CODE	DESCRIPTION
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.10	Malignant neoplasm of unspecified cornea
C69.20	Malignant neoplasm of unspecified retina
C69.30	Malignant neoplasm of unspecified choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.60	Malignant neoplasm of unspecified orbit
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland

ICD-10 CODE	DESCRIPTION
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis
C76.40	Malignant neoplasm of unspecified upper limb
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.50	Malignant neoplasm of unspecified lower limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of other specified ill-defined sites
ICD-10 CODE	DESCRIPTION
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung

ICD-10 CODE	DESCRIPTION
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face,

ICD-10 CODE	DESCRIPTION
	and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site

ICD-10 CODE	DESCRIPTION
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site

ICD-10 CODE	DESCRIPTION
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes

ICD-10 CODE	DESCRIPTION
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes

ICD-10 CODE	DESCRIPTION
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb

ICD-10 CODE	DESCRIPTION
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
ICD-10 CODE	DESCRIPTION
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes

ICD-10 CODE	DESCRIPTION
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites

ICD-10 CODE	DESCRIPTION
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites

ICD-10 CODE	DESCRIPTION
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
ICD-10 CODE	DESCRIPTION
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites

ICD-10 CODE	DESCRIPTION
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites

ICD-10 CODE	DESCRIPTION
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen

ICD-10 CODE	DESCRIPTION
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenstrom macroglobulinemia
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
ICD-10 CODE	DESCRIPTION
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission

ICD-10 CODE	DESCRIPTION
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission

ICD-10 CODE	DESCRIPTION
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission

ICD-10 CODE	DESCRIPTION
C92.92	Myeloid leukemia, unspecified in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C94.80	Other specified leukemias not having achieved remission
ICD-10 CODE	DESCRIPTION
C94.81	Other specified leukemias, in remission

ICD-10 CODE	DESCRIPTION
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D35.00	Benign neoplasm of unspecified adrenal gland
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.4	Neoplasm of uncertain behavior of colon

ICD-10 CODE	DESCRIPTION
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
D39.0	Neoplasm of uncertain behavior of uterus
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
D40.0	Neoplasm of uncertain behavior of prostate
D40.10	Neoplasm of uncertain behavior of unspecified testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified
D41.4	Neoplasm of uncertain behavior of bladder
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.4	Refractory anemia, unspecified
D46.Z	Other myelodysplastic syndromes
D46.9	Myelodysplastic syndrome, unspecified

ICD-10 CODE	DESCRIPTION
D47.01	Cutaneous mastocytosis
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease
D47.2	Monoclonal gammopathy
D47.3	Essential (hemorrhagic) thrombocythemia
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
D48.5	Neoplasm of uncertain behavior of skin
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.7	Neoplasm of uncertain behavior of other specified sites
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D56.3	Thalassemia minor
D56.4	Hereditary persistence of fetal hemoglobin [HPFH]
D56.5	Hemoglobin E-beta thalassemia
D56.9	Thalassemia, unspecified
D57.00	Hb-SS disease with crisis, unspecified
D57.02	Hb-SS disease with splenic sequestration
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.3	Sickle-cell trait
D57.412	Sickle-cell thalassemia with splenic sequestration

ICD-10 CODE	DESCRIPTION
D57.80	Other sickle-cell disorders without crisis
D57.819	Other sickle-cell disorders with crisis, unspecified
D58.0	Hereditary spherocytosis
D58.1	Hereditary elliptocytosis
D58.2	Other hemoglobinopathies
ICD-10 CODE	DESCRIPTION
D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]
D59.6	Hemoglobinuria due to hemolysis from other external causes
D59.8	Other acquired hemolytic anemias
D59.9	Acquired hemolytic anemia, unspecified
D60.0	Chronic acquired pure red cell aplasia
D60.1	Transient acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D60.9	Acquired pure red cell aplasia, unspecified
D61.01	Constitutional (pure) red blood cell aplasia
D61.09	Other constitutional aplastic anemia
D61.1	Drug-induced aplastic anemia
D61.2	Aplastic anemia due to other external agents
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D63.0	Anemia in neoplastic disease
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.89	Other specified anemias

ICD-10 CODE	DESCRIPTION
D64.9	Anemia, unspecified
D69.1	Qualitative platelet defects
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D71	Functional disorders of polymorphonuclear neutrophils
D72.0	Genetic anomalies of leukocytes
D72.1	Eosinophilia
D72.810	Lymphocytopenia
D72.818	Other decreased white blood cell count
D72.819	Decreased white blood cell count, unspecified
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
D72.822	Plasmacytosis
D72.823	Leukemoid reaction
D72.824	Basophilia
D72.828	Other elevated white blood cell count
D72.829	Elevated white blood cell count, unspecified
D72.89	Other specified disorders of white blood cells
D72.9	Disorder of white blood cells, unspecified
D73.1	Hypersplenism
D73.2	Chronic congestive splenomegaly
D73.3	Abscess of spleen

ICD-10 CODE	DESCRIPTION
D73.4	Cyst of spleen
D73.5	Infarction of spleen
D73.81	Neutropenic splenomegaly
D73.89	Other diseases of spleen
D73.9	Disease of spleen, unspecified
D75.81	Myelofibrosis
D75.9	Disease of blood and blood-forming organs, unspecified
D76.1	Hemophagocytic lymphohistiocytosis
D76.2	Hemophagocytic syndrome, infection-associated
D76.3	Other histiocytosis syndromes
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.4	Nezelof's syndrome
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function

ICD-10 CODE	DESCRIPTION
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.1	Defects in the complement system
D84.9	Immunodeficiency, unspecified
D89.1	Cryoglobulinemia
D89.3	Immune reconstitution syndrome
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
ICD-10 CODE	DESCRIPTION
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
D89.9	Disorder involving the immune mechanism, unspecified
E34.0	Carcinoid syndrome
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified
H20.9	Unspecified iridocyclitis
I81	Portal vein thrombosis
I82.91	Chronic embolism and thrombosis of unspecified vein
K50.00	Crohn's disease of small intestine without complications
K50.10	Crohn's disease of large intestine without complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.90	Crohn's disease, unspecified, without complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.40	Inflammatory polyps of colon without complications
K51.50	Left sided colitis without complications
K51.80	Other ulcerative colitis without complications

ICD-10 CODE	DESCRIPTION
K51.90	Ulcerative colitis, unspecified, without complications
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
M02.30	Reiter's disease, unspecified site
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site
M35.9	Systemic involvement of connective tissue, unspecified
M45.9	Ankylosing spondylitis of unspecified sites in spine
M46.00	Spinal enthesopathy, site unspecified
M46.1	Sacroiliitis, not elsewhere classified
M46.80	Other specified inflammatory spondylopathies, site unspecified
M46.90	Unspecified inflammatory spondylopathy, site unspecified
M49.80	Spondylopathy in diseases classified elsewhere, site unspecified
O01.9	Hydatidiform mole, unspecified
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R19.00	Intra-abdominal and pelvic swelling, mass and lump, unspecified site
R19.01	Right upper quadrant abdominal swelling, mass and lump
R19.02	Left upper quadrant abdominal swelling, mass and lump
R19.03	Right lower quadrant abdominal swelling, mass and lump
R19.04	Left lower quadrant abdominal swelling, mass and lump
R19.05	Periumbilic swelling, mass or lump
R19.06	Epigastric swelling, mass or lump
R19.07	Generalized intra-abdominal and pelvic swelling, mass and lump
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R80.0	Isolated proteinuria
R80.1	Persistent proteinuria, unspecified
R80.3	Bence Jones proteinuria
R80.8	Other proteinuria
R80.9	Proteinuria, unspecified

ICD-10 CODE	DESCRIPTION
R89.7	Abnormal histological findings in specimens from other organs, systems and tissues
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
T86.10	Unspecified complication of kidney transplant
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
T86.20	Unspecified complication of heart transplant
T86.21	Heart transplant rejection
T86.22	Heart transplant failure
T86.23	Heart transplant infection
T86.290	Cardiac allograft vasculopathy
T86.298	Other complications of heart transplant
T86.30	Unspecified complication of heart-lung transplant
T86.31	Heart-lung transplant rejection
T86.32	Heart-lung transplant failure
T86.33	Heart-lung transplant infection
T86.39	Other complications of heart-lung transplant
T86.40	Unspecified complication of liver transplant
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.43	Liver transplant infection
T86.49	Other complications of liver transplant
T86.5	Complications of stem cell transplant
T86.810	Lung transplant rejection
T86.811	Lung transplant failure
T86.812	Lung transplant infection
T86.818	Other complications of lung transplant

ICD-10 CODE	DESCRIPTION
T86.819	Unspecified complication of lung transplant
T86.850	Intestine transplant rejection
T86.851	Intestine transplant failure
T86.852	Intestine transplant infection
T86.858	Other complications of intestine transplant
T86.859	Unspecified complication of intestine transplant
T86.890	Other transplanted tissue rejection
T86.891	Other transplanted tissue failure
T86.892	Other transplanted tissue infection
T86.898	Other complications of other transplanted tissue
T86.899	Unspecified complication of other transplanted tissue
T86.90	Unspecified complication of unspecified transplanted organ and tissue
T86.91	Unspecified transplanted organ and tissue rejection
T86.92	Unspecified transplanted organ and tissue failure
T86.93	Unspecified transplanted organ and tissue infection
T86.99	Other complications of unspecified transplanted organ and tissue
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
ICD-10 CODE	DESCRIPTION
Z48.21	Encounter for aftercare following heart transplant
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z48.288	Encounter for aftercare following multiple organ transplant
Z48.290	Encounter for aftercare following bone marrow transplant
Z48.298	Encounter for aftercare following other organ transplant
Z76.82	Awaiting organ transplant status
Z85.6	Personal history of leukemia
Z85.72	Personal history of non-Hodgkin lymphomas
Z94.0	Kidney transplant status
Z94.1	Heart transplant status

ICD-10 CODE	DESCRIPTION
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.7	Corneal transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status
Z94.9	Transplanted organ and tissue status, unspecified
Z95.3	Presence of xenogenic heart valve

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55934 - Flow Cytometry Coverage Clarification

LCD(s)

L36094 - Lab: Flow Cytometry

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/26/2019 with effective dates 12/01/2019 - N/A

Keywords

- DNA
- cytopenias
-
-
-

Local Coverage Determination (LCD): Vitamin D Assay Testing (L34051)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L34051

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Revision Effective Date

Vitamin D Assay Testing

For services performed on or after 12/01/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL34051

Retirement Date

N/A

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Notice Period Start Date

12/19/2016

Notice Period End Date

02/02/2017

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

42CFR410.32(a) requires a clinical diagnostic test be ordered by the physician who is treating the patient for a specific medical problem and uses the results in the management of the beneficiary's specific problem.

MBPM Internet Only Manual(IOM 100-02), chap. 6, §20.4.3 applies 42CFR410.32 to hospitals.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D₂ and vitamin D₃. It is more accurate to consider fat-soluble Vitamin D as a steroid hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. Clinical disorders related to vitamin D may arise because of altered availability of the parent vitamin D, altered conversion of vitamin D to its predominant metabolites, altered organ responsiveness to dihydroxylated metabolites and disturbances in the interactions of the vitamin D metabolites with PTH and calcitonin. Normal levels of Vitamin D range from 20 – 50 ng/dl. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for the lab assay.

Indications:

Measurement of 25-OH Vitamin D level is indicated for patients with:

- chronic kidney disease stage III or greater
- cirrhosis
- hypocalcemia
- hypercalcemia
- hypercalciuria
- hypervitaminosis D

- parathyroid disorders

- malabsorption states

- obstructive jaundice

- osteomalacia
 - osteoporosis if
 - i. T score on DEXA scan
 - ii. History of fragility fractures or
 - iii. FRAX > 3% 10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture or
 - iv. FRAX > 3% (any fracture) with T-score
 - v. Initiating bisphosphonate therapy (Vit D level should be determined and managed as necessary

before bisphosphonate is initiated)

- osteosclerosis/petrosis
- rickets
- vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment.

Measurement of 1, 25-OH Vitamin D level is indicated for patients with:

- unexplained hypercalcemia (suspected granulomatous disease or lymphoma)

- unexplained hypercalciuria (suspected granulomatous disease or lymphoma)

- suspected genetic childhood rickets

- suspected tumor-induced osteomalacia

- nephrolithiasis or hypercalciuria

Limitations:

Testing may not be used for routine or other screening.

Both assays of vitamin D need not be performed for each of the above conditions. Often, one type is more appropriate for a certain disease state than another. The most common type of vitamin D deficiency is 25-OH vitamin D. A much smaller percentage of 1, 25-dihydroxy vitamin D deficiency exists; mostly, in those with renal disease. Although it is not the active form of the hormone, 25-OH vitamin D is much more commonly measured because it better reflects the sum total of vitamin D produced endogenously and absorbed from the diet than does the level of the active hormone 1, 25-dihydroxy vitamin D. Deficiency of 1, 25-dihydroxy vitamin D, which is present at much lower concentrations, does not necessarily reflect deficiency of 25-OH vitamin D and its measurement should be limited to the indications listed. Documentation must justify the test(s) chosen for a particular disease entity. Various component sources of 25-OH vitamin D, such as stored D or diet-derived D, should not be billed separately.

Once a beneficiary has been shown to be vitamin D deficient, further testing may be medically necessary only to ensure adequate replacement has been accomplished. If Vitamin D level is between 20 and 50 ng/dl and patient is clinically stable, repeat testing is often unnecessary; if performed, documentation must clearly indicate the necessity of the test. If level 60 ng/dl, a subsequent level(s) may be reimbursed until the level is within the normal range.

Summary of Evidence

N/A

**Analysis of Evidence
(Rationale for Determination)**

N/A

General Information

Associated Information

Documentation must clearly indicate the necessity for the test(s), any and all repeat testing and frequency of testing.

The medical record must be made available to Medicare upon request.

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48. Other Contractor(s)' Policies.

Bibliography

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/01/2019	R9	<p>12/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To Code Removal
10/01/2018	R8	<p>At this time 21st Century Cures Act will apply to new and revised Articles that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the Article are applicable as noted in this policy.</p> <p>08/09/2018 - For the following ICD-10 code descriptions were changed in the ICD-10 Codes that Support Medical Necessity field: Z68.43 descriptor was changed in Group 1 Effective 10/01/2018</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
02/03/2017	R7	<p>Added ICD-10 Codes A15.0, A15.4, A15.5, A15.6, A15.7, A15.8, Z79.3, Z79.4, Z79.51, Z79.52, Z79.810, Z79.811, Z79.818, Z79.82, Z79.83, Z79.84, Z79.890, Z79.891, Z79.899</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction
02/03/2017	R6	<p>Addition of codes from 2016 ICD-10 Coding updates added to Final E89.820; E89.821; E89.822; E89.823</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
02/03/2017	R5	This LCD version was created as a result of DL34051 being released to a Final LCD.	<ul style="list-style-type: none"> • Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2016	R4	Typographical Error	<ul style="list-style-type: none"> • Typographical Error
10/01/2015	R3	The following ICD-10 Codes were added from the ICD-10 2016-2017 update: E89820, E89821, E89822, E89823, K9041, K9049. Code K90.4 was deleted.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2015	R2	The LCD is revised to add M85.80 and M85.88 to the ICD-10 Codes that Support Medical Necessity section; CPT 82306 only.	<ul style="list-style-type: none"> • Reconsideration Request
10/01/2015	R1	This LCD is revised to remove the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review." from the Associated Information field.	<ul style="list-style-type: none"> • Other (Removed the paragraph, "When requesting an individual consideration through the written redetermination (formerly appeal) process, providers must include all relevant medical records and any pertinent peer-reviewed literature that supports the request. At a minimum two (2) Phase II studies (human studies of efficacy, pivotal) or one (1) Phase III study (evidence of safety and efficacy, pivotal) must be submitted for the Medical Director's review.")

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57719 - Billing and Coding: Vitamin D Assay Testing

A55373 - Response to Comments: Vitamin D Assay Testing

LCD(s)

DL34051

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 11/08/2019 with effective dates 12/01/2019 - N/A

Updated on 09/10/2018 with effective dates 10/01/2018 - 11/30/2019

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- 82306
- 82652

Local Coverage Article: Billing and Coding: Vitamin D Assay Testing (A57719)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
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Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A57719

Original Effective Date
12/01/2019

Article Title

Revision Effective Date

Billing and Coding: Vitamin D Assay Testing

N/A

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

42CFR410.32(a) requires a clinical diagnostic test be ordered by the physician who is treating the patient for a specific medical problem and uses the results in the management of the beneficiary's specific problem.

MBPM Internet Only Manual(IOM 100-02), chap. 6, §20.4.3 applies 42CFR410.32 to hospitals.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

Documentation must clearly indicate the necessity for the test(s), any and all repeat testing and frequency of testing.

The medical record must be made available to Medicare upon request.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT)* codes.

Group 1 Codes:

CODE	DESCRIPTION
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED
82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES FRACTION(S), IF PERFORMED

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

The following ICD-10-CM codes support the medical necessity of CPT code 82306

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy

ICD-10 CODE	DESCRIPTION
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
B38.0	Acute pulmonary coccidioidomycosis
B38.1	Chronic pulmonary coccidioidomycosis
B38.3	Cutaneous coccidioidomycosis
B38.4	Coccidioidomycosis meningitis
B38.7	Disseminated coccidioidomycosis
B38.81	Prostatic coccidioidomycosis
B38.89	Other forms of coccidioidomycosis
B39.0	Acute pulmonary histoplasmosis capsulati
B39.1	Chronic pulmonary histoplasmosis capsulati
B39.3	Disseminated histoplasmosis capsulati
B39.5	Histoplasmosis duboisii

ICD-10 CODE	DESCRIPTION
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb

ICD-10 CODE	DESCRIPTION
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
ICD-10 CODE	DESCRIPTION
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites

ICD-10 CODE	DESCRIPTION
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease

ICD-10 CODE	DESCRIPTION
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
E20.0	Idiopathic hypoparathyroidism
E20.8	Other hypoparathyroidism
E20.9	Hypoparathyroidism, unspecified
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E55.0	Rickets, active
E55.9*	Vitamin D deficiency, unspecified
E67.3	Hypervitaminosis D
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
E83.30	Disorder of phosphorus metabolism, unspecified
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
E83.50*	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
E89.2	Postprocedural hypoparathyroidism
E89.820	Postprocedural hematoma of an endocrine system organ or structure following an endocrine system procedure
E89.821	Postprocedural hematoma of an endocrine system organ or structure following other

ICD-10 CODE	DESCRIPTION
	procedure
E89.822	Postprocedural seroma of an endocrine system organ or structure following an endocrine system procedure
E89.823	Postprocedural seroma of an endocrine system organ or structure following other procedure
J63.2	Berylliosis
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
ICD-10 CODE	DESCRIPTION
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula

ICD-10 CODE	DESCRIPTION
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K52.0	Gastroenteritis and colitis due to radiation
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K76.9	Liver disease, unspecified
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
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
K85.90	Acute pancreatitis without necrosis or infection, unspecified

ICD-10 CODE	DESCRIPTION
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
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
M81.0	Age-related osteoporosis without current pathological fracture
M81.8	Other osteoporosis without current pathological fracture

ICD-10 CODE	DESCRIPTION
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition
M83.4	Aluminum bone disease
M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9	Adult osteomalacia, unspecified
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.88	Other specified disorders of bone density and structure, other site
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin
Q78.2	Osteopetrosis
Z68.30	Body mass index (BMI) 30.0-30.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult
Z68.34	Body mass index (BMI) 34.0-34.9, adult
Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.39	Body mass index (BMI) 39.0-39.9, adult
Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
ICD-10 CODE	DESCRIPTION
Z68.43	Body mass index (BMI) 50.0-59.9, adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult

ICD-10 CODE	DESCRIPTION
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
Z79.810	Long term (current) use of selective estrogen receptor modulators (SERMs)
Z79.811	Long term (current) use of aromatase inhibitors
Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels
Z79.82	Long term (current) use of aspirin
Z79.83	Long term (current) use of bisphosphonates
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.890	Hormone replacement therapy
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

E55.9* If more than one LCD-listed condition contributes to Vit. D deficiency in a given patient and/or is improved by Vit. D administration, coders should use: ICD-10 E55.9 UNSPECIFIED VITAMIN D DEFICIENCY. This code should not be used for any other indication.

E83.50* Use only for HYPERCALCIURIA

Group 2 Paragraph:

The following ICD-10-CM codes support the medical necessity of CPT code 82652

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
E55.0	Rickets, active
E55.9	Vitamin D deficiency, unspecified
E83.50*	Unspecified disorder of calcium metabolism
E83.52*	Hypercalcemia
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition

ICD-10 CODE	DESCRIPTION
M83.4	Aluminum bone disease
M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9*	Adult osteomalacia, unspecified
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N20.2	Calculus of kidney with calculus of ureter
N20.9	Urinary calculus, unspecified
N22	Calculus of urinary tract in diseases classified elsewhere

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

M83.9* Use only for tumor-induced osteomalacia

E83.50* Use only for unexplained hypercalciuria

E83.52* Use only for unexplained hypercalcemia

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All ICD-10-CM codes not listed in this policy under ICD-10-CM Codes that Support Medical Necessity above.

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
022x	Skilled Nursing - Inpatient (Medicare Part B only)

CODE	DESCRIPTION
023x	Skilled Nursing - Outpatient
085x	Critical Access Hospital
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CODE	DESCRIPTION
0300	Laboratory - General Classification
0301	Laboratory - Chemistry
0309	Laboratory - Other Laboratory

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55373 - Response to Comments: Vitamin D Assay Testing

LCD(s)

L34051 - Vitamin D Assay Testing

DL34051

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/09/2019 with effective dates 12/01/2019 - N/A

Keywords

- Osteopenia
- Bone Density
-
-

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Cardiovascular Disease Screening Tests ([NCD 210.11](#))

(<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=348&ncdver=1&bc=AgAAgAAAAAA&>)

HCPCS/CPT Codes

80061 – Lipid panel: This panel must include the following:

- **82465** – Cholesterol, serum, total
- **83718** – Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol)
- **84478** – Triglycerides

What's Changed?

- No 2020 first quarter changes

ICD-10 Codes

Z13.6

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](#) (<https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your Medicare Administrative Contractor \(MAC\)](#) (<http://go.cms.gov/MAC-website-list>) for guidance.

Who Is Covered

All Medicare beneficiaries without apparent signs or symptoms of cardiovascular disease

Frequency

Once every 5 years

Medicare Beneficiary Pays

- Copayment/coinsurance waived
- Deductible waived

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Diabetes Screening

HCPCS/CPT Codes

82947 – Glucose; quantitative, blood (except reagent strip)

82950 – Glucose; post glucose dose (includes glucose)

82951 – Glucose; tolerance test (GTT), 3 specimens
(includes glucose)

What's Changed?

- No 2020 first quarter changes

ICD-10 Codes

Z13.1

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage \(https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html\)](https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your Medicare Administrative Contractor \(MAC\) \(http://go.cms.gov/MAC-website-list\)](http://go.cms.gov/MAC-website-list) for guidance.

Who Is Covered

Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes

NOTE: Medicare beneficiaries previously diagnosed with diabetes are not eligible for this benefit.

Frequency

- One screening every 6 months for Medicare beneficiaries diagnosed with pre-diabetes
- One screening every 12 months if previously tested but not diagnosed with pre-diabetes or if never tested

Medicare Beneficiary Pays

- Copayment/coinsurance waived
- Deductible waived

Other Notes

- Append modifier –TS (Follow-up service) when submitting claims for Medicare beneficiaries with pre-diabetes.
- Medicare only pays claims for Durable Medicare Equipment (DME) if the ordering provider and DME supplier are actively enrolled in Medicare on the date of service or, in the case of the provider, have a valid opt-out affidavit on file. Tell your Medicare patients if you are not participating in Medicare before you order DME. Refer to [Medicare Enrollment for Providers Who Solely Order or Certify \(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1247538.html\)](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1247538.html) for information on how to enroll as an ordering, certifying, or prescribing provider.

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Hepatitis C Virus (HCV) Screening (**NCD 210.13** (<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=361&ncdver=1&bc=AAAAgAAAAAA&>))

HCPCS/CPT Codes

G0472 – Hepatitis c antibody screening, for individual at high risk and other covered indication(s)

What's Changed?

- No 2020 first quarter changes

ICD-10 Codes

Z72.89 and F19.20

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html) (<https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your Medicare Administrative Contractor \(MAC\)](http://go.cms.gov/MAC-website-list) (<http://go.cms.gov/MAC-website-list>) for guidance.

Who Is Covered

Certain adult Medicare beneficiaries who fall into at least one of the following categories:

- High risk for HCV infection
- Born between 1945 and 1965
- Had a blood transfusion before 1992

NOTE: Intermediate and high risk is defined in the [Medicare National Coverage Determinations Manual, Chapter 1, Part 4](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf) (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf), Section 210.13 – Screening for Hepatitis C Virus (HCV) in Adults.

Frequency

- Once for Medicare beneficiaries born from 1945 through 1965 who are not considered high risk (use ICD-10 Z11.59; effective October 1, 2017)
- An initial screening for Medicare beneficiaries, regardless of birth year, for adults at high risk, that is, beneficiaries who had a blood transfusion before 1992 and beneficiaries with a current or past history of illicit injection drug use
- Annually only for high risk Medicare beneficiaries with continued illicit injection drug use since the prior negative (HCV) screening test

Medicare Beneficiary Pays

- Copayment/coinsurance waived
- Deductible waived

Other Notes

- Refer to [Screening for Hepatitis C Virus \(HCV\) in Adults \(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8871.pdf\)](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8871.pdf) for more information.

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Human Immunodeficiency Virus (HIV) Screening ([NCD 210.7](#))

(<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=335&ncdver=2&bc=AAAAgAAAAAA&>)

HCPCS/CPT Codes

- 80081** – Obstetric panel (includes HIV testing)
- G0432** – Infectious agent antibody detection by enzyme immunoassay (eia) technique, hiv-1 and/or hiv-2, screening
- G0433** – Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, hiv-1 and/or hiv-2, screening
- G0435** – Infectious agent antibody detection by rapid antibody test, hiv-1 and/or hiv-2, screening
- G0475** – Hiv antigen/antibody, combination assay, screening

What's Changed?

- No 2020 first quarter changes

ICD-10 Codes

Increased risk factors **not** reported – Z11.4

Increased risk factors reported – Z11.4 and Z72.51, Z72.52, Z72.53, or Z72.89

Pregnant Medicare beneficiaries – Z11.4 and Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, or O09.93

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](#) (<https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your Medicare Administrative Contractor \(MAC\)](#) (<http://go.cms.gov/MAC-website-list>) for guidance.

Who Is Covered

Certain Medicare beneficiaries without regard to perceived risk or who are at increased risk for HIV infection, including anyone who asks for the test, or pregnant women.

NOTE: “Increased risk for HIV infection” is defined in the [Medicare National Coverage Determinations Manual, Chapter 1, Part 4](#) (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf), Section 210.7.

Frequency

- Annually for Medicare beneficiaries between the ages of 15 and 65 without regard to perceived risk
- Annually for Medicare beneficiaries younger than 15 and adults older than 65 who are at increased risk for HIV infection
- For Medicare beneficiaries who are pregnant, 3 times per pregnancy
 - First, when a woman is diagnosed with pregnancy
 - Second, during the third trimester
 - Third, at labor, if ordered by the woman's clinician

Medicare Beneficiary Pays

- Copayment/coinsurance waived
- Deductible waived

Other Notes

- Refer to [Screening for the Human Immunodeficiency Virus \(HIV\) Infection](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9403.pdf) (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9403.pdf>) for more information.

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Prostate Cancer Screening (**NCD 210.1** (<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=268&ncdver=2&bc=AgAAgAAAAAA&>))

HCPCS/CPT Codes

- G0102** – Prostate cancer screening; digital rectal examination
- G0103** – Prostate cancer screening; prostate specific antigen test (PSA)

What's Changed?

- No 2020 first quarter changes

ICD-10 Codes

Z12.5

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html) (<https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your Medicare Administrative Contractor \(MAC\)](http://go.cms.gov/MAC-website-list) (<http://go.cms.gov/MAC-website-list>) for guidance.

Who Is Covered

All male Medicare beneficiaries aged 50 and older (coverage begins the day after 50th birthday)

Frequency

Annually

Medicare Beneficiary Pays

G0102:

- Copayment/coinsurance applies
- Deductible applies

G0103:

- Copayment/coinsurance waived
- Deductible waived

Preventive Services Chart | Medicare Learning Network®



Screening for Sexually Transmitted Infections (STIs) & High Intensity Behavioral Counseling (HIBC) to Prevent STIs (NCD

210.10 ([https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&ncdver=1&bc=AgAAgAAAAAA&)

[NCDId=352&ncdver=1&bc=AgAAgAAAAAA&](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=352&ncdver=1&bc=AgAAgAAAAAA&))

HCPCS/CPT Codes

Chlamydia

86631 – Antibody; Chlamydia

86632 – Antibody; Chlamydia, IgM

87110 – Culture, chlamydia, any source

87270 – Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis

87320 – Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis

87490 – Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique

87491 – Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique

87810 – Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis

87800 – Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique

- Use 87800 when performing combined chlamydia and gonorrhea testing

Gonorrhea

87590 – Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique

87591 – Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique

87850 – Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae

87800 – Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique

- Use 87800 when performing combined chlamydia and gonorrhea testing

What's Changed?

- No 2020 first quarter changes

Syphilis

86592 – Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)

86593 – Syphilis test, non-treponemal antibody, quantitative

86780 – Antibody; *Treponema pallidum*

Hepatitis B (Hepatitis B Surface Antigen)

87340 – Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)

87341 – Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization

HIBC

G0445 – High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes

ICD-10 Codes

Z11.3, Z11.59, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z72.51, Z72.52, Z72.53, Z72.89, O09.90, O09.91, O09.92, and O09.93

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html) (<https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your Medicare Administrative Contractor \(MAC\)](http://go.cms.gov/MAC-website-list) (<http://go.cms.gov/MAC-website-list>) for guidance.

Who Is Covered

Certain Medicare beneficiaries when all of the following are true:

- Sexually active adolescents and adults at increased risk for STIs
- Referred for this service by a primary care provider and provided by a Medicare-eligible primary care provider in a primary care setting

Frequency

- One annual occurrence of screening for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant

- One annual occurrence of screening for syphilis in men at increased risk
- Up to two occurrences per pregnancy of screening for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening
- One occurrence per pregnancy of screening for syphilis in pregnant women:
 - Up to two additional occurrences in the third trimester and at delivery if at continued increased risk for STIs
- One occurrence per pregnancy of screening for hepatitis B in pregnant women:
 - One additional occurrence at delivery if at continued increased risk for STIs
- Up to two 30-minute, face-to-face HIBC sessions annually

Medicare Beneficiary Pays

- Copayment/coinsurance waived
- Deductible waived

Other Notes

- For more information about increased risk for STIs and covered Medicare beneficiaries, refer to the [Medicare National Coverage Determinations Manual, Chapter 1, Part 4](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf) (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf), Section 210.10.

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Local Coverage Determination (LCD): MoIDX: Genetic Testing for Lynch Syndrome (L36374)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L36374

Original Effective Date

For services performed on or after 06/01/2016

LCD Title**Revision Effective Date**

MoIDX: Genetic Testing for Lynch Syndrome

For services performed on or after 01/07/2021

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL36374

Retirement Date

N/A

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Notice Period Start Date

02/28/2019

Notice Period End Date

04/15/2019

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) Allows coverage and payment for only those services that are considered to be reasonable and necessary.

42 CFR 410.32(a) Order diagnostic tests.

42 CFR 411.5(k)(1) Particular Services excluded from coverage.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This policy limits Lynch syndrome (LS) genetic testing to a stepped approach for Microsatellite Instability and Immunohistochemistry (MSI/IHC) screening, BRAF gene mutation, MLH1 gene promoter hypermethylation and targeted mismatch repair (MMR) germ-line gene testing to all patients with colorectal cancer and endometrial cancer regardless of age, or a multi-gene NGS or other multi-analyte methodology that is inclusive of MSI microsatellite loci, and MLH1, MSH2, MSH6 and PMS2 genes. MSI/MMR testing is also covered for adult and pediatric patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or colorectal cancer that has progressed following treatment with fluoropyrimidine, oxaliplatin, and irinotecan.

Summary of Evidence

I. Lynch Syndrome (LS)

Most colorectal cancer is caused by non-hereditary somatic mutations. Individuals with LS (aka Hereditary nonpolyposis colorectal cancer (HNPCC)) are predisposed to cancer due to having inherited or de novo germ-line mutations in DNA repair genes, that result in an accelerated accumulation of somatic mutations. LS, the most common hereditary cause of colorectal cancer, accounts for 2-3% of all colorectal cancers, followed by familial adenomatous polyposis (FAP) which accounts for <1% of colorectal malignancies and MUTYH-associated polyposis (MAP) whose frequency of occurrence is very rare.

LS is an autosomal dominant familial cancer syndrome caused by mutations in multiple susceptibility genes (e.g., MLH1, MSH2, MSH6, PMS2, EPCAM), and is associated with an increased lifetime risk for colorectal cancer and other malignancies within the tumor spectrum including at least endometrial, ovarian, gastric, small bowel, urothelial, hepatobiliary tract, sebaceous and pancreatic cancers. Current literature suggests LS annually affects 28,000 individuals. In individuals with LS, the lifetime risk of colon cancer may be as high as 75% by the age of 70 years, with an average age onset of 45 years in MLH1 and MSH2 mutation carriers. While the incidence of adenomas in individuals with LS is similar to that in the general population, the high rate of colorectal cancer is due to an acceleration of the adenoma to carcinoma sequence.

Cancer risks associated with LS are largely derived from family studies. Mutations in MLH1 and MSH2 account for 70-90% of families with LS. The risk of colon and endometrial cancer is less in MSH6 and PMS2 mutation carriers, although the cancer risk may not be lower for MSH6 carriers if one takes the data out to

age 80. While individuals with a single MLH1, MSH2, MSH6 and PMS2 mutation develop cancers in mid-life, individuals with biallelic MLH1, MSH2, MSH6 and PMS2 mutations have a distinctive phenotype and tumor spectrum, and often develop cancer as early as the first decade of life.

First-degree relatives of mutation carriers have a 50% probability of having the same germ-line mutation. Despite the high penetrance of colorectal cancer and endometrial cancer and recommendations of consideration for screening unaffected first-degree relatives following diagnosis of a LS proband, testing of genetic carriers who are unaffected with a Lynch related cancer is not a Medicare benefit, and is statutorily excluded from coverage.

II. Testing Strategy for Patients with Personal History of Colorectal and Endometrial Cancer

There are 2 methods available to determine the presence of defective mismatch repair, i.e., microsatellite instability testing (MSI) and detection of loss of the protein product of the mismatch repair genes involved in DNA mismatch repair (MLH1, MSH2, MSH6 and PMS2) by immunohistochemistry (IHC). MSI testing and IHC are about equally sensitive (~95%) for detecting defective mismatch repair (MMR). Some authors advocate testing all tumors by both methods to ensure correct classification, while others prefer MSI testing if other biomarkers are being evaluated. The policy does not dictate the use of one method or another. However, if IHC is done first and is abnormal, MSI testing is not warranted. If IHC is normal, MSI is warranted.

Step 1: IHC testing for LS Screening

The use of IHC to detect loss of DNA mismatched repair (MMR) protein expression complements MSI to screen patients for defective MMR (dMMR), including both sporadic dMMR and LS dMMR. IHC allows detection of loss of protein expression for the MLH1, MSH2, MSH6 and PMS2 genes. Loss of MMR protein expression is detected by the absence of nuclear staining in the tumor cells and the presence of nuclear staining in lymphocytes and normal colon crypt epithelial cells.

The MMR proteins are present as heterodimers (MLH1 pairs with PMS2, and MSH2 pairs with MSH6). Knowledge of MMR protein expression loss patterns allows a logical and cost effective “directed” testing appropriate for germ-line mutation analysis. As a general rule, loss of expression of MLH1 or MSH2 is associated with loss of their partners. For example, mutation of the MLH1 gene generally leads to loss of expression of both the MLH1 and PMS2 proteins. However, loss of PMS2 or MSH6 due to a germ-line mutation is associated only with loss of the mutated protein. For example, mutation of the PMS2 gene leads to loss of expression of only the PMS2 protein.

If IHC is done first and is abnormal, MSI testing is not warranted. Often IHC is done first because of its rapid turn-around and minimal amount of tissue required. If IHC demonstrates loss of protein expression for the MLH1, MSH2, MSH6 and PMS2 genes, the following test results direct further testing:

- MLH1 loss by IHC, test for BRAF gene mutation (Step 3) or test for MLH1 promoter, (Step 4)
- MSH2/MS6 loss by IHC, perform MSH2 germ-line testing (Step 5)

If IHC test results are normal, there remains a small chance of high levels of microsatellite instability (MSI-H), so both IHC and MSI would be needed to rule out LS in a clinically suspicious setting.

Step 2: Microsatellite Instability (MSI) and/or Deficient Mismatch Repair (MMR) by IHC Analysis for LS Screening

MSI analysis for screening LS microsatellites are short repeated segments of DNA spread throughout the genome. Under normal conditions, the MMR gene complex (MLH1, MSH2, MSH6 and PMS2 genes) corrects mismatched base pairs that occur during the final stage of DNA replication. When the MMR complex is functioning normally, all cells show an identical pattern of microsatellite lengths. When the MMR complex is non-functioning, due to 2 hits of any type, random mutations accumulate in microsatellites, leading to

differences in microsatellite lengths (microsatellite instability, MSI). Therefore, MSI indicates loss-of-function defects in a MMR protein, which may be due to somatic mutations, germ-line MMR gene mutations, allelic loss, or to epigenetic down-regulation. MSI is usually associated with absence of protein expression of one or more of the MMR proteins (MLH1, MSH2, MSH6 and PMS2).

DNA from paraffin-embedded tumor tissue and normal tissue or peripheral blood is used for MSI analysis. A microsatellite is considered unstable if the distribution of the tumor fragments differs from that of the normal tissue. Noncancerous tissue in individuals with LS does not show MSI because normal tissue is heterozygous for the germ-line mutation.

Levels of MSI in colon tumors are classified as:

- **MSI-H** - 30% or more of a tumor's markers are unstable;
- **MSI-L** - > one but < 30% of a tumor's markers are unstable;
- **MSS** - no loci are unstable.

MSI-L and MSS indicates the MMR mechanism is functioning adequately. Virtually all colorectal cancer tumors from individuals with LS demonstrate MSI-H. However, MSI-H is NOT diagnostic of LS as MSI-H can be observed in roughly 15% of sporadic colorectal cancers. In other Lynch tumors, the percentage level of MSI-H is less consistent and is inadequately studied.

As indicated above, MSI testing is not necessary if IHC demonstrates loss of protein expression for the MLH1, MSH2, MSH6 and PMS2 genes. If IHC test results are normal, there remains a small chance of high levels of microsatellite instability (MSI-H), so both IHC and MSI should be performed to rule out LS in a clinically suspicious setting such as meeting a Revised Bethesda guideline. Additionally, some individuals with MSH6 germ-line mutations do not manifest the MSI-H phenotype. This finding supports the diagnostic strategy to screen suspected LS patients with colorectal cancer by both MSI and IHC. IHC can be used to identify whether the protein products of MLH1, MSH2, MSH6 and PMS2 genes are present or absent. Individuals with tumors that display high levels of MSI or loss of expression of MMR proteins by IHC are then referred for targeted germ-line mutation.

Definitive Molecular Testing for LS

1. Next generation sequencing (NGS "hotspot") testing platforms: Molecular testing for MLH1, MSH2, MSH6 and PMS2 genes by NGS is covered as medically acceptable for the identification of LS by this contractor. BRAF V600E and MLH1 promoter methylation may not be included in NGS panel hereditary colon cancer panels. If MLH1 is abnormal for MMR by IHC, BRAF codon 600 reflex testing may be performed. If BRAF is negative, reflex MLH1 promoter methylation may be performed. Reflex EpCAM testing is indicated when EpCAM is not included in a hereditary colon cancer panel by NGS and IHC shows a loss of MSH2.
2. Non-NGS testing platforms: Molecular testing for MLH1, MSH2, MSH6 and PMS2 genes by non-NGS must be based upon IHC and/or MSI preliminary test results according to the following stepped approach:

Steps 3 and/or 4 apply only for tumors that are negative for MLH1 protein expression by IHC.

Step 3: BRAF V600E (BRAF) Mutation Testing

BRAF mutation testing and MLH1 promoter methylation studies distinguish between sporadic dMMR and LS dMMR. This is because BRAFM mutation and MLH1 PHM are very seldom seen in LS. BRAF mutation testing of the colorectal cancer tumor is associated with the presence of an epigenetic alteration (i.e., hypermethylation of MLH1) and either finding excludes germ-line MMR gene mutation (e.g., LS).

Step 4: MLH1 Promoter Hypermethylation (MLH1 PHM)

The combination of MLH1 PHM and a BRAF mutation in tumors rules out LS and no further molecular analysis is warranted. Tumors with MLH1 PHM identify dMMR which will most often be sporadic, but its presence does not fully rule out LS. However, there have been rare reports of MLH1 hypermethylation as a

second hit in LS and there are new reports of constitutional MLH1 methylation. As a rule, discovery of MLH1 PHM indicates the tumor is not due to LS.

The following combinations of BRAF and MLH1 promoter methylation test results direct further testing in individuals with colorectal cancers with loss of IHC expression of MLH1/PMS2:

- If BRAF mutation is present, no further testing is medically necessary; LS is ruled out.
- If BRAF mutation is absent, MLH1 promoter methylation testing is indicated and directs the following testing:
- If MLH1 is hypermethylated, germline MLH1 is not medically necessary.
- If the MLH1 promoter is hypermethylated and modified Amsterdam Criteria ACII is fulfilled, germ-line MLH1 may still be considered (2nd hit scenario).
- If the MLH1 promoter is normally methylated, and BRAF is negative for mutation then germ-line MLH1 testing is medically indicated.

Note: There is variability in laboratory preference for BRAF and MLH1 promoter testing sequence. Although BRAF is generally cheaper and faster, some labs test MLH1 PHM first because it is more sensitive for detection of sporadic dMMR.

In a study by Gausachs (2012), when MLH1 PHM testing is used in conjunction with BRAF mutation testing, the cost per additional mutation detected when using hypermethylation analysis was lower than that of BRAF and germinal MLH1 mutation analysis. Somatic hypermethylation of MLH1 is an accurate and cost-effective pre-screening method in the selection of patients that are candidates for MLH1 germ-line analysis when LS is suspected and MLH1 protein expression is absent.

Step 5: Targeted MMR (MLH1, MSH2, MSH6 and PMS2 gene) Germ-line and EpCAM Testing

Step 5A: MLH1 Testing

When IHC shows loss of both MLH1 and PMS2, further genetic testing of PMS2 is not indicated, as no cases have been reported of a PMS2 germ-line mutation when IHC showed a loss of both MLH1 and PMS2. PMS2 mutations have only been detected when IHC shows a loss of PMS2 only. If MLH1 gene mutation is positively identified, then LS is diagnosed and further testing of the patient is not medically necessary.

Step 5B: MSH2 Testing

When IHC shows loss of MSH2 and MSH6, genetic testing should start with analysis of the MSH2 gene, given its frequency of germ-line mutation in LS. If MSH2 germ-line mutation is identified, then LS is diagnosed, and further testing of the patient is not medically necessary.

However, if genetic testing for germ-line mutations in MSH2 is negative, analysis for deletion in the EpCAM gene should be performed (Step 6). If EpCAM is also negative, genetic testing of MSH6 should be performed (Step 5C). The presence of MSI and the loss of MSH2/MSH6 strongly indicate a MMR germ-line defect.

Step 5C: MSH6 Testing

When IHC shows loss of just MSH6, it suggests a germ-line mutation in MSH6 and genetic testing of that gene is indicated. As previously noted, MSH6 colorectal cancer tumors can be MSI-H, MSI-L or MSS. This pitfall illustrates the utility of IHC for MMR protein expression. If MSH6 germ-line mutation is identified, then LS is diagnosed, and further testing of the patient is not medically necessary.

Step 5D: PMS2 Testing

If IHC shows PMS2 loss only, germ-line testing for PMS2 mutations is indicated. No cases of a PMS2 germ-line mutation have been identified after IHC showed a loss of both MLH1 and PMS2. If PMS2 germ-line mutation is identified, then LS is diagnosed, and further testing of the patient is not medically necessary.

Step 6: EpCAM Testing

Recently, deletions in a portion of the EpCAM gene were found in a subset of families with LS with a loss of MSH2 by IHC. A common deletion in the 3' region of EpCAM causes somatic hypermethylation of MSH2, as the 2 genes are adjacent to one another on chromosome 2. Approximately 20% of patients with absence of MSH2 and MSH6 protein expression by IHC, but without MSH2 or MSH6 mutation, will have germ-line deletions in EpCAM. Early estimates suggest that germ-line mutations in EpCAM may account for approximately 6% of LS cases and possibly as high as 30% when IHC shows a loss of MSH2.

Note: Many labs incorporate EpCAM detection their MSH2 dup/deletion analysis.

III. Indications of Coverage

IHC and/or MSI Testing

LS tumor screening with IHC or MSI is considered medically necessary and covered by Medicare for the following indications:

- All individuals with colorectal cancer regardless of age **OR**
- Individuals with endometrial cancer

*Hereditary nonpolyposis colorectal cancer (HNPCC)-related tumors include colorectal, endometrial, gastric, ovarian, pancreas, ureter and renal pelvis, biliary tract, brain (usually glioblastomas as seen in Turcot syndrome), small intestinal cancers, and sebaceous gland adenomas and keratoacanthomas as seen in Muir-Torre syndrome

- For patients with unresectable or metastatic solid tumors, either MSI or IHC or a multigene NGS or other multi-analyte methodology panel inclusive of MSI microsatellite loci, and MLH1, MSH2, MSH6 and PMS2 genes is medically reasonable and necessary.

For coverage, the treating physician/pathologist is expected to follow the stepped approach outlined for LS screening and targeted MMR testing in this policy. Germ-line testing includes sequence and duplication-deletion analysis for a given gene.

MMR Germline Gene Mutation Testing Exception

If a lab is unable to perform the stepped testing approach outlined in this LCD, multiple germ-line gene testing will be covered by Medicare only for 1 or more of the following findings:

- MSI/IHC testing yields normal IHC and MSI-H, suggesting LS
- If tumor is not available or determined by a pathologist to be inadequate to assess DNA MMR deficiency by MSI or IHC, then MMR germ-line testing can be conducted on blood from patient with colorectal cancer or endometrial cancer.
- Diagnosis of any Lynch-associated cancer prior to Medicare eligibility **AND** tumor sample no longer available **AND** meets either Revised Bethesda guidelines or has at least a personal 5% estimated likelihood to be mutation positive, as calculated by an established available risk model (e.g., PREMM, MMRpredict, MMRpro)

If targeted gene testing is not possible, testing of the 4 MMR genes can be performed concurrently followed by testing for EPCAM, or per a testing strategy deemed appropriate by the physician.

Testing for Known Familial Variant

Testing for a specific known familial variant is considered medically necessary and covered only when the individual being tested has signs and symptoms of a Lynch-associated cancer **AND** has a blood relative with the specific disease-causing mutation for LS.

Note: This LCD does not imply that testing family members of a known familial variant is not medically warranted. The scope of the Medicare benefit requires the beneficiary to have signs and symptoms of disease. Coverage of molecular testing for LS for carrier status or family studies is considered screening and

is statutorily excluded from coverage.

IV. Limitations

Molecular testing for LS to identify carrier status or family studies is not a Medicare benefit.

Analysis of Evidence (Rationale for Determination)

Level of Evidence

Quality of Evidence – High

Strength of Evidence – High

Weight of Evidence - High

Based on the high level of scientific evidence to support Medicare coverage, MSI and/or IHC genetic testing for dMMR is reasonable and necessary for all patients with colorectal and endometrial cancer. Alternatively, a NGS panel inclusive of MSI, MLH1, MSH2, MSH6 and PMS2 genes is reasonable and necessary in lieu of MSI and/or dMMR by IHC.

General Information

Associated Information

Documentation Requirements

Medical Documentation of Suspected LS

This contractor expects the ordering/treating physician or pathologist to obtain sufficient clinical and family history to warrant first-line testing (IHC/MSI), and subsequent targeted MMR germ-line testing or for germ-line mutation exceptions (as above). The clinical/family data to support IHC/MSI testing should be documented in the test interpretation/report and the information should be available to the lab performing targeted testing to assist the lab in the appropriate selection of target genes. Labs performing MMR germ-line panels without appropriate selection of targeted genes based on patient data, screening test (MSI/IHC) results, or exceptions are not reasonable and necessary.

This contractor recognized that there is some variation in the order of testing based on tissue availability, prevalence, patient history, test availability, testing turn-around time and patient treatment schedule. However, the contractor does not expect routine MMR germ-line mutation testing prior to appropriate screening (IHC/MSI).

At the current time, there is insufficient data to warrant MMR testing for prostate cancer, even though preliminary studies suggest that prostate cancer in MMR gene mutation carriers share a molecular profile and at least 1 pathological feature in common with other LS-associated tumors. Similarly the clinical significance of MMR testing in other malignancies is not known. Therefore, molecular testing for malignancies other than those specifically cited in this LCD is non-covered.

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/07/2021	R6	<p>Under Associated Information, the verbiage "When MSI/IHC testing cannot be performed or is contradictory, claims for MMR germ-line testing exemptions will require the addition of the KX modifier with the billing CPT code. The KX modifier specifies that the "Requirements specified in the medical policy have been met. Documentation on file". Documentation must be provided upon request." has been removed and is included in the related Billing and Coding: MolDX: Genetic Testing for Lynch Syndrome.</p> <p>Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were defined and inserted where appropriate throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Provider Education/Guidance
11/01/2019	R5	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires</i></p>	<ul style="list-style-type: none"> Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	
11/01/2019	R4	<p>CMS references were revised. TOB 028x was not transferred to the coding article. Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
11/01/2019	R3	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
04/16/2019	R2	This LCD version was created as a result of DL36374 being released to a Final LCD.	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
12/15/2016	R1	<p>Added "endometrial cancer" to the end of the first paragraph under Coverage Indications, Limitations and/or Medical Necessity.</p> <p>Redefined age limitation of patient, added more clarity for NGS "hotspot", updated reference numbers 13, 14, and added new references.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A54996 - Billing and Coding: MoIDX: Genetic Testing for Lynch Syndrome

A56104 - Billing and Coding: MoIDX: Microsatellite Instability-High (MSI-H) and Mismatch Repair Deficient (dMMR)

Biomarker Billing and Coding Guidelines for Patients with Unresectable or Metastatic Solid Tumors

A56362 - Response to Comments: MoIDX: Genetic Testing for Lynch Syndrome

LCD(s)

DL36374

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 12/22/2020 with effective dates 01/07/2021 - N/A

Updated on 01/29/2020 with effective dates 11/01/2019 - 01/06/2021

Updated on 01/06/2020 with effective dates 11/01/2019 - N/A

Updated on 10/31/2019 with effective dates 11/01/2019 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

Local Coverage Article: Billing and Coding: MolDX: Genetic Testing for Lynch Syndrome (A54996)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A54996

Original Effective Date

06/01/2016

Article Title

Billing and Coding: MoIDX: Genetic Testing for Lynch Syndrome

Article Type

Billing and Coding

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Revision Effective Date

12/10/2020

Revision Ending Date

N/A

Retirement Date

N/A

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.0 Clinical Laboratory services.

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2. Travel Allowance.

CMS Internet-Only Manual, Pub. 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

As per the LCD MoIDX: Genetic Testing for Lynch Syndrome (LS), laboratory providers must follow a stepped approach to meet the reasonable and necessary criteria. To progress to each subsequent step, refer to the indications detailed in the policy.

Step 1:

LS screening to detect the presence of a defective mismatch pair may be performed by ONE or both of the following methods:

1. Immunohistochemistry (IHC) for MLH1, MLH2, MSH6, and PMS2
2. Microsatellite instability analysis (MSI)

To bill services for this step, choose the appropriate codes for methods(s) performed:

	Test	CPT® Code	UOS
Method 1	IHC-initial	88342	1
	IHC-ea.addl.	88341	3
AND/OR			
Method 2	MSI	81301	1

If results from methods 1 or 2 are abnormal, proceed to step 2.

Step 2:

LS definitive testing may be performed by ONE of the following methods:

1. Next generation sequencing (NGS or "hotspot") testing platforms, OR
2. Non-NGS testing platforms

To bill services for this step, choose ONE method:

Step 2	Test	CPT® Code	UOS
Method 1	Hereditary colon cancer disorders genomic sequence panel	81435	1
OR			
Method 2	Non-NGS testing: Continue steps as indicated by LCD		
Step 3	BRAF V600E	81210	1
Step 4	MLH1, Promoter Methylation	81288	1
Step 5A	MLH1	81292	1
		81293	1
		81294	1
Step 5B	MSH2	81295	1
		81296	1
		81297	1
Step 5C	MSH6	81298	1
		81299	1
		81300	1
Step 5D	PMS2	81317	1
		81318	1
		81319	1
Step 6	EpCAM	81403	1

Note: For Non-NGS testing (Step 2-6, Method 2), you may ONLY progress to the subsequent genetic test **IF** additional information is necessary to rule out or diagnose LS.

Documentation Requirements

Medical Documentation of Suspected LS

When MSI/IHC testing cannot be performed or is contradictory, claims for MMR germ-line testing exemptions will require the addition of the KX modifier with the billing CPT® code. The KX modifier specifies that the "Requirements specified in the medical policy have been met. Documentation on file". Documentation must be provided upon request.

To report a Lynch Syndrome service, please submit the following claim information:

- Select appropriate CPT® code
- Enter 1 unit of service (UOS)

- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Item 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81210	BRAF (B-RAF PROTO-ONCOGENE, SERINE/THREONINE KINASE) (EG, COLON CANCER, MELANOMA), GENE ANALYSIS, V600 VARIANT(S)
81288	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; PROMOTER METHYLATION ANALYSIS
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE

CODE	DESCRIPTION
	ANALYSIS; DUPLICATION/DELETION VARIANTS
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS
81432	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, ALWAYS INCLUDING BRCA1, BRCA2, CDH1, MLH1, MSH2, MSH6, PALB2, PTEN, STK11, AND TP53
81433	HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSES FOR BRCA1, BRCA2, MLH1, MSH2, AND STK11
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE
88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
88342	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE
0101U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), GENOMIC SEQUENCE ANALYSIS PANEL UTILIZING A COMBINATION OF NGS, SANGER, MLPA, AND ARRAY CGH, WITH MMRNA ANALYTICS TO RESOLVE VARIANTS OF UNKNOWN SIGNIFICANCE WHEN INDICATED (15 GENES [SEQUENCING AND DELETION/DUPLICATION], EPCAM AND GREM1

CODE	DESCRIPTION
	[DELETION/DUPLICATION ONLY])

Group 2 Paragraph:

The following CPT codes do not represent the stepped approach for Lynch Syndrome testing outlined in the related policy, and therefore have been determined as non-covered for Lynch Syndrome testing.

Group 2 Codes:

CODE	DESCRIPTION
81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES (EG, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED
81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 51 OR GREATER GENES (EG, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), INTERROGATION FOR SEQUENCE VARIANTS AND COPY NUMBER VARIANTS OR REARRANGEMENTS, IF PERFORMED
0130U	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS), TARGETED MRNA SEQUENCE ANALYSIS PANEL (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, AND TP53) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0134U	HEREDITARY PAN CANCER (EG, HEREDITARY BREAST AND OVARIAN CANCER, HEREDITARY ENDOMETRIAL CANCER, HEREDITARY COLORECTAL CANCER), TARGETED MRNA SEQUENCE ANALYSIS PANEL (18 GENES) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0157U	APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL ADENOMATOSIS POLYPOSIS [FAP]) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0158U	MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0159U	MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0160U	MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

CODE	DESCRIPTION
0161U	PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG, HEREDITARY NONPOLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) MRNA SEQUENCE ANALYSIS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
0162U	HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQUENCE ANALYSIS PANEL (MLH1, MSH2, MSH6, PMS2) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

Group 3 Paragraph:

CPT® codes that are also referenced in other articles.

Group 3 Codes:

CODE	DESCRIPTION
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY (EG, BAT25, BAT26), INCLUDES COMPARISON OF NEOPLASTIC AND NORMAL TISSUE, IF PERFORMED
81403	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR IN 2 OR MORE INDEPENDENT REACTIONS, MUTATION SCANNING OR DUPLICATION/DELETION VARIANTS OF 2-5 EXONS)
81435	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 10 GENES, INCLUDING APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, AND STK11
81436	HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL ADENOMATOSIS POLYPOSIS); DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST 5 GENES, INCLUDING MLH1, MSH2, EPCAM, SMAD4, AND STK11

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The correct use of an ICD-10 code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

These are the only ICD-10 codes that Support Medical Necessity for CPT® Codes in Group 1 and Group 3.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction

ICD-10 CODE	DESCRIPTION
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C45.1	Mesothelioma of peritoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri

ICD-10 CODE	DESCRIPTION
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle

ICD-10 CODE	DESCRIPTION
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C78.5	Secondary malignant neoplasm of large intestine and rectum
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
ICD-10 CODE	DESCRIPTION
D12.6	Benign neoplasm of colon, unspecified
K63.5	Polyp of colon
L85.3	Xerosis cutis
Z15.04	Genetic susceptibility to malignant neoplasm of endometrium
Z15.09	Genetic susceptibility to other malignant neoplasm
Z80.0	Family history of malignant neoplasm of digestive organs
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.53	Personal history of malignant neoplasm of renal pelvis
Z85.54	Personal history of malignant neoplasm of ureter
Z85.59	Personal history of malignant neoplasm of other urinary tract organ
Z85.841	Personal history of malignant neoplasm of brain
Z86.010	Personal history of colonic polyps

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/10/2020	R6	<p>Under Article Text added the subheading Documentation Requirements and <u>Medical Documentation of Suspected LS</u> with the related verbiage "When MSI/IHC testing cannot be performed or is contradictory, claims for MMR germ-line testing exemptions will require the addition of the KX modifier with the billing CPT® code. The KX modifier specifies that the "Requirements specified in the medical policy have been met. Documentation on file". Documentation must be provided upon request."</p> <p>Under ICD-10 Codes that Support Medical Necessity Group 1: Paragraph added the verbiage "and Group 3" to the second paragraph. Typographical errors were corrected throughout the article.</p>
07/31/2020	R5	<p>CPT codes 81432 and 81433 are added to Group 1 Codes: effective 7/31/2020.</p> <p>CPT/HCPCS codes 0157U, 0158U, 0159U, 0160U, 0161U and 0162U are added and the description for 0101U is revised due to the 2020 Annual CPT/HCPCS Code Update, effective 1/1/2020.</p>
11/01/2019	R4	<p>CMS references are revised. Effective 10/1/19 - added codes 0130U and 0134U to Group 2.</p> <p>Effective 12/5/19 - created new Group 3 CPT® code group, moved codes 81301, 81403, 81435 from Group 1 to Group 3. Code 81436 is a new code added to Group 3.</p>
11/01/2019	R3	<p>ICD-10 codes did not transfer in original conversion, ICD-10 codes are added.</p>
11/01/2019	R2	<p>As required by CR 10901 article is converted to a formal billing and coding type article. CPT 0104U is deleted 10/1/2019.</p>
07/01/2019	R1	<p>Added HCPCS codes 0101U and 0104U per the 3rd Quarter HCPCS Updates. Added 81293, 81294, 81296, 81297, 81299, 81300, 81318, 81319 and 81479. Multiple code additions were made to the table in Step 2, effective 8/15/19.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36374 - MoIDX: Genetic Testing for Lynch Syndrome

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/23/2020 with effective dates 12/10/2020 - N/A

Updated on 06/25/2020 with effective dates 07/31/2020 - N/A

Updated on 01/06/2020 with effective dates 11/01/2019 - N/A

Updated on 12/05/2019 with effective dates 11/01/2019 - N/A

Updated on 10/31/2019 with effective dates 11/01/2019 - N/A

Updated on 07/27/2018 with effective dates 06/01/2016 - N/A

Keywords

N/A

Local Coverage Determination (LCD): Lab: Bladder/Urothelial Tumor Markers (L36680)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L36680

Original Effective Date

For services performed on or after 05/16/2017

LCD Title

Revision Effective Date

Lab: Bladder/Urothelial Tumor Markers

For services performed on or after 03/04/2021

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL36680

Retirement Date

N/A

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Notice Period Start Date

03/31/2017

Notice Period End Date

05/15/2017

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CMS National Coverage Policy

Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862(a)(7) states Medicare will not cover any services or procedures associated with routine physical checkups.

42 CFR §411.15 Particular Services Excluded From Coverage

42 CFR §410.32 Diagnostic X-ray Tests, Diagnostic Laboratory Tests, and Other Diagnostic Tests: Conditions

42 CFR §410.33 Independent Diagnostic Testing Facility

CMS Internet-Only Manual, Publication 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.3, Diagnosis code requirements

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

INDICATIONS

Gross painless hematuria is often the first manifestation of a urothelial tumor. Since the degree of hematuria bears no relation to the seriousness of the underlying disease, the microscopic finding of blood in the urine is a serious symptom until significant pathology has been excluded.

At this time, there is no published consensus from the following national organizations: National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO), American Urological Association (AUA) and the International Bladder Cancer Consensus Group (IBCCG) regarding the management of persistent asymptomatic microscopic hematuria. Due to insufficient supporting data, the AUA's 2001 best practices policy could not recommend routine use of voided urinary markers in the evaluation of patients with microscopic hematuria.⁽³⁾

Recommended surveillance schedules for patients with a previous negative evaluation for unexplained microscopic hematuria include annual urinalysis and voided urinary cytology until the hematuria resolves, or for up to three years if microscopic hematuria persists. The AUA has been silent regarding practice guidelines due to the paucity of prevalence studies on asymptomatic microscopic hematuria.

Cystoscopy in conjunction with bladder tumor markers is the standard practice to evaluate patients with symptoms suggesting bladder cancer and to monitor treated patients for recurrence or progression. Although cystoscopy is considered the "gold standard", studies have shown that up to 20% of tumor can be missed. Urinary cytology has close to a 90%-100% specificity, but only 10%-50% sensitivity for low grade urinary cancer (UC) detection. Due to this deficit, clinicians have sought noninvasive tumor markers detectable in urine.

Upwards of 50% of patients have recurrence of bladder cancer within five (5) years.

After initial diagnosis and treatment, patients with UC are frequently monitored every three months for the first two

years, every four months for the third year, and then usually twice a year for the fourth year. Annual monitoring is recommended during years 5 through 15.

Diagnostic and Surveillance Tests

- **BTA TRAK®** - a quantitative determination of human complement factor H-related protein
- **Nuclear matrix protein 22 (NMP-22®)** - detects nuclear mitotic apparatus protein believed to be released during apoptosis; a quantitative assay, which is either positive or negative
- **NMP-22® BladderChek®** - a CLIA-waved assay, point of care test with an immunochromographic qualitative format taking 20 minutes to perform
- **The UroVysion®** Bladder Cancer Kit is fluorescence in situ hybridization (FISH) DNA probe technology. It is designed to detect aneuploidy for chromosomes 3, 7, 17 and loss of the 9p21 locus. This assay involves visualization of nucleic acid sequences within cells by creating short sequences of fluorescently labeled, single-strand DNA probes that match target sequences. The probes bind to complementary strands of DNA to identify the targeted chromosome(s) location. It is used to detect chromosomal abnormalities in voided urine to assist not only in bladder cancer surveillance but also in the initial identification of bladder cancer.

Scientific studies demonstrate the sensitivity of BTA and NMP-22® are superior to urinary cytology.⁽¹⁾ Studies affirm the adjunctive value of BTA stat® and NMP-22® in suspected and known bladder cancer in conjunction with cystoscopy. However, false positive results occur more frequently in the presence of hematuria, nephrolithiasis, recent GU instrumentation, inflammation and other urological malignancies. Administration of Bacillus Calmette-Guerin (BCG) within 2 years of testing decreases specificity to 28%.

The DNA probe assay has high sensitivity (81%) and specificity (96%) for high grade tumors but lower sensitivity (36-57%) for low grade and stage tumors. The assay specificity approaches that of cytology, and can be utilized in patients recently treated with intravesical BCG. This can result in a positive UroVysion® test with a negative study for UC. This assay has also been shown to be useful in predicting tumor recurrence following BCG therapy.

At present the IBCCG has recommended that tumor markers be used in conjunction with cystoscopy. They also concluded that routine screening for bladder cancer is not cost-effective.⁽³⁾ The US Preventive Services Task Force concluded bladder tumor markers do not have a proven role in screening of asymptomatic patients for early detection of bladder cancer.⁽³⁾ NCCN, ASCO, and AUA are silent regarding the utilization of these bladder tumor markers.

Surveillance Tests

- **BTA (bladder tumor antigen) stat®** - a qualitative CLIA-waved test that identifies a human complement factor H-related protein produced by several human bladder cell lines
- **The ImmunoCyt™** test is cleared for monitoring bladder cancer recurrence only in conjunction with cytology and cystoscopy. The assay uses fluorescent labeled antibodies to 3 markers (carcinoembryonic antigen, and mucins LDQ10 and M344) commonly found on malignant exfoliated urothelial cells. The ImmunoCyt™ assay has also been shown to be more sensitive than urine cytology.

LIMITATIONS

Cystoscopy in conjunction with bladder tumor markers is standard practice to evaluate patients with symptoms suggesting bladder cancer and to monitor treated patients for recurrence or progression. Exceptions, such as high grade bladder cancers s/p radical cystectomy, do exist which preclude cystoscopy prior to testing. Testing

indications, limitations and frequency do not apply to urine cytology.

Bladder cancer tumor markers performed by any technology, immunoassay, molecular or FISH testing are not covered for screening of all patients with hematuria. Bladder tumor markers are not expected to be performed until other diagnostic studies fail to identify the etiology of the hematuria. Urine cytology is not considered a bladder tumor marker.

All other bladder cancer marker assays, including but not limited to the following, regardless of the methodology are considered investigational and not covered by Medicare:

- BCLA-4
- BLCA-1
- Hyaluronic acid
- Hyaluronidase
- Lewis X antigen
- Microsatellite markers
- Quanticyt
- Soluble FAS TATI (tumor associated trypsin inhibitor)
- Soluble e-cadherin
- Survivin
- Telomerase
- UBC™ Rapid Test (urinary bladder cancer test for cytokeratins 8 and 18)

Summary of Evidence

NA

Analysis of Evidence (Rationale for Determination)

NA

General Information

Associated Information

Documentation Requirements

The medical record must clearly identify the number and frequency of bladder marker testing.

Medical record documentation must be legible, must be maintained in the patient's medical record (hard copy or electronic copy), and must meet the criteria contained in this LCD and be made available to the A/B MAC upon request.

Utilization Guidelines

- Only one bladder cancer test per single date of service (e.g., FISH then reflex cytology) are considered reasonable and necessary.
- For high risk patients with persistent hematuria and a negative FISH assay following a comprehensive diagnostic (no tumor identified) workup, ONE repeat FISH testing in conjunction with cystoscopy is considered reasonable and necessary within 1 year of the original attempted diagnosis.

Follow-up after initial/most recent occurrence and treatment

- Maximum of four (4) bladder tumor marker studies per year for years 1-2
- Maximum of three (3) bladder tumor marker studies per year for year 3
- Maximum of two (2) bladder tumor marker studies for year 4 and
- Maximum of one (1) bladder tumor marker studies follow-up annually for up to 15 years.

Sources of Information

N/A

Bibliography

1. Polymedco, Inc. 2008. [BTA stat[®]Test](#). Cortlandt, NY.
2. Grossfeld GD, Litwin MS, Wolf JS Jr, et al. Evaluation of asymptomatic microscopic hematuria in adults: The American Urological Association best practice policy part II: Patient evaluation, cytology, voided markers, imaging, cystoscopy, nephrology evaluation, and follow-up. *Urology*. 2001;57(4):604-10.
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4. Lokeshwar VB, Habuchi T, Grossman HB, et al. Bladder tumor markers beyond cytology: International Consensus Panel on bladder tumor markers. *Urology*. 2005;66:35-63.
5. Messing EM, Teot L, Korman H, et al. Performance of urine test in patients monitored for recurrence of bladder cancer: A multicenter study in the United States. *J Urol*. 2005;174(4 pt 1):1238-41.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
03/04/2021	R7	Under CMS National Coverage Policy updated descriptions and added section headings to regulations. Moved sources 1-5 from Sources of Information to Bibliography . NMP-22 [®] and ImmunoCyt [™] was inserted where appropriate throughout the LCD. Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted and defined where appropriate throughout the LCD.	<ul style="list-style-type: none">• Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/01/2019	R6	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
10/01/2019	R5	<p>10/01/2019: This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: Lab: Bladder/Urothelial Tumor Markers A55029 Article.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Provider Education/Guidance
10/01/2019	R4	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>This LCD was converted to the "no-codes" format.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2019	R3	10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.	<ul style="list-style-type: none"> Revisions Due To Code Removal
05/16/2017	R2	<p>01/30/2019 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Added "Lab" to the title of the LCD.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
05/16/2017	R1	<p>09/05/2018 - At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>LCD revised to add ICD-10-CM codes: C7A.010, C7A.011, C7A.012, C7A.019, C7A.020 , C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7B.01, C7B.02, C7B.03, C7B.04 and E34.0.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A55029 - Billing and Coding: Lab: Bladder/Urothelial Tumor Markers

A55458 - Response to Comments: Bladder/Urothelial Tumor Markers

LCD(s)

DL36680

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 02/23/2021 with effective dates 03/04/2021 - N/A

Updated on 01/29/2020 with effective dates 10/01/2019 - 03/03/2021

Updated on 11/21/2019 with effective dates 10/01/2019 - N/A

Updated on 10/04/2019 with effective dates 10/01/2019 - N/A

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Keywords

N/A

Local Coverage Article: Billing and Coding: Lab: Bladder/Urothelial Tumor Markers (A55029)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
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Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
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Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A55029

Original Effective Date

05/16/2017

Article Title

Billing and Coding: Lab: Bladder/Urothelial Tumor Markers

Article Type

Billing and Coding

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Revision Effective Date

02/11/2021

Revision Ending Date

N/A

Retirement Date

N/A

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub 100-4, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, §60.1.2 Independent Laboratory Specimen Drawing, §60.2 Travel Allowance

CMS Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Chapter 23, §10 Reporting ICD Diagnosis and Procedure Codes

Article Guidance

Article Text:

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for Lab: Bladder/Urothelial Tumor Markers (L36680).

Noridian will only cover bladder tumor marker fluorescence in situ hybridization (FISH) testing services when performed using validated assays. To date, UroVysion™ Bladder Cancer Kit is the only Federal Drug Administration (FDA) approved assay that is designed to detect aneuploidy for chromosomes 3, 7, 17 and loss of the 9p21 locus via FISH. The assay is performed on urine specimens from persons with hematuria suspected of having bladder cancer as an aid for initial diagnosis of bladder carcinoma and subsequent monitoring for tumor recurrence in patient previously diagnosed with bladder cancer. UroVysion™ Bladder Kit services may only be billed by a CLIA certified lab.

To bill UroVysion™ Bladder Kit services, submit the following claim information:

- Select CPT® code 88120 or 88121 as appropriate
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form

Laboratories reporting only the technical component for a UroVysion™ service should append the appropriate code 88120 or 88121 with the TC modifier.

All other services that meet the code 88120 or 88121 definition performed by any provider type MUST bill the following claim information.

- Select CPT® code 88120 or 88121 as appropriate
- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim

- Enter the appropriate DEX Z-Code™ identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB04 claim form.

To register a test for a DEX Z-Code™ identifier, follow the registration process outlined in the MoIDX Test Registration article located on the MoIDX site. Once an identifier has been assigned, submit a technical assessment (TA) request as documented on the MoIDX site TA Process.

Note: Physicians may NOT submit claims for a code 88120 and 88121 professional component when the interpretive information is provided by a lab technician or scientist. Per Chapter 10 in the NCCI Policy Manual for Medicare Services, Version 16.3, the physician work component requires a physician to read, quantitate and interpret the tissues/cells stained with the probes(s). Physicians who knowingly report an interpretation based on the documented results of another professional may be subject to additional corrective action including Recovery Audit Contractor (RAC) or fraud referrals.

To report a Bladder/Urothelial Tumor Marker service, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10 code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER TUMOR ANTIGEN)
86316	IMMUNOASSAY FOR TUMOR ANTIGEN, OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH
86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN; MANUAL
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR PROBES, EACH SPECIMEN; USING COMPUTER-ASSISTED TECHNOLOGY

CPT/HCPCS Modifiers**Group 1 Paragraph:**

N/A

Group 1 Codes:

CODE	DESCRIPTION
TC	TECHNICAL COMPONENT; UNDER CERTAIN CIRCUMSTANCES, A CHARGE MAY BE MADE FOR THE TECHNICAL COMPONENT ALONE; UNDER THOSE CIRCUMSTANCES THE TECHNICAL COMPONENT CHARGE IS IDENTIFIED BY ADDING MODIFIER 'TC' TO THE USUAL PROCEDURE NUMBER; TECHNICAL COMPONENT CHARGES ARE INSTITUTIONAL CHARGES AND NOT BILLED SEPARATELY BY PHYSICIANS; HOWEVER, PORTABLE X-RAY SUPPLIERS ONLY BILL FOR TECHNICAL COMPONENT AND SHOULD UTILIZE MODIFIER TC; THE CHARGE DATA FROM PORTABLE X-RAY SUPPLIERS WILL THEN BE USED TO BUILD CUSTOMARY AND PREVAILING PROFILES

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.020	Malignant carcinoid tumor of the appendix

ICD-10 CODE	DESCRIPTION
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.098	Malignant carcinoid tumors of other sites
C7A.8	Other malignant neuroendocrine tumors
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.8	Other secondary neuroendocrine tumors
D09.0	Carcinoma in situ of bladder
D41.4	Neoplasm of uncertain behavior of bladder
D49.4	Neoplasm of unspecified behavior of bladder
E34.0	Carcinoid syndrome
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.21*	Asymptomatic microscopic hematuria
R31.29*	Other microscopic hematuria
Z78.9*	Other specified health status
Z85.51	Personal history of malignant neoplasm of bladder

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

R31.2 (before October 1, 2016) and R31.21 or R31.29 (effective October 1, 2016) are to be used only when repeat testing is believed to be medically reasonable and necessary, and must be listed as secondary with the primary neoplastic diagnosis.

Z78.9 To be used only when repeat testing is believed to be medically reasonable and necessary, and must be listed as secondary with the primary neoplastic diagnosis.

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
02/11/2021	R6	This article is being revised to correct diagnosis codes. R31.9 was removed as noted in revision history 5. R31.1 was added back in as was deleted in error.
02/11/2021	R5	Under Article Text inserted UroVysion™ where applicable. In paragraphs 3 and 5 revised 1st bullet points to read "Select CPT® code 88120 or 88121 as appropriate," and 2nd and 3rd bullet points to read "Enter the appropriate DEX Z-CODE™ Identifier adjacent to the CPT® code in the comment/narrative field for the following Part A claim field/types:". Under ICD-10 Codes that Support Medical Necessity Group 1: Codes deleted C7A.00, C7A.019, C7A.029, C7A.094, C7A.095, C7A.096, C7B.00, C78.00 and R31.9. Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted and defined where appropriate throughout the article.
10/01/2019	R4	<p>10/01/2019: This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related Lab: Bladder/Urothelial Tumor Markers L36680 LCD and placed in this article.</p> <p>Moved all verbiage in the ICD-10 Codes that Support Medical Necessity Group 1: Paragraph section to the Group 1: Medical Necessity ICD-10 Codes Asterisk Explanation section. Under ICD-10 Codes that Support Medical Necessity Group 1: Codes placed an asterisk by ICD-10 Codes R31.21, R31.29 and Z78.9. Under CPT/HCPCS Modifiers added modifier TC. CPT® was inserted throughout the article where applicable.</p>
10/01/2019	R3	<p>Converted to Billing and Coding article type.</p> <p>Changed name from "MoIDX: Bladder Tumor Marker FISH Billing and Coding Guidelines" to "Billing and Coding: Lab: Bladder/Urothelial Tumor Markers."</p>
10/01/2017	R2	R2-Added MoIDX in title, added coding instructions for all other services that meet the code 88120 or 88121 by any provider type and specified "identifier" as DEX Z-Code™ identifier in the test registration paragraph.
05/16/2017	R1	Added billing information for Part A and clarified it for Part B.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36680 - Lab: Bladder/Urothelial Tumor Markers

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

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Updated on 10/04/2019 with effective dates 10/01/2019 - N/A

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Keywords

- UroVysion®
- FISH
- DEX Z-Code™
- Coding
- Billing

Local Coverage Determination (LCD): GlycoMark® Testing for Glycemic Control (L36866)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L36866

Original Effective Date

For services performed on or after 08/01/2017

LCD Title

Revision Effective Date

Proposed LCD in Comment Period

N/A

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Source Proposed LCD

DL36866

Retirement Date

N/A

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Notice Period Start Date

06/15/2017

Notice Period End Date

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

42 CFR §410.32(a) indicates that diagnostic tests may be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This is a non-coverage policy for the GlycoMark® assay (aka 1,5-anhydroglucitol [1,5-AG]; developed by Nippon Kayaku, Co., Ltd).

Summary of Evidence

Current Diabetes Testing

Hemoglobin A1C measurement, reflecting hemoglobin glycation over the erythrocyte life span, is proportional to the mean glucose concentration over the preceding 2-3 months. A1C testing is recommended by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) consensus guideline for pharmacotherapy to control hyperglycemia in type 2 diabetes.¹ In addition to A1C, fasting plasma glucose is used by patients and physicians to monitor diabetes. However, recent evidence strongly suggests that control of post-prandial hyperglycemia (PPG) may be necessary to achieve A1C targets <7%.²

Several landmark clinical trials have convincingly demonstrated that individuals with diabetes are at increased risk of developing microvascular complications including retinopathy, nephropathy and neuropathy, as well as cardiovascular (CV) disease.^{3,4,5} The importance of tight glycemic control for protection against microvascular and CV disease in diabetes was established in the Diabetes Control and Complications Trial (DCCT)/Epidemiology of Diabetes Interventions and Complications (EDIC) study.⁶ The role of glycemic control on microvascular disease in type 2 diabetes was documented in the United Kingdom Prospective Diabetes Study (UKPDS).⁷ In addition, improving glycemic control improves microvascular outcomes, as illustrated by the findings of a meta-analysis of randomized trials (34,912 participants).⁸

Considerable data indicates that elevated PPG levels, even in the absence of fasting hyperglycemia, increases the risk for CV disease.^{9,10,11} Numerous epidemiological studies have demonstrated a correlation between risk for CVD and both fasting and postprandial plasma glucose levels or A1C values.¹¹ The United Kingdom Prospective Diabetes Study (UKPDS),³ the Diabetes Control and Complications Trial (DCCT),⁵ the Action to Control Cardiovascular Risk in

Diabetes (ACCORD),¹² and the Action in Diabetes and Vascular Disease: Preterax and Diamicron Modified Release Controlled Evaluation (ADVANCE)¹³ were landmark controlled clinical trials that evaluated the benefits of intensive glucose control on diabetes complications. Both the DCCT and UKPDS primary intervention studies also demonstrated long-term macrovascular benefits (>10 year follow-up).^{6,14} These studies illustrate that intensive glycemic control early in the course of diabetes is important in achieving CV benefit and provides guidance in terms of stratification of patients' target glycemic control. The fact that postprandial glucose control is essential to optimize blood glucose levels has been confirmed by randomized controlled trials where therapeutic agents primarily target postprandial hyperglycemia.^{15,16,17}

1,5-AG Assay

Measurement of serum 1,5-anhydroglucitol (1,5-AG) is thought to be a useful index of postprandial hyperglycemia, and is thought to be more robust than hemoglobin A1C (A1C) or fructosamine (used to evaluate glycemic control over 10-14 days).^{18,19} There is evidence that glycemic excursions, an aspect of diabetes control incompletely captured by A1C, may contribute to vascular damage independently of mean glucose concentration (A1C).^{20,21,22} Testing for 1,5-AG has been proposed to be an additional glycemic biomarker to assist clinicians in the management of glycemic control, particularly in patients with moderate to near-normal glycemic control to complement frequent self-monitoring or continuous monitoring of plasma glucose to confirm overall glycemic control.

The 1,5-AG test measures the blood level of 1,5-anhydroglucitol, a compound that is ingested in food. Because the compound is not metabolized, a relatively constant blood level is maintained in individuals with blood glucose below 180 mg/dL via urinary excretion and reabsorption. In non-diabetic individuals, the rate of intake of 1,5-AG is matched by the daily excretion rate such that the serum levels and urinary excretion remain constant. When a diabetic's blood glucose exceeds 180 mg/dL, 1,5-AG reabsorption is competitively blocked by glucose and the serum level of 1,5-AG falls. Serum 1,5-AG decreases until glucose level drops below 180 mg/dL when 1,5-AG reabsorption resumes a steady rate. In brief, 1,5-AG levels are inversely proportional to the degree of hyperglycemia.

Proponents of serum 1,5-AG claim that testing reflects hyperglycemia over the past 2 weeks (inter-day excursions) and is recommended by the manufacturer for use in persons with diabetes and A1C <8% to help identify patients with frequent hyperglycemic excursions, and may be useful for estimating within-day glycemic excursion. They specify that serum 1,5-AG correlates with postprandial hyperglycemia in persons with diabetes and A1C <7% and is stated to be more strongly correlated with glucose variability as compared to A1C, fructosamine or glycated albumin over 2 to 3 days in persons with moderate glycemic control (A1C <8%). Data suggests that 1,5-AG is strongly inversely associated with A1C and fasting glucose in persons diagnosed with diabetes but is poorly correlated with fasting glucose and A1C in persons without diabetes. Multiple publications correlate various 1,5-AG end points with continuous glucose monitoring and show potentially improved correlation with glucose fluctuation and A1C in patients with diabetes and A1C <8% than other biomarkers.^{23,24,25,26,27,28} However, the number of studies and the quality of study correlations is poor. Appropriate clinical targets are unclear, as the strongest correlations are observed at the highest glucose concentrations, which suggests that the utility of 1,5-AG may primarily be limited to persons with overtly elevated glucose.

Analysis of Evidence (Rationale for Determination)

Level of Evidence:

Quality: Poor

Strength: Poor

Weight: Minimal

In summary, the data to support the use of this test is based on showing correlations over short periods with other early glycemic markers (A1C, fructosamine, or glycated albumin) but is not specific to the intended use population. Comparative studies do not show that 1,5-AG is as good as a 2-hour post prandial blood glucose, or alternative biomarker. At the current time, the relationship of 1,5-AG to long term diabetic complications in a patient with A1C <8% is unknown. Furthermore, no prospective studies have shown that managing 1,5-AG in patients with an A1C of 6.5-8% reduces micro- or macrovascular complications. In addition, there are no definitive guidelines for using alternative biomarkers as adjuncts to standard markers of glycemia, such as A1C, fasting glucose, or self-monitoring blood glucose measures. Long-term prospective studies are lacking, and large cohort studies are warranted to determine whether alternative biomarkers have potential utility for early diagnosis, management of diabetes, and prevention of diabetic complications.

Due to the lack of clinical utility, 1,5-AG testing is not reasonable and necessary for the management of diabetes or the prevention of diabetic complications, and is not covered by Medicare.

General Information

Associated Information

N/A

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
03/04/2021	R4	<p>Under LCD Title added registered mark to GlycoMark. Under CMS National Coverage Policy updated descriptions and added section headings to regulations. Under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Provider Education/Guidance
10/01/2019	R3	<p>10/01/2019:This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding</p>	<ul style="list-style-type: none"> Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>were removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: GlycoMark Testing for Glycemic Control A57238 Article.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/01/2019	R2	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage.</p> <p>LCD was converted to the "no-codes" format.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
12/21/2017	R1	Added 21st Century Cures Act Information	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57238 - Billing and Coding: GlycoMark Testing for Glycemic Control

A55528 - Response to Comments: GlycoMark Testing for Glycemic Control

LCD(s)

DL36866

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 02/23/2021 with effective dates 03/04/2021 - N/A

Updated on 12/04/2019 with effective dates 10/01/2019 - 03/03/2021

Updated on 09/18/2019 with effective dates 10/01/2019 - N/A

Keywords

- GlycoMark
- Glycemic Control
- 1,5-Anhydroglucitol
- Hemoglobin A1C
- 1,5-AG Assay
- Diabetes

Local Coverage Article: Billing and Coding: GlycoMark Testing for Glycemic Control (A57238)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
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Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57238

Original Effective Date

10/01/2019

Article Title

Billing and Coding: GlycoMark Testing for Glycemic Control

Revision Effective Date

10/01/2019

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes".

Article Guidance

Article Text:

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for GlycoMark Testing for Glycemic Control L36864.

To receive a GlycoMark test denial, please submit the following claim information:

- CPT® code 84378 or 84999
- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services
 - For a voluntary issued ABN, append with GX modifier
 - To indicate a statutorily excluded service, append with a GY modifier

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
84378	SUGARS (MONO-, DI-, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH SPECIMEN
84999	UNLISTED CHEMISTRY PROCEDURE

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity**Group 1 Paragraph:**

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2019	R1	10/01/2019: This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related GlycoMark Testing for Glycemic Control L36866 LCD and placed in this article. Under CPT/HCPCS Modifiers added modifier GX and GY.

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55528 - Response to Comments: GlycoMark Testing for Glycemic Control

LCD(s)

L36866 - GlycoMark® Testing for Glycemic Control

DL36866

- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/04/2019 with effective dates 10/01/2019 - N/A

Updated on 09/18/2019 with effective dates 10/01/2019 - N/A

Keywords

- GlycoMark
- Glycemic Control
- 84378
- 1.5-Anhydroglucitol
- Hemoglobin A1C
- 1,5-AG Assay
- Diabetes

Local Coverage Determination (LCD): Lab: Coenzyme Q10 (CoQ10) (L37068)

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Contractor Information

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Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
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Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID
L37068

Original Effective Date

For services performed on or after 10/02/2017

LCD Title

Revision Effective Date

Lab: Coenzyme Q10 (CoQ10)

For services performed on or after 02/25/2021

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL37068

Retirement Date

N/A

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Notice Period Start Date

08/17/2017

Notice Period End Date

10/01/2017

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.

42 CFR §410.32(a) indicates that diagnostic tests may be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This is a non-coverage policy for serum or other body fluid testing for levels of Coenzyme Q10 (CoQ10 or Q10), also known as ubiquinone, ubidecarenone, coenzyme Q, for all diseases. Q10 supplementation is purported to:

- Prolong life and prevent age-related functional declines
- Inhibit the development and/or progression of atherosclerosis
- Have value as an adjunct to conventional medical therapy in the treatment of congestive heart failure, conventional angina therapy, and cancer
- Is protective against myocardial damage during ischemia-reperfusion during cardiac surgery
- Is beneficial in the treatment of hypertension, cardiovascular disease and diabetes
- Plays a role in neurodegenerative diseases, such as Parkinson's disease, Huntington's disease, Friedreich's ataxia
- Enhance athletic performance
- Enhance fertility

However, scientific indications for Q10 supplementation, except as anecdotally reported for rare mitochondrial encephalomyopathies, are poor and/or controversial, as are indications for Q10 testing by any methodology.

Q10 is a highly lipophilic molecule with a chemical structure similar to vitamin K. Its most prominent role is to facilitate the production of adenosine triphosphate (ATP) in the mitochondria by participating in redox reactions within the electron transport chain. Two major factors lead to deficiency of Q10 in humans: reduced biosynthesis and increased use by the body. As many as 12 genes control biosynthesis; Q10 levels may also be controlled by other genetic defects not directly related to Q10 biosynthesis.

Summary of Evidence

Heart disease

Q10 shares a biosynthetic pathway with cholesterol. An intermediary precursor of Q10 is inhibited by some beta blockers, antihypertensive medications and statins, but the role of statins in deficiencies is controversial.¹

Some chronic disease conditions (cancer, heart disease, etc.) are also thought to reduce the biosynthesis of and increase the demand for CoQ10 in the body, but there is no definite data to support these claims.² A 2014 Cochrane Collaboration meta-analysis found "no convincing evidence to support or refute" the use of CoQ10 for the treatment of heart failure.³ Evidence with respect to preventing heart disease in those who are otherwise healthy is also poor.⁴

Statin myopathy

Q10 has been routinely used to treat muscle breakdown associated as a side effect of use of statin medications. However, evidence from randomized controlled trials does not appear to support the idea that CoQ10 is an effective treatment for statin myopathy.⁵

Cancer

No large well-designed clinical trials of CoQ10 in cancer treatment have been done.⁶ The National Cancer Institute identified issues with the few, small studies that have been done stating, "the way the studies were done and the amount of information reported made it unclear if benefits were caused by the CoQ10 or by something else".⁶ The American Cancer Society has concluded, "CoQ10 may reduce the effectiveness of chemo and radiation therapy, so most oncologists would recommend avoiding it during cancer treatment."

Neuromuscular and Neurologic Diseases

Available evidence suggests that "CoQ10 is likely ineffective in moderately improving" the chorea associated with Huntington's disease.⁷

Migraine headache

Supplementation of CoQ10 has been found to have a beneficial effect on the condition of some sufferers of migraine. An explanation for this is the theory that migraines are a mitochondrial disorder,⁸ and that mitochondrial dysfunction can be improved with CoQ10.⁹ The Canadian Headache Society guideline for migraine prophylaxis recommends, based on low-quality evidence, that 300 mg of CoQ10 be offered as a choice for prophylaxis.¹⁰

Dental disease

A review study has shown that there is no clinical benefit to the use of CoQ10 in the treatment of periodontal disease.¹¹ Most of the studies suggesting otherwise were outdated, focused on in vitro tests, too few test subjects and/or erroneous statistical methodology and trial setup, or were sponsored by a manufacturer of the product.

Mitochondrial encephalomyopathies

This group of genetic disorders results from abnormalities in the function of the mitochondrial transport chain. Tissue Q10 deficiencies have been found in a very small subpopulation of individuals with mitochondrial encephalomyopathies.¹² In these rare individuals, Q10 supplementation has resulted in clinical improvement.¹³

Male infertility

Q10 can improve some measurements regarding sperm quality. However, there is no evidence that Q10 increases pregnancy rates or live births.¹⁴

Analysis of Evidence (Rationale for Determination)

Level of Evidence

Quality - 2C

Strength - Weak

Wright - Weak

Based on the results of multiple articles representing multiple conditions, the scientific evidence to support coverage of Q10 for any purpose is controversial and/or limited for all diseases. Randomized controlled studies are recommended to demonstrate clinical utility. Consequently, testing for Q10 is not a Medicare benefit.

General Information

Associated Information

No comments were received for this draft LCD for comment period ending 4/10/2017.

Sources of Information

See Bibliography

Bibliography

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14. Lafuente R, González-Comadrán M, Solà I, et al. Coenzyme Q10 and male infertility: a meta-analysis. *Journal of assisted reproduction and genetics*. 2013;30 (9): 1147–56.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
02/25/2021	R6	<p>Under CMS National Coverage Policy updated description for regulation Title XVIII of the Social Security Act, §1862(a)(1)(A) to read "allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis and treatment of illness or injury to improve the functioning of a malformed body member" and updated description for regulation 42 CFR §410.32(a) to read "indicates that diagnostic tests may be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements". under Bibliography changes were made to citations to reflect AMA citation guidelines. Formatting, punctuation and typographical errors were corrected throughout the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Provider Education/Guidance
01/01/2020	R5	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
01/01/2020	R4	<p>Additional information for revision #3: As required by CR 10901, all billing and coding information has been moved to the companion article; this article is linked to the LCD.</p> <p>This revision adds to revision #3 to remove CMS National Coverage Policy references that do not address coverage from the LCD. These have been added to the related Billing and Coding article.</p> <p>01/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
10/01/2019	R3	<p>10/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>This LCD was converted to the "no-codes" format.</p>	<ul style="list-style-type: none"> • Revisions Due To Code Removal
04/30/2018	R2	<p>02/25/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Update to add "Lab" to the title and delete reference #7 in the Summary of Evidence and Bibliography.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
04/30/2018	R1	<p>Removed reference #9 in the Bibliography section because it was withdrawn. Also removed the content referencing #9. Corrected bibliography numbering and references 10-15 throughout the policy.</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A55770 - Billing and Coding: Lab: Coenzyme Q10 (CoQ10)

LCD(s)

DL37068

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 02/15/2021 with effective dates 02/25/2021 - N/A

Updated on 01/29/2020 with effective dates 01/01/2020 - 02/24/2021

Updated on 12/19/2019 with effective dates 01/01/2020 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

- Coenzyme
- CoQ10
- Q10
- ubiquinone
- ubidecarenone
- coenzyme Q

Local Coverage Article: Billing and Coding: Lab: Coenzyme Q10 (CoQ10) (A55770)

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Contractor Information

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Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
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Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
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Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
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Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID
A55770

Original Effective Date
10/02/2017

Article Title

Revision Effective Date

Billing and Coding: Lab: Coenzyme Q10 (CoQ10)

01/01/2020

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS On-Line Manual, Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, §§80.0, 80.1.1, 80.2. Clinical Laboratory services.

CMS Internet-Only Manuals, Publication 100-04, *Medicare Claims Processing Manual*, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.12 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance.

CMS Internet Online Manual Pub. 100-04 (*Medicare Claims Processing Manual*), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes."

Article Guidance

Article Text:

The following billing and coding guidance is to be used with its associated Local Coverage Determination.

To receive a Q10 service denial, please submit the following claim information:

- CPT® code 82542
- For a voluntary issued Advanced Beneficiary Notice (ABN), append with GX modifier

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
82542	COLUMN CHROMATOGRAPHY, INCLUDES MASS SPECTROMETRY, IF PERFORMED (EG, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), NON-DRUG ANALYTE(S) NOT ELSEWHERE SPECIFIED, QUALITATIVE OR QUANTITATIVE, EACH SPECIMEN

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R2	<p>Removed CMS National Coverage Policy references related to coverage. These are listed in the related LCD.</p> <p>Under Article Text section: Added ® to CPT. Removed "Select the appropriate diagnosis for the patient" from the bullets.</p> <p>Added 82542 to the CPT/HCPCS Codes field.</p> <p>Added GX to the CPT/HCPCS Modifiers field.</p>
10/01/2019	R1	<p>This article was converted to a Billing and Coding Article type and is to be used with its associated Local Coverage Determination.</p> <p>The article title was changed from "Coenzyme Q10 (Q10) Coding and Billing Guideline" to "Billing and Coding: Lab: Coenzyme Q10 (CoQ10)" to match the LCD title.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L37068 - Lab: Coenzyme Q10 (CoQ10)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 12/19/2019 with effective dates 01/01/2020 - N/A

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Keywords

- Coenzyme
- CoQ10
- Q10
- ubiquinone
- ubidecarenone
- coenzyme Q
- Lab

Local Coverage Determination (LCD): MolDX: Prometheus IBD sgi Diagnostic® Policy (L37313)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
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LCD Information

Document Information

LCD ID

L37313

Original Effective Date

For services performed on or after 01/30/2018

LCD Title**Revision Effective Date**

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

DL37313

Retirement Date

N/A

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Notice Period Start Date

12/14/2017

Notice Period End Date

01/29/2018

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.

42 CFR § 410.32(a) indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes, §80.1.2 A/B MAC (B) Contacts With Independent Clinical Laboratories

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

This is a non-coverage policy for the Prometheus IBD sgi Diagnostic® test. The intended use of this test is to aid healthcare providers in differentiating inflammatory bowel disease (IBD) vs non-IBD, and Crohn's disease (CD) vs Ulcerative Colitis (UC) in a comprehensive blood test. The test includes nine serological markers: ASCA IgA, ASCA IgG, anti-OmpC IgA, anti-CBir1 IgG, anti-A4 Fla2 IgG, anti-FlaX IgG, IBD-specific pANCA auto-antibody, IBD-specific pANCA IFA (perinuclear pattern), IBD-specific pANCA IFA DNase Sensitivity; four genetic immune response markers (SNPs): ATG16L1, STAT3, NKX2-3, and ECM1; and five inflammatory biomarkers: ICAM-1, VCAM-1, VEGF, CRP and SSA. A proprietary Smart Diagnostic Algorithm interprets patterns among the multiple assay values to produce an IBD score. The test results are reported as "consistent with IBD" (consistent with UC; consistent with CD, or inconclusive for UC vs CD) or "not consistent with IBD". In addition to the algorithmic test interpretation, the results of the 17 biomarkers are also individually reported.

Summary of Evidence

CD and UC represent the two main forms of idiopathic chronic IBD. While the etiology remains idiopathic, evidence suggests that the ongoing inflammation in IBD results from persistent overly aggressive inflammatory responses to a subset of commensal microorganisms in a genetically susceptible host with exposure to environmental triggers. CD is characterized by discontinuous, transmural regions of intestinal inflammation most frequently involving the terminal ileum and colon, but can affect any part of the gastrointestinal tract, with symptoms of abdominal pain, weight loss and variable degrees of diarrhea, and complications of intestinal fibrosis, strictures and fistula formation. In contrast, UC is limited to the mucosa and submucosa of the colon, with particular involvement of the rectum. Classic symptoms of active UC include diarrhea, hematochezia, tenesmus and defecatory urgency. Extra intestinal manifestations of IBD occur in up to 25% of patients. Joints, skin and eyes may be affected. In both CD and UC, disease activity is typically relapsing and remitting, although the disease course of CD is typically progressive. Although UC and CD can usually be differentiated on the basis of clinical, radiographic, endoscopic, and histologic findings, these conditions can be difficult to distinguish in about 10% to 15% of IBD patients.

Evolution of IBD Testing

In the mid-2000s, two serologic markers – anti-Saccharomyces cerevisiae antibodies (ASCA) and perinuclear anti-

neutrophil cytoplasmic antibodies (pANCA) – were used to diagnose IBD, and distinguish between UC and CD. Studies had shown that patients with CD had significantly higher ASCA antibodies than did controls or patients with UC. The reason CD patients have both IgA and IgG-ASCA is unclear. Overall, the sensitivity for either IgA or IgG-ASCA is in the range of 55% with specificity of about 90%. On the other hand, pANCA, a true autoantibody, was observed to be associated with colonic forms of IBD, particularly UC, with a sensitivity of approximately 60-70%. However, these pANCA-positive CD patients typically have a clinical phenotype resembling left-sided UC, so pANCA detection alone is of little value in distinguishing between UC and Crohn's colitis.

A second generation IBD panel (IBD First Step®) was marketed by Prometheus Laboratories (2000) consisting of more sensitive ASCA and pANCA assays and the addition of a second microbial antigen, OmpC. Anti-OmpC was added to increase the sensitivity for CD. Subsequently, a third generation serology panel (IBD Serology 7) was offered by Prometheus Laboratories in 2006. The panel is composed of the following markers: ASCA-IgA, ASCA-IgG, anti-OmpC-IgA, anti-CBir1-IgA, and three ANCA tests: pANCA, ANCA-IgG and DNase-sensitive pANCA. The Smart Diagnostic Algorithm analyzes and correlated test results with patterns known to the database to be associated with IBD. It supposedly can predict an IBD diagnosis even when all 7 of the parameters of the IBD Serology 7 panel would be considered normal on the basis of the reference ranges provided.¹ It was reported to identify another 20% or more of otherwise seronegative CD patients.² The IBD Serology 7 panel has a sensitivity of 93%, specificity of 95% and positive predictive value of 96% in population prevalence of 59% according to Prometheus. A positive anti-CBir1 can additionally help distinguish between UC and CD in pANCA positive patients. However, in a comparison study evaluating the predictive IBD Serology 7 with routine blood test (IgA-ASCA, IgG-ASCA) in a pediatric population referred for initial evaluation of suspected IBD, the sensitivity, specificity, positive predictive value, negative predictive value, and k value for the serologic panel was 67%, 76%, 63%, 79% and 47%. The antflagellin antibody assay had sensitivity of 50% and specificity of 53%. Despite the inclusion of antflagellin in the IBD7 panel, the IBD7 panel had lower predictive values compared with routine laboratory tests in pediatric screening for IBD.³

Concern has been raised about serologic testing for IBD because the data evaluating the role of serologic testing were obtained in individuals with a known diagnosis of either CD or UC. In many of these studies, the controls were normal healthy individuals. The use of the Smart Diagnostic Algorithm based on pattern recognition has not been published in a peer-reviewed journal. Similarly, the characteristics of the validation cohort (age, gender, race, etc.) are not known or whether any of these patient characteristics affect serologic markers. However, the greatest uncertainty pertains to the precise role for serologic testing in the diagnosis of IBD patients. Austin, et al¹ state that "while there are no prospectively validated data on the accuracy of IBD serologic testing in patients with suspected IBD, the presence of positive serologic markers likely does increase the probability that the person has IBD compared with the general population". However, they note that when a physician has a reasonable index of suspicion for IBD, more definitive imaging and endoscopic studies are required to confirm or refute the diagnosis and plan treatment, regardless of the serologic results. When the physician has a low index of suspicion for IBD, a positive serologic test is likely to result in unnecessary evaluation, and a negative serologic test only adds additional expense without benefit. These authors specify that further research is required to develop the evidence that is necessary for rational use of serologic testing.

The American College of Gastroenterology, in its guideline on the clinical management of Crohn's Disease in adults, states that serologic tests are not routinely recommended to establish a diagnosis of CD.⁴ The American College of Gastroenterology, in its "Ulcerative Colitis Practice Guidelines in Adults" ⁵ specifies that serologic testing (ANCA/ASCA) may be useful in the occasional patient in whom no other clinical or pathologic features allow a differential diagnosis between UC and CD. Additionally, serological studies evaluating anti-glycan antibodies and antibodies to microbial antigens are being studied to support the diagnosis of inflammatory bowel disease, but the reliability of these tests in helping establish a diagnosis is still not sufficient.⁵

The fourth iteration of Prometheus' IBD testing, IBD sgi Diagnostic® test, combines serologic (n=8), genetic (n=4) and inflammatory biomarkers (n=5). In addition to the 7 serologic tests in the IBD Serology 7, two additional serologic markers: anti-Fla-X and anti-A4-FL2; four genetic markers: ATG16L1, ECM1, NKX2.3 and STAT3; and four

inflammatory markers: VEGF, ICAM and VCAM, CRP and SAA are marked to increase the discriminatory ability of the assay to be an adjunct in the diagnosis of UC vs CD. The IBD sgi Diagnostic® product monograph⁶ includes an extensive bibliography that documents associations of the 17 component markers, individually and in combination, with UC and/or CD. Development and performance characteristics of the 17-marker panel are described without citation, and it is unclear what standard criterion was used for diagnosis. Overall sensitivity for IBD, UC, and CD is reported as 74%, 98%, and 89%, respectively; specificity is reported as 90%, 84%, and 81%, respectively; receiver operating characteristic (ROC) analysis showed greater discrimination with the 17-marker panel (area under the curve [AUC], 0.871) compared with any individual marker (greatest AUC=0.690 for IgA anti-Saccharomyces cerevisiae antibodies [ASCA]). Test performance characteristics for distinguishing UC from CD were not provided.

In a 2012 review of the monograph, Shirts et al⁷ observed that serologic tests for ASCA-IgA, ASCA-IgG, and atypical perinuclear anti-neutrophil cytoplasmic antibody are standard of care in the diagnostic workup of IBD although not all investigators include these tests in recommended diagnostic strategies. These 3 markers are included in the 17-marker panel. Based on a meta-analysis of 60 studies (total N=11,608), pooled sensitivity and specificity of the 3-test panel were 63% and 93%, respectively, for diagnosing IBD. Because the product monograph does not include a comparison of the 17-marker panel with the 3- marker panel, incremental improvement in diagnosis with the 17-marker panel is unknown. Shirts et al calculated an AUC for the 3-marker panel of 0.899.

Analysis of Evidence (Rationale for Determination)

Level of Evidence

Quality: Poor

Strength: Moderate

Weight: Moderate

Although manufacturer data supports clinical validity of the test for diagnosing IBD, this evidence is insufficient to support an indirect chain of evidence for clinical utility due to lack of details about study methodology and lack of replication of the findings. For distinguishing UC from CD, clinical validity has not been established. No studies examining the clinical utility of IBD sgi Diagnostic® have been identified. Furthermore, there are no US Preventive Services Task Force (USPSTF) recommendations for genetic or molecular testing for IBDs, and no recommendations for multi-marker panels that include genetic tests to facilitate diagnosis or prognosis of CD or UC.^{4, 5} Consequently, this assay does not meet Medicare's reasonable and necessary criteria for coverage. Additionally, each of the individual components that comprise this assay, except ASCA-IgA, ASCA-IgG, and atypical perinuclear anti-neutrophil cytoplasmic antibody, are additionally non-covered for the diagnosis of IBD.

General Information

Associated Information

N/A

Sources of Information

N/A

Bibliography

1. Austin GL, Herfarth HH, Sandler RS. A critical evaluation of serologic markers for inflammatory bowel disease. Clin Gastroenterol Hepatol 2007;5:545-7.
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4. Lichtenstein GR, Loftus EV, Isaacs KL, et al. ACG clinical guideline: Management of Crohn's disease in adults. Am J Gastroenterol 2018;113:481-517; doi: 10.1038/ajg.2018.27.
5. Kornbluth A, Sachar DB. Ulcerative colitis practice guidelines in adults: American college of gastroenterology, practice parameters committee. Am J Gastroenterol 2010;105:501-23; doi: 10.1038/ajg.2010.52.
6. The next generation IBD diagnostic test: [The synergistic role of serology, genetics, and inflammation in the diagnosis of inflammatory bowel disease](#). San Diego, CA: Prometheus Laboratories Inc.; 2011. Accessed 1/5/21.
7. Shirts B, von Roon AC, Tebo AE. The entire predictive value of the Promethdus IBD sgi Diagnostic product may be due to the three least expensive and most available components. AJ Gastroentrol 2012;107:1760-1.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
02/25/2021	R6	<p>Under LCD Title added registered mark to Prometheus IBD sgi Diagnostic and where applicable throughout the LCD.</p> <p>Under CMS National Coverage Policy updated descriptions and added section headings to regulations. Revised section in regulation CMS Internet-Only Manual, Pub 100-02, Chapter 15, from 80.2 to 80.1.2.</p> <p>Under Bibliography changes were made to citations to reflect AMA citation guidelines and broken hyperlink was corrected for citation #6. Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were defined and inserted where appropriate throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none">• Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
12/01/2019	R5	<p>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.)
12/01/2019	R4	<p>12/01/2019: This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding Article.</p>	<ul style="list-style-type: none"> Provider Education/Guidance
12/01/2019	R3	<p>As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD.</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p>	<ul style="list-style-type: none"> Revisions Due To Code Removal
01/30/2018	R2	<p>Link is corrected in bibliography #6.</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
01/30/2018	R1	<p>The 5th biomarker, CRP, is added to the listing of biomarkers in the following sentence under Coverage Indications, Limitations and/or Medical Necessity: "...and five inflammatory biomarkers: ICAM-1, VCAM-1, VEGF, CRP and SSA."</p>	<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A57517 - Billing and Coding: MoIDX: Prometheus IBD sgi Diagnostic Policy

A55779 - Response to Comments: MoIDX: Prometheus IBD sgi Diagnostic Policy

LCD(s)

DL37313

- (MCD Archive Site)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 02/15/2021 with effective dates 02/25/2021 - N/A

Updated on 01/29/2020 with effective dates 12/01/2019 - 02/24/2021

Updated on 01/16/2020 with effective dates 12/01/2019 - N/A

Updated on 10/29/2019 with effective dates 12/01/2019 - N/A

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Keywords

N/A

Local Coverage Article: Billing and Coding: MolDX: Prometheus IBD sgi Diagnostic Policy (A57517)

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Contractor Information

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Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57517

Original Effective Date

12/01/2019

Article Title

Billing and Coding: MoIDX: Prometheus IBD sgi
Diagnostic Policy

Article Type

Billing and Coding

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Revision Effective Date

12/01/2019

Revision Ending Date

N/A

Retirement Date

N/A

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim

CMS Internet-Only Manuals, Publication 100-04, Medicare Claims Processing Manual, Chapter 16, §50.5 Jurisdiction of Laboratory Claims, 60.1.2 Independent Laboratory Specimen Drawing, 60.2. Travel Allowance

CMS Internet Online Manual Pub. 100-04 (Medicare Claims Processing Manual), Chapter 23 (Section 10) "Reporting ICD Diagnosis and Procedure Codes"

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

To receive a Prometheus IBD sgi Diagnostic denial, please submit the following claim information:

- Select the applicable CPT[®] code
- Enter 1 unit of service (UOS)
- An Advance Beneficiary Notice (ABN) is not required for statutorily excluded services
 - For a voluntary issued ABN, append with GX modifier
 - To indicate a statutorily excluded service, append with a GY modifier
- If submitting a DEX Z-Code[™] identifier, enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part B claim field/types:
 - Loop 2400 or SV101-7 for the 5010A1 837P
 - Box 19 for paper claim
- If submitting a DEX Z-Code[™] identifier, enter the appropriate DEX Z-Code[™] identifier adjacent to the CPT[®] code in the comment/narrative field for the following Part A claim field/types:
 - Line SV202-7 for 837I electronic claim
 - Block 80 for the UB 04

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE
82397	CHEMILUMINESCENT ASSAY

CODE	DESCRIPTION
83520	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED
86140	C-REACTIVE PROTEIN;

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

CODE	DESCRIPTION
GX	NOTICE OF LIABILITY ISSUED, VOLUNTARY UNDER PAYER POLICY
GY	ITEM OR SERVICE STATUTORILY EXCLUDED, DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT OR, FOR NON-MEDICARE INSURERS, IS NOT A CONTRACT BENEFIT

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
12/01/2019	R1	<p>12/01/2019: This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual.</p> <p>Under CPT/HCPCS Modifiers Group 1: Codes added modifiers GX and GY.</p> <p>Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related LCD.</p>

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L37313 - MoIDX: Prometheus IBD sgi Diagnostic® Policy

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 01/16/2020 with effective dates 12/01/2019 - N/A

Updated on 10/29/2019 with effective dates 12/01/2019 - N/A

Keywords

N/A

Hepatitis B Screening (NCD 210.6 <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=369&ncdver=1&bc=AAAAGAAAAAAAAA>)

HCPCS/CPT Codes

Asymptomatic, Non-Pregnant Adolescents and Adults at High Risk

G0499 — Hepatitis b screening in non-pregnant, high risk individual includes hepatitis b surface antigen (hbsag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-hbs) and hepatitis b core antigen (anti-hbc)

For Pregnant Women

86704 — Hepatitis B core antibody (HBcAb); total

86706 — Hepatitis B surface antibody (HBsAb)

87340 — Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)

87341 — Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization

What's Changed?

- Removed ranges from codes effective September 28, 2016
- Added ICD-10 codes F11.11, F13.11, F14.11, F15.11 effective October 1, 2017
- Added ICD-10 codes F11.13, F13.130, F13.131, F13.132, F14.13, F14.93, F15.13 effective October 1, 2020
- Deleted ICD-10 codes F11.99, F13.99, F14.99, F15.99 effective April 1, 2021

ICD-10 Codes

For Persons With End-Stage Renal Disease (ESRD)

Z11.59 and N18.6

For Asymptomatic, Non-Pregnant Adolescents and Adults at High Risk

Z11.59 and Z72.89

For Asymptomatic, Non-Pregnant Adolescents and Adults, Subsequent Visits

Z11.59 and 1 of these: F11.10, F11.11, F11.13, F13.10, F13.11, F13.130, F13.131, F13.132, F14.10, F14.11, F14.13, F14.93, F15.10, F15.11, F15.13, Z20.2, Z20.5, Z72.52, Z72.53

For Pregnant Women

Z11.59 and 1 of these: Z34.00, Z34.80, Z34.90, O09.90

For Pregnant Women at High Risk

Z11.59 and Z72.89 and 1 of these: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, O09.93

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10](#) (<https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10>) webpage for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your MAC](#) (<http://go.cms.gov/MAC-website-list>) for guidance.

Medicare Covers

Certain patients who meet any criteria:

- Asymptomatic, non-pregnant adolescents and adults at high risk for hepatitis B virus (HBV) infection
- Pregnant women

NOTE: The [Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 210.6](#) (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf#page=15) defines high risk.

Frequency

- 1 screening for asymptomatic, non-pregnant adolescents and adults who don't meet the high-risk definition
- Annually only for those who have continued high risk who don't get hepatitis B vaccination
- 1 screening for pregnant women at the first prenatal visit for each pregnancy, and rescreening at the time of delivery for those with new or continued risk factors

NOTE:

This includes screening during the first prenatal visit in subsequent pregnancies, regardless of previous HBV vaccination or previous negative hepatitis B surface antigen test results.

Patients Pays

- Copayment/Coinsurance waived
- Deductible waived

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Local Coverage Determination (LCD): Lab: Controlled Substance Monitoring and Drugs of Abuse Testing (L36707)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

LCD Information

Document Information

LCD ID

L36707

Original Effective Date

For services performed on or after 06/28/2016

LCD Title

Lab: Controlled Substance Monitoring and Drugs of Abuse Testing

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

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Revision Effective Date

For services performed on or after 04/08/2021

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

05/12/2016

Notice Period End Date

06/27/2016

To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@aha.org.

CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be reasonable and necessary.

42 CFR 410.32(a). Order diagnostic tests.

42 CFR 411.15(k)(1). Particular Services excluded from coverage.

CMS Internet Only Manuals, Pub 100-02 Medicare Beneficiary Policy Manual chapter 15, §80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests, §80.1.1 Certification Changes.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Purpose

Urine drug testing (UDT) provides objective information to assist clinicians in identifying the presence or absence of drugs or drug classes in the body and making treatment decisions.

This policy details:

- The appropriate indications and expected frequency of testing for safe medication management of prescribed substances in risk stratified pain management patients and/or in identifying and treating substance use disorders.
- Designates documentation, by the clinician caring for the beneficiary in the beneficiary's medical record, of medical necessity for, and testing ordered on an individual patient basis;
- Provides an overview of presumptive urine drug testing (UDT) and definitive UDT testing by various methodologies.

Definitions

As used in this document, the following terminology relates to the basic forms of UDT:

1. **Presumptive/Qualitative Drug Testing** (hereafter called "presumptive" UDT) - Used when medically necessary to determine the presence or absence of drugs or drug classes in a urine sample; results expressed as negative or positive or as a numerical result; includes competitive immunoassays (IA) and thin layer chromatography.
2. **Definitive/Quantitative/Confirmation** (hereafter called "definitive" UDT) - Used when medically necessary to identify specific medications, illicit substances and metabolites; reports the results of analytes absent or present typically in concentrations such as ng/mL; definitive methods include, but are not limited to GC-MS and LC-MS/MS testing methods.
3. **Specimen Validity Testing** - Urine specimen testing to ensure that it is consistent with normal human urine and has not been adulterated or substituted, may include, but is not limited to pH, specific gravity, oxidants and creatinine.
4. **Immunoassay (IA)** - Ordered by clinicians primarily to identify the presence or absence of drug classes and some specific drugs; biochemical tests that measure the presence above a cutoff level

of a substance (drug) with the use of an antibody; read by photometric technology.

5. **Point of Care Testing (POCT)** - Used when medically necessary by clinicians caring for the beneficiary for immediate test results for the immediate management of the beneficiary; available when the beneficiary and physician are in the same location; IA test method that primarily identifies drug classes and a few specific drugs; platform consists of cups, dipsticks, cassettes, or strips; read by the human eye, or read by instrument assisted direct optical observation.
6. **Standing Orders** - Test request for a specific patient representing repetitive testing to monitor a condition or disease for a limited number of sequential visits; individualized orders for certain patients for pre-determined tests based on historical use, risk and community trend patient profiles; clinician can alter the standing order.
Note: A "profile" differs from a "panel" in that a profile responds to the clinical risks of a particular patient, whereas a panel may encourage unnecessary or excessive testing when no clinical cause exists for many of the tests.
7. **Blanket Orders** - Test request that is not for a specific patient; rather, it is an identical order for all patients in a clinician's practice without individualized decision making at every visit.
8. **Reflex Testing** - Laboratory testing that is performed "reflexively" after initial test results to identify further diagnostic information essential to patient care. This testing is not based on a specific physician's order. Testing performed as a step necessary to complete a physician's order is not considered reflex testing.

Drug Test Methods

The Clinical Laboratory Improvement Amendments (CLIA) regulates laboratory testing and requires clinical labs to be certified by their State as well as the CMS before they can accept human samples for diagnostic testing. Multiple types of CLIA certificates may be obtained based on the complexity of testing a lab conducts. CLIA levels of complexity (CLIA waived, moderate complexity and high complexity) are addressed only as they correspond to the HCPCS code description found in the related billing and coding article.

A. Presumptive Testing Methods:

1. Presumptive UDT:

Presumptive UDT consist of various platforms including cards, dipsticks, cassettes and cups based on qualitative competitive immunoassay methodology with one or more analytes in the test. A presumptive IA test detects the presence of the amount of drug/substance present in urine above a predetermined "cut-off" value, and may be read by direct optical observation or by instrument assisted direct optical observation. A positive test result is reported when the concentration of drug is above the cutoff; a negative is reported when the concentration of drug is below the cut-off. Positive test results are presumptive but not necessarily definitive due to sensitivity and cross-reactivity limitations. Negative test results do not necessarily indicate the absence of a drug or substance in the urine specimen. The accuracy of the results of a presumptive UDT will depend on the testing environment, type of test, and training of the individual conducting the test. This type of test should only be used when results are needed immediately.

2. Presumptive UDT by Instrumented Chemistry Analyzers:

Chemistry analyzers with IA UDT technology can be used in an office or clinical laboratory setting. This test may be used when less immediate test results are required. At no time is IA technology by chemistry analyzer analysis considered confirmatory (definitive) testing.

A presumptive positive IA test detects the presence of a drug/substance in urine at or above the "cut-off" value. If the concentration of the drug is below the cut-off, the result will be negative. Presumptive positive tests are not always true positives due to sensitivity, specificity, and cross-reactivity limitations. Negative test results do not necessarily indicate the absence of a drug or substance in the urine specimen.

Food and Drug Administration (FDA) approved/cleared test platforms are available in the marketplace as well

as, laboratory developed tests (LDTs) such as modified FDA approved/ cleared and non-FDA approved/cleared platforms and/or reagents. LDTs generally have been modified to test at a lower cutoff in order to detect substances that would have been missed at a higher cutoff. For example, a FDA labeled cutoff may be 300 ng/mL and the LDT cutoff for the same drug may be a 100 ng/mL.

Presumptive UDT can be carried out at any validated cut-off concentration. Lowering of the cut-off concentration provides more stringent cutoffs for illicit drugs. LDTs may include non-FDA cleared tests not available in CLIA-waived or moderate complexity tests (e.g. tramadol, tapentadol, carisoprodol, fentanyl, zolpidem). Lowering the cutoff increases the possibility of detecting a drug when the test has been modified from the recipe of the manufacturer.

3. Limitations of Presumptive UDT:

Presumptive UDT testing is limited due to:

- Primarily screens for drug classes rather than specific drugs, and therefore, the practitioner may not be able to determine if a different drug within the same class is causing the positive result
- Produces erroneous results due to cross-reactivity with other compounds or does not detect all drugs within a drug class
- Given that not all prescription medications or synthetic/analog drugs are detectable and/or have assays available, it is unclear as to whether other drugs are present when some tests are reported as positive;
- Cut-off may be too high to detect presence of a drug

This information could cause a practitioner to make an erroneous assumption or clinical decision.

An IA involves an antibody that reacts best with the stimulating drug, and reacts to a lesser extent (cross-reactive) or not at all with other drugs in the drug class. While presumptive tests vary in their ability to detect illicit drugs such as tetrahydrocannabinol (THC), cocaine, 3,4-methylenedioxy-N-methylamphetamine (MDMA; "ecstasy"), and phencyclidine (PCP), they may not be optimal tests for many prescription drugs, such as: opiates, barbiturates, benzodiazepines and opioids.

For example, opiate reagents are formulated from morphine. Consequently, the cross-reactivity for other opioids and opiates varies based on the manufacturer and lot number. The semisynthetic opioids, hydromorphone and hydrocodone, may contribute to a positive presumptive result, while the semisynthetic opioids, oxycodone and oxymorphone, will not typically be detected even at 300 ng/mL cutoff. Synthetic opioids, such as fentanyl, meperidine and methadone, will not be detected by current opiate IA testing. Consequently, a positive opiate result by IA normally necessitates more specific identification of the substance(s) that account for the positive result, and a negative result does not rule out the presence of opiates or opioids.

Presumptive UDT reagents for benzodiazepine are typically formulated for oxazepam, a metabolite of diazepam (Valium®) and chlordiazepoxide (Librium®), the main benzodiazepines prescribed twenty years ago. However, many of the more than 10 benzodiazepines that are currently available do not cross-react with IA benzodiazepine reagents. In particular, clonazepam and lorazepam give false negative results with presumptive IA tests and may necessitate more specific identification to account for the negative result. Similarly, a positive screening test result may require definitive UDT to identify the specific drug(s).

Synthetic/analog or "designer" drugs manufactured to elude law enforcement require definitive testing for detection. Most commercially available IA reagents fail to detect designer drugs, such as psychedelic phenethylamines even at very high concentrations.

In summary, presumptive IA UDT is often unable to identify specific drugs within many drug classes, particularly within the amphetamine, barbiturate, benzodiazepine, tricyclic antidepressants, and opiate/opioid drug classes. Drugs such as buprenorphine, amphetamines, benzodiazepines, and cocaine/heroin yield false negative IA results

due to low cross-reactivity or non-reactivity and drugs such as fentanyl, carisoprodol, tramadol, tapentadol and synthetic designer drugs cannot be detected by presumptive IA. Therefore, it may be medically necessary for clinicians to utilize definitive UDT when the presumptive tests for these drugs are negative.

B. Definitive UDT:

Gas Chromatography coupled with Mass Spectrometry (GC-MS) and Liquid Chromatography coupled with Mass Spectrometry (LC-MS/MS) are complex technologies that use the separation capabilities of gaseous or liquid chromatography with the analytical capabilities of mass spectrometry. These methodologies require the competency of on-site highly trained experts in this technology and interpretation of results. While these tests require different sample preparation and analytical runs, they identify specific drugs, metabolites, and most illicit substances and report the results as absent or present typically in concentrations of ng/mL.

Quantification should not be used to determine adherence with a specific dosage or time of dose of a pain medication or illicit drug for clinical purposes. Rather, the use of quantitative drug data may be important for many reasons such as in a differential patient assessment. For example, when several opioids are present in the urine of a patient prescribed a single opioid, quantification may help the clinician decide whether the presence of the other opioids is consistent with metabolism of the prescribed opioid, opioid contamination during manufacturing, or if more than one drug within a class is being used.

Quantification may also provide information in the setting of illicit drug use. Serial creatinine-corrected quantitative values may assist in the differential assessment of ongoing drug use or cessation of drug use with continued drug excretion.

1. GC-MS

GC-MS can only be performed on molecules that are volatile. If the test drug is not volatile in its own right, it must be modified or derivatized to a volatile form. To derivatize, the test drug must be extracted from the urine, eluted from the extraction device, concentrated, and then reacted with a chemical reagent to make a volatile product. Each drug class may require a different derivatizing agent. For patients on multiple classes of medications, laboratories using GC procedures must make different volatile derivatives in order to perform comprehensive testing. Since a GC column may not be able to separate more than one class of compounds, multiple chromatographic runs on different column types may be required to monitor multiple drug classes. Newer GC-MS instruments often use tandem systems. GC-MS methodology allows for the testing of multiple substances but differs in ease of run.

2. LC-MS/MS

LC-MS/MS is roughly 100 times more sensitive and selective, involves less human steps, provides quicker turn-around time, uses less specimen volume and can test for a larger number of substances simultaneously when compared to GC-MS. After sample preparation, it is injected into the LC-MS/MS. The sample has to undergo hydrolysis to break the glucuronide bond that frees the drug and drug metabolites. Hydrolysis is followed by multiple additional steps including protein precipitation, centrifugation and purification. Deuterium-labeled isotopic internal standards are added to quantify the drugs and drug metabolites.

The sample is injected when the mobile phase is flowing through the chromatographic column. Each drug and drug metabolite interacts with the mobile phase and stationary phase differently and moves at different speeds depending on their chemical properties. In other words, each analyte elutes at different times. Specific drugs and metabolites are identified by their retention time and quantified against isotopic internal standards for each drug and metabolite. Each drug peak has to be compared to drug standards (calibrators) in order to ensure identification.

CLIA-Certified Laboratories

CLIA specifies quality standards for proficiency testing, facility administration, general laboratory systems, pre-analytic, analytic and post-analytic systems, onsite supervision requirements, personnel qualifications and responsibilities, quality control, and quality assessment.

High complexity laboratories must ensure that testing is carried out by onsite qualified, trained personnel using validated reliable methods compliant with regulatory procedures (42 CFR Part 493). Both GC-MS and LC-MS/MS require a quality program to monitor the quality and audit the competency of the staff. LC-MS/MS instrument maintenance must be performed daily as well as the validation of instrument performance prior to patient specimens. Final review and approval of GC-MS and LC-MS/MS results must be performed by a qualified clinical laboratory scientist as defined in 42 CFR Part 493.1489 (Testing Personnel Qualifications). A GC-MS or LC-MS/MS laboratory must have a qualified laboratory director, qualified physician, or qualified clinical laboratory scientist, as provided in 42 CFR 493.1443 (Laboratory Director Qualifications).

Assay validation must be consistent with FDA guidelines. Laboratories that use "application notes" from vendors to establish drug validation do not comply with federal standards, and put patients and providers at risk by potentially reporting inaccurate test results. Only FDA 510K cleared test methods may be distributed by vendors.

Purpose of UDT:

Presumptive UDT may be ordered by the clinician caring for a beneficiary when it is necessary to rapidly obtain and/or integrate results into clinical assessment and treatment decisions.

Definitive UDT is reasonable and necessary for the following circumstances:

- Identify a specific substance or metabolite that is inadequately detected by a presumptive UDT;
- Definitively identify specific drugs in a large family of drugs;
- Identify a specific substance or metabolite that is not detected by presumptive UDT such as fentanyl, meperidine, synthetic cannabinoids and other synthetic/analog drugs;
- Identify drugs when a definitive concentration of a drug is needed to guide management (e.g., discontinuation of THC use according to a treatment plan);
- Identify a negative, or confirm a positive, presumptive UDT result that is inconsistent with a patient's self-report, presentation, medical history, or current prescribed pain medication plan;
- Rule out an error as the cause of a presumptive UDT result;
- Identify non-prescribed medication or illicit use for ongoing safe prescribing of controlled substances; and
- Use in a differential assessment of medication efficacy, side effects, or drug-drug interactions.

Definitive UDT may be reasonable and necessary based on patient specific indications, including historical use, medication response, and clinical assessment, when accurate results are necessary to make clinical decisions. The clinician's rationale for the definitive UDT and the tests ordered must be documented in the patient's medical record.

Drug Testing Panels

A. Presumptive UDT Panels

Presumptive UDT testing typically involves testing for multiple analytes based on the beneficiary's clinical history and risk assessment, and must be documented in the medical record.

B. Definitive UDT Panels

Physician-directed definitive profile testing is reasonable and necessary when ordered for a particular patient based upon historical use and community trends. However, the same physician-defined profile is not reasonable and necessary for every patient in a physician's practice. Definitive UDT orders should be individualized based on clinical history and risk assessment, and must be documented in the medical record.

Specimen Type

Urine or oral fluid is the preferred biologic specimen for testing because of the ease of collection, storage, and cost-effectiveness. UDT cannot detect the dosage of drug ingested/used, the time of use, or the means of delivery (intravenous vs. oral vs. inhaled). Detection time of a substance in urine is typically 1-3 days depending on the drug, rate of metabolism, and rate of excretion. Lipid-soluble drugs, such as marijuana, may remain in body fat and be

detected upwards of a week or more.

Parent Drugs and Metabolite

The following chart illustrates parent drugs and their metabolites but may not be totally inclusive of all drugs and metabolites.

Note: Ethanol is a significant drug of abuse. Alcohol metabolites of ethyl glucuronide and ethyl sulfate are typically detected by definitive (GC-MS or LC-MS/MS) UDT, and should only be performed based on clinician's documentation of medical necessity.

Parent Drugs and Metabolite Chart

Drugs Class/Drugs

Common Names

Alcohol/Alcohol Metabolites

Ethyl Glucuronide

Alcohol

Ethyl Sulfate

Barbiturates

Amobarbital

Amytal Sodium®

Butobarbital

Butisol Sodium®, Butibel

Butalbital

Fiorinal®, Fioricet®

Pentobarbital

Nembutal®

Phenobarbital

Belladonna, Luminal®

Secobarbital

Seconal®

Benzodiazepines

Alprazolam

Xanax®, Niravam®, Xanor

Chlordiazepoxide

Librax®, Libritabs

Clonazepam

Klonopin®

Clorazepate

Tranxene®

Diazepam

Valium®

Lorazepam

Ativan®, Lorax

Oxazepam

Adumbran, Alepam, Murelax, Serax, Serepax

Temazepam

Restoril®, Tenox, Euhypnos

Illicit Drugs

Blow, Coke, Crack, Snow

Cocaine	Black Tar, Brown Sugar, Dragon, H, Horse, Tar
Heroin	Marinol, Pot, Reefer, Weed
Marijuana	Ecstasy, X
MDA	Ecstasy, X
MDMA	Crank, Crystal Meth, Didrex®, Eldepryl®, Ice
Methamphetamine	Angel Dust
Phencyclidine (PCP)	
Synthetic Cannabinoids	"K2"/"Spice" "Bath Salts"
Cathinones	Kratom
General Anesthetic	Ketamine
Ketamine	Norketamine
Muscle Relaxants	Soma®, Soprodoal
Carisoprodol	Equinal, Miltown®, Meprospan
Meprobamate	
Neuroleptics	Neurontin®
Gabapentin	Lyrica®
Pregabalin	
Opiates	Tylenol® 3
Codeine	Hycodan®, Lorcet®, Lortab®, Norco® Vicodin®, Vicoprofen®
Hydrocodone	Dilaudid®, Exalgo®
Hydromorphone	Avinza®, Hymorphan, Kadian®, MS Contin®, MSER, MSIR, Roxanol
Morphine	OxyContin®, OxyIR®, Percocet®, Percodan®, Roxicodone®, Tylox®
Oxycodone	Numorphan®, Opana® ER, Opana®
Oxymorphone	Buprenex®, Butrans®, Suboxone®, Subutex®
Opioids	Actiq®, Duragesic®, Fentora®, Onsolis® Sublimaze
Buprenorphine	Demerol®, Mepergan®
Fentanyl	
Meperidine	Dolophine®, Methadose®

Methadone

Darvocet®, Darvon®

Propoxyphene

Nucynta®

Tapentadol

Ryzolt®, Ultracet®, Ultram®, Tramadol

Tramadol

Stimulants

Amphetamine

Adderall®, Benzedrine, Dexedrine®, Vyvanse®

Methylphenidate

Concerta®, Focalin®, Methylin®, Ritalin®

Nicotine

Nicoderm®, Nicorette®

Covered Indications for UDT

Group A – Symptomatic patients, Multiple drug ingestion and/or Patients with unreliable history

A patient who presents in a variety of medical settings with signs or symptoms of substance use toxicity will be treated presumptively to stabilize the patient while awaiting rapid, then definitive testing to determine the cause(s) of the presentation. The need for definitive UDT is based upon rapid test findings, responses to medical interventions, and treatment plan. A presumptive UDT should be performed as part of the evaluation and management of a patient who presents in an urgent care setting with any one of the following:

- Coma
- Altered mental status in the absence of a clinically defined toxic syndrome or toxidrome
- Severe or unexplained cardiovascular instability (cardiotoxicity)
- Unexplained metabolic or respiratory acidosis in the absence of a clinically defined toxic syndrome or toxidrome
- Seizures with an undetermined history
- To provide antagonist to specific drug

The presumptive findings, definitive drug tests ordered and reasons for the testing must be documented in the patient's medical record.

Group B - Diagnosis and treatment for substance abuse or dependence

A patient in active treatment for substance use disorder (SUD) or monitoring across different phases of recovery may undergo medical management for a variety of medical conditions. A physician who is writing prescriptions for medications to treat either the SUD or other conditions may need to know if the patient is taking substances which can interact with prescribed medications or taking prescribed medications as expected. The risk of drug-drug interactions is inherent to the patient, and may be compounded by prescribed medications. UDT is a medically necessary and useful component of chemical dependency diagnosis and treatment. The UDT result influences treatment and level of care decisions. Ordered tests and testing methods (presumptive and/or definitive) must match the stage of screening, treatment, or recovery; the documented history; and Diagnostic and Statistical Manual of Mental Disorders (DSM V) diagnosis. For patients with no known indicators of risk for SUDs, the clinician may screen for a broad range of commonly abused drugs using presumptive UDT. For patients with known indicators of risk for SUDs, the clinician may screen for a broad range of commonly abused drugs using definitive UDT. For patients with a diagnosed SUD, the clinician should perform random UDT, at random intervals in order to properly monitor the patient. Testing profiles must be determined by the clinician based on the following medical necessity guidance criteria:

- Patient history, physical examination, and previous laboratory findings
- Stage of treatment or recovery;
- Suspected abused substance;
- Substances that may present high risk for additive or synergistic interactions with prescribed medication (e.g., benzodiazepines, alcohol).

The patient's medical record must include an appropriate testing frequency based on the stage of screening, treatment, or recovery; the rationale for the drugs/drug classes ordered; and the results must be documented in the medical record and used to direct care.

1. **Frequency of Presumptive UDT for SUD:**

The testing frequency must meet medical necessity and be documented in the clinician's medical record.

- For patients with 0 to 30 consecutive days of abstinence, presumptive UDT is expected at a frequency of 1 to 3 presumptive UDT per week. More than 3 presumptive panels in one week is not reasonable and necessary and is not covered by Medicare.
- For patients with 31 to 90 consecutive days of abstinence, presumptive UDT is expected at a frequency of 1 to 3 UDT per week. More than 3 presumptive UDT in one week is not reasonable and necessary and is not be covered by Medicare.
- For patients with > 90 consecutive days of abstinence, presumptive UDT is expected at a frequency of 1 to 3 UDT in one month. More than 3 physician-directed UDT in one month is not reasonable and necessary and is not covered by Medicare.

2. **Frequency of Definitive UDT for SUD:**

Depending on the patient's specific substance use history, definitive UDT to accurately determine the specific drugs in the patient's system may be necessary. Definitive testing may be ordered when accurate and reliable results are necessary to integrate treatment decisions and clinical assessment. The frequency and the rational for definitive UDT must be documented in the patient's medical record.

- For patients with 0 to 30 consecutive days of abstinence, definitive UDT is expected at a frequency not to exceed 1 physician-directed testing profile in one week. More than 1 physician-directed testing profile in one week is not reasonable and necessary and is not covered by Medicare.
- For patients with 31 to 90 consecutive days of abstinence, definitive UDT is expected at a frequency of 1-3 physician-directed testing profiles in one month. More than 3 UDT in one month is not reasonable and necessary and is not covered by Medicare.
- For patients with > 90 day of consecutive abstinence, definitive UDT is expected at a frequency of 1-3 physician-directed testing profiles in three months. More than 3 definitive UDT in 3 months is not reasonable and necessary and is not covered by Medicare.

Group C - Treatment for patients on chronic opioid therapy (COT).

A physician who is writing prescriptions for medications to treat chronic pain can manage a patient better if the physician knows whether the patient is consuming another medication or substance, which could suggest the possibility of SUD or lead to drug-drug interactions. Additionally, UDT may help the physician monitor for medication adherence, diversion, efficacy, side effects, and patient safety in general.

1. **COT UDT Testing Objectives:**

1. Identifies absence of prescribed medication and potential for abuse, misuse, and diversion;
2. Identifies undisclosed substances, such as alcohol, unsanctioned prescription medication, or illicit substances;
3. Identifies substances that contribute to adverse events or drug-drug interactions;
4. Provides objectivity to the treatment plan;
5. Reinforces therapeutic compliance with the patient;
6. Provides additional documentation demonstrating compliance with patient evaluation and monitoring;

7. Provide diagnostic information to help assess individual patient response to medications (e.g., metabolism, side effects, drug-drug interaction, etc.) over time for ongoing management of prescribed medications.

2. Medical Necessity Guidance:

Criteria to establish medical necessity for drug testing must be based on patient-specific elements identified during the clinical assessment, and documented by the clinician in the patient’s medical record and minimally include the following elements:

- Patient history, physical examination and previous laboratory findings;
- Current treatment plan
- Prescribed medication(s)
- Risk assessment plan

National pain organizations, physician societies, and the Federation of State Medical Boards recommend a practical approach to definitive UDT for COT. Frequency of testing beyond the baseline presumptive UDT must be based on individual patient needs substantiated by documentation in the patient’s medical record. Recommendations for the ordering of presumptive and definitive UDT for patients on COT are as follows:

a. COT Baseline Testing:

- Initial presumptive and/or definitive COT patient testing may include amphetamine/methamphetamine, barbiturates, benzodiazepines, cocaine, methadone, oxycodone, tricyclic antidepressants, tetrahydrocannabinol, opioids, opiates, heroin, and synthetic/analog or “designer” drugs.

b. COT Monitoring Testing:

- Ongoing testing may be medically reasonable and necessary based on the patient history, clinical assessment, including medication side effects or inefficacy, suspicious behaviors, self-escalation of dose, doctor-shopping, indications/symptoms of illegal drug use, evidence of diversion, or other clinician documented change in affect or behavioral pattern. The frequency of testing must be based on a complete clinical assessment of the individual’s risk potential for abuse and diversion using a validated risk assessment interview or questionnaire and should include the patient’s response to prescribed medications and the side effects of medications.
- The clinician should perform random UDT at random intervals, in order to properly monitor a patient. UDT testing does not have to be associated with an office visit.
- Patients with specific symptoms of medication aberrant behavior or misuse may be tested in accordance with this document’s guidance for monitoring patient adherence and compliance during active treatment (<90 days) for substance use or dependence.

3. UDT Frequency Based on Validated Risk Assessment and Stratification*:

Testing must be based on clinician’s documented medical necessity and reviewed by the clinician in the management of prescribing/renewing a controlled substance for every risk group outlined below.

Risk Group	Baseline	Frequency of Testing
Low Risk	Prior to Initiation of COT	Random testing 1-2 times every 12 months for prescribed medications, non-prescribed medications that may pose a safety risk if taken with prescribed medications, and illicit substances based on patient history, clinical presentation, and/or community usage.
Moderate Risk	Prior to Initiation of	Random testing 1-2 times every 6 months for prescription medications, non-prescribed medication that may pose a safety risk if taken with prescribed

	COT	medications, and illicit substances, based on patient history, clinical presentation, and/or community usage.
High Risk	Prior to Initiation of COT	Random testing performed 1-3 times every 3 months for prescribed medications, non-prescribed medications that may pose a safety risk if mixed with prescribed and illicit substances based on patient history, clinical presentation and/or community usage.

*Note: Any additional definitive UDT beyond recommendations above must be justified by the clinician in the medical record in situations in which changes in prescribed medications may be needed, such as:

- Patient response to prescribed medication suddenly changes
- Patient side effect profile changes
- To assess for possible drug-drug interactions
- Sudden change in patient's medical condition
- Patient admits to use of illicit or non-prescribed controlled substance.

Other Covered Services

1. Reflex Testing by Reference Laboratories – since reference laboratories do not have access to patient-specific data, reflex testing under the following circumstances is reasonable and necessary:
 - a. To verify a presumptive positive UDT using definitive methods that include, but are not limited to GC-MS or LC-MS/MS before reporting the presumptive finding to the ordering clinician and without an additional order from the clinician; or
 - b. To confirm the absence of prescribed medications when a negative result is obtained by presumptive UDT in the laboratory for a prescribed medication listed by the ordering clinician
2. Direct to definitive UDT without a presumptive UDT is reasonable and necessary, when individualized for a particular patient.
3. Definitive testing to confirm a negative presumptive UDT result, upon the order of the clinician, is reasonable and necessary in the following circumstances:
 - a. The result is inconsistent with a patient's self-report, presentation, medical history, or current prescribed medication plan (should be present in the sample);
 - b. Following a review of clinical findings, the clinician suspects use of a substance that is inadequately detected or not detected by a presumptive UDT; or
 - c. To rule out an error as the cause of a negative presumptive UDT result.
4. Definitive testing to confirm a presumptive UDT positive result, upon the order of the clinician, is reasonable and necessary when the result is inconsistent with the expected result, a patient's self-report, presentation, medical history, or current prescribed medication plan.

Non-Covered Services

1. Blanket Orders
2. Reflex definitive UDT is not reasonable and necessary when presumptive testing is performed at point of care because the clinician may have sufficient information to manage the patient. If the clinician is not satisfied, he/she must determine the clinical appropriateness of and order specific subsequent definitive testing (e.g., the patient admits to using a particular drug, or the IA cut-off is set at such a point that is sufficiently low that the physician is satisfied with the presumptive test result).
3. Routine standing orders for all patients in a physician's practice are not reasonable and necessary.
4. It is not reasonable and necessary for a physician to perform presumptive POCT and order presumptive IA testing from a reference laboratory. In other words, Medicare will only pay for one presumptive test result per patient per date of service regardless of the number of billing providers.
5. It is not reasonable and necessary for a physician to perform presumptive IA testing and order presumptive IA

- testing from a reference laboratory with or without reflex testing. Medicare will only pay for one presumptive test result per patient per date of service regardless of the number of billing providers.
6. It is not reasonable and necessary for a reference laboratory to perform and bill IA presumptive UDT prior to definitive testing without a specific physician's order for the presumptive testing.
 7. IA testing, regardless of whether it is qualitative or semi-quantitative (numerical), may not be used to "confirm" or definitively identify a presumptive test result obtained by cups, dipsticks, cards, cassettes or other IA testing methods. Definitive UDT provides specific identification and/or quantification typically by GC-MS or LC-MS/MS.
 8. Drug testing of two different specimen types from the same patient on the same date of service for the same drugs/metabolites/analytes.
 9. UDT for medico-legal and/or employment purposes or to protect a physician from drug diversion charges.
 10. Specimen validity testing including, but not limited to, pH, specific gravity, oxidants, creatinine.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

N/A

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
04/08/2021	R10	<p>Under CMS National Coverage Policy revised the verbiage for the CMS on-line Manual regulation Chapter 15 by removing §80.2 of this regulation.</p> <p>References were moved from the Sources of Information section to the Bibliography section and related links were removed or replaced as appropriate. Formatting, punctuation and typographical errors were corrected, and acronyms were defined where appropriate throughout the policy.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> • Provider Education/Guidance
10/01/2019	R9	<p>10/01/2019: This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual.</p> <p>Title XVIII of the Social Security Act, §1833(e) was removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding:</p>	<ul style="list-style-type: none"> • Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Lab: Controlled Substance Monitoring and Drugs of Abuse Testing A55030 article.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
10/01/2019	R8	<p>10/01/2019: All coding located in the Coding Information section has been moved into the related Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing A55030 article and removed from the LCD.</p> <p>Under Coverage Indications, Limitations and/or Medical Necessity changed verbiage under Drug Test Methods from "CLIA levels of complexity (CLIA-waived, moderate complexity and high complexity) are addressed only as they relate to the HCPCS code description and the coding/billing guidance to be attached to this document" to "CLIA levels of complexity (CLIA waived, moderate complexity and high complexity) are addressed only as they correspond to the HCPCS code description found in the related billing and coding article."</p> <p>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage.</p>	<ul style="list-style-type: none"> • Provider Education/Guidance • Revisions Due To Code Removal
12/27/2018	R7	<p>01/07/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. Effective Date of 12/27/2018 entered to be consistent with Palmetto GBA.</p> <p>Removed reference #4: Bolen J. Survey of Drug Testing Policy in the Management of Chronic Pain. Added "Lab" to</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		title.	
10/01/2018	R6	<p>09.05.18: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>The following ICD-10 code was deleted from the ICD-10 Codes that Support Medical Necessity field: M79.1 was deleted from Group 1. The following ICD-10 Codes were added to the ICD-10 Codes that Support Medical Necessity field: F12.23, F12.93, T43.641A, T43.641D, T43.641S, T43.642A, T43.642D, T43.642S, T43.643A, T43.643D, T43.643S, T43.644A, T43.644D, T43.644S. This revision is due to the Annual ICD-10 Code Update and becomes effective October 1, 2018.</p>	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes
10/01/2017	R5	<p>05/14/2018: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Addition of ICD -10- Codes to Group I codes; M54.12; M25.511; M25.512</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction
10/01/2017	R4	LCD revised to correct the table under the heading "Parent Drugs and Metabolite"	<ul style="list-style-type: none"> • Typographical Error
10/01/2017	R3	<p>08/31/2017: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to: Add ICD-10-CM codes: F10.11; F11.11; F12.11; F13.11; F14.11; F15.11; F16.11; F18.11; F19.11</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
10/01/2017	R2	<p>DATE (08/29/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</p> <p>Effective 10/1/2017, LCD is revised per the annual ICD-10-CM code update to: Add ICD-10-CM codes: R41.82; R45.850; R45.851</p>	<ul style="list-style-type: none"> • Creation of Uniform LCDs With Other MAC Jurisdiction • Revisions Due To ICD-10-CM Code Changes
01/01/2017	R1	Revised for 2017 CPT code changes: Codes Deleted and invalid:G0477, G0478 and G0479; Added G0659, 80305, 80306 and 80307.	<ul style="list-style-type: none"> • Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A55030 - Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing

A55031 - Response to Comments: Controlled Substance Monitoring and Drugs of Abuse Testing Comment Period Ending 05/02/2014.

Related National Coverage Documents

N/A

Public Version(s)

Updated on 03/30/2021 with effective dates 04/08/2021 - N/A

Updated on 12/05/2019 with effective dates 10/01/2019 - 04/07/2021

Updated on 09/20/2019 with effective dates 10/01/2019 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords

N/A

Local Coverage Article: Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing (A55030)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A55030

Original Effective Date

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Article Title

Billing and Coding: Lab: Controlled Substance
Monitoring and Drugs of Abuse Testing

Revision Effective Date

01/01/2021

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 - A/B MAC (B) Contacts with Independent Clinical Laboratories

Article Guidance

Article Text:

The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for Lab: Controlled Substance Monitoring and Drugs of Abuse Testing L36707.

Effective January 1, 2017, controlled substance testing providers should apply the following coding and billing guidelines for L36707 - Lab: Controlled Substance Monitoring and Drugs of Abuse Testing.

- To receive reimbursement for controlled substance and drugs of abuse testing, the service reported on the claim MUST match the service ordered by the physician.
- Incidental findings not ordered by the physician are not a covered service and will be denied.
- A maximum of one presumptive urine drug test may be submitted and paid per patient DOS.
- A maximum of one definitive urine drug test may be submitted and paid per patient DOS.

Reminder - DOS refers to the date of the sample collection, not the date the test was run.

Presumptive Urine Drug Testing (UDT)

Providers may ONLY perform and report one of the following three types of presumptive UDT available per patient DOS:

1. **80305**: Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g. immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.
2. **80306**: Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures, (e.g., immunoassay) read by instrument assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.
3. **80307**: Drug test(s), presumptive, any number of drug classes, qualitative, any number of devices or procedures by instrument chemistry analyzers (e.g., utilizing immunoassay [e.g., EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (e.g., GC, HPLC), and mass spectrometry either with or without chromatography, (e.g., DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service.

Definitive (Qualitative or Quantitative) UDT Testing

Based on the number of drug classes indicated for the patient's needs, providers may ONLY perform and report one of the following five UDT services per patient DOS:

1. **G0480**: Drug test(s) definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed.
2. **G0481**: Drug test(s) definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day, 8-14 drug class(es), including metabolites(s) if performed.
3. **G0482**: Drug test(s) definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day, 15-21 drug classes, including metabolites(s) if performed.
4. **G0483**: Drug test(s) definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day, 22 or more drug classes, including metabolites(s) if performed.
5. **G0659**: Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes.

Coding/Billing Clarification of Non-Covered Services

- Reflex testing for IA presumptive positives may only be performed by laboratories other than physician office labs (POL). Physicians in POL are expected to determine the medical necessity for definitive testing for a presumptive positive result and document the necessity in the medical record because they have specific patient information and may not need definitive testing.
- When a presumptive test is negative for a patient on a prescribed medication, a definitive drug test may be performed.
- Only one presumptive service may be billed per patient, per DOS, regardless of the provider.
- Medicare will process the first presumptive service received per patient, per DOS. All subsequent claims for a

presumptive service for the same patient and same DOS will be denied.

- Only one definitive service may be billed per patient, per DOS, regardless of the provider.
- Medicare will process the first definitive service received per patient, per DOS. All subsequent claims for a definitive service for the same patient and same DOS will be denied.

To report a Controlled Substance Monitoring and Drugs of Abuse Testing service, please submit the following claim information:

- Select the appropriate CPT® code
- Enter 1 unit of service (UOS)
- Select the appropriate ICD-10-CM code

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

The following codes are new and effective 01/01/2017: G0659, 80305, 80306 and 80307.

Group 1 Codes:

CODE	DESCRIPTION
80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG, UTILIZING IMMUNOASSAY [EG, DIPSTICKS, CUPS, CARDS, OR CARTRIDGES]), INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE
80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION (EG, UTILIZING IMMUNOASSAY [EG, DIPSTICKS, CUPS, CARDS, OR CARTRIDGES]), INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE
80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS (EG, UTILIZING IMMUNOASSAY [EG, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), CHROMATOGRAPHY (EG, GC, HPLC), AND MASS SPECTROMETRY EITHER WITH OR WITHOUT CHROMATOGRAPHY, (EG, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE
G0480	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE,

CODE	DESCRIPTION
	SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 1-7 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED
G0481	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 8-14 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED
G0482	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 15-21 DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED
G0483	DRUG TEST(S), DEFINITIVE, UTILIZING (1) DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING, BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM AND EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT,

CODE	DESCRIPTION
	<p>FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE)), (2) STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARDS IN ALL SAMPLES (E.G., TO CONTROL FOR MATRIX EFFECTS, INTERFERENCES AND VARIATIONS IN SIGNAL STRENGTH), AND (3) METHOD OR DRUG-SPECIFIC CALIBRATION AND MATRIX-MATCHED QUALITY CONTROL MATERIAL (E.G., TO CONTROL FOR INSTRUMENT VARIATIONS AND MASS SPECTRAL DRIFT); QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY; 22 OR MORE DRUG CLASS(ES), INCLUDING METABOLITE(S) IF PERFORMED</p>
G0659	<p>DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING BUT NOT LIMITED TO GC/MS (ANY TYPE, SINGLE OR TANDEM) AND LC/MS (ANY TYPE, SINGLE OR TANDEM), EXCLUDING IMMUNOASSAYS (E.G., IA, EIA, ELISA, EMIT, FPIA) AND ENZYMATIC METHODS (E.G., ALCOHOL DEHYDROGENASE), PERFORMED WITHOUT METHOD OR DRUG-SPECIFIC CALIBRATION, WITHOUT MATRIX-MATCHED QUALITY CONTROL MATERIAL, OR WITHOUT USE OF STABLE ISOTOPE OR OTHER UNIVERSALLY RECOGNIZED INTERNAL STANDARD(S) FOR EACH DRUG, DRUG METABOLITE OR DRUG CLASS PER SPECIMEN; QUALITATIVE OR QUANTITATIVE, ALL SOURCES, INCLUDES SPECIMEN VALIDITY TESTING, PER DAY, ANY NUMBER OF DRUG CLASSES</p>
0143U	<p>DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE</p>
0144U	<p>DRUG ASSAY, DEFINITIVE, 160 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE</p>
0145U	<p>DRUG ASSAY, DEFINITIVE, 65 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE</p>
0146U	<p>DRUG ASSAY, DEFINITIVE, 80 OR MORE DRUGS OR METABOLITES, URINE, BY QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE</p>
0147U	<p>DRUG ASSAY, DEFINITIVE, 85 OR MORE DRUGS OR METABOLITES, URINE,</p>

CODE	DESCRIPTION
	QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE
0148U	DRUG ASSAY, DEFINITIVE, 100 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE
0149U	DRUG ASSAY, DEFINITIVE, 60 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE
0150U	DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, URINE, QUANTITATIVE LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, COMMENTS INCLUDING SAMPLE VALIDATION, PER DATE OF SERVICE
0227U	DRUG ASSAY, PRESUMPTIVE, 30 OR MORE DRUGS OR METABOLITES, URINE, LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM), WITH DRUG OR METABOLITE DESCRIPTION, INCLUDES SAMPLE VALIDATION

CPT/HCPCS Modifiers

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10-CM CODE	DESCRIPTION
E87.2	Acidosis

ICD-10-CM CODE	DESCRIPTION
F10.11	Alcohol abuse, in remission
F10.130	Alcohol abuse with withdrawal, uncomplicated
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.20	Alcohol dependence, uncomplicated
F11.11	Opioid abuse, in remission
F11.13	Opioid abuse with withdrawal
F11.20	Opioid dependence, uncomplicated
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F12.11	Cannabis abuse, in remission
F12.13	Cannabis abuse with withdrawal
F12.23	Cannabis dependence with withdrawal
F12.93	Cannabis use, unspecified with withdrawal
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F13.130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
F13.131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13.132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
F14.11	Cocaine abuse, in remission
F14.13	Cocaine abuse, unspecified with withdrawal
F14.93	Cocaine use, unspecified with withdrawal

ICD-10-CM CODE	DESCRIPTION
F15.11	Other stimulant abuse, in remission
F15.13	Other stimulant abuse with withdrawal
F16.11	Hallucinogen abuse, in remission
F18.10	Inhalant abuse, uncomplicated
F18.11	Inhalant abuse, in remission
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.90	Inhalant use, unspecified, uncomplicated
F19.11	Other psychoactive substance abuse, in remission
F19.130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19.131	Other psychoactive substance abuse with withdrawal delirium
F19.132	Other psychoactive substance abuse with withdrawal with perceptual disturbance
F19.20	Other psychoactive substance dependence, uncomplicated
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.89	Other schizophrenia
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
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

ICD-10-CM CODE	DESCRIPTION
	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
G40.42	Cyclin-Dependent Kinase-Like 5 Deficiency Disorder
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G89.29	Other chronic pain
G89.4	Chronic pain syndrome
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.30	Unspecified atrioventricular block
I45.81	Long QT syndrome
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I49.2	Junctional premature depolarization
M25.50	Pain in unspecified joint
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.59	Pain in other specified joint
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.811	Spondylosis without myelopathy or radiculopathy, occipito-atlanto-axial region
M47.812	Spondylosis without myelopathy or radiculopathy, cervical region

ICD-10-CM CODE	DESCRIPTION
M47.813	Spondylosis without myelopathy or radiculopathy, cervicothoracic region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.891	Other spondylosis, occipito-atlanto-axial region
M47.892	Other spondylosis, cervical region
M47.893	Other spondylosis, cervicothoracic region
M47.896	Other spondylosis, lumbar region
M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
ICD-10-CM CODE	DESCRIPTION
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M54.10	Radiculopathy, site unspecified
M54.12	Radiculopathy, cervical region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.2	Cervicalgia
M54.5	Low back pain
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm

ICD-10-CM CODE	DESCRIPTION
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M60.9	Myositis, unspecified
M79.2	Neuralgia and neuritis, unspecified
M79.7	Fibromyalgia
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

ICD-10-CM CODE	DESCRIPTION
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
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
R41.82	Altered mental status, unspecified
R44.0	Auditory hallucinations
R44.2	Other hallucinations
R44.3	Hallucinations, unspecified
R45.850	Homicidal ideations
R45.851	Suicidal ideations
R56.9	Unspecified convulsions
T39.011A	Poisoning by aspirin, accidental (unintentional), initial encounter

ICD-10-CM CODE	DESCRIPTION
T39.012A	Poisoning by aspirin, intentional self-harm, initial encounter
T39.013A	Poisoning by aspirin, assault, initial encounter
T39.014A	Poisoning by aspirin, undetermined, initial encounter
T39.091A	Poisoning by salicylates, accidental (unintentional), initial encounter
T39.092A	Poisoning by salicylates, intentional self-harm, initial encounter
T39.093A	Poisoning by salicylates, assault, initial encounter
T39.094A	Poisoning by salicylates, undetermined, initial encounter
T39.1X1A	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter
T39.1X2A	Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter
T39.1X3A	Poisoning by 4-Aminophenol derivatives, assault, initial encounter
T39.1X4A	Poisoning by 4-Aminophenol derivatives, undetermined, initial encounter
T39.2X1A	Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter
T39.2X2A	Poisoning by pyrazolone derivatives, intentional self-harm, initial encounter
T39.2X3A	Poisoning by pyrazolone derivatives, assault, initial encounter
T39.2X4A	Poisoning by pyrazolone derivatives, undetermined, initial encounter
T39.311A	Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter
T39.313A	Poisoning by propionic acid derivatives, assault, initial encounter
T39.314A	Poisoning by propionic acid derivatives, undetermined, initial encounter
T39.391A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter
T39.392A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm, initial encounter
ICD-10-CM CODE	DESCRIPTION
T39.393A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault, initial encounter
T39.394A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, initial encounter
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
T40.0X3A	Poisoning by opium, assault, initial encounter
T40.0X4A	Poisoning by opium, undetermined, initial encounter
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter

ICD-10-CM CODE	DESCRIPTION
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
T40.1X3A	Poisoning by heroin, assault, initial encounter
T40.1X4A	Poisoning by heroin, undetermined, initial encounter
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.2X3A	Poisoning by other opioids, assault, initial encounter
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
T40.3X3A	Poisoning by methadone, assault, initial encounter
T40.3X4A	Poisoning by methadone, undetermined, initial encounter
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter
T40.422S	Poisoning by tramadol, intentional self-harm, sequela
T40.423A	Poisoning by tramadol, assault, initial encounter

ICD-10-CM CODE	DESCRIPTION
T40.423D	Poisoning by tramadol, assault, subsequent encounter
T40.423S	Poisoning by tramadol, assault, sequela
T40.424A	Poisoning by tramadol, undetermined, initial encounter
T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
T40.424S	Poisoning by tramadol, undetermined, sequela
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40.493S	Poisoning by other synthetic narcotics, assault, sequela
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
T40.693A	Poisoning by other narcotics, assault, initial encounter
T40.694A	Poisoning by other narcotics, undetermined, initial encounter
T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter
T40.7X2A	Poisoning by cannabis (derivatives), intentional self-harm, initial encounter
T40.7X3A	Poisoning by cannabis (derivatives), assault, initial encounter
T40.7X4A	Poisoning by cannabis (derivatives), undetermined, initial encounter
T40.8X1A	Poisoning by lysergide [LSD], accidental (unintentional), initial encounter
T40.8X2A	Poisoning by lysergide [LSD], intentional self-harm, initial encounter

ICD-10-CM CODE	DESCRIPTION
T40.8X3A	Poisoning by lysergide [LSD], assault, initial encounter
T40.8X4A	Poisoning by lysergide [LSD], undetermined, initial encounter
T40.901A	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.902A	Poisoning by unspecified psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.903A	Poisoning by unspecified psychodysleptics [hallucinogens], assault, initial encounter
T40.904A	Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, initial encounter
T40.991A	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.992A	Poisoning by other psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.993A	Poisoning by other psychodysleptics [hallucinogens], assault, initial encounter
T40.994A	Poisoning by other psychodysleptics [hallucinogens], undetermined, initial encounter
T42.0X1A	Poisoning by hydantoin derivatives, accidental (unintentional), initial encounter
T42.0X2A	Poisoning by hydantoin derivatives, intentional self-harm, initial encounter
T42.0X3A	Poisoning by hydantoin derivatives, assault, initial encounter
T42.0X4A	Poisoning by hydantoin derivatives, undetermined, initial encounter
T42.3X1A	Poisoning by barbiturates, accidental (unintentional), initial encounter
T42.3X2A	Poisoning by barbiturates, intentional self-harm, initial encounter
T42.3X3A	Poisoning by barbiturates, assault, initial encounter
T42.3X4A	Poisoning by barbiturates, undetermined, initial encounter
T42.4X1A	Poisoning by benzodiazepines, accidental (unintentional), initial encounter
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter
T42.4X3A	Poisoning by benzodiazepines, assault, initial encounter
T42.4X4A	Poisoning by benzodiazepines, undetermined, initial encounter
T42.6X1A	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.6X3A	Poisoning by other antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.6X4A	Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter

ICD-10-CM CODE	DESCRIPTION
	encounter
T42.71XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.72XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.73XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.74XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T43.011A	Poisoning by tricyclic antidepressants, accidental (unintentional), initial encounter
T43.012A	Poisoning by tricyclic antidepressants, intentional self-harm, initial encounter
ICD-10-CM CODE	DESCRIPTION
T43.013A	Poisoning by tricyclic antidepressants, assault, initial encounter
T43.014A	Poisoning by tricyclic antidepressants, undetermined, initial encounter
T43.021A	Poisoning by tetracyclic antidepressants, accidental (unintentional), initial encounter
T43.022A	Poisoning by tetracyclic antidepressants, intentional self-harm, initial encounter
T43.023A	Poisoning by tetracyclic antidepressants, assault, initial encounter
T43.024A	Poisoning by tetracyclic antidepressants, undetermined, initial encounter
T43.1X1A	Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), initial encounter
T43.1X2A	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, initial encounter
T43.1X3A	Poisoning by monoamine-oxidase-inhibitor antidepressants, assault, initial encounter
T43.1X4A	Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, initial encounter
T43.201A	Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter
T43.202A	Poisoning by unspecified antidepressants, intentional self-harm, initial encounter
T43.203A	Poisoning by unspecified antidepressants, assault, initial encounter
T43.204A	Poisoning by unspecified antidepressants, undetermined, initial encounter
T43.211A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter

ICD-10-CM CODE	DESCRIPTION
T43.213A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, assault, initial encounter
T43.214A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, initial encounter
T43.221A	Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.223A	Poisoning by selective serotonin reuptake inhibitors, assault, initial encounter
T43.224A	Poisoning by selective serotonin reuptake inhibitors, undetermined, initial encounter
T43.291A	Poisoning by other antidepressants, accidental (unintentional), initial encounter
T43.292A	Poisoning by other antidepressants, intentional self-harm, initial encounter
T43.293A	Poisoning by other antidepressants, assault, initial encounter
T43.294A	Poisoning by other antidepressants, undetermined, initial encounter
T43.3X1A	Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.3X2A	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.3X3A	Poisoning by phenothiazine antipsychotics and neuroleptics, assault, initial encounter
T43.3X4A	Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, initial encounter
T43.4X1A	Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter
T43.4X2A	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, initial encounter
T43.4X3A	Poisoning by butyrophenone and thiothixene neuroleptics, assault, initial encounter
T43.4X4A	Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, initial encounter
T43.501A	Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.502A	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.503A	Poisoning by unspecified antipsychotics and neuroleptics, assault, initial encounter
T43.504A	Poisoning by unspecified antipsychotics and neuroleptics, undetermined, initial encounter

ICD-10-CM CODE	DESCRIPTION
T43.591A	Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.593A	Poisoning by other antipsychotics and neuroleptics, assault, initial encounter
T43.594A	Poisoning by other antipsychotics and neuroleptics, undetermined, initial encounter
T43.601A	Poisoning by unspecified psychostimulants, accidental (unintentional), initial encounter
T43.602A	Poisoning by unspecified psychostimulants, intentional self-harm, initial encounter
T43.603A	Poisoning by unspecified psychostimulants, assault, initial encounter
T43.604A	Poisoning by unspecified psychostimulants, undetermined, initial encounter
T43.611A	Poisoning by caffeine, accidental (unintentional), initial encounter
T43.612A	Poisoning by caffeine, intentional self-harm, initial encounter
T43.613A	Poisoning by caffeine, assault, initial encounter
T43.614A	Poisoning by caffeine, undetermined, initial encounter
T43.621A	Poisoning by amphetamines, accidental (unintentional), initial encounter
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter
T43.623A	Poisoning by amphetamines, assault, initial encounter
T43.624A	Poisoning by amphetamines, undetermined, initial encounter
T43.631A	Poisoning by methylphenidate, accidental (unintentional), initial encounter
T43.632A	Poisoning by methylphenidate, intentional self-harm, initial encounter
T43.633A	Poisoning by methylphenidate, assault, initial encounter
T43.634A	Poisoning by methylphenidate, undetermined, initial encounter
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter

ICD-10-CM CODE	DESCRIPTION
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
T43.644S	Poisoning by ecstasy, undetermined, sequela
T43.691A	Poisoning by other psychostimulants, accidental (unintentional), initial encounter
T43.692A	Poisoning by other psychostimulants, intentional self-harm, initial encounter
T43.693A	Poisoning by other psychostimulants, assault, initial encounter
T43.694A	Poisoning by other psychostimulants, undetermined, initial encounter
T43.8X1A	Poisoning by other psychotropic drugs, accidental (unintentional), initial encounter
T43.8X2A	Poisoning by other psychotropic drugs, intentional self-harm, initial encounter
T43.8X3A	Poisoning by other psychotropic drugs, assault, initial encounter
T43.8X4A	Poisoning by other psychotropic drugs, undetermined, initial encounter
T43.91XA	Poisoning by unspecified psychotropic drug, accidental (unintentional), initial encounter
T43.92XA	Poisoning by unspecified psychotropic drug, intentional self-harm, initial encounter
T43.93XA	Poisoning by unspecified psychotropic drug, assault, initial encounter
T43.94XA	Poisoning by unspecified psychotropic drug, undetermined, initial encounter
T45.0X1A	Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), initial encounter
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter
T45.0X3A	Poisoning by antiallergic and antiemetic drugs, assault, initial encounter
T45.0X4A	Poisoning by antiallergic and antiemetic drugs, undetermined, initial encounter
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.903A	Poisoning by unspecified drugs, medicaments and biological substances, assault, initial encounter

ICD-10-CM CODE	DESCRIPTION
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
Z03.821	Encounter for observation for suspected ingested foreign body ruled out
Z03.822	Encounter for observation for suspected aspirated (inhaled) foreign body ruled out
Z03.823	Encounter for observation for suspected inserted (injected) foreign body ruled out
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z51.81	Encounter for therapeutic drug level monitoring
Z79.3	Long term (current) use of hormonal contraceptives
ICD-10-CM CODE	DESCRIPTION
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z91.19	Patient's noncompliance with other medical treatment and regimen

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

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services

reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:

N/A

Group 1 Codes:

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2021	R9	<p>Under CMS National Coverage Policy added the regulation for CMS Internet-Only Manual, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15, §80.1.2 - A/B MAC (B) Contacts with Independent Clinical Laboratories to this section. This revision has a retroactive effective date of 1/1/21.</p> <p>Under CPT/HCPCS Codes Group 1: Codes added code 0227U due to the Q1 2021 CPT/HCPCS code update and has a retroactive effective date of 1/1/21.</p>
10/01/2020	R8	<p>Under ICD-10 Codes that Support Medical Necessity – Group 1: Codes added codes F10.130, F10.131, F10.132, F11.13, F12.13, F13.130, F13.131, F13.132, F14.13, F14.93, F15.13, F19.130, F19.131, F19.132, G40.42, T40.411A, T40.411D, T40.411S, T40.412A, T40.412D, T40.412S, T40.413A, T40.413D, T40.413S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.422A, T40.422D, T40.422S, T40.423A, T40.423D, T40.423S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.492A, T40.492D, T40.492S, T40.493A, T40.493D, T40.493S, T40.494A, T40.494D, T40.494S, Z03.821, Z03.822, Z03.823 and deleted codes T40.4X1A, T40.4X2A, T40.4X3A, and T40.4X4A. This revision is due to the Annual ICD-10 Code Update and is effective on 10/1/20.</p> <p>Under ICD-10 Codes that Support Medical Necessity – Group 1: Codes deleted codes F11.229, F11.259, F11.29, G40.901, G40.909, G40.911, G40.919, M25.50, M60.9 and R40.20. This revision is effective on 10/1/20.</p>
01/01/2020	R7	<p>01/01/2020: Under CPT/HCPCS Codes Group 1: Codes added HCPCS codes 0143U,</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<p>0144U, 0145U, 0146U, 0147U, 0148U, 0149U, 0150U. This revision is due to the Annual CPT®/HCPCS Code Update and becomes effective on 1/1/2020.</p> <p>This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual.</p>
10/01/2019	R6	<p>10/01/2019: This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual.</p> <p>Title XVIII of the Social Security Act, §1833(e) was removed from the CMS National Coverage Policy section of the related Lab: Controlled Substance Monitoring and Drugs of Abuse Testing L36707 LCD and placed in this article.</p>
10/01/2019	R5	<p>Added the word "Testing" at the end of the title.</p> <p>In the Article Text, added the word "Testing" at the end of the sentence.</p> <p>id="frmMainForm" class="form-horizontal" action="/edit_article.aspx?which=edit" method="post"></p>
10/01/2019	R4	<p>All coding located in the Coding Information section has been removed from the related Lab: Controlled Substance Monitoring and Drugs of Abuse Testing L36707 LCD and added to this article.</p> <p>Under Article Title changed the title from the related "Billing and Coding: 2018 Controlled Substance Monitoring and Drugs of Abuse Coding and Billing Guidelines" to "Billing and Coding: Lab: Controlled Substance Monitoring and Drugs of Abuse Testing". Under Article Text added the sentence "The information in this article contains billing, coding, or other guidelines that complement the Local Coverage Determination (LCD) for Lab: Controlled Substance Monitoring and Drugs of Abuse Testing L36707" for the first paragraph and added the last paragraph. Formatting, punctuation and typographical errors were corrected throughout the article.</p>
01/01/2017	R3	<p>05/15/2018: Change of year in title to 2018.</p>
01/01/2017	R2	<p>03/30/2017 - Under "Presumptive Urine Drug Testing (UDT) " corrected the types of presumptive UDT available per patient DOS from four to three. Under "Definitive (Qualitative or Quantitative) UDT Testing" corrected the number of UDT services per patient DOS from four to five.</p>
01/01/2017	R1	<p>Added the reminder sentence for DOS. Changed the first sentence under Presumptive Urine Drug Testing (UDT); to read "...four types of presumptive UDT..." instead of three. Added new 2017 CPT/HCPCS codes, replaced 2016 with 2017 and replaced "encounter"</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		with DOS. Deleted G0477, G0478 and G0479 under Presumptive Urine Drug Testing topic; Added G0659, 80305, 80306 and 80307; Replaced the word "encounter" with DOS.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L36707 - Lab: Controlled Substance Monitoring and Drugs of Abuse Testing

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

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

***July 2021**



Clinical Diagnostic Laboratory Services

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NCD Manual Changes

CR Date	Reason	Release	Change	Edit
The following section represents NCD Manual updates for July 2021				
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Urine Culture, Bacterial (190.12) NCD. *Transmittal #10854	*2021300		*190.12 Urine Culture, Bacterial
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring) (190.13) NCD. *Transmittal #10854	*2021300		*190.13 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD.	*2021300		*190.14 Human Immunodeficiency Virus (HIV) Testing (Diagnosis)

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

CR Date	Reason	Release	Change	Edit
	*Transmittal #10854			
*07/01/21	*Per CR 12171 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Serum Iron Studies (190.18) NCD. *Transmittal #10854	*2021300		*190.18 Serum Iron Studies
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Serum Iron Studies (190.18) NCD. *Transmittal #10854	*2021300		*190.18 Serum Iron Studies
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Blood Glucose Testing (190.20A) NCD. *Transmittal #10854	*2021300		*190.20A Blood Glucose Testing
*07/01/21	*Per CR 12171 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the	*2021300		*190.20A Blood Glucose Testing

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CR Date	Reason	Release	Change	Edit
	Blood Glucose Testing (190.20A) NCD. *Transmittal #10854			
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Blood Glucose Testing (190.20B) NCD. *Transmittal #10854	*2021300		*190.20B Blood Glucose Testing
*07/01/21	*Per CR 12171 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Blood Glucose Testing (190.20B) NCD. *Transmittal #10854	*2021300		*190.20B Blood Glucose Testing
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Thyroid Testing (190.22) NCD. *Transmittal #10854	*2021300		*190.22 Thyroid Testing
*07/01/21	*Per CR 12171 add the specified ICD-10-	*2021300		*190.22 Thyroid Testing

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CR Date	Reason	Release	Change	Edit
	<p>CM codes from the list of ICD-10-CM codes that are covered for the Thyroid Testing (190.22) NCD.</p> <p>*Transmittal #10854</p>			
*07/01/21	<p>*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Lipids Testing (190.23A) NCD.</p> <p>*Transmittal #10854</p>	*2021300		*190.23A Lipids Testing
*07/01/21	<p>*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Lipids Testing (190.23B) NCD.</p> <p>*Transmittal #10854</p>	*2021300		*190.23B Lipids Testing
*07/01/21	<p>*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Digoxin Therapeutic Drug Assay (190.24) NCD.</p> <p>*Transmittal #10854</p>	*2021300		*190.24 Digoxin Therapeutic Drug Assay

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CR Date	Reason	Release	Change	Edit
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD. *Transmittal #10854	*2021300		*190.33 Hepatitis Panel/Acute Hepatitis Panel
*07/01/21	*Per CR 12171 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Fecal Occult Blood Test (190.34) NCD. *Transmittal #10854	*2021300		*190.34 Fecal Occult Blood Test
*07/01/21	*Per CR 12171 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Fecal Occult Blood Test (190.34) NCD. *Transmittal #10854	*2021300		*190.34 Fecal Occult Blood Test
The following section represents NCD Manual updates for April 2021				
04/01/21	There were no CR updates for April 2021.			
The following section represents NCD Manual updates for January 2021				
01/01/21	There were no CR updates for January 2021.			
The following section represents NCD Manual updates for October 2020				
10/01/20	Per CR 11889 add the specified ICD-10-CM	2020400		190.12 Urine Culture,

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CR Date	Reason	Release	Change	Edit
	codes from the list of ICD-10-CM codes that are covered for the Urine Culture, Bacterial (190.12) NCD. Transmittal #10305			Bacterial
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring) (190.13) NCD. Transmittal #10305	2020400		190.13 Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Human Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD. Transmittal #10305	2020400		190.14 Human Immunodeficiency Virus (HIV) Testing (Diagnosis)
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Human	2020400		190.14 Human Immunodeficiency Virus (HIV) Testing (Diagnosis)

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CR Date	Reason	Release	Change	Edit
	Immunodeficiency Virus (HIV) Testing (Diagnosis) (190.14) NCD. Transmittal #10305			
10/01/20	Per CR 11889 add the specified ICD-10-CM codes to the list of ICD-10-CM codes that Do Not Support Medical Necessity for the Blood Counts (190.15) NCD. Transmittal #10305	2020400		190.15 Blood Counts
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes to the list of ICD-10-CM codes that Do Not Support Medical Necessity for the Blood Counts (190.15) NCD. Transmittal #10305	2020400		190.15 Blood Counts
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Partial Thromboplastin Time (PTT) (190.16) NCD. Transmittal #10305	2020400		190.16 Partial Thromboplastin Time (PTT)
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list	2020400		190.16 Partial Thromboplastin Time

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CR Date	Reason	Release	Change	Edit
	of ICD-10-CM codes that are covered for the Partial Thromboplastin Time (PTT) (190.16) NCD. Transmittal #10305			(PTT)
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Prothrombin Time (PT) (190.17) NCD. Transmittal #10305	2020400		190.17 Prothrombin Time (PT)
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Prothrombin Time (PT) (190.17) NCD. Transmittal #10305	2020400		190.17 Prothrombin Time (PT)
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Serum Iron Studies (190.18) NCD. Transmittal #10305	2020400		190.18 Serum Iron Studies
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for	2020400		190.18 Serum Iron Studies

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CR Date	Reason	Release	Change	Edit
	the Serum Iron Studies (190.18) NCD. Transmittal #10305			
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Collagen Crosslinks, Any Method (190.19) NCD. Transmittal #10305	2020400		190.19 Collagen Crosslinks, Any Method
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Blood Glucose Testing (190.20A) NCD. Transmittal #10305	2020400		190.20A Blood Glucose Testing
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Blood Glucose Testing (190.20A) NCD. Transmittal #10305	2020400		190.20A Blood Glucose Testing
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that	2020400		190.20B Blood Glucose Testing

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CR Date	Reason	Release	Change	Edit
	are covered for the Blood Glucose Testing (190.20B) NCD. Transmittal #10305			
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Blood Glucose Testing (190.20B) NCD. Transmittal #10305	2020400		190.20B Blood Glucose Testing
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Glycated Hemoglobin/Glycated Protein (190.21) NCD. Transmittal #10305	2020400		190.21 Glycated Hemoglobin/Glycated Protein
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Glycated Hemoglobin/Glycated Protein (190.21) NCD. Transmittal #10305	2020400		190.21 Glycated Hemoglobin/Glycated Protein
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of	2020400		190.22 Thyroid Testing

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CR Date	Reason	Release	Change	Edit
	ICD-10-CM codes that are covered for the Thyroid Testing (190.22) NCD. Transmittal #10305			
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Thyroid Testing (190.22) NCD. Transmittal #10305	2020400		190.22 Thyroid Testing
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Lipids Testing (190.23A) NCD. Transmittal #10305	2020400		190.23A Lipids Testing
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Lipids Testing (190.23A) NCD. Transmittal #10305	2020400		190.23A Lipids Testing
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Lipids Testing	2020400		190.23B Lipids Testing

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CR Date	Reason	Release	Change	Edit
	(190.23B) NCD. Transmittal #10305			
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Lipids Testing (190.23B) NCD. Transmittal #10305	2020400		190.23B Lipids Testing
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Digoxin Therapeutic Drug Assay (190.24) NCD. Transmittal #10305	2020400		190.24 Digoxin Therapeutic Drug Assay
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Digoxin Therapeutic Drug Assay (190.24) NCD. Transmittal #10305	2020400		190.24 Digoxin Therapeutic Drug Assay
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Alpha-fetoprotein (190.25) NCD.	2020400		190.25 Alpha-fetoprotein

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CR Date	Reason	Release	Change	Edit
	Transmittal #10305			
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Alpha-fetoprotein (190.25) NCD. Transmittal #10305	2020400		190.25 Alpha-fetoprotein
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Gamma Glutamyl Transferase (190.32) NCD. Transmittal #10305	2020400		190.32 Gamma Glutamyl Transferase
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Gamma Glutamyl Transferase (190.32) NCD. Transmittal #10305	2020400		190.32 Gamma Glutamyl Transferase
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD.	2020400		190.33 Hepatitis Panel/Acute Hepatitis Panel

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CR Date	Reason	Release	Change	Edit
	Transmittal #10305			
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Hepatitis Panel/Acute Hepatitis Panel (190.33) NCD. Transmittal #10305	2020400		190.33 Hepatitis Panel/Acute Hepatitis Panel
10/01/20	Per CR 11889 add the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Fecal Occult Blood Test (190.34) NCD. Transmittal #10305	2020400		190.34 Fecal Occult Blood Test
10/01/20	Per CR 11889 delete the specified ICD-10-CM codes from the list of ICD-10-CM codes that are covered for the Fecal Occult Blood Test (190.34) NCD. Transmittal #10305	2020400		190.34 Fecal Occult Blood Test

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Introduction

Background

Section 4554(b)(1) of the Balanced Budget Act of 1997 (BBA), Public Law 105-33, mandated the use of a negotiated rulemaking committee to develop national coverage and administrative policies for clinical diagnostic laboratory services payable under Medicare Part B by January 1, 1999. This provision requires that these national coverage policies be designed to promote program integrity and national uniformity and simplify administrative requirements with respect to clinical diagnostic laboratory services in connection with the following:

- Beneficiary information required to be submitted with each claim or order for laboratory services;
- The medical condition(s) for which a laboratory test service is reasonable and necessary (within the meaning of section 1862(a)(1)(A) of the Social Security Act);
- The appropriate use of procedure codes in billing for a laboratory test service, including the unbundling of laboratory services;
- The medical documentation that is required by a Medicare contractor at the time a claim is submitted for a laboratory test service (in accordance with section 1833(e) of the Act);
- Record keeping requirements in addition to any information required to be submitted with a claim, including physicians' obligations regarding these requirements;
- Procedures for filing claims and for providing remittances by electronic media; and
- Limitations on frequency of coverage for the same services performed on the same individual.

On March 10, 2000, a proposed rule was published in the Federal Register (65 FR 13082) which set forth uniform national coverage and administrative policies for clinical diagnostic laboratory services. These proposed policies reflected the consensus of the Negotiated Rulemaking Committee. The final rule, published in the Federal Register on November 23, 2001 (66 FR 58788), addressed the public comments received on the proposed rule. The final rule established the national coverage and administrative policies for clinical diagnostic laboratory services payable under Medicare Part B. It promoted Medicare program integrity and national uniformity, and simplified administrative requirements for clinical diagnostic services. The 23 Lab NCDs for diagnostic lab test services, which are included in the 2001 Final Rule, are listed below.

- Culture, Bacterial, Urine
- Human Immunodeficiency Virus Testing (Prognosis including monitoring)
- Human Immunodeficiency Virus Testing (Diagnosis)
- Blood Counts
- Partial Thromboplastin Time
- Prothrombin Time
- Serum Iron Studies
- Collagen Crosslinks, Any Method
- Blood Glucose Testing



- Glycated Hemoglobin/Glycated Protein
- Thyroid Testing
- Lipids
- Digoxin Therapeutic Drug Assay
- Alpha-fetoprotein
- Carcinoembryonic Antigen
- Human Chorionic Gonadotropin
- Tumor Antigen by Immunoassay CA 125
- Tumor Antigen by Immunoassay CA 15-3/CA 27.29
- Tumor Antigen by Immunoassay CA 19-9
- Prostate Specific Antigen
- Gamma Glutamyl Transferase
- Hepatitis Panel/Acute Hepatitis Panel
- Fecal Occult Blood

What Is a National Coverage Policy?

Part B of title XVIII of the Social Security Act (the Act) provides for Supplementary Medical Insurance (SMI) for certain Medicare beneficiaries, specifying what health care items or services will be covered by the Medicare Part B program. The 23 diagnostic laboratory services described in this Manual are covered under Part B.

Services that are excluded from coverage include routine physical examinations and other services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury. CMS interprets these provisions to prohibit coverage of ‘screening’ services, including laboratory test services furnished in the absence of signs, symptoms, or personal history of disease or injury, except as explicitly authorized by statute. A test service might be considered medically appropriate, but nonetheless might be excluded from Medicare coverage by statute.

A national coverage policy for diagnostic laboratory test(s) is a document stating CMS’s policy with respect to the clinical circumstances in which the test(s) will be considered reasonable and necessary, and not screening, for Medicare purposes. Such a policy applies nationwide. A national coverage policy is neither a practice parameter nor a statement of the accepted standard of medical practice. Words such as “may be indicated” or “may be considered medically necessary” are used for this reason. Where a policy gives a general description and then lists examples (following words like “for example” or “including”), the list of examples is not meant to be all-inclusive but to provide some guidance.

What Is the Effect of a National Coverage Policy?

A national coverage policy to which this introduction applies is a National Coverage Decision (NCD) under section 1862(a) (1) of the Social Security Act. Regulations on National Coverage Decisions are codified at 42 CFR 405.732(b)–(d). A Medicare contractor may not develop a local policy that conflicts with a national coverage policy.



What Is the Format for These National Coverage Policies?

Below are the headings for national coverage policies, developed by the Negotiated Rulemaking Committee on Clinical Diagnostic Laboratory Tests.

Other Names/Abbreviations

This section identifies other names for the policy. It reflects more colloquial terminology.

Description

This section includes a description of the test(s) addressed by the policy and provides a general description of the appropriate uses of the test(s).

HCPCS Codes

The descriptor(s) used in this section is (are) the Current Procedural Terminology (CPT) or other CMS Common Procedure Coding System (HCPCS). The CPT© is developed and copyrighted by the American Medical Association (AMA). If a descriptor does not accurately or fully describe the test, a more complete description may be included elsewhere in the policy, such as in the 'Indications' section.

ICD-10-CM Codes Covered by Medicare Program

This section includes 'covered' codes – that is, codes for those lab test services for which Medicare provides the presumption of medical necessity, but may review a claim for such services to determine whether the service was in fact reasonable and necessary. The 'covered' diagnosis codes are from the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). Where the policy takes an "exclusionary" approach, as described below, this section states: "Any ICD-10-CM code not listed in either of the ICD-10-CM code sections below."

Indications

This section lists detailed clinical indications for Medicare coverage of the test(s).

Limitations

This section lists any national frequency expectations, as well as other limitations on Medicare coverage of the specific test service addressed in the policy—for example, if it would be unnecessary to perform a particular test with a particular combination of diagnoses. In addition, coding guidelines specific to the diagnostic test service addressed in the policy might be included in this section.

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

This section lists/describes generally non-covered codes for which there are only limited exceptions. However, additional documentation could support a determination of medical necessity in certain circumstances. Subject to section 1879 of the Social Security Act (the Act), 42 CFR 411, subpart K, section 7330 of the Medicare Carriers Manual section 3440-3446.9 of the Medicare Fiscal Intermediary Manual and any applicable rulings, it would be appropriate for the ordering physician or the laboratory to obtain an advance beneficiary notice from the



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beneficiary. Where the policy takes an “inclusionary” approach, as described below, this section states: “Any ICD–10–CM code not listed in either of the ICD–10–CM sections above.”

Other Comments

This section may contain other relevant comments that are not addressed in the sections above, as well as coding guidance.

Documentation Requirements

This section refers to documentation requirements for clinical diagnostic laboratory tests at 42 CFR 410.32(d) and includes any specific documentation requirements related to the test(s) addressed in the policy.

Sources of Information

Relevant sources of information used in developing a Lab NCD are listed in this section.

Note: Additional general information about ICD-10-CM codes used in Medicare can be found on the CMS website, www.cms.gov/ICD10.



Non-covered ICD-10-CM Codes for All Lab NCDs

This section lists codes that are never covered by Medicare for a diagnostic lab testing service. If a code from this section is given as the reason for the test, the test may be billed to the Medicare beneficiary without billing Medicare first because the service is not covered by statute, in most instances because it is performed for screening purposes and is not within an exception. The beneficiary, however, does have a right to have the claim submitted to Medicare, upon request.

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
R99	Ill-defined and unknown cause of mortality
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.5	Encounter for examination of potential donor of organ and tissue
Z00.6	Encounter for examination for normal comparison and control in clinical research program
Z00.70	Encounter for examination for period of delayed growth in childhood without abnormal findings
Z00.71	Encounter for examination for period of delayed growth in childhood with abnormal findings
Z00.8	Encounter for other general examination
Z02.0	Encounter for examination for admission to educational institution
Z02.1	Encounter for pre-employment examination
Z02.2	Encounter for examination for admission to residential institution
Z02.3	Encounter for examination for recruitment to armed forces
Z02.4	Encounter for examination for driving license

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Code	Description
Z02.5	Encounter for examination for participation in sport
Z02.6	Encounter for examination for insurance purposes
Z02.71	Encounter for disability determination
Z02.79	Encounter for issue of other medical certificate
Z02.81	Encounter for paternity testing
Z02.82	Encounter for adoption services
Z02.83	Encounter for blood-alcohol and blood-drug test
Z02.89	Encounter for other administrative examinations
Z02.9	Encounter for administrative examinations, unspecified
Z04.6	Encounter for general psychiatric examination, requested by authority
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z04.89	Encounter for examination and observation for other specified reasons
Z04.9	Encounter for examination and observation for unspecified reason
Z11.0	Encounter for screening for intestinal infectious diseases
Z11.1	Encounter for screening for respiratory tuberculosis
Z11.2	Encounter for screening for other bacterial diseases
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z11.4	Encounter for screening for human immunodeficiency virus [HIV]
Z11.51	Encounter for screening for human papillomavirus (HPV)
Z11.59	Encounter for screening for other viral diseases
Z11.6	Encounter for screening for other protozoal diseases and helminthiases
Z11.7	Encounter for testing for latent tuberculosis infection
Z11.8	Encounter for screening for other infectious and parasitic diseases
Z11.9	Encounter for screening for infectious and parasitic diseases, unspecified
Z12.0	Encounter for screening for malignant neoplasm of stomach

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Code	Description
Z12.10	Encounter for screening for malignant neoplasm of intestinal tract, unspecified
Z12.13	Encounter for screening for malignant neoplasm of small intestine
Z12.2	Encounter for screening for malignant neoplasm of respiratory organs
Z12.6	Encounter for screening for malignant neoplasm of bladder
Z12.71	Encounter for screening for malignant neoplasm of testis
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.73	Encounter for screening for malignant neoplasm of ovary
Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
Z12.81	Encounter for screening for malignant neoplasm of oral cavity
Z12.82	Encounter for screening for malignant neoplasm of nervous system
Z12.83	Encounter for screening for malignant neoplasm of skin
Z12.89	Encounter for screening for malignant neoplasm of other sites
Z12.9	Encounter for screening for malignant neoplasm, site unspecified
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z13.21	Encounter for screening for nutritional disorder
Z13.220	Encounter for screening for lipid disorders
Z13.228	Encounter for screening for other metabolic disorders
Z13.29	Encounter for screening for other suspected endocrine disorder
Z13.30	Encounter for screening examination for mental health and behavioral disorders, unspecified
Z13.31	Encounter for screening for depression
Z13.32	Encounter for screening for maternal depression
Z13.39	Encounter for screening examination for other mental health and behavioral disorders
Z13.40	Encounter for screening for unspecified developmental delays
Z13.41	Encounter for autism screening
Z13.42	Encounter for screening for global developmental delays (milestones)
Z13.49	Encounter for screening for other developmental delays

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Code	Description
Z13.5	Encounter for screening for eye and ear disorders
Z13.71	Encounter for nonprocreative screening for genetic disease carrier status
Z13.79	Encounter for other screening for genetic and chromosomal anomalies
Z13.810	Encounter for screening for upper gastrointestinal disorder
Z13.811	Encounter for screening for lower gastrointestinal disorder
Z13.818	Encounter for screening for other digestive system disorders
Z13.820	Encounter for screening for osteoporosis
Z13.828	Encounter for screening for other musculoskeletal disorder
Z13.83	Encounter for screening for respiratory disorder NEC
Z13.84	Encounter for screening for dental disorders
Z13.850	Encounter for screening for traumatic brain injury
Z13.858	Encounter for screening for other nervous system disorders
Z13.88	Encounter for screening for disorder due to exposure to contaminants
Z13.89	Encounter for screening for other disorder
Z13.9	Encounter for screening, unspecified
Z36.0	Encounter for antenatal screening for chromosomal anomalies
Z36.1	Encounter for antenatal screening for raised alphafetoprotein level
Z36.2	Encounter for other antenatal screening follow-up
Z36.3	Encounter for antenatal screening for malformations
Z36.4	Encounter for antenatal screening for fetal growth retardation
Z36.5	Encounter for antenatal screening for isoimmunization
Z36.81	Encounter for antenatal screening for hydrops fetalis
Z36.82	Encounter for antenatal screening for nuchal translucency
Z36.83	Encounter for fetal screening for congenital cardiac abnormalities
Z36.84	Encounter for antenatal screening for fetal lung maturity
Z36.85	Encounter for antenatal screening for Streptococcus B
Z36.86	Encounter for antenatal screening for cervical length
Z36.87	Encounter for antenatal screening for uncertain dates

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Code	Description
Z36.88	Encounter for antenatal screening for fetal macrosomia
Z36.89	Encounter for other specified antenatal screening
Z36.8A	Encounter for antenatal screening for other genetic defects
Z36.9	Encounter for antenatal screening, unspecified
Z40.00	Encounter for prophylactic removal of unspecified organ
Z40.01	Encounter for prophylactic removal of breast
Z40.02	Encounter for prophylactic removal of ovary(s)
Z40.09	Encounter for prophylactic removal of other organ
Z40.8	Encounter for other prophylactic surgery
Z40.9	Encounter for prophylactic surgery, unspecified
Z41.1	Encounter for cosmetic surgery
Z41.2	Encounter for routine and ritual male circumcision
Z41.3	Encounter for ear piercing
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z41.9	Encounter for procedure for purposes other than remedying health state, unspecified
Z46.1	Encounter for fitting and adjustment of hearing aid
Z56.0	Unemployment, unspecified
Z56.2	Threat of job loss
Z56.3	Stressful work schedule
Z56.4	Discord with boss and workmates
Z56.5	Uncongenial work environment
Z56.6	Other physical and mental strain related to work
Z56.81	Sexual harassment on the job
Z56.82	Military deployment status
Z56.89	Other problems related to employment
Z56.9	Unspecified problems related to employment
Z57.0	Occupational exposure to noise
Z57.1	Occupational exposure to radiation

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Code	Description
Z57.2	Occupational exposure to dust
Z57.31	Occupational exposure to environmental tobacco smoke
Z57.39	Occupational exposure to other air contaminants
Z57.4	Occupational exposure to toxic agents in agriculture
Z57.5	Occupational exposure to toxic agents in other industries
Z57.6	Occupational exposure to extreme temperature
Z57.7	Occupational exposure to vibration
Z57.8	Occupational exposure to other risk factors
Z57.9	Occupational exposure to unspecified risk factor
Z59.0	Homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances
Z59.9	Problem related to housing and economic circumstances, unspecified
Z60.2	Problems related to living alone
Z62.21	Child in welfare custody
Z71.0	Person encountering health services to consult on behalf of another person
Z74.1	Need for assistance with personal care
Z74.2	Need for assistance at home and no other household member able to render care
Z74.3	Need for continuous supervision
Z74.8	Other problems related to care provider dependency
Z74.9	Problem related to care provider dependency, unspecified
Z75.5	Holiday relief care

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Code	Description
Z76.0	Encounter for issue of repeat prescription
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child
Z76.3	Healthy person accompanying sick person
Z76.4	Other boarder to healthcare facility
Z76.81	Expectant parent(s) prebirth pediatrician visit
Z80.1	Family history of malignant neoplasm of trachea, bronchus and lung
Z80.2	Family history of malignant neoplasm of other respiratory and intrathoracic organs
Z80.49	Family history of malignant neoplasm of other genital organs
Z80.51	Family history of malignant neoplasm of kidney
Z80.52	Family history of malignant neoplasm of bladder
Z80.59	Family history of malignant neoplasm of other urinary tract organ
Z80.6	Family history of leukemia
Z80.7	Family history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z80.8	Family history of malignant neoplasm of other organs or systems
Z80.9	Family history of malignant neoplasm, unspecified
Z81.0	Family history of intellectual disabilities
Z81.1	Family history of alcohol abuse and dependence
Z81.2	Family history of tobacco abuse and dependence
Z81.3	Family history of other psychoactive substance abuse and dependence
Z81.4	Family history of other substance abuse and dependence
Z81.8	Family history of other mental and behavioral disorders
Z82.0	Family history of epilepsy and other diseases of the nervous system
Z82.1	Family history of blindness and visual loss
Z82.2	Family history of deafness and hearing loss
Z82.3	Family history of stroke
Z82.41	Family history of sudden cardiac death

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Code	Description
Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system
Z82.5	Family history of asthma and other chronic lower respiratory diseases
Z82.61	Family history of arthritis
Z82.62	Family history of osteoporosis
Z82.69	Family history of other diseases of the musculoskeletal system and connective tissue
Z82.71	Family history of polycystic kidney
Z82.79	Family history of other congenital malformations, deformations and chromosomal abnormalities
Z82.8	Family history of other disabilities and chronic diseases leading to disablement, not elsewhere classified
Z83.0	Family history of human immunodeficiency virus [HIV] disease
Z83.1	Family history of other infectious and parasitic diseases
Z83.2	Family history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z83.3	Family history of diabetes mellitus
Z83.41	Family history of multiple endocrine neoplasia [MEN] syndrome
Z83.49	Family history of other endocrine, nutritional and metabolic diseases
Z83.511	Family history of glaucoma
Z83.518	Family history of other specified eye disorder
Z83.52	Family history of ear disorders
Z83.6	Family history of other diseases of the respiratory system
Z83.71	Family history of colonic polyps
Z83.79	Family history of other diseases of the digestive system
Z84.0	Family history of diseases of the skin and subcutaneous tissue
Z84.1	Family history of disorders of kidney and ureter
Z84.2	Family history of other diseases of the genitourinary system
Z84.3	Family history of consanguinity

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Code	Description
Z84.81	Family history of carrier of genetic disease
Z84.89	Family history of other specified conditions



Reasons for Denial for All Lab NCDs

NOTE: This section includes CMS's interpretation of its longstanding policies pertaining to nationally covered laboratory services, and is included for informational purposes.

- Tests for screening purposes that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered except as explicitly authorized by statute.
- Tests for administrative purposes, including exams required by insurance companies, business establishments, government agencies, or other third parties, are not covered.
- Tests that are not reasonable and necessary for the diagnosis or treatment of an illness or injury are not covered by statute.
- Failure to provide documentation of the medical necessity of tests might result in denial of claims. The documentation may include notes documenting relevant signs, symptoms, or abnormal findings that substantiate the medical necessity for ordering the tests. In addition, failure to provide independent verification that the test was ordered by the treating physician (or qualified nonphysician practitioner) through documentation in the physician's office might result in denial.
- A claim for a test for which there is a national coverage policy will be denied as not reasonable and necessary if the claim is submitted without an ICD-10-CM code or narrative diagnosis listed as covered in the policy unless other medical documentation justifying the necessity is submitted with the claim.
- If a national coverage policy identifies a frequency expectation, a claim for a test that exceeds that expectation may be denied as not reasonable and necessary, unless it is submitted with documentation justifying increased frequency.
- Tests that are not ordered by a treating physician or other qualified treating nonphysician practitioner acting within the scope of their license and in compliance with Medicare requirements will be denied as not reasonable and necessary.
- Failure of the clinical laboratory performing the test to have the appropriate Clinical Laboratory Improvement Amendments of 1988 (CLIA) certificate will result in denial of claims.



Coding Guidelines for All Lab NCDs

1. On and after the implementation date for ICD-10-CM coding of Medicare billing claims, a claim for a clinical diagnostic laboratory service must include a valid ICD-10-CM diagnosis code. When a diagnosis has not been established by the physician, codes that describe symptoms and signs, as opposed to diagnoses, should be provided (see also bullet #5 below).

Please note that ICD-10-CM codes for diagnoses are not required (and will not be effective) for Medicare billing transactions prior to October 1, 2015. Please use ICD-9-CM codes for diagnoses prior to that date.

Please check the CMS website www.cms.gov/ICD10 for more information on the implementation of ICD-10-CM codes.
2. Medicare distinguishes ‘screening’ from ‘diagnostic uses’ of tests. ‘Screening’ is testing for disease or disease precursors so that early detection and treatment can be provided for those who test positive for the disease. Screening tests are performed when no specific sign, symptom, or diagnosis is present and the beneficiary has not been exposed to a disease.

In contrast, ‘diagnostic’ testing is testing to rule out or to confirm a suspected diagnosis because of a sign and/or symptom in the beneficiary. In these cases, the sign or symptom should be used to explain the reason for the test.

Some laboratory tests are covered by the Medicare program for screening purposes (for example, NCD # 210.1, Prostate Cancer Screening Tests). However, this manual focuses only on coding policies for diagnostic uses of laboratory services (for example, the test for prostate specific antigen (PSA)).
3. When the reason for performing a test is because the beneficiary has had contact with, or exposure to, a communicable disease, the appropriate code from category Z20, ‘Contact with or exposure to communicable diseases’, should be assigned. However, on review, the test might still be considered screening and not covered by Medicare.
4. All digits required by ICD-10-CM coding conventions must be used. A code is invalid if it has not been coded with all digits/characters required for that code.
5. The beneficiary’s condition(s) and/or diseases should be coded in ICD-10-CM to the highest degree of certainty for that encounter/visit, such as signs, symptoms, abnormal test results, or other reasons for the visit. When a non-specific ICD-10-CM code is submitted, the underlying sign, symptom, or condition must be related to the indications for the test.



Additional Coding Guideline(s)

Note: For any additional guideline(s) about ICD-10-CM coding for a specific diagnostic test service, please see the section “Limitations” in each NCD following the code list table.



190.12 - Urine Culture, Bacterial

Other Names/Abbreviations

Urine culture

Description

A bacterial urine culture is a laboratory test service performed on a urine specimen to establish the probable etiology of a presumed urinary tract infection. It is common practice to do a urinalysis prior to a urine culture. A urine culture for bacteria might also be used as part of the evaluation and management of another related condition. The procedure includes aerobic agar-based isolation of bacteria or other cultivable organisms present, and quantitation of types present based on morphologic criteria. Isolates deemed significant may be subjected to additional identification and susceptibility procedures as requested by the ordering physician. The physician's request may be through clearly documented and communicated laboratory protocols.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
87086	Culture, bacterial; quantitative, colony count, urine.
87088	Culture, bacterial; with isolation and presumptive identification of each isolates, urine.

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
A02.1	Salmonella sepsis
A18.14	Tuberculosis of prostate
A34	Obstetrical tetanus
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
A40.9	Streptococcal sepsis, unspecified
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus



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Code	Description
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
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis
A56.11	Chlamydial female pelvic inflammatory disease
D65	Disseminated intravascular coagulation [defibrination syndrome]
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D72.89	Other specified disorders of white blood cells
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease



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Code	Description
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E87.2	Acidosis
E87.4	Mixed disorder of acid-base balance
F45.8	Other somatoform disorders
G93.3	Postviral fatigue syndrome
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
J80	Acute respiratory distress syndrome
K72.00	Acute and subacute hepatic failure without coma
K72.01	Acute and subacute hepatic failure with coma
K76.2	Central hemorrhagic necrosis of liver
M04.1	Periodic fever syndromes
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M35.04	Sicca syndrome with tubulo-interstitial nephropathy
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
N00.0	Acute nephritic syndrome with minor glomerular abnormality
N00.1	Acute nephritic syndrome with focal and segmental glomerular lesions
N00.2	Acute nephritic syndrome with diffuse membranous glomerulonephritis
N00.3	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N00.4	Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N00.5	Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N00.6	Acute nephritic syndrome with dense deposit disease

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Code	Description
N00.7	Acute nephritic syndrome with diffuse crescentic glomerulonephritis
N00.8	Acute nephritic syndrome with other morphologic changes
N00.9	Acute nephritic syndrome with unspecified morphologic changes
N00.A	Acute nephritic syndrome with C3 glomerulonephritis
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes
N01.9	Rapidly progressive nephritic syndrome with unspecified morphologic changes
N01.A	Rapidly progressive nephritic syndrome with C3 glomerulonephritis
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N05.6	Unspecified nephritic syndrome with dense deposit disease
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis



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Code	Description
N05.8	Unspecified nephritic syndrome with other morphologic changes
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis
N06.0	Isolated proteinuria with minor glomerular abnormality
N06.1	Isolated proteinuria with focal and segmental glomerular lesions
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis
N06.6	Isolated proteinuria with dense deposit disease
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.8	Isolated proteinuria with other morphologic lesion
N06.9	Isolated proteinuria with unspecified morphologic lesion
N06.A	Isolated proteinuria with C3 glomerulonephritis
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions



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Code	Description
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis
N08	Glomerular disorders in diseases classified elsewhere
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
N13.0	Hydronephrosis with ureteropelvic junction obstruction
N13.1	Hydronephrosis with ureteral stricture, not elsewhere classified
N13.2	Hydronephrosis with renal and ureteral calculous obstruction
N13.4	Hydroureter
N13.5	Crossing vessel and stricture of ureter without hydronephrosis
N13.6	Pyonephrosis
N13.70	Vesicoureteral-reflux, unspecified
N13.71	Vesicoureteral-reflux without reflux nephropathy
N13.721	Vesicoureteral-reflux with reflux nephropathy without hydroureter, unilateral
N13.722	Vesicoureteral-reflux with reflux nephropathy without hydroureter, bilateral
N13.729	Vesicoureteral-reflux with reflux nephropathy without hydroureter, unspecified
N13.731	Vesicoureteral-reflux with reflux nephropathy with hydroureter, unilateral
N13.732	Vesicoureteral-reflux with reflux nephropathy with hydroureter, bilateral
N13.739	Vesicoureteral-reflux with reflux nephropathy with hydroureter, unspecified
N13.8	Other obstructive and reflux uropathy
N13.9	Obstructive and reflux uropathy, unspecified
N14.0	Analgesic nephropathy
N14.1	Nephropathy induced by other drugs, medicaments and biological substances
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance

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Code	Description
N14.3	Nephropathy induced by heavy metals
N14.4	Toxic nephropathy, not elsewhere classified
N15.0	Balkan nephropathy
N15.1	Renal and perinephric abscess
N15.8	Other specified renal tubulo-interstitial diseases
N15.9	Renal tubulo-interstitial disease, unspecified
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N18.6	End stage renal disease
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N20.2	Calculus of kidney with calculus of ureter
N20.9	Urinary calculus, unspecified
N21.0	Calculus in bladder
N21.1	Calculus in urethra
N21.8	Other lower urinary tract calculus
N21.9	Calculus of lower urinary tract, unspecified
N22	Calculus of urinary tract in diseases classified elsewhere
N23	Unspecified renal colic
N28.0	Ischemia and infarction of kidney
N28.1	Cyst of kidney, acquired
N28.81	Hypertrophy of kidney
N28.82	Megaloureter
N28.83	Nephroptosis
N28.84	Pyelitis cystica
N28.85	Pyeloureteritis cystica
N28.86	Ureteritis cystica



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Code	Description
N28.89	Other specified disorders of kidney and ureter
N28.9	Disorder of kidney and ureter, unspecified
N29	Other disorders of kidney and ureter in diseases classified elsewhere
N30.00	Acute cystitis without hematuria
N30.01	Acute cystitis with hematuria
N30.10	Interstitial cystitis (chronic) without hematuria
N30.11	Interstitial cystitis (chronic) with hematuria
N30.20	Other chronic cystitis without hematuria
N30.21	Other chronic cystitis with hematuria
N30.30	Trigonitis without hematuria
N30.31	Trigonitis with hematuria
N30.40	Irradiation cystitis without hematuria
N30.41	Irradiation cystitis with hematuria
N30.80	Other cystitis without hematuria
N30.81	Other cystitis with hematuria
N30.90	Cystitis, unspecified without hematuria
N30.91	Cystitis, unspecified with hematuria
N34.0	Urethral abscess
N34.1	Nonspecific urethritis
N34.2	Other urethritis
N34.3	Urethral syndrome, unspecified
N35.016	Post-traumatic urethral stricture, male, overlapping sites
N35.111	Postinfective urethral stricture, not elsewhere classified, male, meatal
N35.112	Postinfective bulbous urethral stricture, not elsewhere classified, male
N35.113	Postinfective membranous urethral stricture, not elsewhere classified, male
N35.114	Postinfective anterior urethral stricture, not elsewhere classified, male
N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
N35.119	Postinfective urethral stricture, not elsewhere classified, male, unspecified



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Code	Description
N35.12	Postinfective urethral stricture, not elsewhere classified, female
N37	Urethral disorders in diseases classified elsewhere
N39.0	Urinary tract infection, site not specified
N39.3	Stress incontinence (female) (male)
N39.41	Urge incontinence
N39.42	Incontinence without sensory awareness
N39.43	Post-void dribbling
N39.44	Nocturnal enuresis
N39.45	Continuous leakage
N39.46	Mixed incontinence
N39.490	Overflow incontinence
N39.491	Coital incontinence
N39.492	Postural (urinary) incontinence
N39.498	Other specified urinary incontinence
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N41.0	Acute prostatitis
N41.1	Chronic prostatitis
N41.2	Abscess of prostate
N41.3	Prostatocystitis
N41.4	Granulomatous prostatitis
N41.8	Other inflammatory diseases of prostate
N41.9	Inflammatory disease of prostate, unspecified
N42.0	Calculus of prostate
N42.1	Congestion and hemorrhage of prostate
N42.30	Unspecified dysplasia of prostate



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Code	Description
N42.31	Prostatic intraepithelial neoplasia
N42.32	Atypical small acinar proliferation of prostate
N42.39	Other dysplasia of prostate
N42.81	Prostatodynia syndrome
N42.82	Prostatosis syndrome
N42.83	Cyst of prostate
N42.89	Other specified disorders of prostate
N42.9	Disorder of prostate, unspecified
N43.40	Spermatocele of epididymis, unspecified
N43.41	Spermatocele of epididymis, single
N43.42	Spermatocele of epididymis, multiple
N44.00	Torsion of testis, unspecified
N44.01	Extravaginal torsion of spermatic cord
N44.02	Intravaginal torsion of spermatic cord
N44.03	Torsion of appendix testis
N44.04	Torsion of appendix epididymis
N44.1	Cyst of tunica albuginea testis
N44.2	Benign cyst of testis
N44.8	Other noninflammatory disorders of the testis
N45.1	Epididymitis
N45.2	Orchitis
N45.3	Epididymo-orchitis
N45.4	Abscess of epididymis or testis
N49.0	Inflammatory disorders of seminal vesicle
N49.1	Inflammatory disorders of spermatic cord, tunica vaginalis and vas deferens
N49.2	Inflammatory disorders of scrotum
N49.3	Fournier gangrene
N49.8	Inflammatory disorders of other specified male genital organs

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Code	Description
N49.9	Inflammatory disorder of unspecified male genital organ
N50.0	Atrophy of testis
N50.1	Vascular disorders of male genital organs
N50.3	Cyst of epididymis
N50.811	Right testicular pain
N50.812	Left testicular pain
N50.819	Testicular pain, unspecified
N50.82	Scrotal pain
N50.89	Other specified disorders of the male genital organs
N50.9	Disorder of male genital organs, unspecified
N51	Disorders of male genital organs in diseases classified elsewhere
N53.11	Retarded ejaculation
N53.12	Painful ejaculation
N53.13	Anejaculatory orgasm
N53.14	Retrograde ejaculation
N53.19	Other ejaculatory dysfunction
N53.8	Other male sexual dysfunction
N53.9	Unspecified male sexual dysfunction
N70.01	Acute salpingitis
N70.02	Acute oophoritis
N70.03	Acute salpingitis and oophoritis
N70.11	Chronic salpingitis
N70.12	Chronic oophoritis
N70.13	Chronic salpingitis and oophoritis
N70.91	Salpingitis, unspecified
N70.92	Oophoritis, unspecified
N70.93	Salpingitis and oophoritis, unspecified
N71.0	Acute inflammatory disease of uterus



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Code	Description
N71.1	Chronic inflammatory disease of uterus
N71.9	Inflammatory disease of uterus, unspecified
N72	Inflammatory disease of cervix uteri
N73.0	Acute parametritis and pelvic cellulitis
N73.1	Chronic parametritis and pelvic cellulitis
N73.2	Unspecified parametritis and pelvic cellulitis
N73.3	Female acute pelvic peritonitis
N73.4	Female chronic pelvic peritonitis
N73.5	Female pelvic peritonitis, unspecified
N73.6	Female pelvic peritoneal adhesions (postinfective)
N73.8	Other specified female pelvic inflammatory diseases
N73.9	Female pelvic inflammatory disease, unspecified
N74	Female pelvic inflammatory disorders in diseases classified elsewhere
N75.0	Cyst of Bartholin's gland
N75.1	Abscess of Bartholin's gland
N75.8	Other diseases of Bartholin's gland
N75.9	Disease of Bartholin's gland, unspecified
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.4	Abscess of vulva
N76.5	Ulceration of vagina
N76.6	Ulceration of vulva
N76.81	Mucositis (ulcerative) of vagina and vulva
N76.89	Other specified inflammation of vagina and vulva
N77.0	Ulceration of vulva in diseases classified elsewhere
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere



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Code	Description
N82.0	Vesicovaginal fistula
N82.1	Other female urinary-genital tract fistulae
N82.2	Fistula of vagina to small intestine
N82.3	Fistula of vagina to large intestine
N82.4	Other female intestinal-genital tract fistulae
N82.5	Female genital tract-skin fistulae
N82.8	Other female genital tract fistulae
N82.9	Female genital tract fistula, unspecified
N83.511	Torsion of right ovary and ovarian pedicle
N83.512	Torsion of left ovary and ovarian pedicle
N83.519	Torsion of ovary and ovarian pedicle, unspecified side
N83.521	Torsion of right fallopian tube
N83.522	Torsion of left fallopian tube
N83.529	Torsion of fallopian tube, unspecified side
N99.115	Postprocedural fossa navicularis urethral stricture
N99.116	Postprocedural urethral stricture, male, overlapping sites
N99.523	Herniation of incontinent stoma of urinary tract
N99.524	Stenosis of incontinent stoma of urinary tract
N99.533	Herniation of continent stoma of urinary tract
N99.534	Stenosis of continent stoma of urinary tract
O08.0	Genital tract and pelvic infection following ectopic and molar pregnancy
O08.3	Shock following ectopic and molar pregnancy
O08.82	Sepsis following ectopic and molar pregnancy
O12.04	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth

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Code	Description
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.24	HELLP syndrome, complicating childbirth
O14.25	HELLP syndrome, complicating the puerperium
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
O23.00	Infections of kidney in pregnancy, unspecified trimester
O23.01	Infections of kidney in pregnancy, first trimester
O23.02	Infections of kidney in pregnancy, second trimester
O23.03	Infections of kidney in pregnancy, third trimester
O23.10	Infections of bladder in pregnancy, unspecified trimester
O23.11	Infections of bladder in pregnancy, first trimester
O23.12	Infections of bladder in pregnancy, second trimester
O23.13	Infections of bladder in pregnancy, third trimester
O23.20	Infections of urethra in pregnancy, unspecified trimester
O23.21	Infections of urethra in pregnancy, first trimester
O23.22	Infections of urethra in pregnancy, second trimester
O23.23	Infections of urethra in pregnancy, third trimester
O23.30	Infections of other parts of urinary tract in pregnancy, unspecified trimester
O23.31	Infections of other parts of urinary tract in pregnancy, first trimester

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Code	Description
O23.32	Infections of other parts of urinary tract in pregnancy, second trimester
O23.33	Infections of other parts of urinary tract in pregnancy, third trimester
O23.40	Unspecified infection of urinary tract in pregnancy, unspecified trimester
O23.41	Unspecified infection of urinary tract in pregnancy, first trimester
O23.42	Unspecified infection of urinary tract in pregnancy, second trimester
O23.43	Unspecified infection of urinary tract in pregnancy, third trimester
O23.511	Infections of cervix in pregnancy, first trimester
O23.512	Infections of cervix in pregnancy, second trimester
O23.513	Infections of cervix in pregnancy, third trimester
O23.519	Infections of cervix in pregnancy, unspecified trimester
O23.521	Salpingo-oophoritis in pregnancy, first trimester
O23.522	Salpingo-oophoritis in pregnancy, second trimester
O23.523	Salpingo-oophoritis in pregnancy, third trimester
O23.529	Salpingo-oophoritis in pregnancy, unspecified trimester
O23.591	Infection of other part of genital tract in pregnancy, first trimester
O23.592	Infection of other part of genital tract in pregnancy, second trimester
O23.593	Infection of other part of genital tract in pregnancy, third trimester
O23.599	Infection of other part of genital tract in pregnancy, unspecified trimester
O23.90	Unspecified genitourinary tract infection in pregnancy, unspecified trimester
O23.91	Unspecified genitourinary tract infection in pregnancy, first trimester
O23.92	Unspecified genitourinary tract infection in pregnancy, second trimester
O23.93	Unspecified genitourinary tract infection in pregnancy, third trimester
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O33.7XX0	Maternal care for disproportion due to other fetal deformities, not applicable or unspecified
O33.7XX1	Maternal care for disproportion due to other fetal deformities, fetus 1
O33.7XX2	Maternal care for disproportion due to other fetal deformities, fetus 2

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Code	Description
O33.7XX3	Maternal care for disproportion due to other fetal deformities, fetus 3
O33.7XX4	Maternal care for disproportion due to other fetal deformities, fetus 4
O33.7XX5	Maternal care for disproportion due to other fetal deformities, fetus 5
O33.7XX9	Maternal care for disproportion due to other fetal deformities, other fetus
O36.8310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified
O36.8311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1
O36.8312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2
O36.8313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3
O36.8314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4
O36.8315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5
O36.8319	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus
O36.8320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified
O36.8321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1
O36.8322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2
O36.8323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3
O36.8324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4
O36.8325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5
O36.8329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus



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Code	Description
O36.8330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O36.8331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O36.8332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O36.8333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O36.8334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O36.8335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O36.8339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O36.8390	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified
O36.8391	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1
O36.8392	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2
O36.8393	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3
O36.8394	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4
O36.8395	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5
O36.8399	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester

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Code	Description
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester
O85	Puerperal sepsis
O86.11	Cervicitis following delivery
O86.12	Endometritis following delivery
O86.13	Vaginitis following delivery
O86.19	Other infection of genital tract following delivery
O86.20	Urinary tract infection following delivery, unspecified
O86.21	Infection of kidney following delivery
O86.22	Infection of bladder following delivery
O86.29	Other urinary tract infection following delivery
O86.4	Pyrexia of unknown origin following delivery
O86.81	Puerperal septic thrombophlebitis
O86.89	Other specified puerperal infections
P36.0	Sepsis of newborn due to streptococcus, group B
P36.10	Sepsis of newborn due to unspecified streptococci
P36.19	Sepsis of newborn due to other streptococci
P36.2	Sepsis of newborn due to Staphylococcus aureus
P36.30	Sepsis of newborn due to unspecified staphylococci



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Code	Description
P36.39	Sepsis of newborn due to other staphylococci
P36.4	Sepsis of newborn due to Escherichia coli
P36.5	Sepsis of newborn due to anaerobes
P36.8	Other bacterial sepsis of newborn
P36.9	Bacterial sepsis of newborn, unspecified
P39.3	Neonatal urinary tract infection
R00.0	Tachycardia, unspecified
R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.811	Right upper quadrant abdominal tenderness
R10.812	Left upper quadrant abdominal tenderness
R10.813	Right lower quadrant abdominal tenderness
R10.814	Left lower quadrant abdominal tenderness
R10.815	Periumbilic abdominal tenderness
R10.816	Epigastric abdominal tenderness
R10.817	Generalized abdominal tenderness
R10.819	Abdominal tenderness, unspecified site
R10.821	Right upper quadrant rebound abdominal tenderness
R10.822	Left upper quadrant rebound abdominal tenderness
R10.823	Right lower quadrant rebound abdominal tenderness

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Code	Description
R10.824	Left lower quadrant rebound abdominal tenderness
R10.825	Periumbilic rebound abdominal tenderness
R10.826	Epigastric rebound abdominal tenderness
R10.827	Generalized rebound abdominal tenderness
R10.829	Rebound abdominal tenderness, unspecified site
R10.83	Colic
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R30.0	Dysuria
R30.1	Vesical tenesmus
R30.9	Painful micturition, unspecified
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.21	Asymptomatic microscopic hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R32	Unspecified urinary incontinence
R33.0	Drug induced retention of urine
R33.8	Other retention of urine
R33.9	Retention of urine, unspecified
R34	Anuria and oliguria
R35.0	Frequency of micturition
R35.1	Nocturia
R35.8	Other polyuria
R36.0	Urethral discharge without blood
R36.1	Hematospermia
R36.9	Urethral discharge, unspecified
R39.0	Extravasation of urine



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Code	Description
R39.11	Hesitancy of micturition
R39.12	Poor urinary stream
R39.13	Splitting of urinary stream
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
R39.16	Straining to void
R39.191	Need to immediately re-void
R39.192	Position dependent micturition
R39.198	Other difficulties with micturition
R39.2	Extrarenal uremia
R39.81	Functional urinary incontinence
R39.82	Chronic bladder pain
R39.89	Other symptoms and signs involving the genitourinary system
R39.9	Unspecified symptoms and signs involving the genitourinary system
R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission

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**Medicare National Coverage Determinations (NCD)
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Code	Description
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	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
R41.0	Disorientation, unspecified
R41.1	Anterograde amnesia
R41.2	Retrograde amnesia
R41.3	Other amnesia
R41.82	Altered mental status, unspecified
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness
R45.84	Anhedonia
R50.2	Drug induced fever
R50.81	Fever presenting with conditions classified elsewhere
R50.82	Postprocedural fever
R50.83	Postvaccination fever
R50.84	Febrile nonhemolytic transfusion reaction
R50.9	Fever, unspecified
R52	Pain, unspecified
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness
R53.81	Other malaise
R53.83	Other fatigue



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

Code	Description
R57.0	Cardiogenic shock
R57.1	Hypovolemic shock
R57.8	Other shock
R57.9	Shock, unspecified
R65.21	Severe sepsis with septic shock
R68.0	Hypothermia, not associated with low environmental temperature
R68.81	Early satiety
R68.83	Chills (without fever)
R68.89	Other general symptoms and signs
R73.03	Prediabetes
R78.81	Bacteremia
R80.0	Isolated proteinuria
R80.1	Persistent proteinuria, unspecified
R80.2	Orthostatic proteinuria, unspecified
R80.3	Bence Jones proteinuria
R80.8	Other proteinuria
R80.9	Proteinuria, unspecified
R81	Glycosuria
R82.0	Chyluria
R82.1	Myoglobinuria
R82.2	Biliuria
R82.3	Hemoglobinuria
R82.4	Acetonuria
R82.5	Elevated urine levels of drugs, medicaments and biological substances
R82.6	Abnormal urine levels of substances chiefly nonmedicinal as to source
R82.71	Bacteriuria
R82.79	Other abnormal findings on microbiological examination of urine
R82.81	Pyuria



**Medicare National Coverage Determinations (NCD)
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Code	Description
R82.89	Other abnormal findings on cytological and histological examination of urine
R82.90	Unspecified abnormal findings in urine
R82.91	Other chromoabnormalities of urine
R82.991	Hypocitraturia
R82.992	Hyperoxaluria
R82.993	Hyperuricosuria
R82.994	Hypercalciuria
R82.998	Other abnormal findings in urine
T19.0XXA	Foreign body in urethra, initial encounter
T19.1XXA	Foreign body in bladder, initial encounter
T19.4XXA	Foreign body in penis, initial encounter
T83.011A	Breakdown (mechanical) of indwelling urethral catheter, initial encounter
T83.011D	Breakdown (mechanical) of indwelling urethral catheter, subsequent encounter
T83.011S	Breakdown (mechanical) of indwelling urethral catheter, sequela
T83.012A	Breakdown (mechanical) of nephrostomy catheter, initial encounter
T83.012D	Breakdown (mechanical) of nephrostomy catheter, subsequent encounter
T83.012S	Breakdown (mechanical) of nephrostomy catheter, sequela
T83.021A	Displacement of indwelling urethral catheter, initial encounter
T83.021D	Displacement of indwelling urethral catheter, subsequent encounter
T83.021S	Displacement of indwelling urethral catheter, sequela
T83.022A	Displacement of nephrostomy catheter, initial encounter
T83.022D	Displacement of nephrostomy catheter, subsequent encounter
T83.022S	Displacement of nephrostomy catheter, sequela
T83.031A	Leakage of indwelling urethral catheter, initial encounter
T83.031D	Leakage of indwelling urethral catheter, subsequent encounter
T83.031S	Leakage of indwelling urethral catheter, sequela
T83.032A	Leakage of nephrostomy catheter, initial encounter
T83.032D	Leakage of nephrostomy catheter, subsequent encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T83.032S	Leakage of nephrostomy catheter, sequela
T83.091A	Other mechanical complication of indwelling urethral catheter, initial encounter
T83.091D	Other mechanical complication of indwelling urethral catheter, subsequent encounter
T83.091S	Other mechanical complication of indwelling urethral catheter, sequela
T83.092A	Other mechanical complication of nephrostomy catheter, initial encounter
T83.092D	Other mechanical complication of nephrostomy catheter, subsequent encounter
T83.092S	Other mechanical complication of nephrostomy catheter, sequela
T83.113A	Breakdown (mechanical) of other urinary stents, initial encounter
T83.113D	Breakdown (mechanical) of other urinary stents, subsequent encounter
T83.113S	Breakdown (mechanical) of other urinary stents, sequela
T83.123A	Displacement of other urinary stents, initial encounter
T83.123D	Displacement of other urinary stents, subsequent encounter
T83.123S	Displacement of other urinary stents, sequela
T83.193A	Other mechanical complication of other urinary stent, initial encounter
T83.193D	Other mechanical complication of other urinary stent, subsequent encounter
T83.193S	Other mechanical complication of other urinary stent, sequela
T83.24XA	Erosion of graft of urinary organ, initial encounter
T83.24XD	Erosion of graft of urinary organ, subsequent encounter
T83.24XS	Erosion of graft of urinary organ, sequela
T83.25XA	Exposure of graft of urinary organ, initial encounter
T83.25XD	Exposure of graft of urinary organ, subsequent encounter
T83.25XS	Exposure of graft of urinary organ, sequela
T83.510A	Infection and inflammatory reaction due to cystostomy catheter, initial encounter
T83.510D	Infection and inflammatory reaction due to cystostomy catheter, subsequent encounter
T83.510S	Infection and inflammatory reaction due to cystostomy catheter, sequela
T83.511A	Infection and inflammatory reaction due to indwelling urethral catheter, initial encounter



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T83.511D	Infection and inflammatory reaction due to indwelling urethral catheter, subsequent encounter
T83.511S	Infection and inflammatory reaction due to indwelling urethral catheter, sequela
T83.512A	Infection and inflammatory reaction due to nephrostomy catheter, initial encounter
T83.512D	Infection and inflammatory reaction due to nephrostomy catheter, subsequent encounter
T83.512S	Infection and inflammatory reaction due to nephrostomy catheter, sequela
T83.518A	Infection and inflammatory reaction due to other urinary catheter, initial encounter
T83.518D	Infection and inflammatory reaction due to other urinary catheter, subsequent encounter
T83.518S	Infection and inflammatory reaction due to other urinary catheter, sequela
T83.590A	Infection and inflammatory reaction due to implanted urinary neurostimulation device, initial encounter
T83.590D	Infection and inflammatory reaction due to implanted urinary neurostimulation device, subsequent encounter
T83.590S	Infection and inflammatory reaction due to implanted urinary neurostimulation device, sequela
T83.591A	Infection and inflammatory reaction due to implanted urinary sphincter, initial encounter
T83.591D	Infection and inflammatory reaction due to implanted urinary sphincter, subsequent encounter
T83.591S	Infection and inflammatory reaction due to implanted urinary sphincter, sequela
T83.592A	Infection and inflammatory reaction due to indwelling ureteral stent, initial encounter
T83.592D	Infection and inflammatory reaction due to indwelling ureteral stent, subsequent encounter
T83.592S	Infection and inflammatory reaction due to indwelling ureteral stent, sequela
T83.593A	Infection and inflammatory reaction due to other urinary stents, initial encounter
T83.593D	Infection and inflammatory reaction due to other urinary stents, subsequent encounter
T83.593S	Infection and inflammatory reaction due to other urinary stents, sequela
T83.598A	Infection and inflammatory reaction due to other prosthetic device, implant and graft in urinary system, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
T83.598D	Infection and inflammatory reaction due to other prosthetic device, implant and graft in urinary system, subsequent encounter
T83.598S	Infection and inflammatory reaction due to other prosthetic device, implant and graft in urinary system, sequela
T83.61XA	Infection and inflammatory reaction due to implanted penile prosthesis, initial encounter
T83.61XD	Infection and inflammatory reaction due to implanted penile prosthesis, subsequent encounter
T83.61XS	Infection and inflammatory reaction due to implanted penile prosthesis, sequela
T83.62XA	Infection and inflammatory reaction due to implanted testicular prosthesis, initial encounter
T83.62XD	Infection and inflammatory reaction due to implanted testicular prosthesis, subsequent encounter
T83.62XS	Infection and inflammatory reaction due to implanted testicular prosthesis, sequela
T83.69XA	Infection and inflammatory reaction due to other prosthetic device, implant and graft in genital tract, initial encounter
T83.69XD	Infection and inflammatory reaction due to other prosthetic device, implant and graft in genital tract, subsequent encounter
T83.69XS	Infection and inflammatory reaction due to other prosthetic device, implant and graft in genital tract, sequela
T83.712A	Erosion of implanted urethral mesh to surrounding organ or tissue, initial encounter
T83.712D	Erosion of implanted urethral mesh to surrounding organ or tissue, subsequent encounter
T83.712S	Erosion of implanted urethral mesh to surrounding organ or tissue, sequela
T83.713A	Erosion of implanted urethral bulking agent to surrounding organ or tissue, initial encounter
T83.713D	Erosion of implanted urethral bulking agent to surrounding organ or tissue, subsequent encounter
T83.713S	Erosion of implanted urethral bulking agent to surrounding organ or tissue, sequela
T83.714A	Erosion of implanted ureteral bulking agent to surrounding organ or tissue, initial encounter
T83.714D	Erosion of implanted ureteral bulking agent to surrounding organ or tissue, subsequent encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T83.714S	Erosion of implanted ureteral bulking agent to surrounding organ or tissue, sequela
T83.719A	Erosion of other prosthetic materials to surrounding organ or tissue, initial encounter
T83.719D	Erosion of other prosthetic materials to surrounding organ or tissue, subsequent encounter
T83.719S	Erosion of other prosthetic materials to surrounding organ or tissue, sequela
T83.722A	Exposure of implanted urethral mesh into urethra, initial encounter
T83.722D	Exposure of implanted urethral mesh into urethra, subsequent encounter
T83.722S	Exposure of implanted urethral mesh into urethra, sequela
T83.723A	Exposure of implanted urethral bulking agent into urethra, initial encounter
T83.723D	Exposure of implanted urethral bulking agent into urethra, subsequent encounter
T83.723S	Exposure of implanted urethral bulking agent into urethra, sequela
T83.724A	Exposure of implanted ureteral bulking agent into ureter, initial encounter
T83.724D	Exposure of implanted ureteral bulking agent into ureter, subsequent encounter
T83.724S	Exposure of implanted ureteral bulking agent into ureter, sequela
T83.79XA	Other specified complications due to other genitourinary prosthetic materials, initial encounter
T83.79XD	Other specified complications due to other genitourinary prosthetic materials, subsequent encounter
T83.79XS	Other specified complications due to other genitourinary prosthetic materials, sequela
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out



**Medicare National Coverage Determinations (NCD)
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Code	Description
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z31.7	Encounter for procreative management and counseling for gestational carrier
Z43.5	Encounter for attention to cystostomy
Z43.6	Encounter for attention to other artificial openings of urinary tract
Z79.3	Long term (current) use of hormonal contraceptives
Z79.84	Long term (current) use of oral hypoglycemic drugs
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
Z93.50	Unspecified cystostomy status
Z93.51	Cutaneous-vesicostomy status
Z93.52	Appendico-vesicostomy status
Z93.59	Other cystostomy status
Z93.6	Other artificial openings of urinary tract status



Indications

1. A beneficiary's urinalysis is abnormal suggesting urinary tract infection, for example, abnormal microscopic (hematuria, pyuria, bacteriuria); abnormal biochemical urinalysis (positive leukocyte esterase, nitrite, protein, blood); a Gram's stain positive for microorganisms; positive bacteriuria screen by a non-culture technique; or other significant abnormality of a urinalysis. While it is not essential to evaluate a urine specimen by one of these methods before a urine culture is performed, certain clinical presentations with highly suggestive signs and symptoms may lend themselves to an antecedent urinalysis procedure where follow-up culture depends upon an initial positive or abnormal test result.
2. A beneficiary has clinical signs and symptoms indicative of a possible urinary tract infection (UTI). Acute lower UTI may present with urgency, frequency, nocturia, dysuria, discharge or incontinence. These findings might also be noted in upper UTI with additional systemic symptoms (for example, fever, chills, lethargy); or pain in the costovertebral, abdominal, or pelvic areas. Signs and symptoms might overlap considerably with other inflammatory conditions of the genitourinary tract (for example, prostatitis, urethritis, vaginitis, or cervicitis). Elderly or immunocompromised beneficiaries or those with neurologic disorders might present atypically (for example, general debility, acute mental status changes, declining functional status).
3. The beneficiary is being evaluated for suspected urosepsis, fever of unknown origin, or other systemic manifestations of infection but without a known source. Signs and symptoms used to define sepsis have been well established.
4. A test of cure is generally not indicated in an uncomplicated infection. However, it may be indicated if the beneficiary is being evaluated for response to therapy and there is a complicating co-existing urinary abnormality including structural or functional abnormalities, calculi, foreign bodies, or ureteral/renal stents or there is clinical or laboratory evidence of failure to respond as described in Indications 1 and 2.
5. In surgical procedures involving major manipulations of the genitourinary tract, preoperative examination to detect occult infection may be indicated in selected cases (for example, prior to renal transplantation, manipulation or removal of kidney stones, or transurethral surgery of the bladder or prostate).
6. Urine culture may be indicated to detect occult infection in renal transplant recipients on immunosuppressive therapy.

Limitations

1. CPT® code 87086 may be used one time per encounter.
2. Colony count restrictions on coverage of CPT® code 87088 do not apply as they may be highly variable according to syndrome or other clinical circumstances (for example, antecedent therapy, collection time, and degree of hydration).
3. CPT® code 87088 may be used multiple times in association with or independent of 87086, as urinary tract infections may be polymicrobial.



4. Testing for asymptomatic bacteriuria as part of a prenatal evaluation may be medically appropriate but is considered screening and therefore not covered by Medicare. The U.S. Preventive Services Task Force has concluded that screening for asymptomatic bacteriuria outside of the narrow indication for pregnant women is generally not indicated. There are insufficient data to recommend screening in ambulatory elderly beneficiaries including those with diabetes. Testing may be clinically indicated on other grounds including likelihood of recurrence or potential adverse effects of antibiotics, but is considered screening in the absence of clinical or laboratory evidence of infection.

5. To detect a clinically significant post-transplant occult infection in a renal allograft recipient on long-term immunosuppressive therapy, use code Z79.899.

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.

Documentation Requirements

Appropriate HCPCS/CPT© code(s) must be used as described.

Sources of Information

Bone, RC, RA Bal, FB Cerra, & ACCP/SCCM Consensus Conference Committee. 1992. Definitions for sepsis & organ failure & guidelines for the use of innovative therapies in sepsis. Chest 101:1644-1655.

Clarridge, JE, JR Johnson, and MT Pezzlo. 1998 (in press). Cumitech 2B: Laboratory Diagnosis of Urinary Tract Infections. AS Weissfeld (coor. ed.); ASM Press, Washington, DC.

Kunin, CM. 1994. Urinary tract infections in females. Clin. Infect. Dis. 18:1-12.

Sodeman, TM. 1995. A practical strategy for diagnosis of urinary tract infections. Clin. Lab. Med. 15:235-250.

Stamm WE, and TM Hooton. 1993. Management of urinary tract infections in adults. N. Engl. J. Med. 329:1328-1334.

United States Preventive Services Task Force (1996). Guidelines for screening for asymptomatic bacteriuria.

Lachs MS, Nachamkin I, Edelstein PH et al. 1992. Spectrum bias in the evaluation of diagnostic tests: lessons from the rapid dipstick test for urinary tract infection. Ann. Int. Med. 117:135-140



190.13 - Human Immunodeficiency Virus (HIV) Testing (Prognosis Including Monitoring)

Other Names/Abbreviations

HIV-1 or HIV-2 quantification or viral load

Description

HIV quantification is achieved through the use of a number of different assays which measure the amount of circulating viral RNA. Assays vary both in methods used to detect viral RNA as well as in ability to detect viral levels at lower limits. However, all employ some type of nucleic acid amplification technique to enhance sensitivity, and results are expressed as the HIV copy number.

Quantification assays of HIV plasma RNA are used prognostically to assess relative risk for disease progression and predict time to death, as well as to assess efficacy of anti-retroviral therapies over time.

HIV quantification is often performed together with CD4+ T cell counts which provide information on extent of HIV induced immune system damage already incurred.

HCP Codes (Alphanumeric, CPT® AMA)

Code	Description
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification

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
B20	Human immunodeficiency virus [HIV] disease
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
O98.411	Viral hepatitis complicating pregnancy, first trimester
O98.412	Viral hepatitis complicating pregnancy, second trimester
O98.413	Viral hepatitis complicating pregnancy, third trimester
O98.419	Viral hepatitis complicating pregnancy, unspecified trimester



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Code	Description
O98.42	Viral hepatitis complicating childbirth
O98.43	Viral hepatitis complicating the puerperium
O98.511	Other viral diseases complicating pregnancy, first trimester
O98.512	Other viral diseases complicating pregnancy, second trimester
O98.513	Other viral diseases complicating pregnancy, third trimester
O98.519	Other viral diseases complicating pregnancy, unspecified trimester
O98.52	Other viral diseases complicating childbirth
O98.53	Other viral diseases complicating the puerperium
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
O98.719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester
O98.72	Human immunodeficiency virus [HIV] disease complicating childbirth
O98.73	Human immunodeficiency virus [HIV] disease complicating the puerperium
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status

Indications

1. A plasma HIV RNA baseline level may be medically necessary in any patient with confirmed HIV infection.
2. Regular periodic measurement of plasma HIV RNA levels may be medically necessary to determine risk for disease progression in an HIV-infected individual and to determine when to initiate anti-retroviral treatment regimens.
3. In clinical situations where risk of HIV infection is significant and initiation of therapy is anticipated, a baseline HIV quantification may be performed. These situations include:
 - a. Persistence of borderline or equivocal serologic reactivity in an at-risk individual.
 - b. Signs and symptoms of acute retroviral syndrome characterized by fever, malaise, lymphadenopathy and rash in an at-risk individual.

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Limitations

1. Viral quantification may be appropriate for prognostic use including baseline determination, periodic monitoring, and monitoring of response to therapy. Use as a diagnostic test method is not indicated.
2. Measurement of plasma HIV RNA levels should be performed at the time of establishment of an HIV infection diagnosis. For an accurate baseline, 2 specimens in a 2-week period are appropriate.
3. For prognosis including anti-retroviral therapy monitoring, regular, periodic measurements are appropriate. The frequency of viral load testing should be consistent with the most current Centers for Disease Control and Prevention guidelines for use of anti-retroviral agents in adults and adolescents or pediatrics.
4. Because differences in absolute HIV copy number are known to occur using different assays, plasma HIV RNA levels should be measured by the same analytical method. A change in assay method may necessitate re-establishment of a baseline.
5. Nucleic acid quantification techniques are representative of rapidly emerging & evolving new technologies. Users advised to remain current on FDA-approval status.

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.

Other Comments

Assessment of CD4+ T cell numbers is frequently performed in conjunction with viral load determination. When used in concert, the accuracy with which the risk for disease progression and death can be predicted is enhanced.

Sources of Information

CDC.1998. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. MMWR 47 (RR-5).

CDC.1998. Guidelines for use of antiretroviral agents in pediatric HIV infection. MMWR47 RR-4.

CDC.1998. Public Health Service Task Force recommendations for the use of anti-retroviral drugs in pregnant women infected with HIV-1 for maternal health and for reducing perinatal HIV-1 transmission in the United States. MMWR 47 (RR-2).

Carpenter, C.C., M.A. Fischl, S.M. Hammer, et. al. 1998. Antiretroviral therapy for HIV infection in 1998. Updated recommendations of international AIDS society-USA panel. A.M.A. 280:78-86.

Saag, M.S., M. Holodniy, D.R. Kuritzkes, et al. 1996. HIV viral load markers in clinical practice. Nature Medicine 2(6): 625-629.



190.14 - Human Immunodeficiency Virus (HIV) Testing (Diagnosis)

Other Names/Abbreviations

HIV, HIV-1, HIV-2, HIV1/2, HTLV III, Human T-cell lymphotropic virus, AIDS, Acquired immune deficiency syndrome

Description

Diagnosis of Human Immunodeficiency Virus (HIV) infection is primarily made through the use of serologic assays. These assays take one of two forms: antibody detection assays and specific HIV antigen (p24) procedures. The antibody assays are usually enzyme immunoassays (EIA) which are used to confirm exposure of an individual’s immune system to specific viral antigens. These assays may be formatted to detect HIV-1, HIV-2, or HIV-1 and 2 simultaneously and to detect both IgM and IgG. When the initial EIA test is repeatedly positive or indeterminate, an alternative test is used to confirm the specificity of the antibodies to individual viral components. The most commonly used method is the Western Blot.

The HIV-1 core antigen (p24) test detects circulating viral antigen which may be found prior to the development of antibodies and may also be present in later stages of illness in the form of recurrent or persistent antigenemia. Its prognostic utility in HIV infection has been diminished as a result of development of sensitive viral RNA assays, and its primary use today is as a routine screening tool in potential blood donors.

In several unique situations, serologic testing alone may not reliably establish an HIV infection. This may occur because the antibody response (particularly the IgG response detected by Western Blot) has not yet developed (that is, acute retroviral syndrome), or is persistently equivocal because of inherent viral antigen variability. It is also an issue in perinatal HIV infection due to transplacental passage of maternal HIV antibody. In these situations, laboratory evidence of HIV in blood by culture, antigen assays, or proviral DNA or viral RNA assays, is required to establish a definitive determination of HIV infection.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
86689	Qualitative or semiquantitative immunoassays performed by multiple step methods; HTLV or HIV antibody, confirmatory test (for example, Western Blot)
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single assay
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2



**Medicare National Coverage Determinations (NCD)
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Code	Description
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique

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
A02.1	Salmonella sepsis
A07.2	Cryptosporidiosis
A07.3	Isosporiasis
A07.8	Other specified protozoal intestinal diseases
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A15.9	Respiratory tuberculosis unspecified
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system

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**Medicare National Coverage Determinations (NCD)
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Code	Description
A17.9	Tuberculosis of nervous system, unspecified
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.10	Tuberculosis of genitourinary system, unspecified
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland



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

Code	Description
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
A19.9	Miliary tuberculosis, unspecified
A28.1	Cat-scratch disease
A31.0	Pulmonary mycobacterial infection
A31.1	Cutaneous mycobacterial infection
A31.2	Disseminated mycobacterium avium-intracellulare complex (DMAC)
A31.8	Other mycobacterial infections
A31.9	Mycobacterial infection, unspecified
A32.0	Cutaneous listeriosis
A32.11	Listerial meningitis
A32.12	Listerial meningoencephalitis
A32.7	Listerial sepsis
A32.81	Oculoglandular listeriosis
A32.82	Listerial endocarditis
A32.89	Other forms of listeriosis
A32.9	Listeriosis, unspecified
A40.3	Sepsis due to Streptococcus pneumoniae
A41.52	Sepsis due to Pseudomonas
A42.0	Pulmonary actinomycosis
A42.1	Abdominal actinomycosis

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Code	Description
A42.2	Cervicofacial actinomycosis
A42.81	Actinomycotic meningitis
A42.82	Actinomycotic encephalitis
A42.89	Other forms of actinomycosis
A42.9	Actinomycosis, unspecified
A43.0	Pulmonary nocardiosis
A43.1	Cutaneous nocardiosis
A43.8	Other forms of nocardiosis
A43.9	Nocardiosis, unspecified
A44.0	Systemic bartonellosis
A44.1	Cutaneous and mucocutaneous bartonellosis
A44.8	Other forms of bartonellosis
A44.9	Bartonellosis, unspecified
A48.1	Legionnaires' disease
A50.01	Early congenital syphilitic oculoopathy
A50.02	Early congenital syphilitic osteochondropathy
A50.03	Early congenital syphilitic pharyngitis
A50.04	Early congenital syphilitic pneumonia
A50.05	Early congenital syphilitic rhinitis
A50.06	Early cutaneous congenital syphilis
A50.07	Early mucocutaneous congenital syphilis
A50.08	Early visceral congenital syphilis
A50.09	Other early congenital syphilis, symptomatic
A50.1	Early congenital syphilis, latent
A50.2	Early congenital syphilis, unspecified
A50.30	Late congenital syphilitic oculoopathy, unspecified
A50.31	Late congenital syphilitic interstitial keratitis
A50.32	Late congenital syphilitic chorioretinitis



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Code	Description
A50.39	Other late congenital syphilitic oculopathy
A50.40	Late congenital neurosyphilis, unspecified
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.44	Late congenital syphilitic optic nerve atrophy
A50.45	Juvenile general paresis
A50.49	Other late congenital neurosyphilis
A50.51	Clutton's joints
A50.52	Hutchinson's teeth
A50.53	Hutchinson's triad
A50.54	Late congenital cardiovascular syphilis
A50.55	Late congenital syphilitic arthropathy
A50.56	Late congenital syphilitic osteochondropathy
A50.57	Syphilitic saddle nose
A50.59	Other late congenital syphilis, symptomatic
A50.6	Late congenital syphilis, latent
A50.7	Late congenital syphilis, unspecified
A50.9	Congenital syphilis, unspecified
A51.0	Primary genital syphilis
A51.1	Primary anal syphilis
A51.2	Primary syphilis of other sites
A51.31	Condyloma latum
A51.32	Syphilitic alopecia
A51.39	Other secondary syphilis of skin
A51.41	Secondary syphilitic meningitis
A51.42	Secondary syphilitic female pelvic disease
A51.43	Secondary syphilitic oculopathy



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Code	Description
A51.44	Secondary syphilitic nephritis
A51.45	Secondary syphilitic hepatitis
A51.46	Secondary syphilitic osteopathy
A51.49	Other secondary syphilitic conditions
A51.5	Early syphilis, latent
A51.9	Early syphilis, unspecified
A52.00	Cardiovascular syphilis, unspecified
A52.01	Syphilitic aneurysm of aorta
A52.02	Syphilitic aortitis
A52.03	Syphilitic endocarditis
A52.04	Syphilitic cerebral arteritis
A52.05	Other cerebrovascular syphilis
A52.06	Other syphilitic heart involvement
A52.09	Other cardiovascular syphilis
A52.10	Symptomatic neurosyphilis, unspecified
A52.11	Tabes dorsalis
A52.12	Other cerebrospinal syphilis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
A52.71	Late syphilitic oculopathy
A52.72	Syphilis of lung and bronchus
A52.73	Symptomatic late syphilis of other respiratory organs



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Code	Description
A52.74	Syphilis of liver and other viscera
A52.75	Syphilis of kidney and ureter
A52.76	Other genitourinary symptomatic late syphilis
A52.77	Syphilis of bone and joint
A52.78	Syphilis of other musculoskeletal tissue
A52.79	Other symptomatic late syphilis
A52.8	Late syphilis, latent
A52.9	Late syphilis, unspecified
A53.0	Latent syphilis, unspecified as early or late
A53.9	Syphilis, unspecified
A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A54.01	Gonococcal cystitis and urethritis, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified
A54.03	Gonococcal cervicitis, unspecified
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.21	Gonococcal infection of kidney and ureter
A54.22	Gonococcal prostatitis
A54.23	Gonococcal infection of other male genital organs
A54.24	Gonococcal female pelvic inflammatory disease
A54.29	Other gonococcal genitourinary infections
A54.30	Gonococcal infection of eye, unspecified
A54.31	Gonococcal conjunctivitis
A54.32	Gonococcal iridocyclitis
A54.33	Gonococcal keratitis
A54.39	Other gonococcal eye infection
A54.40	Gonococcal infection of musculoskeletal system, unspecified
A54.41	Gonococcal spondylopathy

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Code	Description
A54.42	Gonococcal arthritis
A54.43	Gonococcal osteomyelitis
A54.49	Gonococcal infection of other musculoskeletal tissue
A54.5	Gonococcal pharyngitis
A54.6	Gonococcal infection of anus and rectum
A54.81	Gonococcal meningitis
A54.82	Gonococcal brain abscess
A54.83	Gonococcal heart infection
A54.84	Gonococcal pneumonia
A54.85	Gonococcal peritonitis
A54.86	Gonococcal sepsis
A54.89	Other gonococcal infections
A54.9	Gonococcal infection, unspecified
A55	Chlamydial lymphogranuloma (venereum)
A56.00	Chlamydial infection of lower genitourinary tract, unspecified
A56.01	Chlamydial cystitis and urethritis
A56.02	Chlamydial vulvovaginitis
A56.09	Other chlamydial infection of lower genitourinary tract
A56.11	Chlamydial female pelvic inflammatory disease
A56.19	Other chlamydial genitourinary infection
A56.2	Chlamydial infection of genitourinary tract, unspecified
A56.3	Chlamydial infection of anus and rectum
A56.4	Chlamydial infection of pharynx
A56.8	Sexually transmitted chlamydial infection of other sites
A57	Chancroid
A58	Granuloma inguinale
A59.01	Trichomonal vulvovaginitis
A60.00	Herpesviral infection of urogenital system, unspecified

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Code	Description
A60.01	Herpesviral infection of penis
A60.02	Herpesviral infection of other male genital organs
A60.03	Herpesviral cervicitis
A60.04	Herpesviral vulvovaginitis
A60.09	Herpesviral infection of other urogenital tract
A60.1	Herpesviral infection of perianal skin and rectum
A60.9	Anogenital herpesviral infection, unspecified
A63.0	Anogenital (venereal) warts
A63.8	Other specified predominantly sexually transmitted diseases
A64	Unspecified sexually transmitted disease
A74.81	Chlamydial peritonitis
A74.89	Other chlamydial diseases
A74.9	Chlamydial infection, unspecified
A81.2	Progressive multifocal leukoencephalopathy
A85.0	Enteroviral encephalitis
A85.1	Adenoviral encephalitis
A85.8	Other specified viral encephalitis
A86	Unspecified viral encephalitis
A87.1	Adenoviral meningitis
A87.2	Lymphocytic choriomeningitis
A88.8	Other specified viral infections of central nervous system
A89	Unspecified viral infection of central nervous system
B00.0	Eczema herpeticum
B00.1	Herpesviral vesicular dermatitis
B00.2	Herpesviral gingivostomatitis and pharyngotonsillitis
B00.3	Herpesviral meningitis
B00.4	Herpesviral encephalitis
B00.50	Herpesviral ocular disease, unspecified



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Code	Description
B00.51	Herpesviral iridocyclitis
B00.52	Herpesviral keratitis
B00.53	Herpesviral conjunctivitis
B00.59	Other herpesviral disease of eye
B00.7	Disseminated herpesviral disease
B00.81	Herpesviral hepatitis
B00.82	Herpes simplex myelitis
B00.89	Other herpesviral infection
B00.9	Herpesviral infection, unspecified
B01.0	Varicella meningitis
B01.11	Varicella encephalitis and encephalomyelitis
B01.12	Varicella myelitis
B01.2	Varicella pneumonia
B01.81	Varicella keratitis
B01.89	Other varicella complications
B02.0	Zoster encephalitis
B02.1	Zoster meningitis
B02.21	Postherpetic geniculate ganglionitis
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B02.24	Postherpetic myelitis
B02.29	Other postherpetic nervous system involvement
B02.30	Zoster ocular disease, unspecified
B02.31	Zoster conjunctivitis
B02.32	Zoster iridocyclitis
B02.33	Zoster keratitis
B02.34	Zoster scleritis
B02.39	Other herpes zoster eye disease



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Code	Description
B02.7	Disseminated zoster
B02.8	Zoster with other complications
B02.9	Zoster without complications
B05.0	Measles complicated by encephalitis
B05.1	Measles complicated by meningitis
B05.2	Measles complicated by pneumonia
B05.3	Measles complicated by otitis media
B05.4	Measles with intestinal complications
B05.81	Measles keratitis and keratoconjunctivitis
B05.89	Other measles complications
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
B08.1	Molluscum contagiosum
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified



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Code	Description
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B25.0	Cytomegaloviral pneumonitis
B25.1	Cytomegaloviral hepatitis
B25.2	Cytomegaloviral pancreatitis
B25.8	Other cytomegaloviral diseases
B25.9	Cytomegaloviral disease, unspecified
B33.3	Retrovirus infections, not elsewhere classified
B34.3	Parvovirus infection, unspecified
B35.1	Tinea unguium
B36.0	Pityriasis versicolor
B37.0	Candidal stomatitis
B37.1	Pulmonary candidiasis
B37.2	Candidiasis of skin and nail
B37.3	Candidiasis of vulva and vagina
B37.41	Candidal cystitis and urethritis
B37.42	Candidal balanitis
B37.49	Other urogenital candidiasis
B37.5	Candidal meningitis
B37.6	Candidal endocarditis
B37.7	Candidal sepsis
B37.81	Candidal esophagitis
B37.82	Candidal enteritis

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Code	Description
B37.83	Candidal cheilitis
B37.84	Candidal otitis externa
B37.89	Other sites of candidiasis
B37.9	Candidiasis, unspecified
B38.0	Acute pulmonary coccidioidomycosis
B38.1	Chronic pulmonary coccidioidomycosis
B38.2	Pulmonary coccidioidomycosis, unspecified
B38.3	Cutaneous coccidioidomycosis
B38.4	Coccidioidomycosis meningitis
B38.7	Disseminated coccidioidomycosis
B38.81	Prostatic coccidioidomycosis
B38.89	Other forms of coccidioidomycosis
B38.9	Coccidioidomycosis, unspecified
B39.0	Acute pulmonary histoplasmosis capsulati
B39.1	Chronic pulmonary histoplasmosis capsulati
B39.2	Pulmonary histoplasmosis capsulati, unspecified
B39.3	Disseminated histoplasmosis capsulati
B39.4	Histoplasmosis capsulati, unspecified
B39.5	Histoplasmosis duboisii
B39.9	Histoplasmosis, unspecified
B40.0	Acute pulmonary blastomycosis
B40.1	Chronic pulmonary blastomycosis
B40.2	Pulmonary blastomycosis, unspecified
B40.3	Cutaneous blastomycosis
B40.7	Disseminated blastomycosis
B40.81	Blastomycotic meningoencephalitis
B40.89	Other forms of blastomycosis
B40.9	Blastomycosis, unspecified



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Code	Description
B41.0	Pulmonary paracoccidioidomycosis
B41.7	Disseminated paracoccidioidomycosis
B41.8	Other forms of paracoccidioidomycosis
B41.9	Paracoccidioidomycosis, unspecified
B44.0	Invasive pulmonary aspergillosis
B44.1	Other pulmonary aspergillosis
B44.2	Tonsillar aspergillosis
B44.7	Disseminated aspergillosis
B44.89	Other forms of aspergillosis
B44.9	Aspergillosis, unspecified
B45.0	Pulmonary cryptococcosis
B45.1	Cerebral cryptococcosis
B45.2	Cutaneous cryptococcosis
B45.3	Osseous cryptococcosis
B45.7	Disseminated cryptococcosis
B45.8	Other forms of cryptococcosis
B45.9	Cryptococcosis, unspecified
B47.1	Actinomycetoma
B47.9	Mycetoma, unspecified
B48.0	Lobomycosis
B48.4	Penicillosis
B48.8	Other specified mycoses
B55.0	Visceral leishmaniasis
B55.1	Cutaneous leishmaniasis
B55.2	Mucocutaneous leishmaniasis
B55.9	Leishmaniasis, unspecified
B58.00	Toxoplasma oculopathy, unspecified
B58.01	Toxoplasma chorioretinitis



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Code	Description
B58.09	Other toxoplasma oculopathy
B58.1	Toxoplasma hepatitis
B58.2	Toxoplasma meningoencephalitis
B58.3	Pulmonary toxoplasmosis
B58.81	Toxoplasma myocarditis
B58.82	Toxoplasma myositis
B58.83	Toxoplasma tubulo-interstitial nephropathy
B58.89	Toxoplasmosis with other organ involvement
B58.9	Toxoplasmosis, unspecified
B59	Pneumocystosis
B60.10	Acanthamebiasis, unspecified
B60.11	Meningoencephalitis due to Acanthamoeba (culbertsoni)
B60.12	Conjunctivitis due to Acanthamoeba
B60.13	Keratoconjunctivitis due to Acanthamoeba
B60.19	Other acanthamebic disease
B60.2	Naegleriasis
B60.8	Other specified protozoal diseases
B78.0	Intestinal strongyloidiasis
B78.7	Disseminated strongyloidiasis
B78.9	Strongyloidiasis, unspecified
B85.3	Phthiriasis
B86	Scabies
B96.5	Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
B97.30	Unspecified retrovirus as the cause of diseases classified elsewhere
B97.31	Lentivirus as the cause of diseases classified elsewhere
B97.32	Oncovirus as the cause of diseases classified elsewhere
B97.33	Human T-cell lymphotropic virus, type I [HTLV-I] as the cause of diseases classified elsewhere



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Code	Description
B97.34	Human T-cell lymphotropic virus, type II [HTLV-II] as the cause of diseases classified elsewhere
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
B97.39	Other retrovirus as the cause of diseases classified elsewhere
B99.8	Other infectious disease
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes

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Code	Description
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes

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Code	Description
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck

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Code	Description
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites

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Code	Description
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
D47.Z2	Castleman disease
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D59.3	Hemolytic-uremic syndrome

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Code	Description
D64.9	Anemia, unspecified
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D70.2	Other drug-induced agranulocytosis
D70.3	Neutropenia due to infection
D70.4	Cyclic neutropenia
D70.8	Other neutropenia
D70.9	Neutropenia, unspecified
D72.810	Lymphocytopenia
D72.818	Other decreased white blood cell count
D72.819	Decreased white blood cell count, unspecified
D72.820	Lymphocytosis (symptomatic)
D72.821	Monocytosis (symptomatic)
D72.822	Plasmacytosis
D72.823	Leukemoid reaction
D72.824	Basophilia
D72.825	Bandemia
D72.828	Other elevated white blood cell count
D72.829	Elevated white blood cell count, unspecified
D72.89	Other specified disorders of white blood cells
D73.81	Neutropenic splenomegaly
D76.1	Hemophagocytic lymphohistiocytosis
D76.2	Hemophagocytic syndrome, infection-associated



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Code	Description
D76.3	Other histiocytosis syndromes
D89.2	Hypergammaglobulinemia, unspecified
D89.831	Cytokine release syndrome, grade 1
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.835	Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified
E27.1	Primary adrenocortical insufficiency
E29.0	Testicular hyperfunction
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
E88.1	Lipodystrophy, not elsewhere classified
F06.1	Catatonic disorder 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
F11.11	Opioid abuse, in remission
F11.13	Opioid abuse with withdrawal
F12.13	Cannabis abuse with withdrawal
F12.23	Cannabis dependence with withdrawal
F12.93	Cannabis use, unspecified with withdrawal
F14.11	Cocaine abuse, in remission
F14.13	Cocaine abuse, unspecified with withdrawal
F14.93	Cocaine use, unspecified with withdrawal
F15.11	Other stimulant abuse, in remission

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Code	Description
F15.13	Other stimulant abuse with withdrawal
G03.1	Chronic meningitis
G12.23	Primary lateral sclerosis
G31.09	Other frontotemporal dementia
G31.84	Mild cognitive impairment, so stated
G56.00	Carpal tunnel syndrome, unspecified upper limb
G56.01	Carpal tunnel syndrome, right upper limb
G56.02	Carpal tunnel syndrome, left upper limb
G56.10	Other lesions of median nerve, unspecified upper limb
G56.11	Other lesions of median nerve, right upper limb
G56.12	Other lesions of median nerve, left upper limb
G56.20	Lesion of ulnar nerve, unspecified upper limb
G56.21	Lesion of ulnar nerve, right upper limb
G56.22	Lesion of ulnar nerve, left upper limb
G56.30	Lesion of radial nerve, unspecified upper limb
G56.31	Lesion of radial nerve, right upper limb
G56.32	Lesion of radial nerve, left upper limb
G56.40	Causalgia of unspecified upper limb
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G56.80	Other specified mononeuropathies of unspecified upper limb
G56.81	Other specified mononeuropathies of right upper limb
G56.82	Other specified mononeuropathies of left upper limb
G56.90	Unspecified mononeuropathy of unspecified upper limb
G56.91	Unspecified mononeuropathy of right upper limb
G56.92	Unspecified mononeuropathy of left upper limb
G58.0	Intercostal neuropathy
G58.7	Mononeuritis multiplex

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Code	Description
G60.8	Other hereditary and idiopathic neuropathies
G62.9	Polyneuropathy, unspecified
G93.3	Postviral fatigue syndrome
G93.40	Encephalopathy, unspecified
G93.49	Other encephalopathy
G95.20	Unspecified cord compression
G95.29	Other cord compression
G95.9	Disease of spinal cord, unspecified
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H30.891	Other chorioretinal inflammations, right eye
H30.892	Other chorioretinal inflammations, left eye
H30.893	Other chorioretinal inflammations, bilateral
H30.899	Other chorioretinal inflammations, unspecified eye
H30.90	Unspecified chorioretinal inflammation, unspecified eye
H30.91	Unspecified chorioretinal inflammation, right eye
H30.92	Unspecified chorioretinal inflammation, left eye
H30.93	Unspecified chorioretinal inflammation, bilateral
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I67.3	Progressive vascular leukoencephalopathy
I67.83	Posterior reversible encephalopathy syndrome



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Code	Description
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I67.858	Other hereditary cerebrovascular disease
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 Gram-negative bacteria
J15.8	Pneumonia due to other specified bacteria
J15.9	Unspecified bacterial pneumonia
J18.1	Lobar pneumonia, unspecified organism
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
J84.09	Other alveolar and parieto-alveolar conditions
J93.11	Primary spontaneous pneumothorax

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Code	Description
J93.12	Secondary spontaneous pneumothorax
J93.81	Chronic pneumothorax
K12.0	Recurrent oral aphthae
K12.2	Cellulitis and abscess of mouth
K13.21	Leukoplakia of oral mucosa, including tongue
K13.3	Hairy leukoplakia
K22.10	Ulcer of esophagus without bleeding
K22.11	Ulcer of esophagus with bleeding
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
K52.3	Indeterminate colitis
K52.831	Collagenous colitis
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis
K52.839	Microscopic colitis, unspecified
L02.01	Cutaneous abscess of face
L02.11	Cutaneous abscess of neck
L02.211	Cutaneous abscess of abdominal wall
L02.212	Cutaneous abscess of back [any part, except buttock]
L02.213	Cutaneous abscess of chest wall
L02.214	Cutaneous abscess of groin
L02.215	Cutaneous abscess of perineum
L02.216	Cutaneous abscess of umbilicus
L02.219	Cutaneous abscess of trunk, unspecified
L02.31	Cutaneous abscess of buttock
L02.411	Cutaneous abscess of right axilla

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Code	Description
L02.412	Cutaneous abscess of left axilla
L02.413	Cutaneous abscess of right upper limb
L02.414	Cutaneous abscess of left upper limb
L02.415	Cutaneous abscess of right lower limb
L02.416	Cutaneous abscess of left lower limb
L02.419	Cutaneous abscess of limb, unspecified
L02.511	Cutaneous abscess of right hand
L02.512	Cutaneous abscess of left hand
L02.519	Cutaneous abscess of unspecified hand
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L02.619	Cutaneous abscess of unspecified foot
L02.811	Cutaneous abscess of head [any part, except face]
L02.818	Cutaneous abscess of other sites
L02.91	Cutaneous abscess, unspecified
L03.111	Cellulitis of right axilla
L03.112	Cellulitis of left axilla
L03.113	Cellulitis of right upper limb
L03.114	Cellulitis of left upper limb
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.119	Cellulitis of unspecified part of limb
L03.121	Acute lymphangitis of right axilla
L03.122	Acute lymphangitis of left axilla
L03.123	Acute lymphangitis of right upper limb
L03.124	Acute lymphangitis of left upper limb
L03.125	Acute lymphangitis of right lower limb
L03.126	Acute lymphangitis of left lower limb



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Code	Description
L03.129	Acute lymphangitis of unspecified part of limb
L03.211	Cellulitis of face
L03.212	Acute lymphangitis of face
L03.213	Periorbital cellulitis
L03.221	Cellulitis of neck
L03.222	Acute lymphangitis of neck
L03.311	Cellulitis of abdominal wall
L03.312	Cellulitis of back [any part except buttock]
L03.313	Cellulitis of chest wall
L03.314	Cellulitis of groin
L03.315	Cellulitis of perineum
L03.316	Cellulitis of umbilicus
L03.317	Cellulitis of buttock
L03.319	Cellulitis of trunk, unspecified
L03.321	Acute lymphangitis of abdominal wall
L03.322	Acute lymphangitis of back [any part except buttock]
L03.323	Acute lymphangitis of chest wall
L03.324	Acute lymphangitis of groin
L03.325	Acute lymphangitis of perineum
L03.326	Acute lymphangitis of umbilicus
L03.327	Acute lymphangitis of buttock
L03.329	Acute lymphangitis of trunk, unspecified
L03.811	Cellulitis of head [any part, except face]
L03.818	Cellulitis of other sites
L03.891	Acute lymphangitis of head [any part, except face]
L03.898	Acute lymphangitis of other sites
L03.90	Cellulitis, unspecified
L03.91	Acute lymphangitis, unspecified



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Code	Description
L08.1	Erythrasma
L20.83	Infantile (acute) (chronic) eczema
L21.0	Seborrhea capitis
L21.1	Seborrheic infantile dermatitis
L21.8	Other seborrheic dermatitis
L21.9	Seborrheic dermatitis, unspecified
L28.0	Lichen simplex chronicus
L28.1	Prurigo nodularis
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L66.3	Perifolliculitis capitis abscedens
L70.0	Acne vulgaris
L70.1	Acne conglobata
L70.2	Acne varioliformis
L70.3	Acne tropica
L70.4	Infantile acne
L70.5	Acne excoriee
L70.8	Other acne
L70.9	Acne, unspecified
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue



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Code	Description
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L73.0	Acne keloid
L73.1	Pseudofolliculitis barbae
L73.8	Other specified follicular disorders
L73.9	Follicular disorder, unspecified
L85.3	Xerosis cutis
L98.3	Eosinophilic cellulitis [Wells]
M02.30	Reiter's disease, unspecified site
M02.311	Reiter's disease, right shoulder
M02.312	Reiter's disease, left shoulder
M02.319	Reiter's disease, unspecified shoulder
M02.321	Reiter's disease, right elbow
M02.322	Reiter's disease, left elbow
M02.329	Reiter's disease, unspecified elbow
M02.331	Reiter's disease, right wrist
M02.332	Reiter's disease, left wrist
M02.339	Reiter's disease, unspecified wrist
M02.341	Reiter's disease, right hand
M02.342	Reiter's disease, left hand
M02.349	Reiter's disease, unspecified hand
M02.351	Reiter's disease, right hip
M02.352	Reiter's disease, left hip
M02.359	Reiter's disease, unspecified hip
M02.361	Reiter's disease, right knee
M02.362	Reiter's disease, left knee
M02.369	Reiter's disease, unspecified knee
M02.371	Reiter's disease, right ankle and foot
M02.372	Reiter's disease, left ankle and foot



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Code	Description
M02.379	Reiter's disease, unspecified ankle and foot
M02.38	Reiter's disease, vertebrae
M02.39	Reiter's disease, multiple sites
M04.1	Periodic fever syndromes
M31.1	Thrombotic microangiopathy
M33.03	Juvenile dermatomyositis without myopathy
M33.13	Other dermatomyositis without myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
M87.050	Idiopathic aseptic necrosis of pelvis
M87.051	Idiopathic aseptic necrosis of right femur
M87.052	Idiopathic aseptic necrosis of left femur
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis
N06.9	Isolated proteinuria with unspecified morphologic lesion
N06.A	Isolated proteinuria with C3 glomerulonephritis
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis
N15.9	Renal tubulo-interstitial disease, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b

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Code	Description
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N34.1	Nonspecific urethritis
N35.016	Post-traumatic urethral stricture, male, overlapping sites
N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	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	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.24	HELLP syndrome, complicating childbirth

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Code	Description
O14.25	HELLP syndrome, complicating the puerperium
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester
O98.411	Viral hepatitis complicating pregnancy, first trimester
O98.412	Viral hepatitis complicating pregnancy, second trimester
O98.413	Viral hepatitis complicating pregnancy, third trimester
O98.419	Viral hepatitis complicating pregnancy, unspecified trimester



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Code	Description
O98.42	Viral hepatitis complicating childbirth
O98.43	Viral hepatitis complicating the puerperium
O98.511	Other viral diseases complicating pregnancy, first trimester
O98.512	Other viral diseases complicating pregnancy, second trimester
O98.513	Other viral diseases complicating pregnancy, third trimester
O98.519	Other viral diseases complicating pregnancy, unspecified trimester
O98.52	Other viral diseases complicating childbirth
O98.53	Other viral diseases complicating the puerperium
O98.711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
O98.712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
O98.713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
O98.719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester
O98.72	Human immunodeficiency virus [HIV] disease complicating childbirth
O98.73	Human immunodeficiency virus [HIV] disease complicating the puerperium
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P05.09	Newborn light for gestational age, 2500 grams and over
R04.2	Hemoptysis
R04.81	Acute idiopathic pulmonary hemorrhage in infants
R04.89	Hemorrhage from other sites in respiratory passages
R04.9	Hemorrhage from respiratory passages, unspecified
R05	Cough
R06.02	Shortness of breath
R06.9	Unspecified abnormalities of breathing
R09.3	Abnormal sputum
R19.7	Diarrhea, unspecified

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Code	Description
R29.700	NIHSS score 0
R29.701	NIHSS score 1
R29.702	NIHSS score 2
R29.703	NIHSS score 3
R29.704	NIHSS score 4
R29.705	NIHSS score 5
R29.706	NIHSS score 6
R29.707	NIHSS score 7
R29.708	NIHSS score 8
R29.709	NIHSS score 9
R29.710	NIHSS score 10
R29.711	NIHSS score 11
R29.712	NIHSS score 12
R29.713	NIHSS score 13
R29.714	NIHSS score 14
R29.715	NIHSS score 15
R29.716	NIHSS score 16
R29.717	NIHSS score 17
R29.718	NIHSS score 18
R29.719	NIHSS score 19
R29.720	NIHSS score 20
R29.721	NIHSS score 21
R29.722	NIHSS score 22
R29.723	NIHSS score 23
R29.724	NIHSS score 24
R29.725	NIHSS score 25
R29.726	NIHSS score 26
R29.727	NIHSS score 27



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Code	Description
R29.728	NIHSS score 28
R29.729	NIHSS score 29
R29.730	NIHSS score 30
R29.731	NIHSS score 31
R29.732	NIHSS score 32
R29.733	NIHSS score 33
R29.734	NIHSS score 34
R29.735	NIHSS score 35
R29.736	NIHSS score 36
R29.737	NIHSS score 37
R29.738	NIHSS score 38
R29.739	NIHSS score 39
R29.740	NIHSS score 40
R29.741	NIHSS score 41
R29.742	NIHSS score 42
R50.81	Fever presenting with conditions classified elsewhere
R50.82	Postprocedural fever
R50.83	Postvaccination fever
R50.84	Febrile nonhemolytic transfusion reaction
R50.9	Fever, unspecified
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness
R53.81	Other malaise
R53.83	Other fatigue
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R62.50	Unspecified lack of expected normal physiological development in childhood



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Code	Description
R62.59	Other lack of expected normal physiological development in childhood
R63.4	Abnormal weight loss
R64	Cachexia
R68.0	Hypothermia, not associated with low environmental temperature
R68.83	Chills (without fever)
R73.03	Prediabetes
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
Z04.41	Encounter for examination and observation following alleged adult rape
Z04.42	Encounter for examination and observation following alleged child rape
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out



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Code	Description
Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z20.5	Contact with and (suspected) exposure to viral hepatitis
Z20.6	Contact with and (suspected) exposure to human immunodeficiency virus [HIV]
Z20.820	Contact with and (suspected) exposure to varicella
Z20.821	Contact with and (suspected) exposure to Zika virus
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z31.7	Encounter for procreative management and counseling for gestational carrier
Z84.82	Family history of sudden infant death syndrome

Indications

Diagnostic testing to establish HIV infection may be indicated when there is a strong clinical suspicion supported by one or more of the following clinical findings:

1. The patient has a documented, otherwise unexplained, AIDS-defining or AIDS-associated opportunistic infection.
2. The patient has another documented sexually transmitted disease which identifies significant risk of exposure to HIV and the potential for an early or subclinical infection.
3. The patient has documented acute or chronic hepatitis B or C infection that identifies a significant risk of exposure to HIV and the potential for an early or subclinical infection.
4. The patient has a documented AIDS-defining or AIDS-associated neoplasm.
5. The patient has a documented AIDS-associated neurologic disorder or otherwise unexplained dementia.
6. The patient has another documented AIDS-defining clinical condition, or a history of other severe, recurrent, or persistent conditions which suggest an underlying immune deficiency (for example, cutaneous or mucosal disorders).
7. The patient has otherwise unexplained generalized signs and symptoms suggestive of a chronic process with an underlying immune deficiency (for example, fever, weight loss, malaise, fatigue, chronic diarrhea, failure to thrive, chronic cough, hemoptysis, shortness of breath, or lymphadenopathy).
8. The patient has otherwise unexplained laboratory evidence of a chronic disease process with an underlying immune deficiency (for example, anemia, leukopenia, pancytopenia, lymphopenia, or low CD4+ lymphocyte count).

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9. The patient has signs and symptoms of acute retroviral syndrome with fever, malaise, lymphadenopathy, and skin rash.
10. The patient has documented exposure to blood or body fluids known to be capable of transmitting HIV (for example, needlesticks and other significant blood exposures) and antiviral therapy is initiated or anticipated to be initiated.
11. The patient is undergoing treatment for rape. (HIV testing is part of the rape treatment protocol.)

Limitations

1. HIV antibody testing in the United States is usually performed using HIV-1 or HIV-1/2 combination tests. HIV-2 testing is indicated if clinical circumstances suggest HIV-2 is likely (that is compatible clinical findings and HIV-1 test negative). HIV-2 testing may be indicated in areas of the country where there is greater prevalence of HIV-2 infections.
2. The Western Blot test should be performed only after documentation that the initial EIA tests are repeatedly positive or equivocal on a single sample.
3. The HIV antigen tests currently have no defined diagnostic usage.
4. Direct viral RNA detection may be performed in those situations where serologic testing does not establish a diagnosis but strong clinical suspicion persists (for example, acute retroviral syndrome, nonspecific serologic evidence of HIV, or perinatal HIV infection).
5. If initial serologic tests confirm an HIV infection, repeat testing is not indicated.
6. If initial serologic tests are HIV EIA negative and there is no indication for confirmation of infection by viral RNA detection, the interval prior to retesting is 3-6 months.
7. Testing for evidence of HIV infection using serologic methods may be medically appropriate in situations where there is a risk of exposure to HIV. However, in the absence of a documented AIDS defining or HIV-associated disease, an HIV-associated sign or symptom, or documented exposure to a known HIV-infected source, the testing is considered by Medicare to be screening and thus is not covered by Medicare (for example, history of multiple blood component transfusions, exposure to blood or body fluids not resulting in consideration of therapy, history of transplant, history of illicit drug use, multiple sexual partners, same-sex encounters, prostitution, or contact with prostitutes).
8. The CPT Editorial Panel has issued a number of codes for infectious agent detection by direct antigen or nucleic acid probe techniques that have not yet been developed or are only being used on an investigational basis. Laboratory providers are advised to remain current on FDA-approval status for these tests.

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.

Documentation Requirements

Appropriate HCPCS/CPT code (s) must be used as described.



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Sources of Information

CDC, 1993. Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 41 (No. RR17).

CDC, 1994. Revised classification system for human immunodeficiency virus infection in children less than 13 years of age.

CDC, 1998. Guidelines for treatment of sexually transmitted diseases. MMWR 47 (RR1):11-17.

Piatak, M., M.S. Saag, L.C. Yang, et al. 1993. High levels of HIV-1 in plasma during all stages of infection determined by competitive PCR. Science 259:1749-1754.

Rhame, R.S. 1994. Acquired immunodeficiency syndrome, p. 628-652. In Infectious Diseases; P.D. Hoeprich, M.C. Jordan, and A.R. Ronald (J.B. Lippincott Co., Philadelphia).

Vasudevachari, M.D., R.T. Davey, Jr., J.A. Metcalf, and H.C. Lane. 1997. Principles and procedures of human immunodeficiency virus serodiagnosis. In Manual of Clinical Laboratory Immunology (Fifth ed.); N.R. Rose, E.C. de Macario, J.D. Folds, H.C. Lane, and R.M. Nakamura (ASM Press, Washington, DC).



190.15 - Blood Counts

Other Names/Abbreviations

CBC

Description

Blood counts are used to evaluate and diagnose diseases relating to abnormalities of the blood or bone marrow. These include primary disorders such as anemia, leukemia, polycythemia, thrombocytosis and thrombocytopenia. Many other conditions secondarily affect the blood or bone marrow, including reaction to inflammation and infections, coagulopathies, neoplasms and exposure to toxic substances. Many treatments and therapies affect the blood or bone marrow, and blood counts may be used to monitor treatment effects.

The complete blood count (CBC) includes a hemogram and differential white blood count (WBC). The hemogram includes enumeration of red blood cells, white blood cells, and platelets, as well as the determination of hemoglobin, hematocrit, and indices.

The symptoms of hematological disorders are often nonspecific, and are commonly encountered in patients who may or may not prove to have a disorder of the blood or bone marrow. Furthermore, many medical conditions that are not primarily due to abnormalities of blood or bone marrow may have hematological manifestations that result from the disease or its treatment. As a result, the CBC is one of the most commonly indicated laboratory tests.

In patients with possible hematological abnormalities, it may be necessary to determine the hemoglobin and hematocrit, to calculate the red cell indices, and to measure the concentration of white blood cells and platelets. These measurements are usually performed on a multichannel analyzer that measures all of the parameters on every sample. Therefore, laboratory assessments routinely include these measurements.

HCPCS Codes (Alphanumeric, CPT®/AMA)

Code	Description
85004	Blood count, automated differential white blood cell (WBC) count
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85008	Blood count; blood smear, microscopic examination without manual differential WBC count
85013	Blood count, Spun microhematocrit
85014	Blood count, hematocrit (Hct)
85018	Blood count, Hemoglobin
85025	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count, complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	Blood count; manual cell count (erythrocyte, leukocyte, platelet) each



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Code	Description
85048	Blood count, leukocyte (WBC), automated
85049	Blood count; platelet, automated

ICD-10-CM Codes Covered by Medicare Program

Any ICD-10-CM code not listed in either the non-covered section or the medical necessity section.

Indications

Indications for a CBC or hemogram include red cell, platelet, and white cell disorders. Examples of these indications are enumerated individually below.

1. Indications for a CBC generally include the evaluation of bone marrow dysfunction as a result of neoplasms, therapeutic agents, exposure to toxic substances, or pregnancy. The CBC is also useful in assessing peripheral destruction of blood cells, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic, or lymphoproliferative processes, and immune disorders.

2. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include signs, symptoms, test results, illness, or disease that can be associated with anemia or other red blood cell disorder (e.g., pallor, weakness, fatigue, weight loss, bleeding, acute injury associated with blood loss or suspected blood loss, abnormal menstrual bleeding, hematuria, hematemesis, hematochezia, positive fecal occult blood test, malnutrition, vitamin deficiency, malabsorption, neuropathy, known malignancy, presence of acute or chronic disease that may have associated anemia, coagulation or hemostatic disorders, postural dizziness, syncope, abdominal pain, change in bowel habits, chronic marrow hypoplasia or decreased RBC production, tachycardia, systolic heart murmur, congestive heart failure, dyspnea, angina, nailbed deformities, growth retardation, jaundice, hepatomegaly, splenomegaly, lymphadenopathy, ulcers on the lower extremities).

3. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include signs, symptoms, test results, illness, or disease that can be associated with polycythemia (for example, fever, chills, ruddy skin, conjunctival redness, cough, wheezing, cyanosis, clubbing of the fingers, orthopnea, heart murmur, headache, vague cognitive changes including memory changes, sleep apnea, weakness, pruritus, dizziness, excessive sweating, visual symptoms, weight loss, massive obesity, gastrointestinal bleeding, paresthesias, dyspnea, joint symptoms, epigastric distress, pain and erythema of the fingers or toes, venous or arterial thrombosis, thromboembolism, myocardial infarction, stroke, transient ischemic attacks, congenital heart disease, chronic obstructive pulmonary disease, increased erythropoietin production associated with neoplastic, renal or hepatic disorders, androgen or diuretic use, splenomegaly, hepatomegaly, diastolic hypertension.)

4. Specific indications for CBC with differential count related to the WBC include signs, symptoms, test results, illness, or disease associated with leukemia, infections or inflammatory processes, suspected bone marrow failure or bone marrow infiltrate, suspected myeloproliferative, myelodysplastic or lymphoproliferative disorder, use of drugs that may cause leukopenia, and immune disorders (e.g., fever, chills, sweats, shock, fatigue, malaise,

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tachycardia, tachypnea, heart murmur, seizures, alterations of consciousness, meningismus, pain such as headache, abdominal pain, arthralgia,odynophagia, or dysuria, redness or swelling of skin, soft tissue bone, or joint, ulcers of the skin or mucous membranes, gangrene, mucous membrane discharge, bleeding, thrombosis, respiratory failure, pulmonary infiltrate, jaundice, diarrhea, vomiting, hepatomegaly, splenomegaly, lymphadenopathy, opportunistic infection, such as oral candidiasis.)

5. Specific indications for CBC related to the platelet count include signs, symptoms, test results, illness, or disease associated with increased or decreased platelet production and destruction, or platelet dysfunction (e.g., gastrointestinal bleeding, genitourinary tract bleeding, bilateral epistaxis, thrombosis, ecchymosis, purpura, jaundice, petechiae, fever, heparin therapy, suspected DIC, shock, pre-eclampsia, neonate with maternal ITP, massive transfusion, recent platelet transfusion, cardiopulmonary bypass, hemolytic uremic syndrome, renal diseases, lymphadenopathy, hepatomegaly, splenomegaly, hypersplenism, neurologic abnormalities, viral or other infection, myeloproliferative, myelodysplastic, or lymphoproliferative disorder, thrombosis, exposure to toxic agents, excessive alcohol ingestion, autoimmune disorder (SLE, RA).

6. Indications for hemogram or CBC related to red cell (RBC) parameters of the hemogram include, in addition to those already listed, thalassemia, suspected hemoglobinopathy, lead poisoning, arsenic poisoning, and spherocytosis.

7. Specific indications for CBC with differential count related to the WBC include, in addition to those already listed, storage diseases; mucopolysaccharidoses, and use of drugs that cause leukocytosis such as G-CSF or CM-CSF.

8. Specific indications for CBC related to platelet count include, in addition to those already listed, May-Hegglin syndrome and Wiskott-Aldrich syndrome.

Limitations

1. Testing of patients who are asymptomatic, or who do not have a condition that could be expected to result in a hematological abnormality, is screening and is not a covered service.

2. In some circumstances it may be appropriate to perform only a hemoglobin or hematocrit to assess the oxygen carrying capacity of the blood. When the ordering provider requests only a hemoglobin or hematocrit, the remaining components of the CBC are not covered.

3. When a blood count is performed for an end-stage renal disease (ESRD) patient, and is billed outside the ESRD rate, documentation of the medical necessity for the blood count must be submitted with the claim.

4. In some patients presenting with certain signs, symptoms or diseases, a single CBC may be appropriate. Repeat testing may not be indicated unless abnormal results are found, or unless there is a change in clinical condition. If repeat testing is performed, a more descriptive diagnosis code (e.g., anemia) should be reported to support medical necessity. However, repeat testing may be indicated where results are normal in patients with conditions where there is a continued risk for the development of hematologic abnormality.



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

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
A18.59	Other tuberculosis of eye
A63.0	Anogenital (venereal) warts
B07.0	Plantar wart
B07.8	Other viral warts
B07.9	Viral wart, unspecified
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D04.0	Carcinoma in situ of skin of lip
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.30	Carcinoma in situ of skin of unspecified part of face



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Code	Description
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D04.9	Carcinoma in situ of skin, unspecified
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx, unspecified
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D11.9	Benign neoplasm of major salivary gland, unspecified
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D22.0	Melanocytic nevi of lip
D22.10	Melanocytic nevi of unspecified eyelid, including canthus
D22.111	Melanocytic nevi of right upper eyelid, including canthus

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Code	Description
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D22.20	Melanocytic nevi of unspecified ear and external auricular canal
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.60	Melanocytic nevi of unspecified upper limb, including shoulder
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.70	Melanocytic nevi of unspecified lower limb, including hip
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip
D22.9	Melanocytic nevi, unspecified
D23.0	Other benign neoplasm of skin of lip
D23.10	Other benign neoplasm of skin of unspecified eyelid, including canthus
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D23.20	Other benign neoplasm of skin of unspecified ear and external auricular canal
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.30	Other benign neoplasm of skin of unspecified part of face
D23.39	Other benign neoplasm of skin of other parts of face



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Code	Description
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.60	Other benign neoplasm of skin of unspecified upper limb, including shoulder
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D23.9	Other benign neoplasm of skin, unspecified
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D24.9	Benign neoplasm of unspecified breast
D29.0	Benign neoplasm of penis
D29.1	Benign neoplasm of prostate
D29.20	Benign neoplasm of unspecified testis
D29.21	Benign neoplasm of right testis
D29.22	Benign neoplasm of left testis
D29.30	Benign neoplasm of unspecified epididymis
D29.31	Benign neoplasm of right epididymis
D29.32	Benign neoplasm of left epididymis
D29.4	Benign neoplasm of scrotum
D29.8	Benign neoplasm of other specified male genital organs
D29.9	Benign neoplasm of male genital organ, unspecified
D31.40	Benign neoplasm of unspecified ciliary body
D31.41	Benign neoplasm of right ciliary body
D31.42	Benign neoplasm of left ciliary body
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified



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Code	Description
D72.10	Eosinophilia, unspecified
D89.839	Cytokine release syndrome, grade unspecified
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
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
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
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
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E23.0	Hypopituitarism
F10.139	Alcohol abuse with withdrawal, unspecified
F10.939	Alcohol use, unspecified with withdrawal, unspecified



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Code	Description
F11.13	Opioid abuse with withdrawal
F12.13	Cannabis abuse with withdrawal
F13.130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
F13.131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13.139	Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified
F19.139	Other psychoactive substance abuse with withdrawal, unspecified
F21	Schizotypal disorder
F34.0	Cyclothymic disorder
F34.1	Dysthymic disorder
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F45.41	Pain disorder exclusively related to psychological factors
F45.42	Pain disorder with related psychological factors
F48.9	Nonpsychotic mental disorder, unspecified
F52.0	Hypoactive sexual desire disorder
F52.1	Sexual aversion disorder
F52.21	Male erectile disorder
F52.22	Female sexual arousal disorder
F52.31	Female orgasmic disorder
F52.32	Male orgasmic disorder
F52.4	Premature ejaculation
F52.6	Dyspareunia not due to a substance or known physiological condition
F52.8	Other sexual dysfunction not due to a substance or known physiological condition
F52.9	Unspecified sexual dysfunction not due to a substance or known physiological condition
F60.0	Paranoid personality disorder

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Code	Description
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
F63.0	Pathological gambling
F63.1	Pyromania
F63.2	Kleptomania
F63.3	Trichotillomania
F63.81	Intermittent explosive disorder
F63.89	Other impulse disorders
F63.9	Impulse disorder, unspecified
F64.1	Dual role transvestism
F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified
F65.0	Fetishism
F65.1	Transvestic fetishism
F65.2	Exhibitionism
F65.3	Voyeurism
F65.4	Pedophilia
F65.50	Sadomasochism, unspecified
F65.51	Sexual masochism



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Code	Description
F65.52	Sexual sadism
F65.81	Frotteurism
F65.89	Other paraphilias
F65.9	Paraphilia, unspecified
F66	Other sexual disorders
F68.10	Factitious disorder imposed on self, unspecified
F68.12	Factitious disorder imposed on self, with predominantly physical signs and symptoms
F68.13	Factitious disorder imposed on self, with combined psychological and physical signs and symptoms
F68.A	Factitious disorder imposed on another
F69	Unspecified disorder of adult personality and behavior
F81.9	Developmental disorder of scholastic skills, unspecified
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.0	Selective mutism
F94.1	Reactive attachment disorder of childhood
F94.2	Disinhibited attachment disorder of childhood

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Code	Description
F94.8	Other childhood disorders of social functioning
F94.9	Childhood disorder of social functioning, unspecified
F95.0	Transient tic disorder
F95.1	Chronic motor or vocal tic disorder
F95.2	Tourette's disorder
F95.8	Other tic disorders
F95.9	Tic disorder, unspecified
F98.4	Stereotyped movement disorders
F98.5	Adult onset fluency disorder
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
G11.10	Early-onset cerebellar ataxia, unspecified
G44.209	Tension-type headache, unspecified, not intractable
G89.0	Central pain syndrome
G89.11	Acute pain due to trauma
G89.12	Acute post-thoracotomy pain
G89.18	Other acute postprocedural pain
G89.21	Chronic pain due to trauma
G89.22	Chronic post-thoracotomy pain
G89.28	Other chronic postprocedural pain
G89.29	Other chronic pain
G89.4	Chronic pain syndrome
G96.810	Intracranial hypotension, unspecified
H00.011	Hordeolum externum right upper eyelid
H00.012	Hordeolum externum right lower eyelid
H00.013	Hordeolum externum right eye, unspecified eyelid
H00.014	Hordeolum externum left upper eyelid

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Code	Description
H00.015	Hordeolum externum left lower eyelid
H00.016	Hordeolum externum left eye, unspecified eyelid
H00.019	Hordeolum externum unspecified eye, unspecified eyelid
H00.021	Hordeolum internum right upper eyelid
H00.022	Hordeolum internum right lower eyelid
H00.023	Hordeolum internum right eye, unspecified eyelid
H00.024	Hordeolum internum left upper eyelid
H00.025	Hordeolum internum left lower eyelid
H00.026	Hordeolum internum left eye, unspecified eyelid
H00.029	Hordeolum internum unspecified eye, unspecified eyelid
H00.031	Abscess of right upper eyelid
H00.032	Abscess of right lower eyelid
H00.033	Abscess of eyelid right eye, unspecified eyelid
H00.034	Abscess of left upper eyelid
H00.035	Abscess of left lower eyelid
H00.036	Abscess of eyelid left eye, unspecified eyelid
H00.039	Abscess of eyelid unspecified eye, unspecified eyelid
H00.11	Chalazion right upper eyelid
H00.12	Chalazion right lower eyelid
H00.13	Chalazion right eye, unspecified eyelid
H00.14	Chalazion left upper eyelid
H00.15	Chalazion left lower eyelid
H00.16	Chalazion left eye, unspecified eyelid
H00.19	Chalazion unspecified eye, unspecified eyelid
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



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Code	Description
H01.005	Unspecified blepharitis left lower eyelid
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H01.00A	Unspecified blepharitis right eye, upper and lower eyelids
H01.00B	Unspecified blepharitis left eye, upper and lower eyelids
H01.011	Ulcerative blepharitis right upper eyelid
H01.012	Ulcerative blepharitis right lower eyelid
H01.013	Ulcerative blepharitis right eye, unspecified eyelid
H01.014	Ulcerative blepharitis left upper eyelid
H01.015	Ulcerative blepharitis left lower eyelid
H01.016	Ulcerative blepharitis left eye, unspecified eyelid
H01.019	Ulcerative blepharitis unspecified eye, unspecified eyelid
H01.01A	Ulcerative blepharitis right eye, upper and lower eyelids
H01.01B	Ulcerative blepharitis left eye, upper and lower eyelids
H01.021	Squamous blepharitis right upper eyelid
H01.022	Squamous blepharitis right lower eyelid
H01.023	Squamous blepharitis right eye, unspecified eyelid
H01.024	Squamous blepharitis left upper eyelid
H01.025	Squamous blepharitis left lower eyelid
H01.026	Squamous blepharitis left eye, unspecified eyelid
H01.029	Squamous blepharitis unspecified eye, unspecified eyelid
H01.02A	Squamous blepharitis right eye, upper and lower eyelids
H01.02B	Squamous blepharitis left eye, upper and lower eyelids
H01.111	Allergic dermatitis of right upper eyelid
H01.112	Allergic dermatitis of right lower eyelid
H01.113	Allergic dermatitis of right eye, unspecified eyelid
H01.114	Allergic dermatitis of left upper eyelid
H01.115	Allergic dermatitis of left lower eyelid



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Code	Description
H01.116	Allergic dermatitis of left eye, unspecified eyelid
H01.119	Allergic dermatitis of unspecified eye, unspecified eyelid
H01.121	Discoid lupus erythematosus of right upper eyelid
H01.122	Discoid lupus erythematosus of right lower eyelid
H01.123	Discoid lupus erythematosus of right eye, unspecified eyelid
H01.124	Discoid lupus erythematosus of left upper eyelid
H01.125	Discoid lupus erythematosus of left lower eyelid
H01.126	Discoid lupus erythematosus of left eye, unspecified eyelid
H01.129	Discoid lupus erythematosus of unspecified eye, unspecified eyelid
H01.131	Eczematous dermatitis of right upper eyelid
H01.132	Eczematous dermatitis of right lower eyelid
H01.133	Eczematous dermatitis of right eye, unspecified eyelid
H01.134	Eczematous dermatitis of left upper eyelid
H01.135	Eczematous dermatitis of left lower eyelid
H01.136	Eczematous dermatitis of left eye, unspecified eyelid
H01.139	Eczematous dermatitis of unspecified eye, unspecified eyelid
H01.141	Xeroderma of right upper eyelid
H01.142	Xeroderma of right lower eyelid
H01.143	Xeroderma of right eye, unspecified eyelid
H01.144	Xeroderma of left upper eyelid
H01.145	Xeroderma of left lower eyelid
H01.146	Xeroderma of left eye, unspecified eyelid
H01.149	Xeroderma of unspecified eye, unspecified eyelid
H01.8	Other specified inflammations of eyelid
H01.9	Unspecified inflammation of eyelid
H02.151	Paralytic ectropion of right upper eyelid
H02.152	Paralytic ectropion of right lower eyelid
H02.153	Paralytic ectropion of right eye, unspecified eyelid



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Code	Description
H02.154	Paralytic ectropion of left upper eyelid
H02.155	Paralytic ectropion of left lower eyelid
H02.156	Paralytic ectropion of left eye, unspecified eyelid
H02.159	Paralytic ectropion of unspecified eye, unspecified eyelid
H02.20A	Unspecified lagophthalmos right eye, upper and lower eyelids
H02.20B	Unspecified lagophthalmos left eye, upper and lower eyelids
H02.20C	Unspecified lagophthalmos, bilateral, upper and lower eyelids
H02.21A	Cicatricial lagophthalmos right eye, upper and lower eyelids
H02.21B	Cicatricial lagophthalmos left eye, upper and lower eyelids
H02.21C	Cicatricial lagophthalmos, bilateral, upper and lower eyelids
H02.22A	Mechanical lagophthalmos right eye, upper and lower eyelids
H02.22B	Mechanical lagophthalmos left eye, upper and lower eyelids
H02.22C	Mechanical lagophthalmos, bilateral, upper and lower eyelids
H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids
H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids
H02.23C	Paralytic lagophthalmos, bilateral, upper and lower eyelids
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.883	Meibomian gland dysfunction of right eye, unspecified eyelid
H02.884	Meibomian gland dysfunction left upper eyelid
H02.885	Meibomian gland dysfunction left lower eyelid
H02.886	Meibomian gland dysfunction of left eye, unspecified eyelid
H02.889	Meibomian gland dysfunction of unspecified eye, unspecified eyelid
H02.88A	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88B	Meibomian gland dysfunction left eye, upper and lower eyelids
H04.001	Unspecified dacryoadenitis, right lacrimal gland
H04.002	Unspecified dacryoadenitis, left lacrimal gland
H04.003	Unspecified dacryoadenitis, bilateral lacrimal glands



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Code	Description
H04.009	Unspecified dacryoadenitis, unspecified lacrimal gland
H04.011	Acute dacryoadenitis, right lacrimal gland
H04.012	Acute dacryoadenitis, left lacrimal gland
H04.013	Acute dacryoadenitis, bilateral lacrimal glands
H04.019	Acute dacryoadenitis, unspecified lacrimal gland
H04.021	Chronic dacryoadenitis, right lacrimal gland
H04.022	Chronic dacryoadenitis, left lacrimal gland
H04.023	Chronic dacryoadenitis, bilateral lacrimal gland
H04.029	Chronic dacryoadenitis, unspecified lacrimal gland
H04.031	Chronic enlargement of right lacrimal gland
H04.032	Chronic enlargement of left lacrimal gland
H04.033	Chronic enlargement of bilateral lacrimal glands
H04.039	Chronic enlargement of unspecified lacrimal gland
H04.111	Dacryops of right lacrimal gland
H04.112	Dacryops of left lacrimal gland
H04.113	Dacryops of bilateral lacrimal glands
H04.119	Dacryops of unspecified lacrimal gland
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.129	Dry eye syndrome of unspecified lacrimal gland
H04.131	Lacrimal cyst, right lacrimal gland
H04.132	Lacrimal cyst, left lacrimal gland
H04.133	Lacrimal cyst, bilateral lacrimal glands
H04.139	Lacrimal cyst, unspecified lacrimal gland
H04.141	Primary lacrimal gland atrophy, right lacrimal gland
H04.142	Primary lacrimal gland atrophy, left lacrimal gland
H04.143	Primary lacrimal gland atrophy, bilateral lacrimal glands



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Code	Description
H04.149	Primary lacrimal gland atrophy, unspecified lacrimal gland
H04.151	Secondary lacrimal gland atrophy, right lacrimal gland
H04.152	Secondary lacrimal gland atrophy, left lacrimal gland
H04.153	Secondary lacrimal gland atrophy, bilateral lacrimal glands
H04.159	Secondary lacrimal gland atrophy, unspecified lacrimal gland
H04.161	Lacrimal gland dislocation, right lacrimal gland
H04.162	Lacrimal gland dislocation, left lacrimal gland
H04.163	Lacrimal gland dislocation, bilateral lacrimal glands
H04.169	Lacrimal gland dislocation, unspecified lacrimal gland
H04.19	Other specified disorders of lacrimal gland
H04.201	Unspecified epiphora, right side
H04.202	Unspecified epiphora, left side
H04.203	Unspecified epiphora, bilateral
H04.209	Unspecified epiphora, unspecified side
H04.211	Epiphora due to excess lacrimation, right lacrimal gland
H04.212	Epiphora due to excess lacrimation, left lacrimal gland
H04.213	Epiphora due to excess lacrimation, bilateral lacrimal glands
H04.219	Epiphora due to excess lacrimation, unspecified lacrimal gland
H04.221	Epiphora due to insufficient drainage, right side
H04.222	Epiphora due to insufficient drainage, left side
H04.223	Epiphora due to insufficient drainage, bilateral
H04.229	Epiphora due to insufficient drainage, unspecified side
H04.301	Unspecified dacryocystitis of right lacrimal passage
H04.302	Unspecified dacryocystitis of left lacrimal passage
H04.303	Unspecified dacryocystitis of bilateral lacrimal passages
H04.309	Unspecified dacryocystitis of unspecified lacrimal passage
H04.311	Phlegmonous dacryocystitis of right lacrimal passage
H04.312	Phlegmonous dacryocystitis of left lacrimal passage



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Code	Description
H04.313	Phlegmonous dacryocystitis of bilateral lacrimal passages
H04.319	Phlegmonous dacryocystitis of unspecified lacrimal passage
H04.321	Acute dacryocystitis of right lacrimal passage
H04.322	Acute dacryocystitis of left lacrimal passage
H04.323	Acute dacryocystitis of bilateral lacrimal passages
H04.329	Acute dacryocystitis of unspecified lacrimal passage
H04.331	Acute lacrimal canaliculitis of right lacrimal passage
H04.332	Acute lacrimal canaliculitis of left lacrimal passage
H04.333	Acute lacrimal canaliculitis of bilateral lacrimal passages
H04.339	Acute lacrimal canaliculitis of unspecified lacrimal passage
H04.411	Chronic dacryocystitis of right lacrimal passage
H04.412	Chronic dacryocystitis of left lacrimal passage
H04.413	Chronic dacryocystitis of bilateral lacrimal passages
H04.419	Chronic dacryocystitis of unspecified lacrimal passage
H04.421	Chronic lacrimal canaliculitis of right lacrimal passage
H04.422	Chronic lacrimal canaliculitis of left lacrimal passage
H04.423	Chronic lacrimal canaliculitis of bilateral lacrimal passages
H04.429	Chronic lacrimal canaliculitis of unspecified lacrimal passage
H04.431	Chronic lacrimal mucocele of right lacrimal passage
H04.432	Chronic lacrimal mucocele of left lacrimal passage
H04.433	Chronic lacrimal mucocele of bilateral lacrimal passages
H04.439	Chronic lacrimal mucocele of unspecified lacrimal passage
H04.511	Dacryolith of right lacrimal passage
H04.512	Dacryolith of left lacrimal passage
H04.513	Dacryolith of bilateral lacrimal passages
H04.519	Dacryolith of unspecified lacrimal passage
H04.521	Eversion of right lacrimal punctum
H04.522	Eversion of left lacrimal punctum



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Code	Description
H04.523	Eversion of bilateral lacrimal punctum
H04.529	Eversion of unspecified lacrimal punctum
H04.531	Neonatal obstruction of right nasolacrimal duct
H04.532	Neonatal obstruction of left nasolacrimal duct
H04.533	Neonatal obstruction of bilateral nasolacrimal duct
H04.539	Neonatal obstruction of unspecified nasolacrimal duct
H04.541	Stenosis of right lacrimal canaliculi
H04.542	Stenosis of left lacrimal canaliculi
H04.543	Stenosis of bilateral lacrimal canaliculi
H04.549	Stenosis of unspecified lacrimal canaliculi
H04.551	Acquired stenosis of right nasolacrimal duct
H04.552	Acquired stenosis of left nasolacrimal duct
H04.553	Acquired stenosis of bilateral nasolacrimal duct
H04.559	Acquired stenosis of unspecified nasolacrimal duct
H04.561	Stenosis of right lacrimal punctum
H04.562	Stenosis of left lacrimal punctum
H04.563	Stenosis of bilateral lacrimal punctum
H04.569	Stenosis of unspecified lacrimal punctum
H04.571	Stenosis of right lacrimal sac
H04.572	Stenosis of left lacrimal sac
H04.573	Stenosis of bilateral lacrimal sac
H04.579	Stenosis of unspecified lacrimal sac
H04.611	Lacrimal fistula right lacrimal passage
H04.612	Lacrimal fistula left lacrimal passage
H04.613	Lacrimal fistula bilateral lacrimal passages
H04.619	Lacrimal fistula unspecified lacrimal passage
H04.69	Other changes of lacrimal passages
H04.811	Granuloma of right lacrimal passage



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Code	Description
H04.812	Granuloma of left lacrimal passage
H04.813	Granuloma of bilateral lacrimal passages
H04.819	Granuloma of unspecified lacrimal passage
H04.89	Other disorders of lacrimal system
H04.9	Disorder of lacrimal system, unspecified
H05.30	Unspecified deformity of orbit
H05.311	Atrophy of right orbit
H05.312	Atrophy of left orbit
H05.313	Atrophy of bilateral orbit
H05.319	Atrophy of unspecified orbit
H05.321	Deformity of right orbit due to bone disease
H05.322	Deformity of left orbit due to bone disease
H05.323	Deformity of bilateral orbits due to bone disease
H05.329	Deformity of unspecified orbit due to bone disease
H05.331	Deformity of right orbit due to trauma or surgery
H05.332	Deformity of left orbit due to trauma or surgery
H05.333	Deformity of bilateral orbits due to trauma or surgery
H05.339	Deformity of unspecified orbit due to trauma or surgery
H05.341	Enlargement of right orbit
H05.342	Enlargement of left orbit
H05.343	Enlargement of bilateral orbits
H05.349	Enlargement of unspecified orbit
H05.351	Exostosis of right orbit
H05.352	Exostosis of left orbit
H05.353	Exostosis of bilateral orbits
H05.359	Exostosis of unspecified orbit
H05.401	Unspecified enophthalmos, right eye
H05.402	Unspecified enophthalmos, left eye



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Code	Description
H05.403	Unspecified enophthalmos, bilateral
H05.409	Unspecified enophthalmos, unspecified eye
H05.411	Enophthalmos due to atrophy of orbital tissue, right eye
H05.412	Enophthalmos due to atrophy of orbital tissue, left eye
H05.413	Enophthalmos due to atrophy of orbital tissue, bilateral
H05.419	Enophthalmos due to atrophy of orbital tissue, unspecified eye
H05.421	Enophthalmos due to trauma or surgery, right eye
H05.422	Enophthalmos due to trauma or surgery, left eye
H05.423	Enophthalmos due to trauma or surgery, bilateral
H05.429	Enophthalmos due to trauma or surgery, unspecified eye
H05.50	Retained (old) foreign body following penetrating wound of unspecified orbit
H05.51	Retained (old) foreign body following penetrating wound of right orbit
H05.52	Retained (old) foreign body following penetrating wound of left orbit
H05.53	Retained (old) foreign body following penetrating wound of bilateral orbits
H05.811	Cyst of right orbit
H05.812	Cyst of left orbit
H05.813	Cyst of bilateral orbits
H05.819	Cyst of unspecified orbit
H05.821	Myopathy of extraocular muscles, right orbit
H05.822	Myopathy of extraocular muscles, left orbit
H05.823	Myopathy of extraocular muscles, bilateral
H05.829	Myopathy of extraocular muscles, unspecified orbit
H05.89	Other disorders of orbit
H05.9	Unspecified disorder of orbit
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H10.829	Rosacea conjunctivitis, unspecified eye



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Code	Description
H17.00	Adherent leukoma, unspecified eye
H17.01	Adherent leukoma, right eye
H17.02	Adherent leukoma, left eye
H17.03	Adherent leukoma, bilateral
H17.10	Central corneal opacity, unspecified eye
H17.11	Central corneal opacity, right eye
H17.12	Central corneal opacity, left eye
H17.13	Central corneal opacity, bilateral
H17.811	Minor opacity of cornea, right eye
H17.812	Minor opacity of cornea, left eye
H17.813	Minor opacity of cornea, bilateral
H17.819	Minor opacity of cornea, unspecified eye
H17.821	Peripheral opacity of cornea, right eye
H17.822	Peripheral opacity of cornea, left eye
H17.823	Peripheral opacity of cornea, bilateral
H17.829	Peripheral opacity of cornea, unspecified eye
H17.89	Other corneal scars and opacities
H17.9	Unspecified corneal scar and opacity
H18.001	Unspecified corneal deposit, right eye
H18.002	Unspecified corneal deposit, left eye
H18.003	Unspecified corneal deposit, bilateral
H18.009	Unspecified corneal deposit, unspecified eye
H18.011	Anterior corneal pigmentations, right eye
H18.012	Anterior corneal pigmentations, left eye
H18.013	Anterior corneal pigmentations, bilateral
H18.019	Anterior corneal pigmentations, unspecified eye
H18.021	Argentous corneal deposits, right eye
H18.022	Argentous corneal deposits, left eye



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Code	Description
H18.023	Argentous corneal deposits, bilateral
H18.029	Argentous corneal deposits, unspecified eye
H18.031	Corneal deposits in metabolic disorders, right eye
H18.032	Corneal deposits in metabolic disorders, left eye
H18.033	Corneal deposits in metabolic disorders, bilateral
H18.039	Corneal deposits in metabolic disorders, unspecified eye
H18.041	Kayser-Fleischer ring, right eye
H18.042	Kayser-Fleischer ring, left eye
H18.043	Kayser-Fleischer ring, bilateral
H18.049	Kayser-Fleischer ring, unspecified eye
H18.051	Posterior corneal pigmentations, right eye
H18.052	Posterior corneal pigmentations, left eye
H18.053	Posterior corneal pigmentations, bilateral
H18.059	Posterior corneal pigmentations, unspecified eye
H18.061	Stromal corneal pigmentations, right eye
H18.062	Stromal corneal pigmentations, left eye
H18.063	Stromal corneal pigmentations, bilateral
H18.069	Stromal corneal pigmentations, unspecified eye
H18.10	Bullous keratopathy, unspecified eye
H18.11	Bullous keratopathy, right eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.20	Unspecified corneal edema
H18.211	Corneal edema secondary to contact lens, right eye
H18.212	Corneal edema secondary to contact lens, left eye
H18.213	Corneal edema secondary to contact lens, bilateral
H18.219	Corneal edema secondary to contact lens, unspecified eye
H18.221	Idiopathic corneal edema, right eye



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Code	Description
H18.222	Idiopathic corneal edema, left eye
H18.223	Idiopathic corneal edema, bilateral
H18.229	Idiopathic corneal edema, unspecified eye
H18.231	Secondary corneal edema, right eye
H18.232	Secondary corneal edema, left eye
H18.233	Secondary corneal edema, bilateral
H18.239	Secondary corneal edema, unspecified eye
H18.30	Unspecified corneal membrane change
H18.311	Folds and rupture in Bowman's membrane, right eye
H18.312	Folds and rupture in Bowman's membrane, left eye
H18.313	Folds and rupture in Bowman's membrane, bilateral
H18.319	Folds and rupture in Bowman's membrane, unspecified eye
H18.321	Folds in Descemet's membrane, right eye
H18.322	Folds in Descemet's membrane, left eye
H18.323	Folds in Descemet's membrane, bilateral
H18.329	Folds in Descemet's membrane, unspecified eye
H18.331	Rupture in Descemet's membrane, right eye
H18.332	Rupture in Descemet's membrane, left eye
H18.333	Rupture in Descemet's membrane, bilateral
H18.339	Rupture in Descemet's membrane, unspecified eye
H18.40	Unspecified corneal degeneration
H18.411	Arcus senilis, right eye
H18.412	Arcus senilis, left eye
H18.413	Arcus senilis, bilateral
H18.419	Arcus senilis, unspecified eye
H18.421	Band keratopathy, right eye
H18.422	Band keratopathy, left eye
H18.423	Band keratopathy, bilateral



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Code	Description
H18.429	Band keratopathy, unspecified eye
H18.43	Other calcareous corneal degeneration
H18.441	Keratomalacia, right eye
H18.442	Keratomalacia, left eye
H18.443	Keratomalacia, bilateral
H18.449	Keratomalacia, unspecified eye
H18.451	Nodular corneal degeneration, right eye
H18.452	Nodular corneal degeneration, left eye
H18.453	Nodular corneal degeneration, bilateral
H18.459	Nodular corneal degeneration, unspecified eye
H18.461	Peripheral corneal degeneration, right eye
H18.462	Peripheral corneal degeneration, left eye
H18.463	Peripheral corneal degeneration, bilateral
H18.469	Peripheral corneal degeneration, unspecified eye
H18.49	Other corneal degeneration
H18.501	Unspecified hereditary corneal dystrophies, right eye
H18.502	Unspecified hereditary corneal dystrophies, left eye
H18.503	Unspecified hereditary corneal dystrophies, bilateral
H18.509	Unspecified hereditary corneal dystrophies, unspecified eye
H18.511	Endothelial corneal dystrophy, right eye
H18.512	Endothelial corneal dystrophy, left eye
H18.513	Endothelial corneal dystrophy, bilateral
H18.519	Endothelial corneal dystrophy, unspecified eye
H18.521	Epithelial (juvenile) corneal dystrophy, right eye
H18.522	Epithelial (juvenile) corneal dystrophy, left eye
H18.523	Epithelial (juvenile) corneal dystrophy, bilateral
H18.529	Epithelial (juvenile) corneal dystrophy, unspecified eye
H18.531	Granular corneal dystrophy, right eye



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Code	Description
H18.532	Granular corneal dystrophy, left eye
H18.533	Granular corneal dystrophy, bilateral
H18.539	Granular corneal dystrophy, unspecified eye
H18.541	Lattice corneal dystrophy, right eye
H18.542	Lattice corneal dystrophy, left eye
H18.543	Lattice corneal dystrophy, bilateral
H18.549	Lattice corneal dystrophy, unspecified eye
H18.551	Macular corneal dystrophy, right eye
H18.552	Macular corneal dystrophy, left eye
H18.553	Macular corneal dystrophy, bilateral
H18.559	Macular corneal dystrophy, unspecified eye
H18.591	Other hereditary corneal dystrophies, right eye
H18.592	Other hereditary corneal dystrophies, left eye
H18.593	Other hereditary corneal dystrophies, bilateral
H18.599	Other hereditary corneal dystrophies, unspecified eye
H18.601	Keratoconus, unspecified, right eye
H18.602	Keratoconus, unspecified, left eye
H18.603	Keratoconus, unspecified, bilateral
H18.609	Keratoconus, unspecified, unspecified eye
H18.611	Keratoconus, stable, right eye
H18.612	Keratoconus, stable, left eye
H18.613	Keratoconus, stable, bilateral
H18.619	Keratoconus, stable, unspecified eye
H18.621	Keratoconus, unstable, right eye
H18.622	Keratoconus, unstable, left eye
H18.623	Keratoconus, unstable, bilateral
H18.629	Keratoconus, unstable, unspecified eye
H18.70	Unspecified corneal deformity



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Code	Description
H18.711	Corneal ectasia, right eye
H18.712	Corneal ectasia, left eye
H18.713	Corneal ectasia, bilateral
H18.719	Corneal ectasia, unspecified eye
H18.721	Corneal staphyloma, right eye
H18.722	Corneal staphyloma, left eye
H18.723	Corneal staphyloma, bilateral
H18.729	Corneal staphyloma, unspecified eye
H18.731	Descemetocoele, right eye
H18.732	Descemetocoele, left eye
H18.733	Descemetocoele, bilateral
H18.739	Descemetocoele, unspecified eye
H18.791	Other corneal deformities, right eye
H18.792	Other corneal deformities, left eye
H18.793	Other corneal deformities, bilateral
H18.799	Other corneal deformities, unspecified eye
H18.811	Anesthesia and hypoesthesia of cornea, right eye
H18.812	Anesthesia and hypoesthesia of cornea, left eye
H18.813	Anesthesia and hypoesthesia of cornea, bilateral
H18.819	Anesthesia and hypoesthesia of cornea, unspecified eye
H18.821	Corneal disorder due to contact lens, right eye
H18.822	Corneal disorder due to contact lens, left eye
H18.823	Corneal disorder due to contact lens, bilateral
H18.829	Corneal disorder due to contact lens, unspecified eye
H18.831	Recurrent erosion of cornea, right eye
H18.832	Recurrent erosion of cornea, left eye
H18.833	Recurrent erosion of cornea, bilateral
H18.839	Recurrent erosion of cornea, unspecified eye



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Code	Description
H18.891	Other specified disorders of cornea, right eye
H18.892	Other specified disorders of cornea, left eye
H18.893	Other specified disorders of cornea, bilateral
H18.899	Other specified disorders of cornea, unspecified eye
H18.9	Unspecified disorder of cornea
H25.011	Cortical age-related cataract, right eye
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

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Code	Description
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
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



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Code	Description
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
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.109	Unspecified traumatic cataract, unspecified eye
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.119	Localized traumatic opacities, unspecified eye
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.129	Partially resolved traumatic cataract, unspecified eye
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.139	Total traumatic cataract, unspecified eye
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.219	Cataract with neovascularization, unspecified eye
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral



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Code	Description
H26.229	Cataract secondary to ocular disorders (degenerative) (inflammatory), unspecified eye
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.239	Glaucomatous flecks (subcapsular), unspecified eye
H26.30	Drug-induced cataract, unspecified eye
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.40	Unspecified secondary cataract
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
H26.419	Soemmering's ring, unspecified eye
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral
H26.499	Other secondary cataract, unspecified eye
H26.8	Other specified cataract
H26.9	Unspecified cataract
H28	Cataract in diseases classified elsewhere
H31.001	Unspecified chorioretinal scars, right eye
H31.002	Unspecified chorioretinal scars, left eye
H31.003	Unspecified chorioretinal scars, bilateral
H31.009	Unspecified chorioretinal scars, unspecified eye
H31.011	Macula scars of posterior pole (postinflammatory) (post-traumatic), right eye
H31.012	Macula scars of posterior pole (postinflammatory) (post-traumatic), left eye
H31.013	Macula scars of posterior pole (postinflammatory) (post-traumatic), bilateral

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Code	Description
H31.019	Macula scars of posterior pole (postinflammatory) (post-traumatic), unspecified eye
H31.021	Solar retinopathy, right eye
H31.022	Solar retinopathy, left eye
H31.023	Solar retinopathy, bilateral
H31.029	Solar retinopathy, unspecified eye
H31.091	Other chorioretinal scars, right eye
H31.092	Other chorioretinal scars, left eye
H31.093	Other chorioretinal scars, bilateral
H31.099	Other chorioretinal scars, unspecified eye
H31.101	Choroidal degeneration, unspecified, right eye
H31.102	Choroidal degeneration, unspecified, left eye
H31.103	Choroidal degeneration, unspecified, bilateral
H31.109	Choroidal degeneration, unspecified, unspecified eye
H31.111	Age-related choroidal atrophy, right eye
H31.112	Age-related choroidal atrophy, left eye
H31.113	Age-related choroidal atrophy, bilateral
H31.119	Age-related choroidal atrophy, unspecified eye
H31.121	Diffuse secondary atrophy of choroid, right eye
H31.122	Diffuse secondary atrophy of choroid, left eye
H31.123	Diffuse secondary atrophy of choroid, bilateral
H31.129	Diffuse secondary atrophy of choroid, unspecified eye
H31.20	Hereditary choroidal dystrophy, unspecified
H31.21	Choroideremia
H31.22	Choroidal dystrophy (central areolar) (generalized) (peripapillary)
H31.23	Gyrate atrophy, choroid
H31.29	Other hereditary choroidal dystrophy
H31.401	Unspecified choroidal detachment, right eye
H31.402	Unspecified choroidal detachment, left eye



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Code	Description
H31.403	Unspecified choroidal detachment, bilateral
H31.409	Unspecified choroidal detachment, unspecified eye
H31.411	Hemorrhagic choroidal detachment, right eye
H31.412	Hemorrhagic choroidal detachment, left eye
H31.413	Hemorrhagic choroidal detachment, bilateral
H31.419	Hemorrhagic choroidal detachment, unspecified eye
H31.421	Serous choroidal detachment, right eye
H31.422	Serous choroidal detachment, left eye
H31.423	Serous choroidal detachment, bilateral
H31.429	Serous choroidal detachment, unspecified eye
H31.8	Other specified disorders of choroid
H31.9	Unspecified disorder of choroid
H32	Chorioretinal disorders in diseases classified elsewhere
H35.33	Angioid streaks of macula
H44.2A9	Degenerative myopia with choroidal neovascularization, unspecified eye
H44.2B1	Degenerative myopia with macular hole, right eye
H44.2B2	Degenerative myopia with macular hole, left eye
H44.2B3	Degenerative myopia with macular hole, bilateral eye
H44.2B9	Degenerative myopia with macular hole, unspecified eye
H44.2C1	Degenerative myopia with retinal detachment, right eye
H44.2C2	Degenerative myopia with retinal detachment, left eye
H44.2C3	Degenerative myopia with retinal detachment, bilateral eye
H44.2C9	Degenerative myopia with retinal detachment, unspecified eye
H44.2D1	Degenerative myopia with foveoschisis, right eye
H44.2D2	Degenerative myopia with foveoschisis, left eye
H44.2D3	Degenerative myopia with foveoschisis, bilateral eye
H44.2D9	Degenerative myopia with foveoschisis, unspecified eye
H44.2E1	Degenerative myopia with other maculopathy, right eye



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Code	Description
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral eye
H44.2E9	Degenerative myopia with other maculopathy, unspecified eye
H47.20	Unspecified optic atrophy
H47.211	Primary optic atrophy, right eye
H47.212	Primary optic atrophy, left eye
H47.213	Primary optic atrophy, bilateral
H47.219	Primary optic atrophy, unspecified eye
H47.22	Hereditary optic atrophy
H47.231	Glaucomatous optic atrophy, right eye
H47.232	Glaucomatous optic atrophy, left eye
H47.233	Glaucomatous optic atrophy, bilateral
H47.239	Glaucomatous optic atrophy, unspecified eye
H47.291	Other optic atrophy, right eye
H47.292	Other optic atrophy, left eye
H47.293	Other optic atrophy, bilateral
H47.299	Other optic atrophy, unspecified eye
H47.311	Coloboma of optic disc, right eye
H47.312	Coloboma of optic disc, left eye
H47.313	Coloboma of optic disc, bilateral
H47.319	Coloboma of optic disc, unspecified eye
H47.321	Drusen of optic disc, right eye
H47.322	Drusen of optic disc, left eye
H47.323	Drusen of optic disc, bilateral
H47.329	Drusen of optic disc, unspecified eye
H47.331	Pseudopapilledema of optic disc, right eye
H47.332	Pseudopapilledema of optic disc, left eye
H47.333	Pseudopapilledema of optic disc, bilateral



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Code	Description
H47.339	Pseudopapilledema of optic disc, unspecified eye
H47.391	Other disorders of optic disc, right eye
H47.392	Other disorders of optic disc, left eye
H47.393	Other disorders of optic disc, bilateral
H47.399	Other disorders of optic disc, unspecified eye
H52.00	Hypermetropia, unspecified eye
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.10	Myopia, unspecified eye
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.209	Unspecified astigmatism, unspecified eye
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.219	Irregular astigmatism, unspecified eye
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.229	Regular astigmatism, unspecified eye
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia



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Code	Description
H52.511	Internal ophthalmoplegia (complete) (total), right eye
H52.512	Internal ophthalmoplegia (complete) (total), left eye
H52.513	Internal ophthalmoplegia (complete) (total), bilateral
H52.519	Internal ophthalmoplegia (complete) (total), unspecified eye
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.529	Paresis of accommodation, unspecified eye
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.539	Spasm of accommodation, unspecified eye
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction
H54.0X33	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Blindness right eye category 3, blindness left eye category 4
H54.0X35	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Blindness right eye category 5, blindness left eye category 5
H54.1131	Blindness right eye category 3, low vision left eye category 1
H54.1132	Blindness right eye category 3, low vision left eye category 2
H54.1141	Blindness right eye category 4, low vision left eye category 1
H54.1142	Blindness right eye category 4, low vision left eye category 2
H54.1151	Blindness right eye category 5, low vision left eye category 1



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Code	Description
H54.1152	Blindness right eye category 5, low vision left eye category 2
H54.1213	Low vision right eye category 1, blindness left eye category 3
H54.1214	Low vision right eye category 1, blindness left eye category 4
H54.1215	Low vision right eye category 1, blindness left eye category 5
H54.1223	Low vision right eye category 2, blindness left eye category 3
H54.1224	Low vision right eye category 2, blindness left eye category 4
H54.1225	Low vision right eye category 2, blindness left eye category 5
H54.2X11	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Low vision right eye category 2, low vision left eye category 2
H54.413A	Blindness right eye category 3, normal vision left eye
H54.414A	Blindness right eye category 4, normal vision left eye
H54.415A	Blindness right eye category 5, normal vision left eye
H54.42A3	Blindness left eye category 3, normal vision right eye
H54.42A4	Blindness left eye category 4, normal vision right eye
H54.42A5	Blindness left eye category 5, normal vision right eye
H54.511A	Low vision right eye category 1, normal vision left eye
H54.512A	Low vision right eye category 2, normal vision left eye
H54.52A1	Low vision left eye category 1, normal vision right eye
H54.52A2	Low vision left eye category 2, normal vision right eye
H54.7	Unspecified visual loss
H57.9	Unspecified disorder of eye and adnexa
H71.00	Cholesteatoma of attic, unspecified ear
H71.01	Cholesteatoma of attic, right ear
H71.02	Cholesteatoma of attic, left ear
H71.03	Cholesteatoma of attic, bilateral
H71.10	Cholesteatoma of tympanum, unspecified ear



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Code	Description
H71.11	Cholesteatoma of tympanum, right ear
H71.12	Cholesteatoma of tympanum, left ear
H71.13	Cholesteatoma of tympanum, bilateral
H71.20	Cholesteatoma of mastoid, unspecified ear
H71.21	Cholesteatoma of mastoid, right ear
H71.22	Cholesteatoma of mastoid, left ear
H71.23	Cholesteatoma of mastoid, bilateral
H71.30	Diffuse cholesteatosis, unspecified ear
H71.31	Diffuse cholesteatosis, right ear
H71.32	Diffuse cholesteatosis, left ear
H71.33	Diffuse cholesteatosis, bilateral
H71.90	Unspecified cholesteatoma, unspecified ear
H71.91	Unspecified cholesteatoma, right ear
H71.92	Unspecified cholesteatoma, left ear
H71.93	Unspecified cholesteatoma, bilateral
H72.00	Central perforation of tympanic membrane, unspecified ear
H72.01	Central perforation of tympanic membrane, right ear
H72.02	Central perforation of tympanic membrane, left ear
H72.03	Central perforation of tympanic membrane, bilateral
H72.10	Attic perforation of tympanic membrane, unspecified ear
H72.11	Attic perforation of tympanic membrane, right ear
H72.12	Attic perforation of tympanic membrane, left ear
H72.13	Attic perforation of tympanic membrane, bilateral
H72.2X1	Other marginal perforations of tympanic membrane, right ear
H72.2X2	Other marginal perforations of tympanic membrane, left ear
H72.2X3	Other marginal perforations of tympanic membrane, bilateral
H72.2X9	Other marginal perforations of tympanic membrane, unspecified ear
H72.811	Multiple perforations of tympanic membrane, right ear

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Code	Description
H72.812	Multiple perforations of tympanic membrane, left ear
H72.813	Multiple perforations of tympanic membrane, bilateral
H72.819	Multiple perforations of tympanic membrane, unspecified ear
H72.821	Total perforations of tympanic membrane, right ear
H72.822	Total perforations of tympanic membrane, left ear
H72.823	Total perforations of tympanic membrane, bilateral
H72.829	Total perforations of tympanic membrane, unspecified ear
H72.90	Unspecified perforation of tympanic membrane, unspecified ear
H72.91	Unspecified perforation of tympanic membrane, right ear
H72.92	Unspecified perforation of tympanic membrane, left ear
H72.93	Unspecified perforation of tympanic membrane, bilateral
H73.811	Atrophic flaccid tympanic membrane, right ear
H73.812	Atrophic flaccid tympanic membrane, left ear
H73.813	Atrophic flaccid tympanic membrane, bilateral
H73.819	Atrophic flaccid tympanic membrane, unspecified ear
H73.821	Atrophic nonflaccid tympanic membrane, right ear
H73.822	Atrophic nonflaccid tympanic membrane, left ear
H73.823	Atrophic nonflaccid tympanic membrane, bilateral
H73.829	Atrophic nonflaccid tympanic membrane, unspecified ear
H74.01	Tympanosclerosis, right ear
H74.02	Tympanosclerosis, left ear
H74.03	Tympanosclerosis, bilateral
H74.09	Tympanosclerosis, unspecified ear
H74.11	Adhesive right middle ear disease
H74.12	Adhesive left middle ear disease
H74.13	Adhesive middle ear disease, bilateral
H74.19	Adhesive middle ear disease, unspecified ear
H74.20	Discontinuity and dislocation of ear ossicles, unspecified ear



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Code	Description
H74.21	Discontinuity and dislocation of right ear ossicles
H74.22	Discontinuity and dislocation of left ear ossicles
H74.23	Discontinuity and dislocation of ear ossicles, bilateral
H74.311	Ankylosis of ear ossicles, right ear
H74.312	Ankylosis of ear ossicles, left ear
H74.313	Ankylosis of ear ossicles, bilateral
H74.319	Ankylosis of ear ossicles, unspecified ear
H74.321	Partial loss of ear ossicles, right ear
H74.322	Partial loss of ear ossicles, left ear
H74.323	Partial loss of ear ossicles, bilateral
H74.329	Partial loss of ear ossicles, unspecified ear
H74.391	Other acquired abnormalities of right ear ossicles
H74.392	Other acquired abnormalities of left ear ossicles
H74.393	Other acquired abnormalities of ear ossicles, bilateral
H74.399	Other acquired abnormalities of ear ossicles, unspecified ear
H74.40	Polyp of middle ear, unspecified ear
H74.41	Polyp of right middle ear
H74.42	Polyp of left middle ear
H74.43	Polyp of middle ear, bilateral
H74.8X1	Other specified disorders of right middle ear and mastoid
H74.8X2	Other specified disorders of left middle ear and mastoid
H74.8X3	Other specified disorders of middle ear and mastoid, bilateral
H74.8X9	Other specified disorders of middle ear and mastoid, unspecified ear
H74.90	Unspecified disorder of middle ear and mastoid, unspecified ear
H74.91	Unspecified disorder of right middle ear and mastoid
H74.92	Unspecified disorder of left middle ear and mastoid
H74.93	Unspecified disorder of middle ear and mastoid, bilateral
H80.00	Otosclerosis involving oval window, nonobliterative, unspecified ear

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Code	Description
H80.01	Otosclerosis involving oval window, nonobliterative, right ear
H80.02	Otosclerosis involving oval window, nonobliterative, left ear
H80.03	Otosclerosis involving oval window, nonobliterative, bilateral
H80.10	Otosclerosis involving oval window, obliterative, unspecified ear
H80.11	Otosclerosis involving oval window, obliterative, right ear
H80.12	Otosclerosis involving oval window, obliterative, left ear
H80.13	Otosclerosis involving oval window, obliterative, bilateral
H80.20	Cochlear otosclerosis, unspecified ear
H80.21	Cochlear otosclerosis, right ear
H80.22	Cochlear otosclerosis, left ear
H80.23	Cochlear otosclerosis, bilateral
H80.80	Other otosclerosis, unspecified ear
H80.81	Other otosclerosis, right ear
H80.82	Other otosclerosis, left ear
H80.83	Other otosclerosis, bilateral
H80.90	Unspecified otosclerosis, unspecified ear
H80.91	Unspecified otosclerosis, right ear
H80.92	Unspecified otosclerosis, left ear
H80.93	Unspecified otosclerosis, bilateral
H83.3X1	Noise effects on right inner ear
H83.3X2	Noise effects on left inner ear
H83.3X3	Noise effects on inner ear, bilateral
H83.3X9	Noise effects on inner ear, unspecified ear
H90.0	Conductive hearing loss, bilateral
H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.12	Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.2	Conductive hearing loss, unspecified

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Code	Description
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.5	Unspecified sensorineural hearing loss
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.8	Mixed conductive and sensorineural hearing loss, unspecified
H91.01	Ototoxic hearing loss, right ear
H91.02	Ototoxic hearing loss, left ear
H91.03	Ototoxic hearing loss, bilateral
H91.09	Ototoxic hearing loss, unspecified ear
H91.10	Presbycusis, unspecified ear
H91.11	Presbycusis, right ear
H91.12	Presbycusis, left ear
H91.13	Presbycusis, bilateral
H91.20	Sudden idiopathic hearing loss, unspecified ear
H91.21	Sudden idiopathic hearing loss, right ear
H91.22	Sudden idiopathic hearing loss, left ear
H91.23	Sudden idiopathic hearing loss, bilateral
H91.3	Deaf nonspeaking, not elsewhere classified
H91.8X1	Other specified hearing loss, right ear
H91.8X2	Other specified hearing loss, left ear
H91.8X3	Other specified hearing loss, bilateral
H91.8X9	Other specified hearing loss, unspecified ear
H91.90	Unspecified hearing loss, unspecified ear

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Code	Description
H91.91	Unspecified hearing loss, right ear
H91.92	Unspecified hearing loss, left ear
H91.93	Unspecified hearing loss, bilateral
H93.011	Transient ischemic deafness, right ear
H93.012	Transient ischemic deafness, left ear
H93.013	Transient ischemic deafness, bilateral
H93.019	Transient ischemic deafness, unspecified ear
H93.091	Unspecified degenerative and vascular disorders of right ear
H93.092	Unspecified degenerative and vascular disorders of left ear
H93.093	Unspecified degenerative and vascular disorders of ear, bilateral
H93.099	Unspecified degenerative and vascular disorders of unspecified ear
H93.11	Tinnitus, right ear
H93.12	Tinnitus, left ear
H93.13	Tinnitus, bilateral
H93.19	Tinnitus, unspecified ear
H93.211	Auditory recruitment, right ear
H93.212	Auditory recruitment, left ear
H93.213	Auditory recruitment, bilateral
H93.219	Auditory recruitment, unspecified ear
H93.221	Diplacusis, right ear
H93.222	Diplacusis, left ear
H93.223	Diplacusis, bilateral
H93.229	Diplacusis, unspecified ear
H93.231	Hyperacusis, right ear
H93.232	Hyperacusis, left ear
H93.233	Hyperacusis, bilateral
H93.239	Hyperacusis, unspecified ear
H93.241	Temporary auditory threshold shift, right ear



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Code	Description
H93.242	Temporary auditory threshold shift, left ear
H93.243	Temporary auditory threshold shift, bilateral
H93.249	Temporary auditory threshold shift, unspecified ear
H93.291	Other abnormal auditory perceptions, right ear
H93.292	Other abnormal auditory perceptions, left ear
H93.293	Other abnormal auditory perceptions, bilateral
H93.299	Other abnormal auditory perceptions, unspecified ear
H93.3X1	Disorders of right acoustic nerve
H93.3X2	Disorders of left acoustic nerve
H93.3X3	Disorders of bilateral acoustic nerves
H93.3X9	Disorders of unspecified acoustic nerve
H93.90	Unspecified disorder of ear, unspecified ear
H93.91	Unspecified disorder of right ear
H93.92	Unspecified disorder of left ear
H93.93	Unspecified disorder of ear, bilateral
H94.00	Acoustic neuritis in infectious and parasitic diseases classified elsewhere, unspecified ear
H94.01	Acoustic neuritis in infectious and parasitic diseases classified elsewhere, right ear
H94.02	Acoustic neuritis in infectious and parasitic diseases classified elsewhere, left ear
H94.03	Acoustic neuritis in infectious and parasitic diseases classified elsewhere, bilateral
I27.20	Pulmonary hypertension, unspecified
I27.21	Secondary pulmonary arterial hypertension
I27.22	Pulmonary hypertension due to left heart disease
I27.23	Pulmonary hypertension due to lung diseases and hypoxia
I27.24	Chronic thromboembolic pulmonary hypertension
I27.29	Other secondary pulmonary hypertension
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I73.81	Erythromelalgia

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Code	Description
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I78.1	Nevus, non-neoplastic
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I97.2	Postmastectomy lymphedema syndrome
J33.0	Polyp of nasal cavity
J33.1	Polypoid sinus degeneration
J33.8	Other polyp of sinus
J33.9	Nasal polyp, unspecified
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.3	Hypertrophy of nasal turbinates
J34.81	Nasal mucositis (ulcerative)
J34.89	Other specified disorders of nose and nasal sinuses
J34.9	Unspecified disorder of nose and nasal sinuses
J38.1	Polyp of vocal cord and larynx
K00.0	Anodontia
K00.1	Supernumerary teeth
K00.2	Abnormalities of size and form of teeth
K00.3	Mottled teeth
K00.4	Disturbances in tooth formation
K00.5	Hereditary disturbances in tooth structure, not elsewhere classified
K00.6	Disturbances in tooth eruption
K00.7	Teething syndrome
K00.8	Other disorders of tooth development
K00.9	Disorder of tooth development, unspecified

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Code	Description
K01.0	Embedded teeth
K01.1	Impacted teeth
K02.3	Arrested dental caries
K02.51	Dental caries on pit and fissure surface limited to enamel
K02.52	Dental caries on pit and fissure surface penetrating into dentin
K02.53	Dental caries on pit and fissure surface penetrating into pulp
K02.61	Dental caries on smooth surface limited to enamel
K02.62	Dental caries on smooth surface penetrating into dentin
K02.63	Dental caries on smooth surface penetrating into pulp
K02.7	Dental root caries
K02.9	Dental caries, unspecified
K03.0	Excessive attrition of teeth
K03.1	Abrasion of teeth
K03.2	Erosion of teeth
K03.3	Pathological resorption of teeth
K03.4	Hypercementosis
K03.5	Ankylosis of teeth
K03.7	Posteruptive color changes of dental hard tissues
K03.81	Cracked tooth
K03.89	Other specified diseases of hard tissues of teeth
K03.9	Disease of hard tissues of teeth, unspecified
K06.010	Localized gingival recession, unspecified
K06.011	Localized gingival recession, minimal
K06.012	Localized gingival recession, moderate
K06.013	Localized gingival recession, severe
K06.020	Generalized gingival recession, unspecified
K06.021	Generalized gingival recession, minimal
K06.022	Generalized gingival recession, moderate



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Code	Description
K06.023	Generalized gingival recession, severe
K08.0	Exfoliation of teeth due to systemic causes
K08.101	Complete loss of teeth, unspecified cause, class I
K08.102	Complete loss of teeth, unspecified cause, class II
K08.103	Complete loss of teeth, unspecified cause, class III
K08.104	Complete loss of teeth, unspecified cause, class IV
K08.109	Complete loss of teeth, unspecified cause, unspecified class
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.121	Complete loss of teeth due to periodontal diseases, class I
K08.122	Complete loss of teeth due to periodontal diseases, class II
K08.123	Complete loss of teeth due to periodontal diseases, class III
K08.124	Complete loss of teeth due to periodontal diseases, class IV
K08.129	Complete loss of teeth due to periodontal diseases, unspecified class
K08.131	Complete loss of teeth due to caries, class I
K08.132	Complete loss of teeth due to caries, class II
K08.133	Complete loss of teeth due to caries, class III
K08.134	Complete loss of teeth due to caries, class IV
K08.139	Complete loss of teeth due to caries, unspecified class
K08.191	Complete loss of teeth due to other specified cause, class I
K08.192	Complete loss of teeth due to other specified cause, class II
K08.193	Complete loss of teeth due to other specified cause, class III
K08.194	Complete loss of teeth due to other specified cause, class IV
K08.199	Complete loss of teeth due to other specified cause, unspecified class
K08.20	Unspecified atrophy of edentulous alveolar ridge



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Code	Description
K08.21	Minimal atrophy of the mandible
K08.22	Moderate atrophy of the mandible
K08.23	Severe atrophy of the mandible
K08.24	Minimal atrophy of maxilla
K08.25	Moderate atrophy of the maxilla
K08.26	Severe atrophy of the maxilla
K08.3	Retained dental root
K08.401	Partial loss of teeth, unspecified cause, class I
K08.402	Partial loss of teeth, unspecified cause, class II
K08.403	Partial loss of teeth, unspecified cause, class III
K08.404	Partial loss of teeth, unspecified cause, class IV
K08.409	Partial loss of teeth, unspecified cause, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
K08.421	Partial loss of teeth due to periodontal diseases, class I
K08.422	Partial loss of teeth due to periodontal diseases, class II
K08.423	Partial loss of teeth due to periodontal diseases, class III
K08.424	Partial loss of teeth due to periodontal diseases, class IV
K08.429	Partial loss of teeth due to periodontal diseases, unspecified class
K08.431	Partial loss of teeth due to caries, class I
K08.432	Partial loss of teeth due to caries, class II
K08.433	Partial loss of teeth due to caries, class III
K08.434	Partial loss of teeth due to caries, class IV
K08.439	Partial loss of teeth due to caries, unspecified class
K08.491	Partial loss of teeth due to other specified cause, class I



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Code	Description
K08.492	Partial loss of teeth due to other specified cause, class II
K08.493	Partial loss of teeth due to other specified cause, class III
K08.494	Partial loss of teeth due to other specified cause, class IV
K08.499	Partial loss of teeth due to other specified cause, unspecified class
K08.50	Unsatisfactory restoration of tooth, unspecified
K08.51	Open restoration margins of tooth
K08.52	Unrepairable overhanging of dental restorative materials
K08.530	Fractured dental restorative material without loss of material
K08.531	Fractured dental restorative material with loss of material
K08.539	Fractured dental restorative material, unspecified
K08.54	Contour of existing restoration of tooth biologically incompatible with oral health
K08.55	Allergy to existing dental restorative material
K08.56	Poor aesthetic of existing restoration of tooth
K08.59	Other unsatisfactory restoration of tooth
K08.81	Primary occlusal trauma
K08.82	Secondary occlusal trauma
K08.89	Other specified disorders of teeth and supporting structures
K08.9	Disorder of teeth and supporting structures, unspecified
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
K11.6	Mucocele of salivary gland
K11.7	Disturbances of salivary secretion
K11.8	Other diseases of salivary glands
K11.9	Disease of salivary gland, unspecified
K61.5	Supralevator abscess
K82.4	Cholesterolosis of gallbladder
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis



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Code	Description
L08.89	Other specified local infections of the skin and subcutaneous tissue
L11.0	Acquired keratosis follicularis
L11.1	Transient acantholytic dermatosis [Grover]
L11.8	Other specified acantholytic disorders
L11.9	Acantholytic disorder, unspecified
L20.0	Besnier's prurigo
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L22	Diaper dermatitis
L23.0	Allergic contact dermatitis due to metals
L23.1	Allergic contact dermatitis due to adhesives
L23.2	Allergic contact dermatitis due to cosmetics
L23.3	Allergic contact dermatitis due to drugs in contact with skin
L23.4	Allergic contact dermatitis due to dyes
L23.5	Allergic contact dermatitis due to other chemical products
L23.6	Allergic contact dermatitis due to food in contact with the skin
L23.7	Allergic contact dermatitis due to plants, except food
L23.81	Allergic contact dermatitis due to animal (cat) (dog) dander
L23.89	Allergic contact dermatitis due to other agents
L23.9	Allergic contact dermatitis, unspecified cause
L24.0	Irritant contact dermatitis due to detergents
L24.1	Irritant contact dermatitis due to oils and greases
L24.2	Irritant contact dermatitis due to solvents
L24.3	Irritant contact dermatitis due to cosmetics
L24.4	Irritant contact dermatitis due to drugs in contact with skin

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Code	Description
L24.5	Irritant contact dermatitis due to other chemical products
L24.6	Irritant contact dermatitis due to food in contact with skin
L24.7	Irritant contact dermatitis due to plants, except food
L24.81	Irritant contact dermatitis due to metals
L24.89	Irritant contact dermatitis due to other agents
L24.9	Irritant contact dermatitis, unspecified cause
L25.0	Unspecified contact dermatitis due to cosmetics
L25.1	Unspecified contact dermatitis due to drugs in contact with skin
L25.2	Unspecified contact dermatitis due to dyes
L25.3	Unspecified contact dermatitis due to other chemical products
L25.4	Unspecified contact dermatitis due to food in contact with skin
L25.5	Unspecified contact dermatitis due to plants, except food
L25.8	Unspecified contact dermatitis due to other agents
L25.9	Unspecified contact dermatitis, unspecified cause
L30.0	Nummular dermatitis
L30.2	Cutaneous autosensitization
L30.8	Other specified dermatitis
L30.9	Dermatitis, unspecified
L55.0	Sunburn of first degree
L55.1	Sunburn of second degree
L55.2	Sunburn of third degree
L55.9	Sunburn, unspecified
L56.0	Drug phototoxic response
L56.1	Drug photoallergic response
L56.2	Photocontact dermatitis [berloque dermatitis]
L56.3	Solar urticaria
L56.4	Polymorphous light eruption
L56.5	Disseminated superficial actinic prokeratosis (DSAP)



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Code	Description
L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.1	Actinic reticuloid
L57.2	Cutis rhomboidalis nuchae
L57.3	Poikiloderma of Civatte
L57.4	Cutis laxa senilis
L57.5	Actinic granuloma
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L58.0	Acute radiodermatitis
L58.1	Chronic radiodermatitis
L58.9	Radiodermatitis, unspecified
L59.0	Erythema ab igne [dermatitis ab igne]
L59.8	Other specified disorders of the skin and subcutaneous tissue related to radiation
L59.9	Disorder of the skin and subcutaneous tissue related to radiation, unspecified
L60.9	Nail disorder, unspecified
L66.4	Folliculitis ulerythematososa reticulata
L70.0	Acne vulgaris
L70.1	Acne conglobata
L70.2	Acne varioliformis
L70.3	Acne tropica
L70.4	Infantile acne
L70.5	Acne excoriee
L70.8	Other acne
L70.9	Acne, unspecified
L72.0	Epidermal cyst
L72.2	Steatocystoma multiplex



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Code	Description
L72.3	Sebaceous cyst
L72.8	Other follicular cysts of the skin and subcutaneous tissue
L72.9	Follicular cyst of the skin and subcutaneous tissue, unspecified
L73.0	Acne keloid
L73.9	Follicular disorder, unspecified
L80	Vitiligo
L81.0	Postinflammatory hyperpigmentation
L81.1	Chloasma
L81.2	Freckles
L81.3	Cafe au lait spots
L81.4	Other melanin hyperpigmentation
L81.5	Leukoderma, not elsewhere classified
L81.6	Other disorders of diminished melanin formation
L81.7	Pigmented purpuric dermatosis
L81.8	Other specified disorders of pigmentation
L81.9	Disorder of pigmentation, unspecified
L82.0	Inflamed seborrheic keratosis
L82.1	Other seborrheic keratosis
L83	Acanthosis nigricans
L84	Corns and callosities
L85.0	Acquired ichthyosis
L85.1	Acquired keratosis [keratoderma] palmaris et plantaris
L85.2	Keratosis punctata (palmaris et plantaris)
L85.3	Xerosis cutis
L85.8	Other specified epidermal thickening
L85.9	Epidermal thickening, unspecified
L86	Keratoderma in diseases classified elsewhere
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans



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Code	Description
L87.1	Reactive perforating collagenosis
L87.2	Elastosis perforans serpiginosa
L87.8	Other transepidermal elimination disorders
L87.9	Transepidermal elimination disorder, unspecified
L90.0	Lichen sclerosus et atrophicus
L90.1	Anetoderma of Schweningen-Buzzi
L90.2	Anetoderma of Jadassohn-Pellizzari
L90.3	Atrophoderma of Pasini and Pierini
L90.4	Acrodermatitis chronica atrophicans
L90.5	Scar conditions and fibrosis of skin
L90.6	Striae atrophicae
L90.8	Other atrophic disorders of skin
L90.9	Atrophic disorder of skin, unspecified
L91.0	Hypertrophic scar
L91.8	Other hypertrophic disorders of the skin
L91.9	Hypertrophic disorder of the skin, unspecified
L92.1	Necrobiosis lipoidica, not elsewhere classified
L92.2	Granuloma faciale [eosinophilic granuloma of skin]
L92.3	Foreign body granuloma of the skin and subcutaneous tissue
L92.9	Granulomatous disorder of the skin and subcutaneous tissue, unspecified
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.2	Calcinosis cutis
L94.3	Sclerodactyly
L94.8	Other specified localized connective tissue disorders
L94.9	Localized connective tissue disorder, unspecified
L95.0	Livedoid vasculitis
L95.8	Other vasculitis limited to the skin

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Code	Description
L95.9	Vasculitis limited to the skin, unspecified
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis
L97.208	Non-pressure chronic ulcer of unspecified calf with other specified severity
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity



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Code	Description
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis
L97.408	Non-pressure chronic ulcer of unspecified heel and midfoot with other specified severity
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis
L97.508	Non-pressure chronic ulcer of other part of unspecified foot with other specified severity
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity



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Code	Description
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis
L97.808	Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis
L97.908	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis



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Code	Description
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.428	Non-pressure chronic ulcer of back with other specified severity
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis
L98.498	Non-pressure chronic ulcer of skin of other sites with other specified severity
L98.5	Mucinosis of the skin
L98.6	Other infiltrative disorders of the skin and subcutaneous tissue
L98.8	Other specified disorders of the skin and subcutaneous tissue
L99	Other disorders of skin and subcutaneous tissue in diseases classified elsewhere
M07.60	Enteropathic arthropathies, unspecified site
M07.611	Enteropathic arthropathies, right shoulder
M07.612	Enteropathic arthropathies, left shoulder
M07.619	Enteropathic arthropathies, unspecified shoulder



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Code	Description
M07.621	Enteropathic arthropathies, right elbow
M07.622	Enteropathic arthropathies, left elbow
M07.629	Enteropathic arthropathies, unspecified elbow
M07.631	Enteropathic arthropathies, right wrist
M07.632	Enteropathic arthropathies, left wrist
M07.639	Enteropathic arthropathies, unspecified wrist
M07.641	Enteropathic arthropathies, right hand
M07.642	Enteropathic arthropathies, left hand
M07.649	Enteropathic arthropathies, unspecified hand
M07.651	Enteropathic arthropathies, right hip
M07.652	Enteropathic arthropathies, left hip
M07.659	Enteropathic arthropathies, unspecified hip
M07.661	Enteropathic arthropathies, right knee
M07.662	Enteropathic arthropathies, left knee
M07.669	Enteropathic arthropathies, unspecified knee
M07.671	Enteropathic arthropathies, right ankle and foot
M07.672	Enteropathic arthropathies, left ankle and foot
M07.679	Enteropathic arthropathies, unspecified ankle and foot
M07.68	Enteropathic arthropathies, vertebrae
M07.69	Enteropathic arthropathies, multiple sites
M12.10	Kaschin-Beck disease, unspecified site
M12.111	Kaschin-Beck disease, right shoulder
M12.112	Kaschin-Beck disease, left shoulder
M12.119	Kaschin-Beck disease, unspecified shoulder
M12.121	Kaschin-Beck disease, right elbow
M12.122	Kaschin-Beck disease, left elbow
M12.129	Kaschin-Beck disease, unspecified elbow
M12.131	Kaschin-Beck disease, right wrist

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Code	Description
M12.132	Kaschin-Beck disease, left wrist
M12.139	Kaschin-Beck disease, unspecified wrist
M12.141	Kaschin-Beck disease, right hand
M12.142	Kaschin-Beck disease, left hand
M12.149	Kaschin-Beck disease, unspecified hand
M12.151	Kaschin-Beck disease, right hip
M12.152	Kaschin-Beck disease, left hip
M12.159	Kaschin-Beck disease, unspecified hip
M12.161	Kaschin-Beck disease, right knee
M12.162	Kaschin-Beck disease, left knee
M12.169	Kaschin-Beck disease, unspecified knee
M12.171	Kaschin-Beck disease, right ankle and foot
M12.172	Kaschin-Beck disease, left ankle and foot
M12.179	Kaschin-Beck disease, unspecified ankle and foot
M12.18	Kaschin-Beck disease, vertebrae
M12.19	Kaschin-Beck disease, multiple sites
M12.50	Traumatic arthropathy, unspecified site
M12.511	Traumatic arthropathy, right shoulder
M12.512	Traumatic arthropathy, left shoulder
M12.519	Traumatic arthropathy, unspecified shoulder
M12.521	Traumatic arthropathy, right elbow
M12.522	Traumatic arthropathy, left elbow
M12.529	Traumatic arthropathy, unspecified elbow
M12.531	Traumatic arthropathy, right wrist
M12.532	Traumatic arthropathy, left wrist
M12.539	Traumatic arthropathy, unspecified wrist
M12.541	Traumatic arthropathy, right hand
M12.542	Traumatic arthropathy, left hand

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Code	Description
M12.549	Traumatic arthropathy, unspecified hand
M12.551	Traumatic arthropathy, right hip
M12.552	Traumatic arthropathy, left hip
M12.559	Traumatic arthropathy, unspecified hip
M12.561	Traumatic arthropathy, right knee
M12.562	Traumatic arthropathy, left knee
M12.569	Traumatic arthropathy, unspecified knee
M12.571	Traumatic arthropathy, right ankle and foot
M12.572	Traumatic arthropathy, left ankle and foot
M12.579	Traumatic arthropathy, unspecified ankle and foot
M12.58	Traumatic arthropathy, other specified site
M12.59	Traumatic arthropathy, multiple sites
M12.80	Other specific arthropathies, not elsewhere classified, unspecified site
M12.811	Other specific arthropathies, not elsewhere classified, right shoulder
M12.812	Other specific arthropathies, not elsewhere classified, left shoulder
M12.819	Other specific arthropathies, not elsewhere classified, unspecified shoulder
M12.821	Other specific arthropathies, not elsewhere classified, right elbow
M12.822	Other specific arthropathies, not elsewhere classified, left elbow
M12.829	Other specific arthropathies, not elsewhere classified, unspecified elbow
M12.831	Other specific arthropathies, not elsewhere classified, right wrist
M12.832	Other specific arthropathies, not elsewhere classified, left wrist
M12.839	Other specific arthropathies, not elsewhere classified, unspecified wrist
M12.841	Other specific arthropathies, not elsewhere classified, right hand
M12.842	Other specific arthropathies, not elsewhere classified, left hand
M12.849	Other specific arthropathies, not elsewhere classified, unspecified hand
M12.851	Other specific arthropathies, not elsewhere classified, right hip
M12.852	Other specific arthropathies, not elsewhere classified, left hip
M12.859	Other specific arthropathies, not elsewhere classified, unspecified hip



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Code	Description
M12.861	Other specific arthropathies, not elsewhere classified, right knee
M12.862	Other specific arthropathies, not elsewhere classified, left knee
M12.869	Other specific arthropathies, not elsewhere classified, unspecified knee
M12.871	Other specific arthropathies, not elsewhere classified, right ankle and foot
M12.872	Other specific arthropathies, not elsewhere classified, left ankle and foot
M12.879	Other specific arthropathies, not elsewhere classified, unspecified ankle and foot
M12.88	Other specific arthropathies, not elsewhere classified, other specified site
M12.89	Other specific arthropathies, not elsewhere classified, multiple sites
M12.9	Arthropathy, unspecified
M13.0	Polyarthritis, unspecified
M13.10	Monoarthritis, not elsewhere classified, unspecified site
M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M13.121	Monoarthritis, not elsewhere classified, right elbow
M13.122	Monoarthritis, not elsewhere classified, left elbow
M13.129	Monoarthritis, not elsewhere classified, unspecified elbow
M13.131	Monoarthritis, not elsewhere classified, right wrist
M13.132	Monoarthritis, not elsewhere classified, left wrist
M13.139	Monoarthritis, not elsewhere classified, unspecified wrist
M13.141	Monoarthritis, not elsewhere classified, right hand
M13.142	Monoarthritis, not elsewhere classified, left hand
M13.149	Monoarthritis, not elsewhere classified, unspecified hand
M13.151	Monoarthritis, not elsewhere classified, right hip
M13.152	Monoarthritis, not elsewhere classified, left hip
M13.159	Monoarthritis, not elsewhere classified, unspecified hip
M13.161	Monoarthritis, not elsewhere classified, right knee
M13.162	Monoarthritis, not elsewhere classified, left knee



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Code	Description
M13.169	Monoarthritis, not elsewhere classified, unspecified knee
M13.171	Monoarthritis, not elsewhere classified, right ankle and foot
M13.172	Monoarthritis, not elsewhere classified, left ankle and foot
M13.179	Monoarthritis, not elsewhere classified, unspecified ankle and foot
M13.80	Other specified arthritis, unspecified site
M13.811	Other specified arthritis, right shoulder
M13.812	Other specified arthritis, left shoulder
M13.819	Other specified arthritis, unspecified shoulder
M13.821	Other specified arthritis, right elbow
M13.822	Other specified arthritis, left elbow
M13.829	Other specified arthritis, unspecified elbow
M13.831	Other specified arthritis, right wrist
M13.832	Other specified arthritis, left wrist
M13.839	Other specified arthritis, unspecified wrist
M13.841	Other specified arthritis, right hand
M13.842	Other specified arthritis, left hand
M13.849	Other specified arthritis, unspecified hand
M13.851	Other specified arthritis, right hip
M13.852	Other specified arthritis, left hip
M13.859	Other specified arthritis, unspecified hip
M13.861	Other specified arthritis, right knee
M13.862	Other specified arthritis, left knee
M13.869	Other specified arthritis, unspecified knee
M13.871	Other specified arthritis, right ankle and foot
M13.872	Other specified arthritis, left ankle and foot
M13.879	Other specified arthritis, unspecified ankle and foot
M13.88	Other specified arthritis, other site
M13.89	Other specified arthritis, multiple sites



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Code	Description
M15.0	Primary generalized (osteo)arthritis
M15.1	Heberden's nodes (with arthropathy)
M15.2	Bouchard's nodes (with arthropathy)
M15.3	Secondary multiple arthritis
M15.4	Erosive (osteo)arthritis
M15.8	Other polyosteoarthritis
M15.9	Polyosteoarthritis, unspecified
M16.0	Bilateral primary osteoarthritis of hip
M16.10	Unilateral primary osteoarthritis, unspecified hip
M16.11	Unilateral primary osteoarthritis, right hip
M16.12	Unilateral primary osteoarthritis, left hip
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip
M16.4	Bilateral post-traumatic osteoarthritis of hip
M16.50	Unilateral post-traumatic osteoarthritis, unspecified hip
M16.51	Unilateral post-traumatic osteoarthritis, right hip
M16.52	Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.9	Osteoarthritis of hip, unspecified
M17.0	Bilateral primary osteoarthritis of knee
M17.10	Unilateral primary osteoarthritis, unspecified knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.30	Unilateral post-traumatic osteoarthritis, unspecified knee



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Code	Description
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M18.0	Bilateral primary osteoarthritis of first carpometacarpal joints
M18.10	Unilateral primary osteoarthritis of first carpometacarpal joint, unspecified hand
M18.11	Unilateral primary osteoarthritis of first carpometacarpal joint, right hand
M18.12	Unilateral primary osteoarthritis of first carpometacarpal joint, left hand
M18.2	Bilateral post-traumatic osteoarthritis of first carpometacarpal joints
M18.30	Unilateral post-traumatic osteoarthritis of first carpometacarpal joint, unspecified hand
M18.31	Unilateral post-traumatic osteoarthritis of first carpometacarpal joint, right hand
M18.32	Unilateral post-traumatic osteoarthritis of first carpometacarpal joint, left hand
M18.4	Other bilateral secondary osteoarthritis of first carpometacarpal joints
M18.50	Other unilateral secondary osteoarthritis of first carpometacarpal joint, unspecified hand
M18.51	Other unilateral secondary osteoarthritis of first carpometacarpal joint, right hand
M18.52	Other unilateral secondary osteoarthritis of first carpometacarpal joint, left hand
M18.9	Osteoarthritis of first carpometacarpal joint, unspecified
M19.011	Primary osteoarthritis, right shoulder
M19.012	Primary osteoarthritis, left shoulder
M19.019	Primary osteoarthritis, unspecified shoulder
M19.021	Primary osteoarthritis, right elbow
M19.022	Primary osteoarthritis, left elbow
M19.029	Primary osteoarthritis, unspecified elbow
M19.031	Primary osteoarthritis, right wrist
M19.032	Primary osteoarthritis, left wrist
M19.039	Primary osteoarthritis, unspecified wrist

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Code	Description
M19.041	Primary osteoarthritis, right hand
M19.042	Primary osteoarthritis, left hand
M19.049	Primary osteoarthritis, unspecified hand
M19.071	Primary osteoarthritis, right ankle and foot
M19.072	Primary osteoarthritis, left ankle and foot
M19.079	Primary osteoarthritis, unspecified ankle and foot
M19.111	Post-traumatic osteoarthritis, right shoulder
M19.112	Post-traumatic osteoarthritis, left shoulder
M19.119	Post-traumatic osteoarthritis, unspecified shoulder
M19.121	Post-traumatic osteoarthritis, right elbow
M19.122	Post-traumatic osteoarthritis, left elbow
M19.129	Post-traumatic osteoarthritis, unspecified elbow
M19.131	Post-traumatic osteoarthritis, right wrist
M19.132	Post-traumatic osteoarthritis, left wrist
M19.139	Post-traumatic osteoarthritis, unspecified wrist
M19.141	Post-traumatic osteoarthritis, right hand
M19.142	Post-traumatic osteoarthritis, left hand
M19.149	Post-traumatic osteoarthritis, unspecified hand
M19.171	Post-traumatic osteoarthritis, right ankle and foot
M19.172	Post-traumatic osteoarthritis, left ankle and foot
M19.179	Post-traumatic osteoarthritis, unspecified ankle and foot
M19.211	Secondary osteoarthritis, right shoulder
M19.212	Secondary osteoarthritis, left shoulder
M19.219	Secondary osteoarthritis, unspecified shoulder
M19.221	Secondary osteoarthritis, right elbow
M19.222	Secondary osteoarthritis, left elbow
M19.229	Secondary osteoarthritis, unspecified elbow
M19.231	Secondary osteoarthritis, right wrist

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Code	Description
M19.232	Secondary osteoarthritis, left wrist
M19.239	Secondary osteoarthritis, unspecified wrist
M19.241	Secondary osteoarthritis, right hand
M19.242	Secondary osteoarthritis, left hand
M19.249	Secondary osteoarthritis, unspecified hand
M19.271	Secondary osteoarthritis, right ankle and foot
M19.272	Secondary osteoarthritis, left ankle and foot
M19.279	Secondary osteoarthritis, unspecified ankle and foot
M19.90	Unspecified osteoarthritis, unspecified site
M19.91	Primary osteoarthritis, unspecified site
M19.92	Post-traumatic osteoarthritis, unspecified site
M19.93	Secondary osteoarthritis, unspecified site
M20.001	Unspecified deformity of right finger(s)
M20.002	Unspecified deformity of left finger(s)
M20.009	Unspecified deformity of unspecified finger(s)
M20.011	Mallet finger of right finger(s)
M20.012	Mallet finger of left finger(s)
M20.019	Mallet finger of unspecified finger(s)
M20.021	Boutonniere deformity of right finger(s)
M20.022	Boutonniere deformity of left finger(s)
M20.029	Boutonniere deformity of unspecified finger(s)
M20.031	Swan-neck deformity of right finger(s)
M20.032	Swan-neck deformity of left finger(s)
M20.039	Swan-neck deformity of unspecified finger(s)
M20.091	Other deformity of right finger(s)
M20.092	Other deformity of left finger(s)
M20.099	Other deformity of finger(s), unspecified finger(s)
M20.10	Hallux valgus (acquired), unspecified foot



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Code	Description
M20.11	Hallux valgus (acquired), right foot
M20.12	Hallux valgus (acquired), left foot
M20.20	Hallux rigidus, unspecified foot
M20.21	Hallux rigidus, right foot
M20.22	Hallux rigidus, left foot
M20.30	Hallux varus (acquired), unspecified foot
M20.31	Hallux varus (acquired), right foot
M20.32	Hallux varus (acquired), left foot
M20.40	Other hammer toe(s) (acquired), unspecified foot
M20.41	Other hammer toe(s) (acquired), right foot
M20.42	Other hammer toe(s) (acquired), left foot
M20.5X1	Other deformities of toe(s) (acquired), right foot
M20.5X2	Other deformities of toe(s) (acquired), left foot
M20.5X9	Other deformities of toe(s) (acquired), unspecified foot
M20.60	Acquired deformities of toe(s), unspecified, unspecified foot
M20.61	Acquired deformities of toe(s), unspecified, right foot
M20.62	Acquired deformities of toe(s), unspecified, left foot
M21.00	Valgus deformity, not elsewhere classified, unspecified site
M21.021	Valgus deformity, not elsewhere classified, right elbow
M21.022	Valgus deformity, not elsewhere classified, left elbow
M21.029	Valgus deformity, not elsewhere classified, unspecified elbow
M21.051	Valgus deformity, not elsewhere classified, right hip
M21.052	Valgus deformity, not elsewhere classified, left hip
M21.059	Valgus deformity, not elsewhere classified, unspecified hip
M21.061	Valgus deformity, not elsewhere classified, right knee
M21.062	Valgus deformity, not elsewhere classified, left knee
M21.069	Valgus deformity, not elsewhere classified, unspecified knee
M21.071	Valgus deformity, not elsewhere classified, right ankle



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Code	Description
M21.072	Valgus deformity, not elsewhere classified, left ankle
M21.079	Valgus deformity, not elsewhere classified, unspecified ankle
M21.10	Varus deformity, not elsewhere classified, unspecified site
M21.121	Varus deformity, not elsewhere classified, right elbow
M21.122	Varus deformity, not elsewhere classified, left elbow
M21.129	Varus deformity, not elsewhere classified, unspecified elbow
M21.151	Varus deformity, not elsewhere classified, right hip
M21.152	Varus deformity, not elsewhere classified, left hip
M21.159	Varus deformity, not elsewhere classified, unspecified
M21.161	Varus deformity, not elsewhere classified, right knee
M21.162	Varus deformity, not elsewhere classified, left knee
M21.169	Varus deformity, not elsewhere classified, unspecified knee
M21.171	Varus deformity, not elsewhere classified, right ankle
M21.172	Varus deformity, not elsewhere classified, left ankle
M21.179	Varus deformity, not elsewhere classified, unspecified ankle
M21.20	Flexion deformity, unspecified site
M21.211	Flexion deformity, right shoulder
M21.212	Flexion deformity, left shoulder
M21.219	Flexion deformity, unspecified shoulder
M21.221	Flexion deformity, right elbow
M21.222	Flexion deformity, left elbow
M21.229	Flexion deformity, unspecified elbow
M21.231	Flexion deformity, right wrist
M21.232	Flexion deformity, left wrist
M21.239	Flexion deformity, unspecified wrist
M21.241	Flexion deformity, right finger joints
M21.242	Flexion deformity, left finger joints
M21.249	Flexion deformity, unspecified finger joints



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Code	Description
M21.251	Flexion deformity, right hip
M21.252	Flexion deformity, left hip
M21.259	Flexion deformity, unspecified hip
M21.261	Flexion deformity, right knee
M21.262	Flexion deformity, left knee
M21.269	Flexion deformity, unspecified knee
M21.271	Flexion deformity, right ankle and toes
M21.272	Flexion deformity, left ankle and toes
M21.279	Flexion deformity, unspecified ankle and toes
M21.331	Wrist drop, right wrist
M21.332	Wrist drop, left wrist
M21.339	Wrist drop, unspecified wrist
M21.371	Foot drop, right foot
M21.372	Foot drop, left foot
M21.379	Foot drop, unspecified foot
M21.40	Flat foot [pes planus] (acquired), unspecified foot
M21.41	Flat foot [pes planus] (acquired), right foot
M21.42	Flat foot [pes planus] (acquired), left foot
M21.511	Acquired clawhand, right hand
M21.512	Acquired clawhand, left hand
M21.519	Acquired clawhand, unspecified hand
M21.521	Acquired clubhand, right hand
M21.522	Acquired clubhand, left hand
M21.529	Acquired clubhand, unspecified hand
M21.531	Acquired clawfoot, right foot
M21.532	Acquired clawfoot, left foot
M21.539	Acquired clawfoot, unspecified foot
M21.541	Acquired clubfoot, right foot



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Code	Description
M21.542	Acquired clubfoot, left foot
M21.549	Acquired clubfoot, unspecified foot
M21.6X1	Other acquired deformities of right foot
M21.6X2	Other acquired deformities of left foot
M21.6X9	Other acquired deformities of unspecified foot
M21.70	Unequal limb length (acquired), unspecified site
M21.721	Unequal limb length (acquired), right humerus
M21.722	Unequal limb length (acquired), left humerus
M21.729	Unequal limb length (acquired), unspecified humerus
M21.731	Unequal limb length (acquired), right ulna
M21.732	Unequal limb length (acquired), left ulna
M21.733	Unequal limb length (acquired), right radius
M21.734	Unequal limb length (acquired), left radius
M21.739	Unequal limb length (acquired), unspecified ulna and radius
M21.751	Unequal limb length (acquired), right femur
M21.752	Unequal limb length (acquired), left femur
M21.759	Unequal limb length (acquired), unspecified femur
M21.761	Unequal limb length (acquired), right tibia
M21.762	Unequal limb length (acquired), left tibia
M21.763	Unequal limb length (acquired), right fibula
M21.764	Unequal limb length (acquired), left fibula
M21.769	Unequal limb length (acquired), unspecified tibia and fibula
M21.80	Other specified acquired deformities of unspecified limb
M21.821	Other specified acquired deformities of right upper arm
M21.822	Other specified acquired deformities of left upper arm
M21.829	Other specified acquired deformities of unspecified upper arm
M21.831	Other specified acquired deformities of right forearm
M21.832	Other specified acquired deformities of left forearm



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Code	Description
M21.839	Other specified acquired deformities of unspecified forearm
M21.851	Other specified acquired deformities of right thigh
M21.852	Other specified acquired deformities of left thigh
M21.859	Other specified acquired deformities of unspecified thigh
M21.861	Other specified acquired deformities of right lower leg
M21.862	Other specified acquired deformities of left lower leg
M21.869	Other specified acquired deformities of unspecified lower leg
M21.90	Unspecified acquired deformity of unspecified limb
M21.921	Unspecified acquired deformity of right upper arm
M21.922	Unspecified acquired deformity of left upper arm
M21.929	Unspecified acquired deformity of unspecified upper arm
M21.931	Unspecified acquired deformity of right forearm
M21.932	Unspecified acquired deformity of left forearm
M21.939	Unspecified acquired deformity of unspecified forearm
M21.941	Unspecified acquired deformity of hand, right hand
M21.942	Unspecified acquired deformity of hand, left hand
M21.949	Unspecified acquired deformity of hand, unspecified hand
M21.951	Unspecified acquired deformity of right thigh
M21.952	Unspecified acquired deformity of left thigh
M21.959	Unspecified acquired deformity of unspecified thigh
M21.961	Unspecified acquired deformity of right lower leg
M21.962	Unspecified acquired deformity of left lower leg
M21.969	Unspecified acquired deformity of unspecified lower leg
M22.00	Recurrent dislocation of patella, unspecified knee
M22.01	Recurrent dislocation of patella, right knee
M22.02	Recurrent dislocation of patella, left knee
M22.10	Recurrent subluxation of patella, unspecified knee
M22.11	Recurrent subluxation of patella, right knee

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Code	Description
M22.12	Recurrent subluxation of patella, left knee
M23.50	Chronic instability of knee, unspecified knee
M23.8X9	Other internal derangements of unspecified knee
M24.00	Loose body in unspecified joint
M24.011	Loose body in right shoulder
M24.012	Loose body in left shoulder
M24.019	Loose body in unspecified shoulder
M24.021	Loose body in right elbow
M24.022	Loose body in left elbow
M24.029	Loose body in unspecified elbow
M24.031	Loose body in right wrist
M24.032	Loose body in left wrist
M24.039	Loose body in unspecified wrist
M24.041	Loose body in right finger joint(s)
M24.042	Loose body in left finger joint(s)
M24.049	Loose body in unspecified finger joint(s)
M24.051	Loose body in right hip
M24.052	Loose body in left hip
M24.059	Loose body in unspecified hip
M24.071	Loose body in right ankle
M24.072	Loose body in left ankle
M24.073	Loose body in unspecified ankle
M24.074	Loose body in right toe joint(s)
M24.075	Loose body in left toe joint(s)
M24.076	Loose body in unspecified toe joints
M24.08	Loose body, other site
M24.10	Other articular cartilage disorders, unspecified site
M24.111	Other articular cartilage disorders, right shoulder



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Code	Description
M24.112	Other articular cartilage disorders, left shoulder
M24.119	Other articular cartilage disorders, unspecified shoulder
M24.121	Other articular cartilage disorders, right elbow
M24.122	Other articular cartilage disorders, left elbow
M24.129	Other articular cartilage disorders, unspecified elbow
M24.131	Other articular cartilage disorders, right wrist
M24.132	Other articular cartilage disorders, left wrist
M24.139	Other articular cartilage disorders, unspecified wrist
M24.141	Other articular cartilage disorders, right hand
M24.142	Other articular cartilage disorders, left hand
M24.149	Other articular cartilage disorders, unspecified hand
M24.151	Other articular cartilage disorders, right hip
M24.152	Other articular cartilage disorders, left hip
M24.159	Other articular cartilage disorders, unspecified hip
M24.171	Other articular cartilage disorders, right ankle
M24.172	Other articular cartilage disorders, left ankle
M24.173	Other articular cartilage disorders, unspecified ankle
M24.174	Other articular cartilage disorders, right foot
M24.175	Other articular cartilage disorders, left foot
M24.176	Other articular cartilage disorders, unspecified foot
M24.20	Disorder of ligament, unspecified site
M24.211	Disorder of ligament, right shoulder
M24.212	Disorder of ligament, left shoulder
M24.219	Disorder of ligament, unspecified shoulder
M24.221	Disorder of ligament, right elbow
M24.222	Disorder of ligament, left elbow
M24.229	Disorder of ligament, unspecified elbow
M24.231	Disorder of ligament, right wrist



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Code	Description
M24.232	Disorder of ligament, left wrist
M24.239	Disorder of ligament, unspecified wrist
M24.241	Disorder of ligament, right hand
M24.242	Disorder of ligament, left hand
M24.249	Disorder of ligament, unspecified hand
M24.251	Disorder of ligament, right hip
M24.252	Disorder of ligament, left hip
M24.259	Disorder of ligament, unspecified hip
M24.271	Disorder of ligament, right ankle
M24.272	Disorder of ligament, left ankle
M24.273	Disorder of ligament, unspecified ankle
M24.274	Disorder of ligament, right foot
M24.275	Disorder of ligament, left foot
M24.276	Disorder of ligament, unspecified foot
M24.28	Disorder of ligament, vertebrae
M24.30	Pathological dislocation of unspecified joint, not elsewhere classified
M24.311	Pathological dislocation of right shoulder, not elsewhere classified
M24.312	Pathological dislocation of left shoulder, not elsewhere classified
M24.319	Pathological dislocation of unspecified shoulder, not elsewhere classified
M24.321	Pathological dislocation of right elbow, not elsewhere classified
M24.322	Pathological dislocation of left elbow, not elsewhere classified
M24.329	Pathological dislocation of unspecified elbow, not elsewhere classified
M24.331	Pathological dislocation of right wrist, not elsewhere classified
M24.332	Pathological dislocation of left wrist, not elsewhere classified
M24.339	Pathological dislocation of unspecified wrist, not elsewhere classified
M24.341	Pathological dislocation of right hand, not elsewhere classified
M24.342	Pathological dislocation of left hand, not elsewhere classified
M24.349	Pathological dislocation of unspecified hand, not elsewhere classified



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Code	Description
M24.351	Pathological dislocation of right hip, not elsewhere classified
M24.352	Pathological dislocation of left hip, not elsewhere classified
M24.359	Pathological dislocation of unspecified hip, not elsewhere classified
M24.361	Pathological dislocation of right knee, not elsewhere classified
M24.362	Pathological dislocation of left knee, not elsewhere classified
M24.369	Pathological dislocation of unspecified knee, not elsewhere classified
M24.371	Pathological dislocation of right ankle, not elsewhere classified
M24.372	Pathological dislocation of left ankle, not elsewhere classified
M24.373	Pathological dislocation of unspecified ankle, not elsewhere classified
M24.374	Pathological dislocation of right foot, not elsewhere classified
M24.375	Pathological dislocation of left foot, not elsewhere classified
M24.376	Pathological dislocation of unspecified foot, not elsewhere classified
M24.40	Recurrent dislocation, unspecified joint
M24.411	Recurrent dislocation, right shoulder
M24.412	Recurrent dislocation, left shoulder
M24.419	Recurrent dislocation, unspecified shoulder
M24.421	Recurrent dislocation, right elbow
M24.422	Recurrent dislocation, left elbow
M24.429	Recurrent dislocation, unspecified elbow
M24.431	Recurrent dislocation, right wrist
M24.432	Recurrent dislocation, left wrist
M24.439	Recurrent dislocation, unspecified wrist
M24.441	Recurrent dislocation, right hand
M24.442	Recurrent dislocation, left hand
M24.443	Recurrent dislocation, unspecified hand
M24.444	Recurrent dislocation, right finger
M24.445	Recurrent dislocation, left finger
M24.446	Recurrent dislocation, unspecified finger



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Code	Description
M24.451	Recurrent dislocation, right hip
M24.452	Recurrent dislocation, left hip
M24.459	Recurrent dislocation, unspecified hip
M24.461	Recurrent dislocation, right knee
M24.462	Recurrent dislocation, left knee
M24.469	Recurrent dislocation, unspecified knee
M24.471	Recurrent dislocation, right ankle
M24.472	Recurrent dislocation, left ankle
M24.473	Recurrent dislocation, unspecified ankle
M24.474	Recurrent dislocation, right foot
M24.475	Recurrent dislocation, left foot
M24.476	Recurrent dislocation, unspecified foot
M24.477	Recurrent dislocation, right toe(s)
M24.478	Recurrent dislocation, left toe(s)
M24.479	Recurrent dislocation, unspecified toe(s)
M24.50	Contracture, unspecified joint
M24.511	Contracture, right shoulder
M24.512	Contracture, left shoulder
M24.519	Contracture, unspecified shoulder
M24.521	Contracture, right elbow
M24.522	Contracture, left elbow
M24.529	Contracture, unspecified elbow
M24.531	Contracture, right wrist
M24.532	Contracture, left wrist
M24.539	Contracture, unspecified wrist
M24.541	Contracture, right hand
M24.542	Contracture, left hand
M24.549	Contracture, unspecified hand



**Medicare National Coverage Determinations (NCD)
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Code	Description
M24.551	Contracture, right hip
M24.552	Contracture, left hip
M24.559	Contracture, unspecified hip
M24.561	Contracture, right knee
M24.562	Contracture, left knee
M24.569	Contracture, unspecified knee
M24.571	Contracture, right ankle
M24.572	Contracture, left ankle
M24.573	Contracture, unspecified ankle
M24.574	Contracture, right foot
M24.575	Contracture, left foot
M24.576	Contracture, unspecified foot
M24.60	Ankylosis, unspecified joint
M24.611	Ankylosis, right shoulder
M24.612	Ankylosis, left shoulder
M24.619	Ankylosis, unspecified shoulder
M24.621	Ankylosis, right elbow
M24.622	Ankylosis, left elbow
M24.629	Ankylosis, unspecified elbow
M24.631	Ankylosis, right wrist
M24.632	Ankylosis, left wrist
M24.639	Ankylosis, unspecified wrist
M24.641	Ankylosis, right hand
M24.642	Ankylosis, left hand
M24.649	Ankylosis, unspecified hand
M24.651	Ankylosis, right hip
M24.652	Ankylosis, left hip
M24.659	Ankylosis, unspecified hip



**Medicare National Coverage Determinations (NCD)
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Code	Description
M24.661	Ankylosis, right knee
M24.662	Ankylosis, left knee
M24.669	Ankylosis, unspecified knee
M24.671	Ankylosis, right ankle
M24.672	Ankylosis, left ankle
M24.673	Ankylosis, unspecified ankle
M24.674	Ankylosis, right foot
M24.675	Ankylosis, left foot
M24.676	Ankylosis, unspecified foot
M24.7	Protrusio acetabuli
M24.80	Other specific joint derangements of unspecified joint, not elsewhere classified
M24.811	Other specific joint derangements of right shoulder, not elsewhere classified
M24.812	Other specific joint derangements of left shoulder, not elsewhere classified
M24.819	Other specific joint derangements of unspecified shoulder, not elsewhere classified
M24.821	Other specific joint derangements of right elbow, not elsewhere classified
M24.822	Other specific joint derangements of left elbow, not elsewhere classified
M24.829	Other specific joint derangements of unspecified elbow, not elsewhere classified
M24.831	Other specific joint derangements of right wrist, not elsewhere classified
M24.832	Other specific joint derangements of left wrist, not elsewhere classified
M24.839	Other specific joint derangements of unspecified wrist, not elsewhere classified
M24.841	Other specific joint derangements of right hand, not elsewhere classified
M24.842	Other specific joint derangements of left hand, not elsewhere classified
M24.849	Other specific joint derangements of unspecified hand, not elsewhere classified
M24.851	Other specific joint derangements of right hip, not elsewhere classified
M24.852	Other specific joint derangements of left hip, not elsewhere classified
M24.859	Other specific joint derangements of unspecified hip, not elsewhere classified
M24.871	Other specific joint derangements of right ankle, not elsewhere classified
M24.872	Other specific joint derangements of left ankle, not elsewhere classified



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Code	Description
M24.873	Other specific joint derangements of unspecified ankle, not elsewhere classified
M24.874	Other specific joint derangements of right foot, not elsewhere classified
M24.875	Other specific joint derangements left foot, not elsewhere classified
M24.876	Other specific joint derangements of unspecified foot, not elsewhere classified
M24.9	Joint derangement, unspecified
M25.20	Flail joint, unspecified joint
M25.211	Flail joint, right shoulder
M25.212	Flail joint, left shoulder
M25.219	Flail joint, unspecified shoulder
M25.221	Flail joint, right elbow
M25.222	Flail joint, left elbow
M25.229	Flail joint, unspecified elbow
M25.231	Flail joint, right wrist
M25.232	Flail joint, left wrist
M25.239	Flail joint, unspecified wrist
M25.241	Flail joint, right hand
M25.242	Flail joint, left hand
M25.249	Flail joint, unspecified hand
M25.251	Flail joint, right hip
M25.252	Flail joint, left hip
M25.259	Flail joint, unspecified hip
M25.261	Flail joint, right knee
M25.262	Flail joint, left knee
M25.269	Flail joint, unspecified knee
M25.271	Flail joint, right ankle and foot
M25.272	Flail joint, left ankle and foot
M25.279	Flail joint, unspecified ankle and foot
M25.28	Flail joint, other site



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Code	Description
M25.30	Other instability, unspecified joint
M25.311	Other instability, right shoulder
M25.312	Other instability, left shoulder
M25.319	Other instability, unspecified shoulder
M25.321	Other instability, right elbow
M25.322	Other instability, left elbow
M25.329	Other instability, unspecified elbow
M25.331	Other instability, right wrist
M25.332	Other instability, left wrist
M25.339	Other instability, unspecified wrist
M25.341	Other instability, right hand
M25.342	Other instability, left hand
M25.349	Other instability, unspecified hand
M25.351	Other instability, right hip
M25.352	Other instability, left hip
M25.359	Other instability, unspecified hip
M25.361	Other instability, right knee
M25.362	Other instability, left knee
M25.369	Other instability, unspecified knee
M25.371	Other instability, right ankle
M25.372	Other instability, left ankle
M25.373	Other instability, unspecified ankle
M25.374	Other instability, right foot
M25.375	Other instability, left foot
M25.376	Other instability, unspecified foot
M25.70	Osteophyte, unspecified joint
M25.711	Osteophyte, right shoulder
M25.712	Osteophyte, left shoulder



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Code	Description
M25.719	Osteophyte, unspecified shoulder
M25.721	Osteophyte, right elbow
M25.722	Osteophyte, left elbow
M25.729	Osteophyte, unspecified elbow
M25.731	Osteophyte, right wrist
M25.732	Osteophyte, left wrist
M25.739	Osteophyte, unspecified wrist
M25.741	Osteophyte, right hand
M25.742	Osteophyte, left hand
M25.749	Osteophyte, unspecified hand
M25.751	Osteophyte, right hip
M25.752	Osteophyte, left hip
M25.759	Osteophyte, unspecified hip
M25.761	Osteophyte, right knee
M25.762	Osteophyte, left knee
M25.769	Osteophyte, unspecified knee
M25.771	Osteophyte, right ankle
M25.772	Osteophyte, left ankle
M25.773	Osteophyte, unspecified ankle
M25.774	Osteophyte, right foot
M25.775	Osteophyte, left foot
M25.776	Osteophyte, unspecified foot
M26.00	Unspecified anomaly of jaw size
M26.01	Maxillary hyperplasia
M26.02	Maxillary hypoplasia
M26.03	Mandibular hyperplasia
M26.04	Mandibular hypoplasia
M26.05	Macrogenia



**Medicare National Coverage Determinations (NCD)
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Code	Description
M26.06	Microgenia
M26.07	Excessive tuberosity of jaw
M26.09	Other specified anomalies of jaw size
M26.10	Unspecified anomaly of jaw-cranial base relationship
M26.11	Maxillary asymmetry
M26.12	Other jaw asymmetry
M26.19	Other specified anomalies of jaw-cranial base relationship
M26.20	Unspecified anomaly of dental arch relationship
M26.211	Malocclusion, Angle's class I
M26.212	Malocclusion, Angle's class II
M26.213	Malocclusion, Angle's class III
M26.219	Malocclusion, Angle's class, unspecified
M26.220	Open anterior occlusal relationship
M26.221	Open posterior occlusal relationship
M26.23	Excessive horizontal overlap
M26.24	Reverse articulation
M26.25	Anomalies of interarch distance
M26.29	Other anomalies of dental arch relationship
M26.30	Unspecified anomaly of tooth position of fully erupted tooth or teeth
M26.31	Crowding of fully erupted teeth
M26.32	Excessive spacing of fully erupted teeth
M26.33	Horizontal displacement of fully erupted tooth or teeth
M26.34	Vertical displacement of fully erupted tooth or teeth
M26.35	Rotation of fully erupted tooth or teeth
M26.36	Insufficient interocclusal distance of fully erupted teeth (ridge)
M26.37	Excessive interocclusal distance of fully erupted teeth
M26.39	Other anomalies of tooth position of fully erupted tooth or teeth
M26.4	Malocclusion, unspecified



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Code	Description
M26.50	Dentofacial functional abnormalities, unspecified
M26.51	Abnormal jaw closure
M26.52	Limited mandibular range of motion
M26.53	Deviation in opening and closing of the mandible
M26.54	Insufficient anterior guidance
M26.55	Centric occlusion maximum intercuspation discrepancy
M26.56	Non-working side interference
M26.57	Lack of posterior occlusal support
M26.59	Other dentofacial functional abnormalities
M26.601	Right temporomandibular joint disorder, unspecified
M26.602	Left temporomandibular joint disorder, unspecified
M26.603	Bilateral temporomandibular joint disorder, unspecified
M26.609	Unspecified temporomandibular joint disorder, unspecified side
M26.611	Adhesions and ankylosis of right temporomandibular joint
M26.612	Adhesions and ankylosis of left temporomandibular joint
M26.613	Adhesions and ankylosis of bilateral temporomandibular joint
M26.619	Adhesions and ankylosis of temporomandibular joint, unspecified side
M26.621	Arthralgia of right temporomandibular joint
M26.622	Arthralgia of left temporomandibular joint
M26.623	Arthralgia of bilateral temporomandibular joint
M26.629	Arthralgia of temporomandibular joint, unspecified side
M26.631	Articular disc disorder of right temporomandibular joint
M26.632	Articular disc disorder of left temporomandibular joint
M26.633	Articular disc disorder of bilateral temporomandibular joint
M26.639	Articular disc disorder of temporomandibular joint, unspecified side
M26.649	Arthritis of unspecified temporomandibular joint
M26.659	Arthropathy of unspecified temporomandibular joint
M26.69	Other specified disorders of temporomandibular joint



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Code	Description
M26.70	Unspecified alveolar anomaly
M26.71	Alveolar maxillary hyperplasia
M26.72	Alveolar mandibular hyperplasia
M26.73	Alveolar maxillary hypoplasia
M26.74	Alveolar mandibular hypoplasia
M26.79	Other specified alveolar anomalies
M26.81	Anterior soft tissue impingement
M26.82	Posterior soft tissue impingement
M26.89	Other dentofacial anomalies
M26.9	Dentofacial anomaly, unspecified
M27.1	Giant cell granuloma, central
M27.40	Unspecified cyst of jaw
M27.49	Other cysts of jaw
M27.51	Perforation of root canal space due to endodontic treatment
M27.52	Endodontic overfill
M27.53	Endodontic underfill
M27.59	Other periradicular pathology associated with previous endodontic treatment
M27.61	Osseointegration failure of dental implant
M27.62	Post-osseointegration biological failure of dental implant
M27.63	Post-osseointegration mechanical failure of dental implant
M35.7	Hypermobility syndrome
M40.00	Postural kyphosis, site unspecified
M40.03	Postural kyphosis, cervicothoracic region
M40.04	Postural kyphosis, thoracic region
M40.05	Postural kyphosis, thoracolumbar region
M40.10	Other secondary kyphosis, site unspecified
M40.12	Other secondary kyphosis, cervical region
M40.13	Other secondary kyphosis, cervicothoracic region



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Code	Description
M40.14	Other secondary kyphosis, thoracic region
M40.15	Other secondary kyphosis, thoracolumbar region
M40.202	Unspecified kyphosis, cervical region
M40.203	Unspecified kyphosis, cervicothoracic region
M40.204	Unspecified kyphosis, thoracic region
M40.205	Unspecified kyphosis, thoracolumbar region
M40.209	Unspecified kyphosis, site unspecified
M40.292	Other kyphosis, cervical region
M40.293	Other kyphosis, cervicothoracic region
M40.294	Other kyphosis, thoracic region
M40.295	Other kyphosis, thoracolumbar region
M40.299	Other kyphosis, site unspecified
M40.30	Flatback syndrome, site unspecified
M40.35	Flatback syndrome, thoracolumbar region
M40.36	Flatback syndrome, lumbar region
M40.37	Flatback syndrome, lumbosacral region
M40.40	Postural lordosis, site unspecified
M40.45	Postural lordosis, thoracolumbar region
M40.46	Postural lordosis, lumbar region
M40.47	Postural lordosis, lumbosacral region
M40.50	Lordosis, unspecified, site unspecified
M40.55	Lordosis, unspecified, thoracolumbar region
M40.56	Lordosis, unspecified, lumbar region
M40.57	Lordosis, unspecified, lumbosacral region
M41.00	Infantile idiopathic scoliosis, site unspecified
M41.02	Infantile idiopathic scoliosis, cervical region
M41.03	Infantile idiopathic scoliosis, cervicothoracic region
M41.04	Infantile idiopathic scoliosis, thoracic region

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Code	Description
M41.05	Infantile idiopathic scoliosis, thoracolumbar region
M41.06	Infantile idiopathic scoliosis, lumbar region
M41.07	Infantile idiopathic scoliosis, lumbosacral region
M41.08	Infantile idiopathic scoliosis, sacral and sacrococcygeal region
M41.112	Juvenile idiopathic scoliosis, cervical region
M41.113	Juvenile idiopathic scoliosis, cervicothoracic region
M41.114	Juvenile idiopathic scoliosis, thoracic region
M41.115	Juvenile idiopathic scoliosis, thoracolumbar region
M41.116	Juvenile idiopathic scoliosis, lumbar region
M41.117	Juvenile idiopathic scoliosis, lumbosacral region
M41.119	Juvenile idiopathic scoliosis, site unspecified
M41.122	Adolescent idiopathic scoliosis, cervical region
M41.123	Adolescent idiopathic scoliosis, cervicothoracic region
M41.124	Adolescent idiopathic scoliosis, thoracic region
M41.125	Adolescent idiopathic scoliosis, thoracolumbar region
M41.126	Adolescent idiopathic scoliosis, lumbar region
M41.127	Adolescent idiopathic scoliosis, lumbosacral region
M41.129	Adolescent idiopathic scoliosis, site unspecified
M41.20	Other idiopathic scoliosis, site unspecified
M41.22	Other idiopathic scoliosis, cervical region
M41.23	Other idiopathic scoliosis, cervicothoracic region
M41.24	Other idiopathic scoliosis, thoracic region
M41.25	Other idiopathic scoliosis, thoracolumbar region
M41.26	Other idiopathic scoliosis, lumbar region
M41.27	Other idiopathic scoliosis, lumbosacral region
M41.30	Thoracogenic scoliosis, site unspecified
M41.34	Thoracogenic scoliosis, thoracic region
M41.35	Thoracogenic scoliosis, thoracolumbar region



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Code	Description
M41.40	Neuromuscular scoliosis, site unspecified
M41.41	Neuromuscular scoliosis, occipito-atlanto-axial region
M41.42	Neuromuscular scoliosis, cervical region
M41.43	Neuromuscular scoliosis, cervicothoracic region
M41.44	Neuromuscular scoliosis, thoracic region
M41.45	Neuromuscular scoliosis, thoracolumbar region
M41.46	Neuromuscular scoliosis, lumbar region
M41.47	Neuromuscular scoliosis, lumbosacral region
M41.50	Other secondary scoliosis, site unspecified
M41.52	Other secondary scoliosis, cervical region
M41.53	Other secondary scoliosis, cervicothoracic region
M41.54	Other secondary scoliosis, thoracic region
M41.55	Other secondary scoliosis, thoracolumbar region
M41.56	Other secondary scoliosis, lumbar region
M41.57	Other secondary scoliosis, lumbosacral region
M41.80	Other forms of scoliosis, site unspecified
M41.82	Other forms of scoliosis, cervical region
M41.83	Other forms of scoliosis, cervicothoracic region
M41.84	Other forms of scoliosis, thoracic region
M41.85	Other forms of scoliosis, thoracolumbar region
M41.86	Other forms of scoliosis, lumbar region
M41.87	Other forms of scoliosis, lumbosacral region
M41.9	Scoliosis, unspecified
M42.00	Juvenile osteochondrosis of spine, site unspecified
M42.01	Juvenile osteochondrosis of spine, occipito-atlanto-axial region
M42.02	Juvenile osteochondrosis of spine, cervical region
M42.03	Juvenile osteochondrosis of spine, cervicothoracic region
M42.04	Juvenile osteochondrosis of spine, thoracic region

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Code	Description
M42.05	Juvenile osteochondrosis of spine, thoracolumbar region
M42.06	Juvenile osteochondrosis of spine, lumbar region
M42.07	Juvenile osteochondrosis of spine, lumbosacral region
M42.08	Juvenile osteochondrosis of spine, sacral and sacrococcygeal region
M42.09	Juvenile osteochondrosis of spine, multiple sites in spine
M42.10	Adult osteochondrosis of spine, site unspecified
M42.11	Adult osteochondrosis of spine, occipito-atlanto-axial region
M42.12	Adult osteochondrosis of spine, cervical region
M42.13	Adult osteochondrosis of spine, cervicothoracic region
M42.14	Adult osteochondrosis of spine, thoracic region
M42.15	Adult osteochondrosis of spine, thoracolumbar region
M42.16	Adult osteochondrosis of spine, lumbar region
M42.17	Adult osteochondrosis of spine, lumbosacral region
M42.18	Adult osteochondrosis of spine, sacral and sacrococcygeal region
M42.19	Adult osteochondrosis of spine, multiple sites in spine
M42.9	Spinal osteochondrosis, unspecified
M43.00	Spondylolysis, site unspecified
M43.01	Spondylolysis, occipito-atlanto-axial region
M43.02	Spondylolysis, cervical region
M43.03	Spondylolysis, cervicothoracic region
M43.04	Spondylolysis, thoracic region
M43.05	Spondylolysis, thoracolumbar region
M43.06	Spondylolysis, lumbar region
M43.07	Spondylolysis, lumbosacral region
M43.08	Spondylolysis, sacral and sacrococcygeal region
M43.09	Spondylolysis, multiple sites in spine
M43.10	Spondylolisthesis, site unspecified
M43.11	Spondylolisthesis, occipito-atlanto-axial region

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Code	Description
M43.12	Spondylolisthesis, cervical region
M43.13	Spondylolisthesis, cervicothoracic region
M43.14	Spondylolisthesis, thoracic region
M43.15	Spondylolisthesis, thoracolumbar region
M43.16	Spondylolisthesis, lumbar region
M43.17	Spondylolisthesis, lumbosacral region
M43.18	Spondylolisthesis, sacral and sacrococcygeal region
M43.19	Spondylolisthesis, multiple sites in spine
M43.3	Recurrent atlantoaxial dislocation with myelopathy
M43.4	Other recurrent atlantoaxial dislocation
M43.5X2	Other recurrent vertebral dislocation, cervical region
M43.5X3	Other recurrent vertebral dislocation, cervicothoracic region
M43.5X4	Other recurrent vertebral dislocation, thoracic region
M43.5X5	Other recurrent vertebral dislocation, thoracolumbar region
M43.5X6	Other recurrent vertebral dislocation, lumbar region
M43.5X7	Other recurrent vertebral dislocation, lumbosacral region
M43.5X8	Other recurrent vertebral dislocation, sacral and sacrococcygeal region
M43.5X9	Other recurrent vertebral dislocation, site unspecified
M43.8X1	Other specified deforming dorsopathies, occipito-atlanto-axial region
M43.8X2	Other specified deforming dorsopathies, cervical region
M43.8X3	Other specified deforming dorsopathies, cervicothoracic region
M43.8X4	Other specified deforming dorsopathies, thoracic region
M43.8X5	Other specified deforming dorsopathies, thoracolumbar region
M43.8X6	Other specified deforming dorsopathies, lumbar region
M43.8X7	Other specified deforming dorsopathies, lumbosacral region
M43.8X8	Other specified deforming dorsopathies, sacral and sacrococcygeal region
M43.8X9	Other specified deforming dorsopathies, site unspecified
M43.9	Deforming dorsopathy, unspecified

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Code	Description
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.40XD	Fatigue fracture of vertebra, site unspecified, subsequent encounter for fracture with routine healing
M48.40XG	Fatigue fracture of vertebra, site unspecified, subsequent encounter for fracture with delayed healing
M48.40XS	Fatigue fracture of vertebra, site unspecified, sequela of fracture
M48.41XD	Fatigue fracture of vertebra, occipito-atlanto-axial region, subsequent encounter for fracture with routine healing
M48.41XG	Fatigue fracture of vertebra, occipito-atlanto-axial region, subsequent encounter for fracture with delayed healing
M48.41XS	Fatigue fracture of vertebra, occipito-atlanto-axial region, sequela of fracture
M48.42XD	Fatigue fracture of vertebra, cervical region, subsequent encounter for fracture with routine healing
M48.42XG	Fatigue fracture of vertebra, cervical region, subsequent encounter for fracture with delayed healing
M48.42XS	Fatigue fracture of vertebra, cervical region, sequela of fracture
M48.43XD	Fatigue fracture of vertebra, cervicothoracic region, subsequent encounter for fracture with routine healing
M48.43XG	Fatigue fracture of vertebra, cervicothoracic region, subsequent encounter for fracture with delayed healing
M48.43XS	Fatigue fracture of vertebra, cervicothoracic region, sequela of fracture
M48.44XD	Fatigue fracture of vertebra, thoracic region, subsequent encounter for fracture with routine healing
M48.44XG	Fatigue fracture of vertebra, thoracic region, subsequent encounter for fracture with delayed healing
M48.44XS	Fatigue fracture of vertebra, thoracic region, sequela of fracture
M48.45XD	Fatigue fracture of vertebra, thoracolumbar region, subsequent encounter for fracture with routine healing
M48.45XG	Fatigue fracture of vertebra, thoracolumbar region, subsequent encounter for fracture with delayed healing
M48.45XS	Fatigue fracture of vertebra, thoracolumbar region, sequela of fracture



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Code	Description
M48.46XD	Fatigue fracture of vertebra, lumbar region, subsequent encounter for fracture with routine healing
M48.46XG	Fatigue fracture of vertebra, lumbar region, subsequent encounter for fracture with delayed healing
M48.46XS	Fatigue fracture of vertebra, lumbar region, sequela of fracture
M48.47XD	Fatigue fracture of vertebra, lumbosacral region, subsequent encounter for fracture with routine healing
M48.47XG	Fatigue fracture of vertebra, lumbosacral region, subsequent encounter for fracture with delayed healing
M48.47XS	Fatigue fracture of vertebra, lumbosacral region, sequela of fracture
M48.48XD	Fatigue fracture of vertebra, sacral and sacrococcygeal region, subsequent encounter for fracture with routine healing
M48.48XG	Fatigue fracture of vertebra, sacral and sacrococcygeal region, subsequent encounter for fracture with delayed healing
M48.48XS	Fatigue fracture of vertebra, sacral and sacrococcygeal region, sequela of fracture
M48.50XD	Collapsed vertebra, not elsewhere classified, site unspecified, subsequent encounter for fracture with routine healing
M48.50XG	Collapsed vertebra, not elsewhere classified, site unspecified, subsequent encounter for fracture with delayed healing
M48.50XS	Collapsed vertebra, not elsewhere classified, site unspecified, sequela of fracture
M48.51XD	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, subsequent encounter for fracture with routine healing
M48.51XG	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, subsequent encounter for fracture with delayed healing
M48.51XS	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, sequela of fracture
M48.52XD	Collapsed vertebra, not elsewhere classified, cervical region, subsequent encounter for fracture with routine healing
M48.52XG	Collapsed vertebra, not elsewhere classified, cervical region, subsequent encounter for fracture with delayed healing
M48.52XS	Collapsed vertebra, not elsewhere classified, cervical region, sequela of fracture
M48.53XD	Collapsed vertebra, not elsewhere classified, cervicothoracic region, subsequent encounter for fracture with routine healing

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Code	Description
M48.53XG	Collapsed vertebra, not elsewhere classified, cervicothoracic region, subsequent encounter for fracture with delayed healing
M48.53XS	Collapsed vertebra, not elsewhere classified, cervicothoracic region, sequela of fracture
M48.54XD	Collapsed vertebra, not elsewhere classified, thoracic region, subsequent encounter for fracture with routine healing
M48.54XG	Collapsed vertebra, not elsewhere classified, thoracic region, subsequent encounter for fracture with delayed healing
M48.54XS	Collapsed vertebra, not elsewhere classified, thoracic region, sequela of fracture
M48.55XD	Collapsed vertebra, not elsewhere classified, thoracolumbar region, subsequent encounter for fracture with routine healing
M48.55XG	Collapsed vertebra, not elsewhere classified, thoracolumbar region, subsequent encounter for fracture with delayed healing
M48.55XS	Collapsed vertebra, not elsewhere classified, thoracolumbar region, sequela of fracture
M48.56XD	Collapsed vertebra, not elsewhere classified, lumbar region, subsequent encounter for fracture with routine healing
M48.56XG	Collapsed vertebra, not elsewhere classified, lumbar region, subsequent encounter for fracture with delayed healing
M48.56XS	Collapsed vertebra, not elsewhere classified, lumbar region, sequela of fracture
M48.57XD	Collapsed vertebra, not elsewhere classified, lumbosacral region, subsequent encounter for fracture with routine healing
M48.57XG	Collapsed vertebra, not elsewhere classified, lumbosacral region, subsequent encounter for fracture with delayed healing
M48.57XS	Collapsed vertebra, not elsewhere classified, lumbosacral region, sequela of fracture
M48.58XD	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, subsequent encounter for fracture with routine healing
M48.58XG	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, subsequent encounter for fracture with delayed healing
M48.58XS	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, sequela of fracture
M53.2X1	Spinal instabilities, occipito-atlanto-axial region



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

Code	Description
M53.2X2	Spinal instabilities, cervical region
M53.2X3	Spinal instabilities, cervicothoracic region
M53.2X4	Spinal instabilities, thoracic region
M53.2X5	Spinal instabilities, thoracolumbar region
M53.2X6	Spinal instabilities, lumbar region
M53.2X9	Spinal instabilities, site unspecified
M60.10	Interstitial myositis of unspecified site
M60.111	Interstitial myositis, right shoulder
M60.112	Interstitial myositis, left shoulder
M60.119	Interstitial myositis, unspecified shoulder
M60.121	Interstitial myositis, right upper arm
M60.122	Interstitial myositis, left upper arm
M60.129	Interstitial myositis, unspecified upper arm
M60.131	Interstitial myositis, right forearm
M60.132	Interstitial myositis, left forearm
M60.139	Interstitial myositis, unspecified forearm
M60.141	Interstitial myositis, right hand
M60.142	Interstitial myositis, left hand
M60.149	Interstitial myositis, unspecified hand
M60.151	Interstitial myositis, right thigh
M60.152	Interstitial myositis, left thigh
M60.159	Interstitial myositis, unspecified thigh
M60.161	Interstitial myositis, right lower leg
M60.162	Interstitial myositis, left lower leg
M60.169	Interstitial myositis, unspecified lower leg
M60.171	Interstitial myositis, right ankle and foot
M60.172	Interstitial myositis, left ankle and foot
M60.179	Interstitial myositis, unspecified ankle and foot



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

Code	Description
M60.18	Interstitial myositis, other site
M60.19	Interstitial myositis, multiple sites
M60.20	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified site
M60.211	Foreign body granuloma of soft tissue, not elsewhere classified, right shoulder
M60.212	Foreign body granuloma of soft tissue, not elsewhere classified, left shoulder
M60.219	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified shoulder
M60.221	Foreign body granuloma of soft tissue, not elsewhere classified, right upper arm
M60.222	Foreign body granuloma of soft tissue, not elsewhere classified, left upper arm
M60.229	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified upper arm
M60.231	Foreign body granuloma of soft tissue, not elsewhere classified, right forearm
M60.232	Foreign body granuloma of soft tissue, not elsewhere classified, left forearm
M60.239	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified forearm
M60.241	Foreign body granuloma of soft tissue, not elsewhere classified, right hand
M60.242	Foreign body granuloma of soft tissue, not elsewhere classified, left hand
M60.249	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified hand
M60.251	Foreign body granuloma of soft tissue, not elsewhere classified, right thigh
M60.252	Foreign body granuloma of soft tissue, not elsewhere classified, left thigh
M60.259	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified thigh
M60.261	Foreign body granuloma of soft tissue, not elsewhere classified, right lower leg
M60.262	Foreign body granuloma of soft tissue, not elsewhere classified, left lower leg
M60.269	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified lower leg
M60.271	Foreign body granuloma of soft tissue, not elsewhere classified, right ankle and foot
M60.272	Foreign body granuloma of soft tissue, not elsewhere classified, left ankle and foot
M60.279	Foreign body granuloma of soft tissue, not elsewhere classified, unspecified ankle and foot
M60.28	Foreign body granuloma of soft tissue, not elsewhere classified, other site



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

Code	Description
M61.00	Myositis ossificans traumatica, unspecified site
M61.011	Myositis ossificans traumatica, right shoulder
M61.012	Myositis ossificans traumatica, left shoulder
M61.019	Myositis ossificans traumatica, unspecified shoulder
M61.021	Myositis ossificans traumatica, right upper arm
M61.022	Myositis ossificans traumatica, left upper arm
M61.029	Myositis ossificans traumatica, unspecified upper arm
M61.031	Myositis ossificans traumatica, right forearm
M61.032	Myositis ossificans traumatica, left forearm
M61.039	Myositis ossificans traumatica, unspecified forearm
M61.041	Myositis ossificans traumatica, right hand
M61.042	Myositis ossificans traumatica, left hand
M61.049	Myositis ossificans traumatica, unspecified hand
M61.051	Myositis ossificans traumatica, right thigh
M61.052	Myositis ossificans traumatica, left thigh
M61.059	Myositis ossificans traumatica, unspecified thigh
M61.061	Myositis ossificans traumatica, right lower leg
M61.062	Myositis ossificans traumatica, left lower leg
M61.069	Myositis ossificans traumatica, unspecified lower leg
M61.071	Myositis ossificans traumatica, right ankle and foot
M61.072	Myositis ossificans traumatica, left ankle and foot
M61.079	Myositis ossificans traumatica, unspecified ankle and foot
M61.08	Myositis ossificans traumatica, other site
M61.09	Myositis ossificans traumatica, multiple sites
M61.10	Myositis ossificans progressiva, unspecified site
M61.111	Myositis ossificans progressiva, right shoulder
M61.112	Myositis ossificans progressiva, left shoulder
M61.119	Myositis ossificans progressiva, unspecified shoulder



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

Code	Description
M61.121	Myositis ossificans progressiva, right upper arm
M61.122	Myositis ossificans progressiva, left upper arm
M61.129	Myositis ossificans progressiva, unspecified arm
M61.131	Myositis ossificans progressiva, right forearm
M61.132	Myositis ossificans progressiva, left forearm
M61.139	Myositis ossificans progressiva, unspecified forearm
M61.141	Myositis ossificans progressiva, right hand
M61.142	Myositis ossificans progressiva, left hand
M61.143	Myositis ossificans progressiva, unspecified hand
M61.144	Myositis ossificans progressiva, right finger(s)
M61.145	Myositis ossificans progressiva, left finger(s)
M61.146	Myositis ossificans progressiva, unspecified finger(s)
M61.151	Myositis ossificans progressiva, right thigh
M61.152	Myositis ossificans progressiva, left thigh
M61.159	Myositis ossificans progressiva, unspecified thigh
M61.161	Myositis ossificans progressiva, right lower leg
M61.162	Myositis ossificans progressiva, left lower leg
M61.169	Myositis ossificans progressiva, unspecified lower leg
M61.171	Myositis ossificans progressiva, right ankle
M61.172	Myositis ossificans progressiva, left ankle
M61.173	Myositis ossificans progressiva, unspecified ankle
M61.174	Myositis ossificans progressiva, right foot
M61.175	Myositis ossificans progressiva, left foot
M61.176	Myositis ossificans progressiva, unspecified foot
M61.177	Myositis ossificans progressiva, right toe(s)
M61.178	Myositis ossificans progressiva, left toe(s)
M61.179	Myositis ossificans progressiva, unspecified toe(s)
M61.18	Myositis ossificans progressiva, other site



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

Code	Description
M61.19	Myositis ossificans progressiva, multiple sites
M61.20	Paralytic calcification and ossification of muscle, unspecified site
M61.211	Paralytic calcification and ossification of muscle, right shoulder
M61.212	Paralytic calcification and ossification of muscle, left shoulder
M61.219	Paralytic calcification and ossification of muscle, unspecified shoulder
M61.221	Paralytic calcification and ossification of muscle, right upper arm
M61.222	Paralytic calcification and ossification of muscle, left upper arm
M61.229	Paralytic calcification and ossification of muscle, unspecified upper arm
M61.231	Paralytic calcification and ossification of muscle, right forearm
M61.232	Paralytic calcification and ossification of muscle, left forearm
M61.239	Paralytic calcification and ossification of muscle, unspecified forearm
M61.241	Paralytic calcification and ossification of muscle, right hand
M61.242	Paralytic calcification and ossification of muscle, left hand
M61.249	Paralytic calcification and ossification of muscle, unspecified hand
M61.251	Paralytic calcification and ossification of muscle, right thigh
M61.252	Paralytic calcification and ossification of muscle, left thigh
M61.259	Paralytic calcification and ossification of muscle, unspecified thigh
M61.261	Paralytic calcification and ossification of muscle, right lower leg
M61.262	Paralytic calcification and ossification of muscle, left lower leg
M61.269	Paralytic calcification and ossification of muscle, unspecified lower leg
M61.271	Paralytic calcification and ossification of muscle, right ankle and foot
M61.272	Paralytic calcification and ossification of muscle, left ankle and foot
M61.279	Paralytic calcification and ossification of muscle, unspecified ankle and foot
M61.28	Paralytic calcification and ossification of muscle, other site
M61.29	Paralytic calcification and ossification of muscle, multiple sites
M61.30	Calcification and ossification of muscles associated with burns, unspecified site
M61.311	Calcification and ossification of muscles associated with burns, right shoulder
M61.312	Calcification and ossification of muscles associated with burns, left shoulder



**Medicare National Coverage Determinations (NCD)
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Code	Description
M61.319	Calcification and ossification of muscles associated with burns, unspecified shoulder
M61.321	Calcification and ossification of muscles associated with burns, right upper arm
M61.322	Calcification and ossification of muscles associated with burns, left upper arm
M61.329	Calcification and ossification of muscles associated with burns, unspecified upper arm
M61.331	Calcification and ossification of muscles associated with burns, right forearm
M61.332	Calcification and ossification of muscles associated with burns, left forearm
M61.339	Calcification and ossification of muscles associated with burns, unspecified forearm
M61.341	Calcification and ossification of muscles associated with burns, right hand
M61.342	Calcification and ossification of muscles associated with burns, left hand
M61.349	Calcification and ossification of muscles associated with burns, unspecified hand
M61.351	Calcification and ossification of muscles associated with burns, right thigh
M61.352	Calcification and ossification of muscles associated with burns, left thigh
M61.359	Calcification and ossification of muscles associated with burns, unspecified thigh
M61.361	Calcification and ossification of muscles associated with burns, right lower leg
M61.362	Calcification and ossification of muscles associated with burns, left lower leg
M61.369	Calcification and ossification of muscles associated with burns, unspecified lower leg
M61.371	Calcification and ossification of muscles associated with burns, right ankle and foot
M61.372	Calcification and ossification of muscles associated with burns, left ankle and foot
M61.379	Calcification and ossification of muscles associated with burns, unspecified ankle and foot
M61.38	Calcification and ossification of muscles associated with burns, other site
M61.39	Calcification and ossification of muscles associated with burns, multiple sites
M61.40	Other calcification of muscle, unspecified site
M61.411	Other calcification of muscle, right shoulder
M61.412	Other calcification of muscle, left shoulder
M61.419	Other calcification of muscle, unspecified shoulder
M61.421	Other calcification of muscle, right upper arm

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**Medicare National Coverage Determinations (NCD)
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Code	Description
M61.422	Other calcification of muscle, left upper arm
M61.429	Other calcification of muscle, unspecified upper arm
M61.431	Other calcification of muscle, right forearm
M61.432	Other calcification of muscle, left forearm
M61.439	Other calcification of muscle, unspecified forearm
M61.441	Other calcification of muscle, right hand
M61.442	Other calcification of muscle, left hand
M61.449	Other calcification of muscle, unspecified hand
M61.451	Other calcification of muscle, right thigh
M61.452	Other calcification of muscle, left thigh
M61.459	Other calcification of muscle, unspecified thigh
M61.461	Other calcification of muscle, right lower leg
M61.462	Other calcification of muscle, left lower leg
M61.469	Other calcification of muscle, unspecified lower leg
M61.471	Other calcification of muscle, right ankle and foot
M61.472	Other calcification of muscle, left ankle and foot
M61.479	Other calcification of muscle, unspecified ankle and foot
M61.48	Other calcification of muscle, other site
M61.49	Other calcification of muscle, multiple sites
M61.50	Other ossification of muscle, unspecified site
M61.511	Other ossification of muscle, right shoulder
M61.512	Other ossification of muscle, left shoulder
M61.519	Other ossification of muscle, unspecified shoulder
M61.521	Other ossification of muscle, right upper arm
M61.522	Other ossification of muscle, left upper arm
M61.529	Other ossification of muscle, unspecified upper arm
M61.531	Other ossification of muscle, right forearm
M61.532	Other ossification of muscle, left forearm



**Medicare National Coverage Determinations (NCD)
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Code	Description
M61.539	Other ossification of muscle, unspecified forearm
M61.541	Other ossification of muscle, right hand
M61.542	Other ossification of muscle, left hand
M61.549	Other ossification of muscle, unspecified hand
M61.551	Other ossification of muscle, right thigh
M61.552	Other ossification of muscle, left thigh
M61.559	Other ossification of muscle, unspecified thigh
M61.561	Other ossification of muscle, right lower leg
M61.562	Other ossification of muscle, left lower leg
M61.569	Other ossification of muscle, unspecified lower leg
M61.571	Other ossification of muscle, right ankle and foot
M61.572	Other ossification of muscle, left ankle and foot
M61.579	Other ossification of muscle, unspecified ankle and foot
M61.58	Other ossification of muscle, other site
M61.59	Other ossification of muscle, multiple sites
M61.9	Calcification and ossification of muscle, unspecified
M62.00	Separation of muscle (nontraumatic), unspecified site
M62.011	Separation of muscle (nontraumatic), right shoulder
M62.012	Separation of muscle (nontraumatic), left shoulder
M62.019	Separation of muscle (nontraumatic), unspecified shoulder
M62.021	Separation of muscle (nontraumatic), right upper arm
M62.022	Separation of muscle (nontraumatic), left upper arm
M62.029	Separation of muscle (nontraumatic), unspecified upper arm
M62.031	Separation of muscle (nontraumatic), right forearm
M62.032	Separation of muscle (nontraumatic), left forearm
M62.039	Separation of muscle (nontraumatic), unspecified forearm
M62.041	Separation of muscle (nontraumatic), right hand
M62.042	Separation of muscle (nontraumatic), left hand



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

Code	Description
M62.049	Separation of muscle (nontraumatic), unspecified hand
M62.051	Separation of muscle (nontraumatic), right thigh
M62.052	Separation of muscle (nontraumatic), left thigh
M62.059	Separation of muscle (nontraumatic), unspecified thigh
M62.061	Separation of muscle (nontraumatic), right lower leg
M62.062	Separation of muscle (nontraumatic), left lower leg
M62.069	Separation of muscle (nontraumatic), unspecified lower leg
M62.071	Separation of muscle (nontraumatic), right ankle and foot
M62.072	Separation of muscle (nontraumatic), left ankle and foot
M62.079	Separation of muscle (nontraumatic), unspecified ankle and foot
M62.08	Separation of muscle (nontraumatic), other site
M62.10	Other rupture of muscle (nontraumatic), unspecified site
M62.111	Other rupture of muscle (nontraumatic), right shoulder
M62.112	Other rupture of muscle (nontraumatic), left shoulder
M62.119	Other rupture of muscle (nontraumatic), unspecified shoulder
M62.121	Other rupture of muscle (nontraumatic), right upper arm
M62.122	Other rupture of muscle (nontraumatic), left upper arm
M62.129	Other rupture of muscle (nontraumatic), unspecified upper arm
M62.131	Other rupture of muscle (nontraumatic), right forearm
M62.132	Other rupture of muscle (nontraumatic), left forearm
M62.139	Other rupture of muscle (nontraumatic), unspecified forearm
M62.141	Other rupture of muscle (nontraumatic), right hand
M62.142	Other rupture of muscle (nontraumatic), left hand
M62.149	Other rupture of muscle (nontraumatic), unspecified hand
M62.151	Other rupture of muscle (nontraumatic), right thigh
M62.152	Other rupture of muscle (nontraumatic), left thigh
M62.159	Other rupture of muscle (nontraumatic), unspecified thigh
M62.161	Other rupture of muscle (nontraumatic), right lower leg



**Medicare National Coverage Determinations (NCD)
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Code	Description
M62.162	Other rupture of muscle (nontraumatic), left lower leg
M62.169	Other rupture of muscle (nontraumatic), unspecified lower leg
M62.171	Other rupture of muscle (nontraumatic), right ankle and foot
M62.172	Other rupture of muscle (nontraumatic), left ankle and foot
M62.179	Other rupture of muscle (nontraumatic), unspecified ankle and foot
M62.18	Other rupture of muscle (nontraumatic), other site
M62.3	Immobility syndrome (paraplegic)
M62.40	Contracture of muscle, unspecified site
M62.411	Contracture of muscle, right shoulder
M62.412	Contracture of muscle, left shoulder
M62.419	Contracture of muscle, unspecified shoulder
M62.421	Contracture of muscle, right upper arm
M62.422	Contracture of muscle, left upper arm
M62.429	Contracture of muscle, unspecified upper arm
M62.431	Contracture of muscle, right forearm
M62.432	Contracture of muscle, left forearm
M62.439	Contracture of muscle, unspecified forearm
M62.441	Contracture of muscle, right hand
M62.442	Contracture of muscle, left hand
M62.449	Contracture of muscle, unspecified hand
M62.451	Contracture of muscle, right thigh
M62.452	Contracture of muscle, left thigh
M62.459	Contracture of muscle, unspecified thigh
M62.461	Contracture of muscle, right lower leg
M62.462	Contracture of muscle, left lower leg
M62.469	Contracture of muscle, unspecified lower leg
M62.471	Contracture of muscle, right ankle and foot
M62.472	Contracture of muscle, left ankle and foot

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**Medicare National Coverage Determinations (NCD)
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Code	Description
M62.479	Contracture of muscle, unspecified ankle and foot
M62.48	Contracture of muscle, other site
M62.49	Contracture of muscle, multiple sites
M62.50	Muscle wasting and atrophy, not elsewhere classified, unspecified site
M62.511	Muscle wasting and atrophy, not elsewhere classified, right shoulder
M62.512	Muscle wasting and atrophy, not elsewhere classified, left shoulder
M62.519	Muscle wasting and atrophy, not elsewhere classified, unspecified shoulder
M62.521	Muscle wasting and atrophy, not elsewhere classified, right upper arm
M62.522	Muscle wasting and atrophy, not elsewhere classified, left upper arm
M62.529	Muscle wasting and atrophy, not elsewhere classified, unspecified upper arm
M62.531	Muscle wasting and atrophy, not elsewhere classified, right forearm
M62.532	Muscle wasting and atrophy, not elsewhere classified, left forearm
M62.539	Muscle wasting and atrophy, not elsewhere classified, unspecified forearm
M62.541	Muscle wasting and atrophy, not elsewhere classified, right hand
M62.542	Muscle wasting and atrophy, not elsewhere classified, left hand
M62.549	Muscle wasting and atrophy, not elsewhere classified, unspecified hand
M62.551	Muscle wasting and atrophy, not elsewhere classified, right thigh
M62.552	Muscle wasting and atrophy, not elsewhere classified, left thigh
M62.559	Muscle wasting and atrophy, not elsewhere classified, unspecified thigh
M62.561	Muscle wasting and atrophy, not elsewhere classified, right lower leg
M62.562	Muscle wasting and atrophy, not elsewhere classified, left lower leg
M62.569	Muscle wasting and atrophy, not elsewhere classified, unspecified lower leg
M62.571	Muscle wasting and atrophy, not elsewhere classified, right ankle and foot
M62.572	Muscle wasting and atrophy, not elsewhere classified, left ankle and foot
M62.579	Muscle wasting and atrophy, not elsewhere classified, unspecified ankle and foot
M62.58	Muscle wasting and atrophy, not elsewhere classified, other site
M62.59	Muscle wasting and atrophy, not elsewhere classified, multiple sites
M62.831	Muscle spasm of calf



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

Code	Description
M62.838	Other muscle spasm
M62.89	Other specified disorders of muscle
M65.00	Abscess of tendon sheath, unspecified site
M65.011	Abscess of tendon sheath, right shoulder
M65.012	Abscess of tendon sheath, left shoulder
M65.019	Abscess of tendon sheath, unspecified shoulder
M65.021	Abscess of tendon sheath, right upper arm
M65.022	Abscess of tendon sheath, left upper arm
M65.029	Abscess of tendon sheath, unspecified upper arm
M65.031	Abscess of tendon sheath, right forearm
M65.032	Abscess of tendon sheath, left forearm
M65.039	Abscess of tendon sheath, unspecified forearm
M65.041	Abscess of tendon sheath, right hand
M65.042	Abscess of tendon sheath, left hand
M65.049	Abscess of tendon sheath, unspecified hand
M65.051	Abscess of tendon sheath, right thigh
M65.052	Abscess of tendon sheath, left thigh
M65.059	Abscess of tendon sheath, unspecified thigh
M65.061	Abscess of tendon sheath, right lower leg
M65.062	Abscess of tendon sheath, left lower leg
M65.069	Abscess of tendon sheath, unspecified lower leg
M65.071	Abscess of tendon sheath, right ankle and foot
M65.072	Abscess of tendon sheath, left ankle and foot
M65.079	Abscess of tendon sheath, unspecified ankle and foot
M65.08	Abscess of tendon sheath, other site
M65.10	Other infective (teno)synovitis, unspecified site
M65.111	Other infective (teno)synovitis, right shoulder
M65.112	Other infective (teno)synovitis, left shoulder



**Medicare National Coverage Determinations (NCD)
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Code	Description
M65.119	Other infective (teno)synovitis, unspecified shoulder
M65.121	Other infective (teno)synovitis, right elbow
M65.122	Other infective (teno)synovitis, left elbow
M65.129	Other infective (teno)synovitis, unspecified elbow
M65.131	Other infective (teno)synovitis, right wrist
M65.132	Other infective (teno)synovitis, left wrist
M65.139	Other infective (teno)synovitis, unspecified wrist
M65.141	Other infective (teno)synovitis, right hand
M65.142	Other infective (teno)synovitis, left hand
M65.149	Other infective (teno)synovitis, unspecified hand
M65.151	Other infective (teno)synovitis, right hip
M65.152	Other infective (teno)synovitis, left hip
M65.159	Other infective (teno)synovitis, unspecified hip
M65.161	Other infective (teno)synovitis, right knee
M65.162	Other infective (teno)synovitis, left knee
M65.169	Other infective (teno)synovitis, unspecified knee
M65.171	Other infective (teno)synovitis, right ankle and foot
M65.172	Other infective (teno)synovitis, left ankle and foot
M65.179	Other infective (teno)synovitis, unspecified ankle and foot
M65.18	Other infective (teno)synovitis, other site
M65.19	Other infective (teno)synovitis, multiple sites
M65.20	Calcific tendinitis, unspecified site
M65.221	Calcific tendinitis, right upper arm
M65.222	Calcific tendinitis, left upper arm
M65.229	Calcific tendinitis, unspecified upper arm
M65.231	Calcific tendinitis, right forearm
M65.232	Calcific tendinitis, left forearm
M65.239	Calcific tendinitis, unspecified forearm



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

Code	Description
M65.241	Calcific tendinitis, right hand
M65.242	Calcific tendinitis, left hand
M65.249	Calcific tendinitis, unspecified hand
M65.251	Calcific tendinitis, right thigh
M65.252	Calcific tendinitis, left thigh
M65.259	Calcific tendinitis, unspecified thigh
M65.261	Calcific tendinitis, right lower leg
M65.262	Calcific tendinitis, left lower leg
M65.269	Calcific tendinitis, unspecified lower leg
M65.271	Calcific tendinitis, right ankle and foot
M65.272	Calcific tendinitis, left ankle and foot
M65.279	Calcific tendinitis, unspecified ankle and foot
M65.28	Calcific tendinitis, other site
M65.29	Calcific tendinitis, multiple sites
M65.30	Trigger finger, unspecified finger
M65.311	Trigger thumb, right thumb
M65.312	Trigger thumb, left thumb
M65.319	Trigger thumb, unspecified thumb
M65.321	Trigger finger, right index finger
M65.322	Trigger finger, left index finger
M65.329	Trigger finger, unspecified index finger
M65.331	Trigger finger, right middle finger
M65.332	Trigger finger, left middle finger
M65.339	Trigger finger, unspecified middle finger
M65.341	Trigger finger, right ring finger
M65.342	Trigger finger, left ring finger
M65.349	Trigger finger, unspecified ring finger
M65.351	Trigger finger, right little finger



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

Code	Description
M65.352	Trigger finger, left little finger
M65.359	Trigger finger, unspecified little finger
M65.4	Radial styloid tenosynovitis [de Quervain]
M65.80	Other synovitis and tenosynovitis, unspecified site
M65.811	Other synovitis and tenosynovitis, right shoulder
M65.812	Other synovitis and tenosynovitis, left shoulder
M65.819	Other synovitis and tenosynovitis, unspecified shoulder
M65.821	Other synovitis and tenosynovitis, right upper arm
M65.822	Other synovitis and tenosynovitis, left upper arm
M65.829	Other synovitis and tenosynovitis, unspecified upper arm
M65.831	Other synovitis and tenosynovitis, right forearm
M65.832	Other synovitis and tenosynovitis, left forearm
M65.839	Other synovitis and tenosynovitis, unspecified forearm
M65.841	Other synovitis and tenosynovitis, right hand
M65.842	Other synovitis and tenosynovitis, left hand
M65.849	Other synovitis and tenosynovitis, unspecified hand
M65.851	Other synovitis and tenosynovitis, right thigh
M65.852	Other synovitis and tenosynovitis, left thigh
M65.859	Other synovitis and tenosynovitis, unspecified thigh
M65.861	Other synovitis and tenosynovitis, right lower leg
M65.862	Other synovitis and tenosynovitis, left lower leg
M65.869	Other synovitis and tenosynovitis, unspecified lower leg
M65.871	Other synovitis and tenosynovitis, right ankle and foot
M65.872	Other synovitis and tenosynovitis, left ankle and foot
M65.879	Other synovitis and tenosynovitis, unspecified ankle and foot
M65.88	Other synovitis and tenosynovitis, other site
M65.89	Other synovitis and tenosynovitis, multiple sites
M65.9	Synovitis and tenosynovitis, unspecified



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

Code	Description
M66.0	Rupture of popliteal cyst
M66.10	Rupture of synovium, unspecified joint
M66.111	Rupture of synovium, right shoulder
M66.112	Rupture of synovium, left shoulder
M66.119	Rupture of synovium, unspecified shoulder
M66.121	Rupture of synovium, right elbow
M66.122	Rupture of synovium, left elbow
M66.129	Rupture of synovium, unspecified elbow
M66.131	Rupture of synovium, right wrist
M66.132	Rupture of synovium, left wrist
M66.139	Rupture of synovium, unspecified wrist
M66.141	Rupture of synovium, right hand
M66.142	Rupture of synovium, left hand
M66.143	Rupture of synovium, unspecified hand
M66.144	Rupture of synovium, right finger(s)
M66.145	Rupture of synovium, left finger(s)
M66.146	Rupture of synovium, unspecified finger(s)
M66.151	Rupture of synovium, right hip
M66.152	Rupture of synovium, left hip
M66.159	Rupture of synovium, unspecified hip
M66.171	Rupture of synovium, right ankle
M66.172	Rupture of synovium, left ankle
M66.173	Rupture of synovium, unspecified ankle
M66.174	Rupture of synovium, right foot
M66.175	Rupture of synovium, left foot
M66.176	Rupture of synovium, unspecified foot
M66.177	Rupture of synovium, right toe(s)
M66.178	Rupture of synovium, left toe(s)



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

Code	Description
M66.179	Rupture of synovium, unspecified toe(s)
M66.18	Rupture of synovium, other site
M66.20	Spontaneous rupture of extensor tendons, unspecified site
M66.211	Spontaneous rupture of extensor tendons, right shoulder
M66.212	Spontaneous rupture of extensor tendons, left shoulder
M66.219	Spontaneous rupture of extensor tendons, unspecified shoulder
M66.221	Spontaneous rupture of extensor tendons, right upper arm
M66.222	Spontaneous rupture of extensor tendons, left upper arm
M66.229	Spontaneous rupture of extensor tendons, unspecified upper arm
M66.231	Spontaneous rupture of extensor tendons, right forearm
M66.232	Spontaneous rupture of extensor tendons, left forearm
M66.239	Spontaneous rupture of extensor tendons, unspecified forearm
M66.241	Spontaneous rupture of extensor tendons, right hand
M66.242	Spontaneous rupture of extensor tendons, left hand
M66.249	Spontaneous rupture of extensor tendons, unspecified hand
M66.251	Spontaneous rupture of extensor tendons, right thigh
M66.252	Spontaneous rupture of extensor tendons, left thigh
M66.259	Spontaneous rupture of extensor tendons, unspecified thigh
M66.261	Spontaneous rupture of extensor tendons, right lower leg
M66.262	Spontaneous rupture of extensor tendons, left lower leg
M66.269	Spontaneous rupture of extensor tendons, unspecified lower leg
M66.271	Spontaneous rupture of extensor tendons, right ankle and foot
M66.272	Spontaneous rupture of extensor tendons, left ankle and foot
M66.279	Spontaneous rupture of extensor tendons, unspecified ankle and foot
M66.28	Spontaneous rupture of extensor tendons, other site
M66.29	Spontaneous rupture of extensor tendons, multiple sites
M66.30	Spontaneous rupture of flexor tendons, unspecified site
M66.311	Spontaneous rupture of flexor tendons, right shoulder



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

Code	Description
M66.312	Spontaneous rupture of flexor tendons, left shoulder
M66.319	Spontaneous rupture of flexor tendons, unspecified shoulder
M66.321	Spontaneous rupture of flexor tendons, right upper arm
M66.322	Spontaneous rupture of flexor tendons, left upper arm
M66.329	Spontaneous rupture of flexor tendons, unspecified upper arm
M66.331	Spontaneous rupture of flexor tendons, right forearm
M66.332	Spontaneous rupture of flexor tendons, left forearm
M66.339	Spontaneous rupture of flexor tendons, unspecified forearm
M66.341	Spontaneous rupture of flexor tendons, right hand
M66.342	Spontaneous rupture of flexor tendons, left hand
M66.349	Spontaneous rupture of flexor tendons, unspecified hand
M66.351	Spontaneous rupture of flexor tendons, right thigh
M66.352	Spontaneous rupture of flexor tendons, left thigh
M66.359	Spontaneous rupture of flexor tendons, unspecified thigh
M66.361	Spontaneous rupture of flexor tendons, right lower leg
M66.362	Spontaneous rupture of flexor tendons, left lower leg
M66.369	Spontaneous rupture of flexor tendons, unspecified lower leg
M66.371	Spontaneous rupture of flexor tendons, right ankle and foot
M66.372	Spontaneous rupture of flexor tendons, left ankle and foot
M66.379	Spontaneous rupture of flexor tendons, unspecified ankle and foot
M66.38	Spontaneous rupture of flexor tendons, other site
M66.39	Spontaneous rupture of flexor tendons, multiple sites
M66.80	Spontaneous rupture of other tendons, unspecified site
M66.811	Spontaneous rupture of other tendons, right shoulder
M66.812	Spontaneous rupture of other tendons, left shoulder
M66.819	Spontaneous rupture of other tendons, unspecified shoulder
M66.821	Spontaneous rupture of other tendons, right upper arm
M66.822	Spontaneous rupture of other tendons, left upper arm



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

Code	Description
M66.829	Spontaneous rupture of other tendons, unspecified upper arm
M66.831	Spontaneous rupture of other tendons, right forearm
M66.832	Spontaneous rupture of other tendons, left forearm
M66.839	Spontaneous rupture of other tendons, unspecified forearm
M66.841	Spontaneous rupture of other tendons, right hand
M66.842	Spontaneous rupture of other tendons, left hand
M66.849	Spontaneous rupture of other tendons, unspecified hand
M66.851	Spontaneous rupture of other tendons, right thigh
M66.852	Spontaneous rupture of other tendons, left thigh
M66.859	Spontaneous rupture of other tendons, unspecified thigh
M66.861	Spontaneous rupture of other tendons, right lower leg
M66.862	Spontaneous rupture of other tendons, left lower leg
M66.869	Spontaneous rupture of other tendons, unspecified lower leg
M66.871	Spontaneous rupture of other tendons, right ankle and foot
M66.872	Spontaneous rupture of other tendons, left ankle and foot
M66.879	Spontaneous rupture of other tendons, unspecified ankle and foot
M66.88	Spontaneous rupture of other tendons, other sites
M66.89	Spontaneous rupture of other tendons, multiple sites
M66.9	Spontaneous rupture of unspecified tendon
M67.00	Short Achilles tendon (acquired), unspecified ankle
M67.01	Short Achilles tendon (acquired), right ankle
M67.02	Short Achilles tendon (acquired), left ankle
M67.20	Synovial hypertrophy, not elsewhere classified, unspecified site
M67.211	Synovial hypertrophy, not elsewhere classified, right shoulder
M67.212	Synovial hypertrophy, not elsewhere classified, left shoulder
M67.219	Synovial hypertrophy, not elsewhere classified, unspecified shoulder
M67.221	Synovial hypertrophy, not elsewhere classified, right upper arm
M67.222	Synovial hypertrophy, not elsewhere classified, left upper arm



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

Code	Description
M67.229	Synovial hypertrophy, not elsewhere classified, unspecified upper arm
M67.231	Synovial hypertrophy, not elsewhere classified, right forearm
M67.232	Synovial hypertrophy, not elsewhere classified, left forearm
M67.239	Synovial hypertrophy, not elsewhere classified, unspecified forearm
M67.241	Synovial hypertrophy, not elsewhere classified, right hand
M67.242	Synovial hypertrophy, not elsewhere classified, left hand
M67.249	Synovial hypertrophy, not elsewhere classified, unspecified hand
M67.251	Synovial hypertrophy, not elsewhere classified, right thigh
M67.252	Synovial hypertrophy, not elsewhere classified, left thigh
M67.259	Synovial hypertrophy, not elsewhere classified, unspecified thigh
M67.261	Synovial hypertrophy, not elsewhere classified, right lower leg
M67.262	Synovial hypertrophy, not elsewhere classified, left lower leg
M67.269	Synovial hypertrophy, not elsewhere classified, unspecified lower leg
M67.271	Synovial hypertrophy, not elsewhere classified, right ankle and foot
M67.272	Synovial hypertrophy, not elsewhere classified, left ankle and foot
M67.279	Synovial hypertrophy, not elsewhere classified, unspecified ankle and foot
M67.28	Synovial hypertrophy, not elsewhere classified, other site
M67.29	Synovial hypertrophy, not elsewhere classified, multiple sites
M67.30	Transient synovitis, unspecified site
M67.311	Transient synovitis, right shoulder
M67.312	Transient synovitis, left shoulder
M67.319	Transient synovitis, unspecified shoulder
M67.321	Transient synovitis, right elbow
M67.322	Transient synovitis, left elbow
M67.329	Transient synovitis, unspecified elbow
M67.331	Transient synovitis, right wrist
M67.332	Transient synovitis, left wrist
M67.339	Transient synovitis, unspecified wrist



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

Code	Description
M67.341	Transient synovitis, right hand
M67.342	Transient synovitis, left hand
M67.349	Transient synovitis, unspecified hand
M67.351	Transient synovitis, right hip
M67.352	Transient synovitis, left hip
M67.359	Transient synovitis, unspecified hip
M67.361	Transient synovitis, right knee
M67.362	Transient synovitis, left knee
M67.369	Transient synovitis, unspecified knee
M67.371	Transient synovitis, right ankle and foot
M67.372	Transient synovitis, left ankle and foot
M67.379	Transient synovitis, unspecified ankle and foot
M67.38	Transient synovitis, other site
M67.39	Transient synovitis, multiple sites
M67.40	Ganglion, unspecified site
M67.411	Ganglion, right shoulder
M67.412	Ganglion, left shoulder
M67.419	Ganglion, unspecified shoulder
M67.421	Ganglion, right elbow
M67.422	Ganglion, left elbow
M67.429	Ganglion, unspecified elbow
M67.431	Ganglion, right wrist
M67.432	Ganglion, left wrist
M67.439	Ganglion, unspecified wrist
M67.441	Ganglion, right hand
M67.442	Ganglion, left hand
M67.449	Ganglion, unspecified hand
M67.451	Ganglion, right hip



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

Code	Description
M67.452	Ganglion, left hip
M67.459	Ganglion, unspecified hip
M67.461	Ganglion, right knee
M67.462	Ganglion, left knee
M67.469	Ganglion, unspecified knee
M67.471	Ganglion, right ankle and foot
M67.472	Ganglion, left ankle and foot
M67.479	Ganglion, unspecified ankle and foot
M67.48	Ganglion, other site
M67.49	Ganglion, multiple sites
M67.50	Plica syndrome, unspecified knee
M67.51	Plica syndrome, right knee
M67.52	Plica syndrome, left knee
M67.80	Other specified disorders of synovium and tendon, unspecified site
M67.811	Other specified disorders of synovium, right shoulder
M67.812	Other specified disorders of synovium, left shoulder
M67.813	Other specified disorders of tendon, right shoulder
M67.814	Other specified disorders of tendon, left shoulder
M67.819	Other specified disorders of synovium and tendon, unspecified shoulder
M67.821	Other specified disorders of synovium, right elbow
M67.822	Other specified disorders of synovium, left elbow
M67.823	Other specified disorders of tendon, right elbow
M67.824	Other specified disorders of tendon, left elbow
M67.829	Other specified disorders of synovium and tendon, unspecified elbow
M67.831	Other specified disorders of synovium, right wrist
M67.832	Other specified disorders of synovium, left wrist
M67.833	Other specified disorders of tendon, right wrist
M67.834	Other specified disorders of tendon, left wrist



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

Code	Description
M67.839	Other specified disorders of synovium and tendon, unspecified wrist
M67.841	Other specified disorders of synovium, right hand
M67.842	Other specified disorders of synovium, left hand
M67.843	Other specified disorders of tendon, right hand
M67.844	Other specified disorders of tendon, left hand
M67.849	Other specified disorders of synovium and tendon, unspecified hand
M67.851	Other specified disorders of synovium, right hip
M67.852	Other specified disorders of synovium, left hip
M67.853	Other specified disorders of tendon, right hip
M67.854	Other specified disorders of tendon, left hip
M67.859	Other specified disorders of synovium and tendon, unspecified hip
M67.861	Other specified disorders of synovium, right knee
M67.862	Other specified disorders of synovium, left knee
M67.863	Other specified disorders of tendon, right knee
M67.864	Other specified disorders of tendon, left knee
M67.869	Other specified disorders of synovium and tendon, unspecified knee
M67.871	Other specified disorders of synovium, right ankle and foot
M67.872	Other specified disorders of synovium, left ankle and foot
M67.873	Other specified disorders of tendon, right ankle and foot
M67.874	Other specified disorders of tendon, left ankle and foot
M67.879	Other specified disorders of synovium and tendon, unspecified ankle and foot
M67.88	Other specified disorders of synovium and tendon, other site
M67.89	Other specified disorders of synovium and tendon, multiple sites
M67.90	Unspecified disorder of synovium and tendon, unspecified site
M67.911	Unspecified disorder of synovium and tendon, right shoulder
M67.912	Unspecified disorder of synovium and tendon, left shoulder
M67.919	Unspecified disorder of synovium and tendon, unspecified shoulder
M67.921	Unspecified disorder of synovium and tendon, right upper arm



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

Code	Description
M67.922	Unspecified disorder of synovium and tendon, left upper arm
M67.929	Unspecified disorder of synovium and tendon, unspecified upper arm
M67.931	Unspecified disorder of synovium and tendon, right forearm
M67.932	Unspecified disorder of synovium and tendon, left forearm
M67.939	Unspecified disorder of synovium and tendon, unspecified forearm
M67.941	Unspecified disorder of synovium and tendon, right hand
M67.942	Unspecified disorder of synovium and tendon, left hand
M67.949	Unspecified disorder of synovium and tendon, unspecified hand
M67.951	Unspecified disorder of synovium and tendon, right thigh
M67.952	Unspecified disorder of synovium and tendon, left thigh
M67.959	Unspecified disorder of synovium and tendon, unspecified thigh
M67.961	Unspecified disorder of synovium and tendon, right lower leg
M67.962	Unspecified disorder of synovium and tendon, left lower leg
M67.969	Unspecified disorder of synovium and tendon, unspecified lower leg
M67.971	Unspecified disorder of synovium and tendon, right ankle and foot
M67.972	Unspecified disorder of synovium and tendon, left ankle and foot
M67.979	Unspecified disorder of synovium and tendon, unspecified ankle and foot
M67.98	Unspecified disorder of synovium and tendon, other site
M67.99	Unspecified disorder of synovium and tendon, multiple sites
M70.031	Crepitant synovitis (acute) (chronic), right wrist
M70.032	Crepitant synovitis (acute) (chronic), left wrist
M70.039	Crepitant synovitis (acute) (chronic), unspecified wrist
M70.041	Crepitant synovitis (acute) (chronic), right hand
M70.042	Crepitant synovitis (acute) (chronic), left hand
M70.049	Crepitant synovitis (acute) (chronic), unspecified hand
M70.10	Bursitis, unspecified hand
M70.11	Bursitis, right hand
M70.12	Bursitis, left hand



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

Code	Description
M70.20	Olecranon bursitis, unspecified elbow
M70.21	Olecranon bursitis, right elbow
M70.22	Olecranon bursitis, left elbow
M70.30	Other bursitis of elbow, unspecified elbow
M70.31	Other bursitis of elbow, right elbow
M70.32	Other bursitis of elbow, left elbow
M70.40	Prepatellar bursitis, unspecified knee
M70.41	Prepatellar bursitis, right knee
M70.42	Prepatellar bursitis, left knee
M70.50	Other bursitis of knee, unspecified knee
M70.51	Other bursitis of knee, right knee
M70.52	Other bursitis of knee, left knee
M70.60	Trochanteric bursitis, unspecified hip
M70.61	Trochanteric bursitis, right hip
M70.62	Trochanteric bursitis, left hip
M70.70	Other bursitis of hip, unspecified hip
M70.71	Other bursitis of hip, right hip
M70.72	Other bursitis of hip, left hip
M71.00	Abscess of bursa, unspecified site
M71.011	Abscess of bursa, right shoulder
M71.012	Abscess of bursa, left shoulder
M71.019	Abscess of bursa, unspecified shoulder
M71.021	Abscess of bursa, right elbow
M71.022	Abscess of bursa, left elbow
M71.029	Abscess of bursa, unspecified elbow
M71.031	Abscess of bursa, right wrist
M71.032	Abscess of bursa, left wrist
M71.039	Abscess of bursa, unspecified wrist



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

Code	Description
M71.041	Abscess of bursa, right hand
M71.042	Abscess of bursa, left hand
M71.049	Abscess of bursa, unspecified hand
M71.051	Abscess of bursa, right hip
M71.052	Abscess of bursa, left hip
M71.059	Abscess of bursa, unspecified hip
M71.061	Abscess of bursa, right knee
M71.062	Abscess of bursa, left knee
M71.069	Abscess of bursa, unspecified knee
M71.071	Abscess of bursa, right ankle and foot
M71.072	Abscess of bursa, left ankle and foot
M71.079	Abscess of bursa, unspecified ankle and foot
M71.08	Abscess of bursa, other site
M71.09	Abscess of bursa, multiple sites
M71.10	Other infective bursitis, unspecified site
M71.111	Other infective bursitis, right shoulder
M71.112	Other infective bursitis, left shoulder
M71.119	Other infective bursitis, unspecified shoulder
M71.121	Other infective bursitis, right elbow
M71.122	Other infective bursitis, left elbow
M71.129	Other infective bursitis, unspecified elbow
M71.131	Other infective bursitis, right wrist
M71.132	Other infective bursitis, left wrist
M71.139	Other infective bursitis, unspecified wrist
M71.141	Other infective bursitis, right hand
M71.142	Other infective bursitis, left hand
M71.149	Other infective bursitis, unspecified hand
M71.151	Other infective bursitis, right hip



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

Code	Description
M71.152	Other infective bursitis, left hip
M71.159	Other infective bursitis, unspecified hip
M71.161	Other infective bursitis, right knee
M71.162	Other infective bursitis, left knee
M71.169	Other infective bursitis, unspecified knee
M71.171	Other infective bursitis, right ankle and foot
M71.172	Other infective bursitis, left ankle and foot
M71.179	Other infective bursitis, unspecified ankle and foot
M71.18	Other infective bursitis, other site
M71.19	Other infective bursitis, multiple sites
M71.20	Synovial cyst of popliteal space [Baker], unspecified knee
M71.21	Synovial cyst of popliteal space [Baker], right knee
M71.22	Synovial cyst of popliteal space [Baker], left knee
M71.30	Other bursal cyst, unspecified site
M71.311	Other bursal cyst, right shoulder
M71.312	Other bursal cyst, left shoulder
M71.319	Other bursal cyst, unspecified shoulder
M71.321	Other bursal cyst, right elbow
M71.322	Other bursal cyst, left elbow
M71.329	Other bursal cyst, unspecified elbow
M71.331	Other bursal cyst, right wrist
M71.332	Other bursal cyst, left wrist
M71.339	Other bursal cyst, unspecified wrist
M71.341	Other bursal cyst, right hand
M71.342	Other bursal cyst, left hand
M71.349	Other bursal cyst, unspecified hand
M71.351	Other bursal cyst, right hip
M71.352	Other bursal cyst, left hip



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

Code	Description
M71.359	Other bursal cyst, unspecified hip
M71.371	Other bursal cyst, right ankle and foot
M71.372	Other bursal cyst, left ankle and foot
M71.379	Other bursal cyst, unspecified ankle and foot
M71.38	Other bursal cyst, other site
M71.39	Other bursal cyst, multiple sites
M71.40	Calcium deposit in bursa, unspecified site
M71.421	Calcium deposit in bursa, right elbow
M71.422	Calcium deposit in bursa, left elbow
M71.429	Calcium deposit in bursa, unspecified elbow
M71.431	Calcium deposit in bursa, right wrist
M71.432	Calcium deposit in bursa, left wrist
M71.439	Calcium deposit in bursa, unspecified wrist
M71.441	Calcium deposit in bursa, right hand
M71.442	Calcium deposit in bursa, left hand
M71.449	Calcium deposit in bursa, unspecified hand
M71.451	Calcium deposit in bursa, right hip
M71.452	Calcium deposit in bursa, left hip
M71.459	Calcium deposit in bursa, unspecified hip
M71.461	Calcium deposit in bursa, right knee
M71.462	Calcium deposit in bursa, left knee
M71.469	Calcium deposit in bursa, unspecified knee
M71.471	Calcium deposit in bursa, right ankle and foot
M71.472	Calcium deposit in bursa, left ankle and foot
M71.479	Calcium deposit in bursa, unspecified ankle and foot
M71.48	Calcium deposit in bursa, other site
M71.49	Calcium deposit in bursa, multiple sites
M71.50	Other bursitis, not elsewhere classified, unspecified site



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

Code	Description
M71.521	Other bursitis, not elsewhere classified, right elbow
M71.522	Other bursitis, not elsewhere classified, left elbow
M71.529	Other bursitis, not elsewhere classified, unspecified elbow
M71.531	Other bursitis, not elsewhere classified, right wrist
M71.532	Other bursitis, not elsewhere classified, left wrist
M71.539	Other bursitis, not elsewhere classified, unspecified wrist
M71.541	Other bursitis, not elsewhere classified, right hand
M71.542	Other bursitis, not elsewhere classified, left hand
M71.549	Other bursitis, not elsewhere classified, unspecified hand
M71.551	Other bursitis, not elsewhere classified, right hip
M71.552	Other bursitis, not elsewhere classified, left hip
M71.559	Other bursitis, not elsewhere classified, unspecified hip
M71.561	Other bursitis, not elsewhere classified, right knee
M71.562	Other bursitis, not elsewhere classified, left knee
M71.569	Other bursitis, not elsewhere classified, unspecified knee
M71.571	Other bursitis, not elsewhere classified, right ankle and foot
M71.572	Other bursitis, not elsewhere classified, left ankle and foot
M71.579	Other bursitis, not elsewhere classified, unspecified ankle and foot
M71.58	Other bursitis, not elsewhere classified, other site
M71.80	Other specified bursopathies, unspecified site
M71.811	Other specified bursopathies, right shoulder
M71.812	Other specified bursopathies, left shoulder
M71.819	Other specified bursopathies, unspecified shoulder
M71.821	Other specified bursopathies, right elbow
M71.822	Other specified bursopathies, left elbow
M71.829	Other specified bursopathies, unspecified elbow
M71.831	Other specified bursopathies, right wrist
M71.832	Other specified bursopathies, left wrist



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

Code	Description
M71.839	Other specified bursopathies, unspecified wrist
M71.841	Other specified bursopathies, right hand
M71.842	Other specified bursopathies, left hand
M71.849	Other specified bursopathies, unspecified hand
M71.851	Other specified bursopathies, right hip
M71.852	Other specified bursopathies, left hip
M71.859	Other specified bursopathies, unspecified hip
M71.861	Other specified bursopathies, right knee
M71.862	Other specified bursopathies, left knee
M71.869	Other specified bursopathies, unspecified knee
M71.871	Other specified bursopathies, right ankle and foot
M71.872	Other specified bursopathies, left ankle and foot
M71.879	Other specified bursopathies, unspecified ankle and foot
M71.88	Other specified bursopathies, other site
M71.89	Other specified bursopathies, multiple sites
M71.9	Bursopathy, unspecified
M72.0	Palmar fascial fibromatosis [Dupuytren]
M72.1	Knuckle pads
M72.2	Plantar fascial fibromatosis
M72.4	Pseudosarcomatous fibromatosis
M72.9	Fibroblastic disorder, unspecified
M75.00	Adhesive capsulitis of unspecified shoulder
M75.01	Adhesive capsulitis of right shoulder
M75.02	Adhesive capsulitis of left shoulder
M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.101	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.102	Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic



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

Code	Description
M75.110	Incomplete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.111	Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.112	Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.122	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.20	Bicipital tendinitis, unspecified shoulder
M75.21	Bicipital tendinitis, right shoulder
M75.22	Bicipital tendinitis, left shoulder
M75.30	Calcific tendinitis of unspecified shoulder
M75.31	Calcific tendinitis of right shoulder
M75.32	Calcific tendinitis of left shoulder
M75.40	Impingement syndrome of unspecified shoulder
M75.41	Impingement syndrome of right shoulder
M75.42	Impingement syndrome of left shoulder
M75.50	Bursitis of unspecified shoulder
M75.51	Bursitis of right shoulder
M75.52	Bursitis of left shoulder
M75.80	Other shoulder lesions, unspecified shoulder
M75.81	Other shoulder lesions, right shoulder
M75.82	Other shoulder lesions, left shoulder
M75.90	Shoulder lesion, unspecified, unspecified shoulder
M75.91	Shoulder lesion, unspecified, right shoulder
M75.92	Shoulder lesion, unspecified, left shoulder
M76.00	Gluteal tendinitis, unspecified hip
M76.01	Gluteal tendinitis, right hip
M76.02	Gluteal tendinitis, left hip



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

Code	Description
M76.10	Psoas tendinitis, unspecified hip
M76.11	Psoas tendinitis, right hip
M76.12	Psoas tendinitis, left hip
M76.20	Iliac crest spur, unspecified hip
M76.21	Iliac crest spur, right hip
M76.22	Iliac crest spur, left hip
M76.30	Iliotibial band syndrome, unspecified leg
M76.31	Iliotibial band syndrome, right leg
M76.32	Iliotibial band syndrome, left leg
M76.40	Tibial collateral bursitis [Pellegrini-Stieda], unspecified leg
M76.41	Tibial collateral bursitis [Pellegrini-Stieda], right leg
M76.42	Tibial collateral bursitis [Pellegrini-Stieda], left leg
M76.50	Patellar tendinitis, unspecified knee
M76.51	Patellar tendinitis, right knee
M76.52	Patellar tendinitis, left knee
M76.60	Achilles tendinitis, unspecified leg
M76.61	Achilles tendinitis, right leg
M76.62	Achilles tendinitis, left leg
M76.70	Peroneal tendinitis, unspecified leg
M76.71	Peroneal tendinitis, right leg
M76.72	Peroneal tendinitis, left leg
M76.811	Anterior tibial syndrome, right leg
M76.812	Anterior tibial syndrome, left leg
M76.819	Anterior tibial syndrome, unspecified leg
M76.821	Posterior tibial tendinitis, right leg
M76.822	Posterior tibial tendinitis, left leg
M76.829	Posterior tibial tendinitis, unspecified leg
M76.891	Other specified enthesopathies of right lower limb, excluding foot



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

Code	Description
M76.892	Other specified enthesopathies of left lower limb, excluding foot
M76.899	Other specified enthesopathies of unspecified lower limb, excluding foot
M76.9	Unspecified enthesopathy, lower limb, excluding foot
M77.00	Medial epicondylitis, unspecified elbow
M77.01	Medial epicondylitis, right elbow
M77.02	Medial epicondylitis, left elbow
M77.10	Lateral epicondylitis, unspecified elbow
M77.11	Lateral epicondylitis, right elbow
M77.12	Lateral epicondylitis, left elbow
M77.20	Periarthritis, unspecified wrist
M77.21	Periarthritis, right wrist
M77.22	Periarthritis, left wrist
M77.30	Calcaneal spur, unspecified foot
M77.31	Calcaneal spur, right foot
M77.32	Calcaneal spur, left foot
M77.40	Metatarsalgia, unspecified foot
M77.41	Metatarsalgia, right foot
M77.42	Metatarsalgia, left foot
M77.50	Other enthesopathy of unspecified foot and ankle
M77.51	Other enthesopathy of right foot and ankle
M77.52	Other enthesopathy of left foot and ankle
M77.8	Other enthesopathies, not elsewhere classified
M77.9	Enthesopathy, unspecified
M80.00XD	Age-related osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with routine healing
M80.00XG	Age-related osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with delayed healing
M80.00XS	Age-related osteoporosis with current pathological fracture, unspecified site, sequela



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

Code	Description
M80.011D	Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with routine healing
M80.011G	Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with delayed healing
M80.011S	Age-related osteoporosis with current pathological fracture, right shoulder, sequela
M80.012D	Age-related osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with routine healing
M80.012G	Age-related osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with delayed healing
M80.012S	Age-related osteoporosis with current pathological fracture, left shoulder, sequela
M80.019D	Age-related osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with routine healing
M80.019G	Age-related osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with delayed healing
M80.019S	Age-related osteoporosis with current pathological fracture, unspecified shoulder, sequela
M80.021D	Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with routine healing
M80.021G	Age-related osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with delayed healing
M80.021S	Age-related osteoporosis with current pathological fracture, right humerus, sequela
M80.022D	Age-related osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with routine healing
M80.022G	Age-related osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with delayed healing
M80.022S	Age-related osteoporosis with current pathological fracture, left humerus, sequela
M80.029D	Age-related osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with routine healing
M80.029G	Age-related osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with delayed healing
M80.029S	Age-related osteoporosis with current pathological fracture, unspecified humerus, sequela



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

Code	Description
M80.031D	Age-related osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with routine healing
M80.031G	Age-related osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with delayed healing
M80.031S	Age-related osteoporosis with current pathological fracture, right forearm, sequela
M80.032D	Age-related osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with routine healing
M80.032G	Age-related osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with delayed healing
M80.032S	Age-related osteoporosis with current pathological fracture, left forearm, sequela
M80.039D	Age-related osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with routine healing
M80.039G	Age-related osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with delayed healing
M80.039S	Age-related osteoporosis with current pathological fracture, unspecified forearm, sequela
M80.041D	Age-related osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with routine healing
M80.041G	Age-related osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with delayed healing
M80.041S	Age-related osteoporosis with current pathological fracture, right hand, sequela
M80.042D	Age-related osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with routine healing
M80.042G	Age-related osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with delayed healing
M80.042S	Age-related osteoporosis with current pathological fracture, left hand, sequela
M80.049D	Age-related osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with routine healing
M80.049G	Age-related osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with delayed healing
M80.049S	Age-related osteoporosis with current pathological fracture, unspecified hand, sequela



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

Code	Description
M80.051D	Age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with routine healing
M80.051G	Age-related osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with delayed healing
M80.051S	Age-related osteoporosis with current pathological fracture, right femur, sequela
M80.052D	Age-related osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with routine healing
M80.052G	Age-related osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with delayed healing
M80.052S	Age-related osteoporosis with current pathological fracture, left femur, sequela
M80.059D	Age-related osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with routine healing
M80.059G	Age-related osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with delayed healing
M80.059S	Age-related osteoporosis with current pathological fracture, unspecified femur, sequela
M80.061D	Age-related osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with routine healing
M80.061G	Age-related osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with delayed healing
M80.061S	Age-related osteoporosis with current pathological fracture, right lower leg, sequela
M80.062D	Age-related osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with routine healing
M80.062G	Age-related osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with delayed healing
M80.062S	Age-related osteoporosis with current pathological fracture, left lower leg, sequela
M80.069D	Age-related osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with routine healing
M80.069G	Age-related osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with delayed healing
M80.069S	Age-related osteoporosis with current pathological fracture, unspecified lower leg, sequela



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

Code	Description
M80.071D	Age-related osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with routine healing
M80.071G	Age-related osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with delayed healing
M80.071S	Age-related osteoporosis with current pathological fracture, right ankle and foot, sequela
M80.072D	Age-related osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with routine healing
M80.072G	Age-related osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with delayed healing
M80.072S	Age-related osteoporosis with current pathological fracture, left ankle and foot, sequela
M80.079D	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with routine healing
M80.079G	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with delayed healing
M80.079S	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, sequela
M80.08XD	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing
M80.08XG	Age-related osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing
M80.08XS	Age-related osteoporosis with current pathological fracture, vertebra(e), sequela
M80.80XD	Other osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with routine healing
M80.80XG	Other osteoporosis with current pathological fracture, unspecified site, subsequent encounter for fracture with delayed healing
M80.80XS	Other osteoporosis with current pathological fracture, unspecified site, sequela
M80.811D	Other osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with routine healing
M80.811G	Other osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with delayed healing
M80.811S	Other osteoporosis with current pathological fracture, right shoulder, sequela



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

Code	Description
M80.812D	Other osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with routine healing
M80.812G	Other osteoporosis with current pathological fracture, left shoulder, subsequent encounter for fracture with delayed healing
M80.812S	Other osteoporosis with current pathological fracture, left shoulder, sequela
M80.819D	Other osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with routine healing
M80.819G	Other osteoporosis with current pathological fracture, unspecified shoulder, subsequent encounter for fracture with delayed healing
M80.819S	Other osteoporosis with current pathological fracture, unspecified shoulder, sequela
M80.821D	Other osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with routine healing
M80.821G	Other osteoporosis with current pathological fracture, right humerus, subsequent encounter for fracture with delayed healing
M80.821S	Other osteoporosis with current pathological fracture, right humerus, sequela
M80.822D	Other osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with routine healing
M80.822G	Other osteoporosis with current pathological fracture, left humerus, subsequent encounter for fracture with delayed healing
M80.822S	Other osteoporosis with current pathological fracture, left humerus, sequela
M80.829D	Other osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with routine healing
M80.829G	Other osteoporosis with current pathological fracture, unspecified humerus, subsequent encounter for fracture with delayed healing
M80.829S	Other osteoporosis with current pathological fracture, unspecified humerus, sequela
M80.831D	Other osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with routine healing
M80.831G	Other osteoporosis with current pathological fracture, right forearm, subsequent encounter for fracture with delayed healing
M80.831S	Other osteoporosis with current pathological fracture, right forearm, sequela
M80.832D	Other osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with routine healing



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

Code	Description
M80.832G	Other osteoporosis with current pathological fracture, left forearm, subsequent encounter for fracture with delayed healing
M80.832S	Other osteoporosis with current pathological fracture, left forearm, sequela
M80.839D	Other osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with routine healing
M80.839G	Other osteoporosis with current pathological fracture, unspecified forearm, subsequent encounter for fracture with delayed healing
M80.839S	Other osteoporosis with current pathological fracture, unspecified forearm, sequela
M80.841D	Other osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with routine healing
M80.841G	Other osteoporosis with current pathological fracture, right hand, subsequent encounter for fracture with delayed healing
M80.841S	Other osteoporosis with current pathological fracture, right hand, sequela
M80.842D	Other osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with routine healing
M80.842G	Other osteoporosis with current pathological fracture, left hand, subsequent encounter for fracture with delayed healing
M80.842S	Other osteoporosis with current pathological fracture, left hand, sequela
M80.849D	Other osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with routine healing
M80.849G	Other osteoporosis with current pathological fracture, unspecified hand, subsequent encounter for fracture with delayed healing
M80.849S	Other osteoporosis with current pathological fracture, unspecified hand, sequela
M80.851D	Other osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with routine healing
M80.851G	Other osteoporosis with current pathological fracture, right femur, subsequent encounter for fracture with delayed healing
M80.851S	Other osteoporosis with current pathological fracture, right femur, sequela
M80.852D	Other osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with routine healing
M80.852G	Other osteoporosis with current pathological fracture, left femur, subsequent encounter for fracture with delayed healing



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

Code	Description
M80.852S	Other osteoporosis with current pathological fracture, left femur, sequela
M80.859D	Other osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with routine healing
M80.859G	Other osteoporosis with current pathological fracture, unspecified femur, subsequent encounter for fracture with delayed healing
M80.859S	Other osteoporosis with current pathological fracture, unspecified femur, sequela
M80.861D	Other osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with routine healing
M80.861G	Other osteoporosis with current pathological fracture, right lower leg, subsequent encounter for fracture with delayed healing
M80.861S	Other osteoporosis with current pathological fracture, right lower leg, sequela
M80.862D	Other osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with routine healing
M80.862G	Other osteoporosis with current pathological fracture, left lower leg, subsequent encounter for fracture with delayed healing
M80.862S	Other osteoporosis with current pathological fracture, left lower leg, sequela
M80.869D	Other osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with routine healing
M80.869G	Other osteoporosis with current pathological fracture, unspecified lower leg, subsequent encounter for fracture with delayed healing
M80.869S	Other osteoporosis with current pathological fracture, unspecified lower leg, sequela
M80.871D	Other osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with routine healing
M80.871G	Other osteoporosis with current pathological fracture, right ankle and foot, subsequent encounter for fracture with delayed healing
M80.871S	Other osteoporosis with current pathological fracture, right ankle and foot, sequela
M80.872D	Other osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with routine healing
M80.872G	Other osteoporosis with current pathological fracture, left ankle and foot, subsequent encounter for fracture with delayed healing
M80.872S	Other osteoporosis with current pathological fracture, left ankle and foot, sequela



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

Code	Description
M80.879D	Other osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with routine healing
M80.879G	Other osteoporosis with current pathological fracture, unspecified ankle and foot, subsequent encounter for fracture with delayed healing
M80.879S	Other osteoporosis with current pathological fracture, unspecified ankle and foot, sequela
M80.88XD	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with routine healing
M80.88XG	Other osteoporosis with current pathological fracture, vertebra(e), subsequent encounter for fracture with delayed healing
M80.88XS	Other osteoporosis with current pathological fracture, vertebra(e), sequela
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M84.30XD	Stress fracture, unspecified site, subsequent encounter for fracture with routine healing
M84.30XG	Stress fracture, unspecified site, subsequent encounter for fracture with delayed healing
M84.30XS	Stress fracture, unspecified site, sequela
M84.311D	Stress fracture, right shoulder, subsequent encounter for fracture with routine healing
M84.311G	Stress fracture, right shoulder, subsequent encounter for fracture with delayed healing
M84.311S	Stress fracture, right shoulder, sequela
M84.312D	Stress fracture, left shoulder, subsequent encounter for fracture with routine healing
M84.312G	Stress fracture, left shoulder, subsequent encounter for fracture with delayed healing
M84.312S	Stress fracture, left shoulder, sequela
M84.319D	Stress fracture, unspecified shoulder, subsequent encounter for fracture with routine healing
M84.319G	Stress fracture, unspecified shoulder, subsequent encounter for fracture with delayed healing



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

Code	Description
M84.319S	Stress fracture, unspecified shoulder, sequela
M84.321D	Stress fracture, right humerus, subsequent encounter for fracture with routine healing
M84.321G	Stress fracture, right humerus, subsequent encounter for fracture with delayed healing
M84.321S	Stress fracture, right humerus, sequela
M84.322D	Stress fracture, left humerus, subsequent encounter for fracture with routine healing
M84.322G	Stress fracture, left humerus, subsequent encounter for fracture with delayed healing
M84.322S	Stress fracture, left humerus, sequela
M84.329D	Stress fracture, unspecified humerus, subsequent encounter for fracture with routine healing
M84.329G	Stress fracture, unspecified humerus, subsequent encounter for fracture with delayed healing
M84.329S	Stress fracture, unspecified humerus, sequela
M84.331D	Stress fracture, right ulna, subsequent encounter for fracture with routine healing
M84.331G	Stress fracture, right ulna, subsequent encounter for fracture with delayed healing
M84.331S	Stress fracture, right ulna, sequela
M84.332D	Stress fracture, left ulna, subsequent encounter for fracture with routine healing
M84.332G	Stress fracture, left ulna, subsequent encounter for fracture with delayed healing
M84.332S	Stress fracture, left ulna, sequela
M84.333D	Stress fracture, right radius, subsequent encounter for fracture with routine healing
M84.333G	Stress fracture, right radius, subsequent encounter for fracture with delayed healing
M84.333S	Stress fracture, right radius, sequela
M84.334D	Stress fracture, left radius, subsequent encounter for fracture with routine healing
M84.334G	Stress fracture, left radius, subsequent encounter for fracture with delayed healing
M84.334S	Stress fracture, left radius, sequela
M84.339D	Stress fracture, unspecified ulna and radius, subsequent encounter for fracture with routine healing



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

Code	Description
M84.339G	Stress fracture, unspecified ulna and radius, subsequent encounter for fracture with delayed healing
M84.339S	Stress fracture, unspecified ulna and radius, sequela
M84.341D	Stress fracture, right hand, subsequent encounter for fracture with routine healing
M84.341G	Stress fracture, right hand, subsequent encounter for fracture with delayed healing
M84.341S	Stress fracture, right hand, sequela
M84.342D	Stress fracture, left hand, subsequent encounter for fracture with routine healing
M84.342G	Stress fracture, left hand, subsequent encounter for fracture with delayed healing
M84.342S	Stress fracture, left hand, sequela
M84.343D	Stress fracture, unspecified hand, subsequent encounter for fracture with routine healing
M84.343G	Stress fracture, unspecified hand, subsequent encounter for fracture with delayed healing
M84.343S	Stress fracture, unspecified hand, sequela
M84.344D	Stress fracture, right finger(s), subsequent encounter for fracture with routine healing
M84.344G	Stress fracture, right finger(s), subsequent encounter for fracture with delayed healing
M84.344S	Stress fracture, right finger(s), sequela
M84.345D	Stress fracture, left finger(s), subsequent encounter for fracture with routine healing
M84.345G	Stress fracture, left finger(s), subsequent encounter for fracture with delayed healing
M84.345S	Stress fracture, left finger(s), sequela
M84.346D	Stress fracture, unspecified finger(s), subsequent encounter for fracture with routine healing
M84.346G	Stress fracture, unspecified finger(s), subsequent encounter for fracture with delayed healing
M84.346S	Stress fracture, unspecified finger(s), sequela
M84.350D	Stress fracture, pelvis, subsequent encounter for fracture with routine healing
M84.350G	Stress fracture, pelvis, subsequent encounter for fracture with delayed healing
M84.350S	Stress fracture, pelvis, sequela



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

Code	Description
M84.351D	Stress fracture, right femur, subsequent encounter for fracture with routine healing
M84.351G	Stress fracture, right femur, subsequent encounter for fracture with delayed healing
M84.351S	Stress fracture, right femur, sequela
M84.352D	Stress fracture, left femur, subsequent encounter for fracture with routine healing
M84.352G	Stress fracture, left femur, subsequent encounter for fracture with delayed healing
M84.352S	Stress fracture, left femur, sequela
M84.353D	Stress fracture, unspecified femur, subsequent encounter for fracture with routine healing
M84.353G	Stress fracture, unspecified femur, subsequent encounter for fracture with delayed healing
M84.353S	Stress fracture, unspecified femur, sequela
M84.359D	Stress fracture, hip, unspecified, subsequent encounter for fracture with routine healing
M84.359G	Stress fracture, hip, unspecified, subsequent encounter for fracture with delayed healing
M84.359S	Stress fracture, hip, unspecified, sequela
M84.361D	Stress fracture, right tibia, subsequent encounter for fracture with routine healing
M84.361G	Stress fracture, right tibia, subsequent encounter for fracture with delayed healing
M84.361S	Stress fracture, right tibia, sequela
M84.362D	Stress fracture, left tibia, subsequent encounter for fracture with routine healing
M84.362G	Stress fracture, left tibia, subsequent encounter for fracture with delayed healing
M84.362S	Stress fracture, left tibia, sequela
M84.363D	Stress fracture, right fibula, subsequent encounter for fracture with routine healing
M84.363G	Stress fracture, right fibula, subsequent encounter for fracture with delayed healing
M84.363S	Stress fracture, right fibula, sequela
M84.364D	Stress fracture, left fibula, subsequent encounter for fracture with routine healing
M84.364G	Stress fracture, left fibula, subsequent encounter for fracture with delayed healing
M84.364S	Stress fracture, left fibula, sequela
M84.369D	Stress fracture, unspecified tibia and fibula, subsequent encounter for fracture with routine healing



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

Code	Description
M84.369G	Stress fracture, unspecified tibia and fibula, subsequent encounter for fracture with delayed healing
M84.369S	Stress fracture, unspecified tibia and fibula, sequela
M84.371D	Stress fracture, right ankle, subsequent encounter for fracture with routine healing
M84.371G	Stress fracture, right ankle, subsequent encounter for fracture with delayed healing
M84.371S	Stress fracture, right ankle, sequela
M84.372D	Stress fracture, left ankle, subsequent encounter for fracture with routine healing
M84.372G	Stress fracture, left ankle, subsequent encounter for fracture with delayed healing
M84.372S	Stress fracture, left ankle, sequela
M84.373D	Stress fracture, unspecified ankle, subsequent encounter for fracture with routine healing
M84.373G	Stress fracture, unspecified ankle, subsequent encounter for fracture with delayed healing
M84.373S	Stress fracture, unspecified ankle, sequela
M84.374D	Stress fracture, right foot, subsequent encounter for fracture with routine healing
M84.374G	Stress fracture, right foot, subsequent encounter for fracture with delayed healing
M84.374S	Stress fracture, right foot, sequela
M84.375D	Stress fracture, left foot, subsequent encounter for fracture with routine healing
M84.375G	Stress fracture, left foot, subsequent encounter for fracture with delayed healing
M84.375S	Stress fracture, left foot, sequela
M84.376D	Stress fracture, unspecified foot, subsequent encounter for fracture with routine healing
M84.376G	Stress fracture, unspecified foot, subsequent encounter for fracture with delayed healing
M84.376S	Stress fracture, unspecified foot, sequela
M84.377D	Stress fracture, right toe(s), subsequent encounter for fracture with routine healing
M84.377G	Stress fracture, right toe(s), subsequent encounter for fracture with delayed healing
M84.377S	Stress fracture, right toe(s), sequela
M84.378D	Stress fracture, left toe(s), subsequent encounter for fracture with routine healing
M84.378G	Stress fracture, left toe(s), subsequent encounter for fracture with delayed healing



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

Code	Description
M84.378S	Stress fracture, left toe(s), sequela
M84.379D	Stress fracture, unspecified toe(s), subsequent encounter for fracture with routine healing
M84.379G	Stress fracture, unspecified toe(s), subsequent encounter for fracture with delayed healing
M84.379S	Stress fracture, unspecified toe(s), sequela
M84.38XD	Stress fracture, other site, subsequent encounter for fracture with routine healing
M84.38XG	Stress fracture, other site, subsequent encounter for fracture with delayed healing
M84.38XS	Stress fracture, other site, sequela
M84.40XD	Pathological fracture, unspecified site, subsequent encounter for fracture with routine healing
M84.40XG	Pathological fracture, unspecified site, subsequent encounter for fracture with delayed healing
M84.40XS	Pathological fracture, unspecified site, sequela
M84.411D	Pathological fracture, right shoulder, subsequent encounter for fracture with routine healing
M84.411G	Pathological fracture, right shoulder, subsequent encounter for fracture with delayed healing
M84.411S	Pathological fracture, right shoulder, sequela
M84.412D	Pathological fracture, left shoulder, subsequent encounter for fracture with routine healing
M84.412G	Pathological fracture, left shoulder, subsequent encounter for fracture with delayed healing
M84.412S	Pathological fracture, left shoulder, sequela
M84.419D	Pathological fracture, unspecified shoulder, subsequent encounter for fracture with routine healing
M84.419G	Pathological fracture, unspecified shoulder, subsequent encounter for fracture with delayed healing
M84.419S	Pathological fracture, unspecified shoulder, sequela
M84.421D	Pathological fracture, right humerus, subsequent encounter for fracture with routine healing



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

Code	Description
M84.421G	Pathological fracture, right humerus, subsequent encounter for fracture with delayed healing
M84.421S	Pathological fracture, right humerus, sequela
M84.422D	Pathological fracture, left humerus, subsequent encounter for fracture with routine healing
M84.422G	Pathological fracture, left humerus, subsequent encounter for fracture with delayed healing
M84.422S	Pathological fracture, left humerus, sequela
M84.429D	Pathological fracture, unspecified humerus, subsequent encounter for fracture with routine healing
M84.429G	Pathological fracture, unspecified humerus, subsequent encounter for fracture with delayed healing
M84.429S	Pathological fracture, unspecified humerus, sequela
M84.431D	Pathological fracture, right ulna, subsequent encounter for fracture with routine healing
M84.431G	Pathological fracture, right ulna, subsequent encounter for fracture with delayed healing
M84.431S	Pathological fracture, right ulna, sequela
M84.432D	Pathological fracture, left ulna, subsequent encounter for fracture with routine healing
M84.432G	Pathological fracture, left ulna, subsequent encounter for fracture with delayed healing
M84.432S	Pathological fracture, left ulna, sequela
M84.433D	Pathological fracture, right radius, subsequent encounter for fracture with routine healing
M84.433G	Pathological fracture, right radius, subsequent encounter for fracture with delayed healing
M84.433S	Pathological fracture, right radius, sequela
M84.434D	Pathological fracture, left radius, subsequent encounter for fracture with routine healing
M84.434G	Pathological fracture, left radius, subsequent encounter for fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.434S	Pathological fracture, left radius, sequela
M84.439D	Pathological fracture, unspecified ulna and radius, subsequent encounter for fracture with routine healing
M84.439G	Pathological fracture, unspecified ulna and radius, subsequent encounter for fracture with delayed healing
M84.439S	Pathological fracture, unspecified ulna and radius, sequela
M84.441D	Pathological fracture, right hand, subsequent encounter for fracture with routine healing
M84.441G	Pathological fracture, right hand, subsequent encounter for fracture with delayed healing
M84.441S	Pathological fracture, right hand, sequela
M84.442D	Pathological fracture, left hand, subsequent encounter for fracture with routine healing
M84.442G	Pathological fracture, left hand, subsequent encounter for fracture with delayed healing
M84.442S	Pathological fracture, left hand, sequela
M84.443D	Pathological fracture, unspecified hand, subsequent encounter for fracture with routine healing
M84.443G	Pathological fracture, unspecified hand, subsequent encounter for fracture with delayed healing
M84.443S	Pathological fracture, unspecified hand, sequela
M84.444D	Pathological fracture, right finger(s), subsequent encounter for fracture with routine healing
M84.444G	Pathological fracture, right finger(s), subsequent encounter for fracture with delayed healing
M84.444S	Pathological fracture, right finger(s), sequela
M84.445D	Pathological fracture, left finger(s), subsequent encounter for fracture with routine healing
M84.445G	Pathological fracture, left finger(s), subsequent encounter for fracture with delayed healing
M84.445S	Pathological fracture, left finger(s), sequela



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

Code	Description
M84.446D	Pathological fracture, unspecified finger(s), subsequent encounter for fracture with routine healing
M84.446G	Pathological fracture, unspecified finger(s), subsequent encounter for fracture with delayed healing
M84.446S	Pathological fracture, unspecified finger(s), sequela
M84.451D	Pathological fracture, right femur, subsequent encounter for fracture with routine healing
M84.451G	Pathological fracture, right femur, subsequent encounter for fracture with delayed healing
M84.451S	Pathological fracture, right femur, sequela
M84.452D	Pathological fracture, left femur, subsequent encounter for fracture with routine healing
M84.452G	Pathological fracture, left femur, subsequent encounter for fracture with delayed healing
M84.452S	Pathological fracture, left femur, sequela
M84.453D	Pathological fracture, unspecified femur, subsequent encounter for fracture with routine healing
M84.453G	Pathological fracture, unspecified femur, subsequent encounter for fracture with delayed healing
M84.453S	Pathological fracture, unspecified femur, sequela
M84.454D	Pathological fracture, pelvis, subsequent encounter for fracture with routine healing
M84.454G	Pathological fracture, pelvis, subsequent encounter for fracture with delayed healing
M84.454S	Pathological fracture, pelvis, sequela
M84.459D	Pathological fracture, hip, unspecified, subsequent encounter for fracture with routine healing
M84.459G	Pathological fracture, hip, unspecified, subsequent encounter for fracture with delayed healing
M84.459S	Pathological fracture, hip, unspecified, sequela
M84.461D	Pathological fracture, right tibia, subsequent encounter for fracture with routine healing
M84.461G	Pathological fracture, right tibia, subsequent encounter for fracture with delayed healing



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

Code	Description
M84.461S	Pathological fracture, right tibia, sequela
M84.462D	Pathological fracture, left tibia, subsequent encounter for fracture with routine healing
M84.462G	Pathological fracture, left tibia, subsequent encounter for fracture with delayed healing
M84.462S	Pathological fracture, left tibia, sequela
M84.463D	Pathological fracture, right fibula, subsequent encounter for fracture with routine healing
M84.463G	Pathological fracture, right fibula, subsequent encounter for fracture with delayed healing
M84.463S	Pathological fracture, right fibula, sequela
M84.464D	Pathological fracture, left fibula, subsequent encounter for fracture with routine healing
M84.464G	Pathological fracture, left fibula, subsequent encounter for fracture with delayed healing
M84.464S	Pathological fracture, left fibula, sequela
M84.469D	Pathological fracture, unspecified tibia and fibula, subsequent encounter for fracture with routine healing
M84.469G	Pathological fracture, unspecified tibia and fibula, subsequent encounter for fracture with delayed healing
M84.469S	Pathological fracture, unspecified tibia and fibula, sequela
M84.471D	Pathological fracture, right ankle, subsequent encounter for fracture with routine healing
M84.471G	Pathological fracture, right ankle, subsequent encounter for fracture with delayed healing
M84.471S	Pathological fracture, right ankle, sequela
M84.472D	Pathological fracture, left ankle, subsequent encounter for fracture with routine healing
M84.472G	Pathological fracture, left ankle, subsequent encounter for fracture with delayed healing
M84.472S	Pathological fracture, left ankle, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.473D	Pathological fracture, unspecified ankle, subsequent encounter for fracture with routine healing
M84.473G	Pathological fracture, unspecified ankle, subsequent encounter for fracture with delayed healing
M84.473S	Pathological fracture, unspecified ankle, sequela
M84.474D	Pathological fracture, right foot, subsequent encounter for fracture with routine healing
M84.474G	Pathological fracture, right foot, subsequent encounter for fracture with delayed healing
M84.474S	Pathological fracture, right foot, sequela
M84.475D	Pathological fracture, left foot, subsequent encounter for fracture with routine healing
M84.475G	Pathological fracture, left foot, subsequent encounter for fracture with delayed healing
M84.475S	Pathological fracture, left foot, sequela
M84.476D	Pathological fracture, unspecified foot, subsequent encounter for fracture with routine healing
M84.476G	Pathological fracture, unspecified foot, subsequent encounter for fracture with delayed healing
M84.476S	Pathological fracture, unspecified foot, sequela
M84.477D	Pathological fracture, right toe(s), subsequent encounter for fracture with routine healing
M84.477G	Pathological fracture, right toe(s), subsequent encounter for fracture with delayed healing
M84.477S	Pathological fracture, right toe(s), sequela
M84.478D	Pathological fracture, left toe(s), subsequent encounter for fracture with routine healing
M84.478G	Pathological fracture, left toe(s), subsequent encounter for fracture with delayed healing
M84.478S	Pathological fracture, left toe(s), sequela
M84.479D	Pathological fracture, unspecified toe(s), subsequent encounter for fracture with routine healing



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

Code	Description
M84.479G	Pathological fracture, unspecified toe(s), subsequent encounter for fracture with delayed healing
M84.479S	Pathological fracture, unspecified toe(s), sequela
M84.48XD	Pathological fracture, other site, subsequent encounter for fracture with routine healing
M84.48XG	Pathological fracture, other site, subsequent encounter for fracture with delayed healing
M84.48XS	Pathological fracture, other site, sequela
M84.50XD	Pathological fracture in neoplastic disease, unspecified site, subsequent encounter for fracture with routine healing
M84.50XG	Pathological fracture in neoplastic disease, unspecified site, subsequent encounter for fracture with delayed healing
M84.50XS	Pathological fracture in neoplastic disease, unspecified site, sequela
M84.511D	Pathological fracture in neoplastic disease, right shoulder, subsequent encounter for fracture with routine healing
M84.511G	Pathological fracture in neoplastic disease, right shoulder, subsequent encounter for fracture with delayed healing
M84.511S	Pathological fracture in neoplastic disease, right shoulder, sequela
M84.512D	Pathological fracture in neoplastic disease, left shoulder, subsequent encounter for fracture with routine healing
M84.512G	Pathological fracture in neoplastic disease, left shoulder, subsequent encounter for fracture with delayed healing
M84.512S	Pathological fracture in neoplastic disease, left shoulder, sequela
M84.519D	Pathological fracture in neoplastic disease, unspecified shoulder, subsequent encounter for fracture with routine healing
M84.519G	Pathological fracture in neoplastic disease, unspecified shoulder, subsequent encounter for fracture with delayed healing
M84.519S	Pathological fracture in neoplastic disease, unspecified shoulder, sequela
M84.521D	Pathological fracture in neoplastic disease, right humerus, subsequent encounter for fracture with routine healing
M84.521G	Pathological fracture in neoplastic disease, right humerus, subsequent encounter for fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.521S	Pathological fracture in neoplastic disease, right humerus, sequela
M84.522D	Pathological fracture in neoplastic disease, left humerus, subsequent encounter for fracture with routine healing
M84.522G	Pathological fracture in neoplastic disease, left humerus, subsequent encounter for fracture with delayed healing
M84.522S	Pathological fracture in neoplastic disease, left humerus, sequela
M84.529D	Pathological fracture in neoplastic disease, unspecified humerus, subsequent encounter for fracture with routine healing
M84.529G	Pathological fracture in neoplastic disease, unspecified humerus, subsequent encounter for fracture with delayed healing
M84.529S	Pathological fracture in neoplastic disease, unspecified humerus, sequela
M84.531D	Pathological fracture in neoplastic disease, right ulna, subsequent encounter for fracture with routine healing
M84.531G	Pathological fracture in neoplastic disease, right ulna, subsequent encounter for fracture with delayed healing
M84.531S	Pathological fracture in neoplastic disease, right ulna, sequela
M84.532D	Pathological fracture in neoplastic disease, left ulna, subsequent encounter for fracture with routine healing
M84.532G	Pathological fracture in neoplastic disease, left ulna, subsequent encounter for fracture with delayed healing
M84.532S	Pathological fracture in neoplastic disease, left ulna, sequela
M84.533D	Pathological fracture in neoplastic disease, right radius, subsequent encounter for fracture with routine healing
M84.533G	Pathological fracture in neoplastic disease, right radius, subsequent encounter for fracture with delayed healing
M84.533S	Pathological fracture in neoplastic disease, right radius, sequela
M84.534D	Pathological fracture in neoplastic disease, left radius, subsequent encounter for fracture with routine healing
M84.534G	Pathological fracture in neoplastic disease, left radius, subsequent encounter for fracture with delayed healing
M84.534S	Pathological fracture in neoplastic disease, left radius, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.539D	Pathological fracture in neoplastic disease, unspecified ulna and radius, subsequent encounter for fracture with routine healing
M84.539G	Pathological fracture in neoplastic disease, unspecified ulna and radius, subsequent encounter for fracture with delayed healing
M84.539S	Pathological fracture in neoplastic disease, unspecified ulna and radius, sequela
M84.541D	Pathological fracture in neoplastic disease, right hand, subsequent encounter for fracture with routine healing
M84.541G	Pathological fracture in neoplastic disease, right hand, subsequent encounter for fracture with delayed healing
M84.541S	Pathological fracture in neoplastic disease, right hand, sequela
M84.542D	Pathological fracture in neoplastic disease, left hand, subsequent encounter for fracture with routine healing
M84.542G	Pathological fracture in neoplastic disease, left hand, subsequent encounter for fracture with delayed healing
M84.542S	Pathological fracture in neoplastic disease, left hand, sequela
M84.549D	Pathological fracture in neoplastic disease, unspecified hand, subsequent encounter for fracture with routine healing
M84.549G	Pathological fracture in neoplastic disease, unspecified hand, subsequent encounter for fracture with delayed healing
M84.549S	Pathological fracture in neoplastic disease, unspecified hand, sequela
M84.550D	Pathological fracture in neoplastic disease, pelvis, subsequent encounter for fracture with routine healing
M84.550G	Pathological fracture in neoplastic disease, pelvis, subsequent encounter for fracture with delayed healing
M84.550S	Pathological fracture in neoplastic disease, pelvis, sequela
M84.551D	Pathological fracture in neoplastic disease, right femur, subsequent encounter for fracture with routine healing
M84.551G	Pathological fracture in neoplastic disease, right femur, subsequent encounter for fracture with delayed healing
M84.551S	Pathological fracture in neoplastic disease, right femur, sequela
M84.552D	Pathological fracture in neoplastic disease, left femur, subsequent encounter for fracture with routine healing



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Code	Description
M84.552G	Pathological fracture in neoplastic disease, left femur, subsequent encounter for fracture with delayed healing
M84.552S	Pathological fracture in neoplastic disease, left femur, sequela
M84.553D	Pathological fracture in neoplastic disease, unspecified femur, subsequent encounter for fracture with routine healing
M84.553G	Pathological fracture in neoplastic disease, unspecified femur, subsequent encounter for fracture with delayed healing
M84.553S	Pathological fracture in neoplastic disease, unspecified femur, sequela
M84.559D	Pathological fracture in neoplastic disease, hip, unspecified, subsequent encounter for fracture with routine healing
M84.559G	Pathological fracture in neoplastic disease, hip, unspecified, subsequent encounter for fracture with delayed healing
M84.559S	Pathological fracture in neoplastic disease, hip, unspecified, sequela
M84.561D	Pathological fracture in neoplastic disease, right tibia, subsequent encounter for fracture with routine healing
M84.561G	Pathological fracture in neoplastic disease, right tibia, subsequent encounter for fracture with delayed healing
M84.561S	Pathological fracture in neoplastic disease, right tibia, sequela
M84.562D	Pathological fracture in neoplastic disease, left tibia, subsequent encounter for fracture with routine healing
M84.562G	Pathological fracture in neoplastic disease, left tibia, subsequent encounter for fracture with delayed healing
M84.562S	Pathological fracture in neoplastic disease, left tibia, sequela
M84.563D	Pathological fracture in neoplastic disease, right fibula, subsequent encounter for fracture with routine healing
M84.563G	Pathological fracture in neoplastic disease, right fibula, subsequent encounter for fracture with delayed healing
M84.563S	Pathological fracture in neoplastic disease, right fibula, sequela
M84.564D	Pathological fracture in neoplastic disease, left fibula, subsequent encounter for fracture with routine healing
M84.564G	Pathological fracture in neoplastic disease, left fibula, subsequent encounter for fracture with delayed healing



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Code	Description
M84.564S	Pathological fracture in neoplastic disease, left fibula, sequela
M84.569D	Pathological fracture in neoplastic disease, unspecified tibia and fibula, subsequent encounter for fracture with routine healing
M84.569G	Pathological fracture in neoplastic disease, unspecified tibia and fibula, subsequent encounter for fracture with delayed healing
M84.569S	Pathological fracture in neoplastic disease, unspecified tibia and fibula, sequela
M84.571D	Pathological fracture in neoplastic disease, right ankle, subsequent encounter for fracture with routine healing
M84.571G	Pathological fracture in neoplastic disease, right ankle, subsequent encounter for fracture with delayed healing
M84.571S	Pathological fracture in neoplastic disease, right ankle, sequela
M84.572D	Pathological fracture in neoplastic disease, left ankle, subsequent encounter for fracture with routine healing
M84.572G	Pathological fracture in neoplastic disease, left ankle, subsequent encounter for fracture with delayed healing
M84.572S	Pathological fracture in neoplastic disease, left ankle, sequela
M84.573D	Pathological fracture in neoplastic disease, unspecified ankle, subsequent encounter for fracture with routine healing
M84.573G	Pathological fracture in neoplastic disease, unspecified ankle, subsequent encounter for fracture with delayed healing
M84.573S	Pathological fracture in neoplastic disease, unspecified ankle, sequela
M84.574D	Pathological fracture in neoplastic disease, right foot, subsequent encounter for fracture with routine healing
M84.574G	Pathological fracture in neoplastic disease, right foot, subsequent encounter for fracture with delayed healing
M84.574S	Pathological fracture in neoplastic disease, right foot, sequela
M84.575D	Pathological fracture in neoplastic disease, left foot, subsequent encounter for fracture with routine healing
M84.575G	Pathological fracture in neoplastic disease, left foot, subsequent encounter for fracture with delayed healing
M84.575S	Pathological fracture in neoplastic disease, left foot, sequela



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Code	Description
M84.576D	Pathological fracture in neoplastic disease, unspecified foot, subsequent encounter for fracture with routine healing
M84.576G	Pathological fracture in neoplastic disease, unspecified foot, subsequent encounter for fracture with delayed healing
M84.576S	Pathological fracture in neoplastic disease, unspecified foot, sequela
M84.58XD	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with routine healing
M84.58XG	Pathological fracture in neoplastic disease, other specified site, subsequent encounter for fracture with delayed healing
M84.58XS	Pathological fracture in neoplastic disease, other specified site, sequela
M84.60XD	Pathological fracture in other disease, unspecified site, subsequent encounter for fracture with routine healing
M84.60XG	Pathological fracture in other disease, unspecified site, subsequent encounter for fracture with delayed healing
M84.60XS	Pathological fracture in other disease, unspecified site, sequela
M84.611D	Pathological fracture in other disease, right shoulder, subsequent encounter for fracture with routine healing
M84.611G	Pathological fracture in other disease, right shoulder, subsequent encounter for fracture with delayed healing
M84.611S	Pathological fracture in other disease, right shoulder, sequela
M84.612D	Pathological fracture in other disease, left shoulder, subsequent encounter for fracture with routine healing
M84.612G	Pathological fracture in other disease, left shoulder, subsequent encounter for fracture with delayed healing
M84.612S	Pathological fracture in other disease, left shoulder, sequela
M84.619D	Pathological fracture in other disease, unspecified shoulder, subsequent encounter for fracture with routine healing
M84.619G	Pathological fracture in other disease, unspecified shoulder, subsequent encounter for fracture with delayed healing
M84.619S	Pathological fracture in other disease, unspecified shoulder, sequela
M84.621D	Pathological fracture in other disease, right humerus, subsequent encounter for fracture with routine healing



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Code	Description
M84.621G	Pathological fracture in other disease, right humerus, subsequent encounter for fracture with delayed healing
M84.621S	Pathological fracture in other disease, right humerus, sequela
M84.622D	Pathological fracture in other disease, left humerus, subsequent encounter for fracture with routine healing
M84.622G	Pathological fracture in other disease, left humerus, subsequent encounter for fracture with delayed healing
M84.622S	Pathological fracture in other disease, left humerus, sequela
M84.629D	Pathological fracture in other disease, unspecified humerus, subsequent encounter for fracture with routine healing
M84.629G	Pathological fracture in other disease, unspecified humerus, subsequent encounter for fracture with delayed healing
M84.629S	Pathological fracture in other disease, unspecified humerus, sequela
M84.631D	Pathological fracture in other disease, right ulna, subsequent encounter for fracture with routine healing
M84.631G	Pathological fracture in other disease, right ulna, subsequent encounter for fracture with delayed healing
M84.631S	Pathological fracture in other disease, right ulna, sequela
M84.632D	Pathological fracture in other disease, left ulna, subsequent encounter for fracture with routine healing
M84.632G	Pathological fracture in other disease, left ulna, subsequent encounter for fracture with delayed healing
M84.632S	Pathological fracture in other disease, left ulna, sequela
M84.633D	Pathological fracture in other disease, right radius, subsequent encounter for fracture with routine healing
M84.633G	Pathological fracture in other disease, right radius, subsequent encounter for fracture with delayed healing
M84.633S	Pathological fracture in other disease, right radius, sequela
M84.634D	Pathological fracture in other disease, left radius, subsequent encounter for fracture with routine healing
M84.634G	Pathological fracture in other disease, left radius, subsequent encounter for fracture with delayed healing



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Code	Description
M84.634S	Pathological fracture in other disease, left radius, sequela
M84.639D	Pathological fracture in other disease, unspecified ulna and radius, subsequent encounter for fracture with routine healing
M84.639G	Pathological fracture in other disease, unspecified ulna and radius, subsequent encounter for fracture with delayed healing
M84.639S	Pathological fracture in other disease, unspecified ulna and radius, sequela
M84.641D	Pathological fracture in other disease, right hand, subsequent encounter for fracture with routine healing
M84.641G	Pathological fracture in other disease, right hand, subsequent encounter for fracture with delayed healing
M84.641S	Pathological fracture in other disease, right hand, sequela
M84.642D	Pathological fracture in other disease, left hand, subsequent encounter for fracture with routine healing
M84.642G	Pathological fracture in other disease, left hand, subsequent encounter for fracture with delayed healing
M84.642S	Pathological fracture in other disease, left hand, sequela
M84.649D	Pathological fracture in other disease, unspecified hand, subsequent encounter for fracture with routine healing
M84.649G	Pathological fracture in other disease, unspecified hand, subsequent encounter for fracture with delayed healing
M84.649S	Pathological fracture in other disease, unspecified hand, sequela
M84.650D	Pathological fracture in other disease, pelvis, subsequent encounter for fracture with routine healing
M84.650G	Pathological fracture in other disease, pelvis, subsequent encounter for fracture with delayed healing
M84.650S	Pathological fracture in other disease, pelvis, sequela
M84.651D	Pathological fracture in other disease, right femur, subsequent encounter for fracture with routine healing
M84.651G	Pathological fracture in other disease, right femur, subsequent encounter for fracture with delayed healing
M84.651S	Pathological fracture in other disease, right femur, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.652D	Pathological fracture in other disease, left femur, subsequent encounter for fracture with routine healing
M84.652G	Pathological fracture in other disease, left femur, subsequent encounter for fracture with delayed healing
M84.652S	Pathological fracture in other disease, left femur, sequela
M84.653D	Pathological fracture in other disease, unspecified femur, subsequent encounter for fracture with routine healing
M84.653G	Pathological fracture in other disease, unspecified femur, subsequent encounter for fracture with delayed healing
M84.653S	Pathological fracture in other disease, unspecified femur, sequela
M84.659D	Pathological fracture in other disease, hip, unspecified, subsequent encounter for fracture with routine healing
M84.659G	Pathological fracture in other disease, hip, unspecified, subsequent encounter for fracture with delayed healing
M84.659S	Pathological fracture in other disease, hip, unspecified, sequela
M84.661D	Pathological fracture in other disease, right tibia, subsequent encounter for fracture with routine healing
M84.661G	Pathological fracture in other disease, right tibia, subsequent encounter for fracture with delayed healing
M84.661S	Pathological fracture in other disease, right tibia, sequela
M84.662D	Pathological fracture in other disease, left tibia, subsequent encounter for fracture with routine healing
M84.662G	Pathological fracture in other disease, left tibia, subsequent encounter for fracture with delayed healing
M84.662S	Pathological fracture in other disease, left tibia, sequela
M84.663D	Pathological fracture in other disease, right fibula, subsequent encounter for fracture with routine healing
M84.663G	Pathological fracture in other disease, right fibula, subsequent encounter for fracture with delayed healing
M84.663S	Pathological fracture in other disease, right fibula, sequela
M84.664D	Pathological fracture in other disease, left fibula, subsequent encounter for fracture with routine healing



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Code	Description
M84.664G	Pathological fracture in other disease, left fibula, subsequent encounter for fracture with delayed healing
M84.664S	Pathological fracture in other disease, left fibula, sequela
M84.669D	Pathological fracture in other disease, unspecified tibia and fibula, subsequent encounter for fracture with routine healing
M84.669G	Pathological fracture in other disease, unspecified tibia and fibula, subsequent encounter for fracture with delayed healing
M84.669S	Pathological fracture in other disease, unspecified tibia and fibula, sequela
M84.671D	Pathological fracture in other disease, right ankle, subsequent encounter for fracture with routine healing
M84.671G	Pathological fracture in other disease, right ankle, subsequent encounter for fracture with delayed healing
M84.671S	Pathological fracture in other disease, right ankle, sequela
M84.672D	Pathological fracture in other disease, left ankle, subsequent encounter for fracture with routine healing
M84.672G	Pathological fracture in other disease, left ankle, subsequent encounter for fracture with delayed healing
M84.672S	Pathological fracture in other disease, left ankle, sequela
M84.673D	Pathological fracture in other disease, unspecified ankle, subsequent encounter for fracture with routine healing
M84.673G	Pathological fracture in other disease, unspecified ankle, subsequent encounter for fracture with delayed healing
M84.673S	Pathological fracture in other disease, unspecified ankle, sequela
M84.674D	Pathological fracture in other disease, right foot, subsequent encounter for fracture with routine healing
M84.674G	Pathological fracture in other disease, right foot, subsequent encounter for fracture with delayed healing
M84.674S	Pathological fracture in other disease, right foot, sequela
M84.675D	Pathological fracture in other disease, left foot, subsequent encounter for fracture with routine healing
M84.675G	Pathological fracture in other disease, left foot, subsequent encounter for fracture with delayed healing



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Code	Description
M84.675S	Pathological fracture in other disease, left foot, sequela
M84.676D	Pathological fracture in other disease, unspecified foot, subsequent encounter for fracture with routine healing
M84.676G	Pathological fracture in other disease, unspecified foot, subsequent encounter for fracture with delayed healing
M84.676S	Pathological fracture in other disease, unspecified foot, sequela
M84.68XD	Pathological fracture in other disease, other site, subsequent encounter for fracture with routine healing
M84.68XG	Pathological fracture in other disease, other site, subsequent encounter for fracture with delayed healing
M84.68XS	Pathological fracture in other disease, other site, sequela
M89.38	Hypertrophy of bone, other site
M89.8X8	Other specified disorders of bone, other site
M91.0	Juvenile osteochondrosis of pelvis
M91.10	Juvenile osteochondrosis of head of femur [Legg-Calve-Perthes], unspecified leg
M91.11	Juvenile osteochondrosis of head of femur [Legg-Calve-Perthes], right leg
M91.12	Juvenile osteochondrosis of head of femur [Legg-Calve-Perthes], left leg
M91.20	Coxa plana, unspecified hip
M91.21	Coxa plana, right hip
M91.22	Coxa plana, left hip
M91.30	Pseudocoxalgia, unspecified hip
M91.31	Pseudocoxalgia, right hip
M91.32	Pseudocoxalgia, left hip
M91.40	Coxa magna, unspecified hip
M91.41	Coxa magna, right hip
M91.42	Coxa magna, left hip
M91.80	Other juvenile osteochondrosis of hip and pelvis, unspecified leg
M91.81	Other juvenile osteochondrosis of hip and pelvis, right leg
M91.82	Other juvenile osteochondrosis of hip and pelvis, left leg
M91.90	Juvenile osteochondrosis of hip and pelvis, unspecified, unspecified leg

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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Code	Description
M91.91	Juvenile osteochondrosis of hip and pelvis, unspecified, right leg
M91.92	Juvenile osteochondrosis of hip and pelvis, unspecified, left leg
M92.00	Juvenile osteochondrosis of humerus, unspecified arm
M92.01	Juvenile osteochondrosis of humerus, right arm
M92.02	Juvenile osteochondrosis of humerus, left arm
M92.10	Juvenile osteochondrosis of radius and ulna, unspecified arm
M92.11	Juvenile osteochondrosis of radius and ulna, right arm
M92.12	Juvenile osteochondrosis of radius and ulna, left arm
M92.201	Unspecified juvenile osteochondrosis, right hand
M92.202	Unspecified juvenile osteochondrosis, left hand
M92.209	Unspecified juvenile osteochondrosis, unspecified hand
M92.211	Osteochondrosis (juvenile) of carpal lunate [Kienbock], right hand
M92.212	Osteochondrosis (juvenile) of carpal lunate [Kienbock], left hand
M92.219	Osteochondrosis (juvenile) of carpal lunate [Kienbock], unspecified hand
M92.221	Osteochondrosis (juvenile) of metacarpal heads [Mauclaire], right hand
M92.222	Osteochondrosis (juvenile) of metacarpal heads [Mauclaire], left hand
M92.229	Osteochondrosis (juvenile) of metacarpal heads [Mauclaire], unspecified hand
M92.291	Other juvenile osteochondrosis, right hand
M92.292	Other juvenile osteochondrosis, left hand
M92.299	Other juvenile osteochondrosis, unspecified hand
M92.30	Other juvenile osteochondrosis, unspecified upper limb
M92.31	Other juvenile osteochondrosis, right upper limb
M92.32	Other juvenile osteochondrosis, left upper limb
M92.40	Juvenile osteochondrosis of patella, unspecified knee
M92.41	Juvenile osteochondrosis of patella, right knee
M92.42	Juvenile osteochondrosis of patella, left knee
M92.501	Unspecified juvenile osteochondrosis, right leg
M92.502	Unspecified juvenile osteochondrosis, left leg



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Code	Description
M92.503	Unspecified juvenile osteochondrosis, bilateral leg
M92.509	Unspecified juvenile osteochondrosis, unspecified leg
M92.511	Juvenile osteochondrosis of proximal tibia, right leg
M92.512	Juvenile osteochondrosis of proximal tibia, left leg
M92.513	Juvenile osteochondrosis of proximal tibia, bilateral
M92.519	Juvenile osteochondrosis of proximal tibia, unspecified leg
M92.521	Juvenile osteochondrosis of tibia tubercle, right leg
M92.522	Juvenile osteochondrosis of tibia tubercle, left leg
M92.523	Juvenile osteochondrosis of tibia tubercle, bilateral
M92.529	Juvenile osteochondrosis of tibia tubercle, unspecified leg
M92.60	Juvenile osteochondrosis of tarsus, unspecified ankle
M92.61	Juvenile osteochondrosis of tarsus, right ankle
M92.62	Juvenile osteochondrosis of tarsus, left ankle
M92.70	Juvenile osteochondrosis of metatarsus, unspecified foot
M92.71	Juvenile osteochondrosis of metatarsus, right foot
M92.72	Juvenile osteochondrosis of metatarsus, left foot
M92.8	Other specified juvenile osteochondrosis
M92.9	Juvenile osteochondrosis, unspecified
M93.001	Unspecified slipped upper femoral epiphysis (nontraumatic), right hip
M93.002	Unspecified slipped upper femoral epiphysis (nontraumatic), left hip
M93.003	Unspecified slipped upper femoral epiphysis (nontraumatic), unspecified hip
M93.011	Acute slipped upper femoral epiphysis (nontraumatic), right hip
M93.012	Acute slipped upper femoral epiphysis (nontraumatic), left hip
M93.013	Acute slipped upper femoral epiphysis (nontraumatic), unspecified hip
M93.021	Chronic slipped upper femoral epiphysis (nontraumatic), right hip
M93.022	Chronic slipped upper femoral epiphysis (nontraumatic), left hip
M93.023	Chronic slipped upper femoral epiphysis (nontraumatic), unspecified hip
M93.031	Acute on chronic slipped upper femoral epiphysis (nontraumatic), right hip



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Code	Description
M93.032	Acute on chronic slipped upper femoral epiphysis (nontraumatic), left hip
M93.033	Acute on chronic slipped upper femoral epiphysis (nontraumatic), unspecified hip
M93.1	Kienbock's disease of adults
M93.20	Osteochondritis dissecans of unspecified site
M93.211	Osteochondritis dissecans, right shoulder
M93.212	Osteochondritis dissecans, left shoulder
M93.219	Osteochondritis dissecans, unspecified shoulder
M93.221	Osteochondritis dissecans, right elbow
M93.222	Osteochondritis dissecans, left elbow
M93.229	Osteochondritis dissecans, unspecified elbow
M93.231	Osteochondritis dissecans, right wrist
M93.232	Osteochondritis dissecans, left wrist
M93.239	Osteochondritis dissecans, unspecified wrist
M93.241	Osteochondritis dissecans, joints of right hand
M93.242	Osteochondritis dissecans, joints of left hand
M93.249	Osteochondritis dissecans, joints of unspecified hand
M93.251	Osteochondritis dissecans, right hip
M93.252	Osteochondritis dissecans, left hip
M93.259	Osteochondritis dissecans, unspecified hip
M93.261	Osteochondritis dissecans, right knee
M93.262	Osteochondritis dissecans, left knee
M93.269	Osteochondritis dissecans, unspecified knee
M93.271	Osteochondritis dissecans, right ankle and joints of right foot
M93.272	Osteochondritis dissecans, left ankle and joints of left foot
M93.279	Osteochondritis dissecans, unspecified ankle and joints of foot
M93.28	Osteochondritis dissecans other site
M93.29	Osteochondritis dissecans multiple sites
M93.80	Other specified osteochondropathies of unspecified site



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Code	Description
M93.811	Other specified osteochondropathies, right shoulder
M93.812	Other specified osteochondropathies, left shoulder
M93.819	Other specified osteochondropathies, unspecified shoulder
M93.821	Other specified osteochondropathies, right upper arm
M93.822	Other specified osteochondropathies, left upper arm
M93.829	Other specified osteochondropathies, unspecified upper arm
M93.831	Other specified osteochondropathies, right forearm
M93.832	Other specified osteochondropathies, left forearm
M93.839	Other specified osteochondropathies, unspecified forearm
M93.841	Other specified osteochondropathies, right hand
M93.842	Other specified osteochondropathies, left hand
M93.849	Other specified osteochondropathies, unspecified hand
M93.851	Other specified osteochondropathies, right thigh
M93.852	Other specified osteochondropathies, left thigh
M93.859	Other specified osteochondropathies, unspecified thigh
M93.861	Other specified osteochondropathies, right lower leg
M93.862	Other specified osteochondropathies, left lower leg
M93.869	Other specified osteochondropathies, unspecified lower leg
M93.871	Other specified osteochondropathies, right ankle and foot
M93.872	Other specified osteochondropathies, left ankle and foot
M93.879	Other specified osteochondropathies, unspecified ankle and foot
M93.88	Other specified osteochondropathies other
M93.89	Other specified osteochondropathies multiple sites
M93.90	Osteochondropathy, unspecified of unspecified site
M93.911	Osteochondropathy, unspecified, right shoulder
M93.912	Osteochondropathy, unspecified, left shoulder
M93.919	Osteochondropathy, unspecified, unspecified shoulder
M93.921	Osteochondropathy, unspecified, right upper arm



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Code	Description
M93.922	Osteochondropathy, unspecified, left upper arm
M93.929	Osteochondropathy, unspecified, unspecified upper arm
M93.931	Osteochondropathy, unspecified, right forearm
M93.932	Osteochondropathy, unspecified, left forearm
M93.939	Osteochondropathy, unspecified, unspecified forearm
M93.941	Osteochondropathy, unspecified, right hand
M93.942	Osteochondropathy, unspecified, left hand
M93.949	Osteochondropathy, unspecified, unspecified hand
M93.951	Osteochondropathy, unspecified, right thigh
M93.952	Osteochondropathy, unspecified, left thigh
M93.959	Osteochondropathy, unspecified, unspecified thigh
M93.961	Osteochondropathy, unspecified, right lower leg
M93.962	Osteochondropathy, unspecified, left lower leg
M93.969	Osteochondropathy, unspecified, unspecified lower leg
M93.971	Osteochondropathy, unspecified, right ankle and foot
M93.972	Osteochondropathy, unspecified, left ankle and foot
M93.979	Osteochondropathy, unspecified, unspecified ankle and foot
M93.98	Osteochondropathy, unspecified other
M93.99	Osteochondropathy, unspecified multiple sites
M95.0	Acquired deformity of nose
M95.10	Cauliflower ear, unspecified ear
M95.11	Cauliflower ear, right ear
M95.12	Cauliflower ear, left ear
M95.2	Other acquired deformity of head
M95.3	Acquired deformity of neck
M95.4	Acquired deformity of chest and rib
M95.5	Acquired deformity of pelvis
M95.8	Other specified acquired deformities of musculoskeletal system



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Code	Description
M95.9	Acquired deformity of musculoskeletal system, unspecified
M96.0	Pseudarthrosis after fusion or arthrodesis
M96.2	Postradiation kyphosis
M96.3	Postlaminectomy kyphosis
M96.4	Postsurgical lordosis
M96.5	Postradiation scoliosis
M99.00	Segmental and somatic dysfunction of head region
M99.01	Segmental and somatic dysfunction of cervical region
M99.02	Segmental and somatic dysfunction of thoracic region
M99.03	Segmental and somatic dysfunction of lumbar region
M99.04	Segmental and somatic dysfunction of sacral region
M99.05	Segmental and somatic dysfunction of pelvic region
M99.06	Segmental and somatic dysfunction of lower extremity
M99.07	Segmental and somatic dysfunction of upper extremity
M99.08	Segmental and somatic dysfunction of rib cage
M99.09	Segmental and somatic dysfunction of abdomen and other regions
M99.10	Subluxation complex (vertebral) of head region
M99.11	Subluxation complex (vertebral) of cervical region
M99.12	Subluxation complex (vertebral) of thoracic region
M99.13	Subluxation complex (vertebral) of lumbar region
M99.14	Subluxation complex (vertebral) of sacral region
M99.15	Subluxation complex (vertebral) of pelvic region
M99.16	Subluxation complex (vertebral) of lower extremity
M99.17	Subluxation complex (vertebral) of upper extremity
M99.18	Subluxation complex (vertebral) of rib cage
M99.19	Subluxation complex (vertebral) of abdomen and other regions
M99.80	Other biomechanical lesions of head region
M99.81	Other biomechanical lesions of cervical region

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Code	Description
M99.82	Other biomechanical lesions of thoracic region
M99.83	Other biomechanical lesions of lumbar region
M99.84	Other biomechanical lesions of sacral region
M99.85	Other biomechanical lesions of pelvic region
M99.86	Other biomechanical lesions of lower extremity
M99.87	Other biomechanical lesions of upper extremity
M99.88	Other biomechanical lesions of rib cage
M99.89	Other biomechanical lesions of abdomen and other regions
M99.9	Biomechanical lesion, unspecified
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N42.83	Cyst of prostate
N43.0	Encysted hydrocele
N43.2	Other hydrocele
N43.3	Hydrocele, unspecified
N43.40	Spermatocele of epididymis, unspecified
N43.41	Spermatocele of epididymis, single
N43.42	Spermatocele of epididymis, multiple
N44.00	Torsion of testis, unspecified
N44.01	Extravaginal torsion of spermatic cord
N44.02	Intravaginal torsion of spermatic cord
N44.03	Torsion of appendix testis
N44.04	Torsion of appendix epididymis
N46.01	Organic azoospermia
N46.021	Azoospermia due to drug therapy
N46.022	Azoospermia due to infection

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Code	Description
N46.023	Azoospermia due to obstruction of efferent ducts
N46.024	Azoospermia due to radiation
N46.025	Azoospermia due to systemic disease
N46.11	Organic oligospermia
N46.121	Oligospermia due to drug therapy
N46.122	Oligospermia due to infection
N46.123	Oligospermia due to obstruction of efferent ducts
N46.124	Oligospermia due to radiation
N46.125	Oligospermia due to systemic disease
N46.129	Oligospermia due to other extratesticular causes
N47.0	Adherent prepuce, newborn
N47.1	Phimosis
N47.2	Paraphimosis
N47.3	Deficient foreskin
N47.4	Benign cyst of prepuce
N47.5	Adhesions of prepuce and glans penis
N47.7	Other inflammatory diseases of prepuce
N47.8	Other disorders of prepuce
N50.0	Atrophy of testis
N60.01	Solitary cyst of right breast
N60.02	Solitary cyst of left breast
N60.09	Solitary cyst of unspecified breast
N60.11	Diffuse cystic mastopathy of right breast
N60.12	Diffuse cystic mastopathy of left breast
N60.19	Diffuse cystic mastopathy of unspecified breast
N60.21	Fibroadenosis of right breast
N60.22	Fibroadenosis of left breast
N60.29	Fibroadenosis of unspecified breast



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Code	Description
N60.31	Fibrosclerosis of right breast
N60.32	Fibrosclerosis of left breast
N60.39	Fibrosclerosis of unspecified breast
N60.41	Mammary duct ectasia of right breast
N60.42	Mammary duct ectasia of left breast
N60.49	Mammary duct ectasia of unspecified breast
N60.81	Other benign mammary dysplasias of right breast
N60.82	Other benign mammary dysplasias of left breast
N60.89	Other benign mammary dysplasias of unspecified breast
N60.91	Unspecified benign mammary dysplasia of right breast
N60.92	Unspecified benign mammary dysplasia of left breast
N60.99	Unspecified benign mammary dysplasia of unspecified breast
N61.20	Granulomatous mastitis, unspecified breast
N62	Hypertrophy of breast
N63.0	Unspecified lump in unspecified breast
N63.10	Unspecified lump in the right breast, unspecified quadrant
N63.11	Unspecified lump in the right breast, upper outer quadrant
N63.12	Unspecified lump in the right breast, upper inner quadrant
N63.13	Unspecified lump in the right breast, lower outer quadrant
N63.14	Unspecified lump in the right breast, lower inner quadrant
N63.15	Unspecified lump in the right breast, overlapping quadrants
N63.20	Unspecified lump in the left breast, unspecified quadrant
N63.21	Unspecified lump in the left breast, upper outer quadrant
N63.22	Unspecified lump in the left breast, upper inner quadrant
N63.23	Unspecified lump in the left breast, lower outer quadrant
N63.24	Unspecified lump in the left breast, lower inner quadrant
N63.25	Unspecified lump in the left breast, overlapping quadrants
N63.31	Unspecified lump in axillary tail of the right breast

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Code	Description
N63.32	Unspecified lump in axillary tail of the left breast
N63.41	Unspecified lump in right breast, subareolar
N63.42	Unspecified lump in left breast, subareolar
N64.0	Fissure and fistula of nipple
N64.1	Fat necrosis of breast
N64.2	Atrophy of breast
N64.3	Galactorrhea not associated with childbirth
N64.89	Other specified disorders of breast
N64.9	Disorder of breast, unspecified
N75.0	Cyst of Bartholin's gland
N75.8	Other diseases of Bartholin's gland
N81.0	Urethrocele
N81.10	Cystocele, unspecified
N81.11	Cystocele, midline
N81.12	Cystocele, lateral
N81.2	Incomplete uterovaginal prolapse
N81.3	Complete uterovaginal prolapse
N81.4	Uterovaginal prolapse, unspecified
N81.5	Vaginal enterocele
N81.6	Rectocele
N81.81	Perineocele
N81.82	Incompetence or weakening of pubocervical tissue
N81.83	Incompetence or weakening of rectovaginal tissue
N81.84	Pelvic muscle wasting
N81.85	Cervical stump prolapse
N81.89	Other female genital prolapse
N81.9	Female genital prolapse, unspecified
N83.00	Follicular cyst of ovary, unspecified side

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Code	Description
N83.01	Follicular cyst of right ovary
N83.02	Follicular cyst of left ovary
N83.10	Corpus luteum cyst of ovary, unspecified side
N83.11	Corpus luteum cyst of right ovary
N83.12	Corpus luteum cyst of left ovary
N83.201	Unspecified ovarian cyst, right side
N83.202	Unspecified ovarian cyst, left side
N83.209	Unspecified ovarian cyst, unspecified side
N83.291	Other ovarian cyst, right side
N83.292	Other ovarian cyst, left side
N83.299	Other ovarian cyst, unspecified side
N83.311	Acquired atrophy of right ovary
N83.312	Acquired atrophy of left ovary
N83.319	Acquired atrophy of ovary, unspecified side
N83.321	Acquired atrophy of right fallopian tube
N83.322	Acquired atrophy of left fallopian tube
N83.329	Acquired atrophy of fallopian tube, unspecified side
N83.331	Acquired atrophy of right ovary and fallopian tube
N83.332	Acquired atrophy of left ovary and fallopian tube
N83.339	Acquired atrophy of ovary and fallopian tube, unspecified side
N85.4	Malposition of uterus
N85.5	Inversion of uterus
N95.1	Menopausal and female climacteric states
N95.2	Postmenopausal atrophic vaginitis
N95.8	Other specified menopausal and perimenopausal disorders
N95.9	Unspecified menopausal and perimenopausal disorder
N97.0	Female infertility associated with anovulation
N97.1	Female infertility of tubal origin



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Code	Description
N97.2	Female infertility of uterine origin
N97.8	Female infertility of other origin
N97.9	Female infertility, unspecified
N99.3	Prolapse of vaginal vault after hysterectomy
O92.011	Retracted nipple associated with pregnancy, first trimester
O92.012	Retracted nipple associated with pregnancy, second trimester
O92.013	Retracted nipple associated with pregnancy, third trimester
O92.019	Retracted nipple associated with pregnancy, unspecified trimester
O92.02	Retracted nipple associated with the puerperium
O92.03	Retracted nipple associated with lactation
O92.111	Cracked nipple associated with pregnancy, first trimester
O92.112	Cracked nipple associated with pregnancy, second trimester
O92.113	Cracked nipple associated with pregnancy, third trimester
O92.119	Cracked nipple associated with pregnancy, unspecified trimester
O92.12	Cracked nipple associated with the puerperium
O92.13	Cracked nipple associated with lactation
O92.20	Unspecified disorder of breast associated with pregnancy and the puerperium
O92.29	Other disorders of breast associated with pregnancy and the puerperium
O92.3	Agalactia
O92.4	Hypogalactia
O92.5	Suppressed lactation
O92.6	Galactorrhea
O92.70	Unspecified disorders of lactation
O92.79	Other disorders of lactation
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P07.01	Extremely low birth weight newborn, less than 500 grams
P07.02	Extremely low birth weight newborn, 500-749 grams



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Code	Description
P07.03	Extremely low birth weight newborn, 750-999 grams
P07.10	Other low birth weight newborn, unspecified weight
P07.14	Other low birth weight newborn, 1000-1249 grams
P07.15	Other low birth weight newborn, 1250-1499 grams
P07.16	Other low birth weight newborn, 1500-1749 grams
P07.17	Other low birth weight newborn, 1750-1999 grams
P07.18	Other low birth weight newborn, 2000-2499 grams
P29.30	Pulmonary hypertension of newborn
P83.81	Umbilical granuloma
P83.88	Other specified conditions of integument specific to newborn
P91.811	Neonatal encephalopathy in diseases classified elsewhere
P91.819	Neonatal encephalopathy, unspecified
P91.88	Other specified disturbances of cerebral status of newborn
Q53.111	Unilateral intraabdominal testis
Q53.112	Unilateral inguinal testis
Q53.13	Unilateral high scrotal testis
Q53.211	Bilateral intraabdominal testes
Q53.212	Bilateral inguinal testes
Q53.23	Bilateral high scrotal testes
R06.03	Acute respiratory distress
R09.81	Nasal congestion
R13.10	Dysphagia, unspecified
R37	Sexual dysfunction, unspecified
R39.83	Unilateral non-palpable testicle
R39.84	Bilateral non-palpable testicles
R41.83	Borderline intellectual functioning
R43.9	Unspecified disturbances of smell and taste
R45.850	Homicidal ideations

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Code	Description
R45.851	Suicidal ideations
R46.81	Obsessive-compulsive behavior
R46.89	Other symptoms and signs involving appearance and behavior
R47.89	Other speech disturbances
R52	Pain, unspecified
R68.2	Dry mouth, unspecified
R68.82	Decreased libido
R68.89	Other general symptoms and signs
R69	Illness, unspecified
S00.00XA	Unspecified superficial injury of scalp, initial encounter
S00.00XS	Unspecified superficial injury of scalp, sequela
S00.01XA	Abrasion of scalp, initial encounter
S00.01XS	Abrasion of scalp, sequela
S00.02XA	Blister (nonthermal) of scalp, initial encounter
S00.02XS	Blister (nonthermal) of scalp, sequela
S00.03XS	Contusion of scalp, sequela
S00.04XA	External constriction of part of scalp, initial encounter
S00.04XS	External constriction of part of scalp, sequela
S00.05XA	Superficial foreign body of scalp, initial encounter
S00.05XS	Superficial foreign body of scalp, sequela
S00.06XA	Insect bite (nonvenomous) of scalp, initial encounter
S00.06XS	Insect bite (nonvenomous) of scalp, sequela
S00.07XA	Other superficial bite of scalp, initial encounter
S00.07XS	Other superficial bite of scalp, sequela
S00.10XS	Contusion of unspecified eyelid and periocular area, sequela
S00.11XS	Contusion of right eyelid and periocular area, sequela
S00.12XS	Contusion of left eyelid and periocular area, sequela
S00.201A	Unspecified superficial injury of right eyelid and periocular area, initial encounter



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Code	Description
S00.201S	Unspecified superficial injury of right eyelid and periocular area, sequela
S00.202A	Unspecified superficial injury of left eyelid and periocular area, initial encounter
S00.202S	Unspecified superficial injury of left eyelid and periocular area, sequela
S00.209A	Unspecified superficial injury of unspecified eyelid and periocular area, initial encounter
S00.209S	Unspecified superficial injury of unspecified eyelid and periocular area, sequela
S00.211A	Abrasion of right eyelid and periocular area, initial encounter
S00.211S	Abrasion of right eyelid and periocular area, sequela
S00.212A	Abrasion of left eyelid and periocular area, initial encounter
S00.212S	Abrasion of left eyelid and periocular area, sequela
S00.219A	Abrasion of unspecified eyelid and periocular area, initial encounter
S00.219S	Abrasion of unspecified eyelid and periocular area, sequela
S00.221A	Blister (nonthermal) of right eyelid and periocular area, initial encounter
S00.221S	Blister (nonthermal) of right eyelid and periocular area, sequela
S00.222A	Blister (nonthermal) of left eyelid and periocular area, initial encounter
S00.222S	Blister (nonthermal) of left eyelid and periocular area, sequela
S00.229A	Blister (nonthermal) of unspecified eyelid and periocular area, initial encounter
S00.229S	Blister (nonthermal) of unspecified eyelid and periocular area, sequela
S00.241A	External constriction of right eyelid and periocular area, initial encounter
S00.241S	External constriction of right eyelid and periocular area, sequela
S00.242A	External constriction of left eyelid and periocular area, initial encounter
S00.242S	External constriction of left eyelid and periocular area, sequela
S00.249A	External constriction of unspecified eyelid and periocular area, initial encounter
S00.249S	External constriction of unspecified eyelid and periocular area, sequela
S00.251A	Superficial foreign body of right eyelid and periocular area, initial encounter
S00.251S	Superficial foreign body of right eyelid and periocular area, sequela
S00.252A	Superficial foreign body of left eyelid and periocular area, initial encounter
S00.252S	Superficial foreign body of left eyelid and periocular area, sequela
S00.259A	Superficial foreign body of unspecified eyelid and periocular area, initial encounter

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Code	Description
S00.259S	Superficial foreign body of unspecified eyelid and periorcular area, sequela
S00.261A	Insect bite (nonvenomous) of right eyelid and periorcular area, initial encounter
S00.261S	Insect bite (nonvenomous) of right eyelid and periorcular area, sequela
S00.262A	Insect bite (nonvenomous) of left eyelid and periorcular area, initial encounter
S00.262S	Insect bite (nonvenomous) of left eyelid and periorcular area, sequela
S00.269A	Insect bite (nonvenomous) of unspecified eyelid and periorcular area, initial encounter
S00.269S	Insect bite (nonvenomous) of unspecified eyelid and periorcular area, sequela
S00.271A	Other superficial bite of right eyelid and periorcular area, initial encounter
S00.271S	Other superficial bite of right eyelid and periorcular area, sequela
S00.272A	Other superficial bite of left eyelid and periorcular area, initial encounter
S00.272S	Other superficial bite of left eyelid and periorcular area, sequela
S00.279A	Other superficial bite of unspecified eyelid and periorcular area, initial encounter
S00.279S	Other superficial bite of unspecified eyelid and periorcular area, sequela
S00.30XA	Unspecified superficial injury of nose, initial encounter
S00.30XS	Unspecified superficial injury of nose, sequela
S00.31XA	Abrasion of nose, initial encounter
S00.31XS	Abrasion of nose, sequela
S00.32XA	Blister (nonthermal) of nose, initial encounter
S00.32XS	Blister (nonthermal) of nose, sequela
S00.33XS	Contusion of nose, sequela
S00.34XA	External constriction of nose, initial encounter
S00.34XS	External constriction of nose, sequela
S00.35XA	Superficial foreign body of nose, initial encounter
S00.35XS	Superficial foreign body of nose, sequela
S00.36XA	Insect bite (nonvenomous) of nose, initial encounter
S00.36XS	Insect bite (nonvenomous) of nose, sequela
S00.37XA	Other superficial bite of nose, initial encounter
S00.37XS	Other superficial bite of nose, sequela

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Code	Description
S00.401A	Unspecified superficial injury of right ear, initial encounter
S00.401S	Unspecified superficial injury of right ear, sequela
S00.402A	Unspecified superficial injury of left ear, initial encounter
S00.402S	Unspecified superficial injury of left ear, sequela
S00.409A	Unspecified superficial injury of unspecified ear, initial encounter
S00.409S	Unspecified superficial injury of unspecified ear, sequela
S00.411A	Abrasion of right ear, initial encounter
S00.411S	Abrasion of right ear, sequela
S00.412A	Abrasion of left ear, initial encounter
S00.412S	Abrasion of left ear, sequela
S00.419A	Abrasion of unspecified ear, initial encounter
S00.419S	Abrasion of unspecified ear, sequela
S00.421A	Blister (nonthermal) of right ear, initial encounter
S00.421S	Blister (nonthermal) of right ear, sequela
S00.422A	Blister (nonthermal) of left ear, initial encounter
S00.422S	Blister (nonthermal) of left ear, sequela
S00.429A	Blister (nonthermal) of unspecified ear, initial encounter
S00.429S	Blister (nonthermal) of unspecified ear, sequela
S00.431S	Contusion of right ear, sequela
S00.432S	Contusion of left ear, sequela
S00.439S	Contusion of unspecified ear, sequela
S00.441A	External constriction of right ear, initial encounter
S00.441S	External constriction of right ear, sequela
S00.442A	External constriction of left ear, initial encounter
S00.442S	External constriction of left ear, sequela
S00.449A	External constriction of unspecified ear, initial encounter
S00.449S	External constriction of unspecified ear, sequela
S00.451A	Superficial foreign body of right ear, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S00.451S	Superficial foreign body of right ear, sequela
S00.452A	Superficial foreign body of left ear, initial encounter
S00.452S	Superficial foreign body of left ear, sequela
S00.459A	Superficial foreign body of unspecified ear, initial encounter
S00.459S	Superficial foreign body of unspecified ear, sequela
S00.461A	Insect bite (nonvenomous) of right ear, initial encounter
S00.461S	Insect bite (nonvenomous) of right ear, sequela
S00.462A	Insect bite (nonvenomous) of left ear, initial encounter
S00.462S	Insect bite (nonvenomous) of left ear, sequela
S00.469A	Insect bite (nonvenomous) of unspecified ear, initial encounter
S00.469S	Insect bite (nonvenomous) of unspecified ear, sequela
S00.471A	Other superficial bite of right ear, initial encounter
S00.471S	Other superficial bite of right ear, sequela
S00.472A	Other superficial bite of left ear, initial encounter
S00.472S	Other superficial bite of left ear, sequela
S00.479A	Other superficial bite of unspecified ear, initial encounter
S00.479S	Other superficial bite of unspecified ear, sequela
S00.501A	Unspecified superficial injury of lip, initial encounter
S00.501S	Unspecified superficial injury of lip, sequela
S00.502A	Unspecified superficial injury of oral cavity, initial encounter
S00.502S	Unspecified superficial injury of oral cavity, sequela
S00.511A	Abrasion of lip, initial encounter
S00.511S	Abrasion of lip, sequela
S00.512A	Abrasion of oral cavity, initial encounter
S00.512S	Abrasion of oral cavity, sequela
S00.521A	Blister (nonthermal) of lip, initial encounter
S00.521S	Blister (nonthermal) of lip, sequela
S00.522A	Blister (nonthermal) of oral cavity, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S00.522S	Blister (nonthermal) of oral cavity, sequela
S00.531S	Contusion of lip, sequela
S00.532S	Contusion of oral cavity, sequela
S00.541A	External constriction of lip, initial encounter
S00.541S	External constriction of lip, sequela
S00.542A	External constriction of oral cavity, initial encounter
S00.542S	External constriction of oral cavity, sequela
S00.551A	Superficial foreign body of lip, initial encounter
S00.551S	Superficial foreign body of lip, sequela
S00.552A	Superficial foreign body of oral cavity, initial encounter
S00.552S	Superficial foreign body of oral cavity, sequela
S00.561A	Insect bite (nonvenomous) of lip, initial encounter
S00.561S	Insect bite (nonvenomous) of lip, sequela
S00.562A	Insect bite (nonvenomous) of oral cavity, initial encounter
S00.562S	Insect bite (nonvenomous) of oral cavity, sequela
S00.571A	Other superficial bite of lip, initial encounter
S00.571S	Other superficial bite of lip, sequela
S00.572A	Other superficial bite of oral cavity, initial encounter
S00.572S	Other superficial bite of oral cavity, sequela
S00.80XA	Unspecified superficial injury of other part of head, initial encounter
S00.80XS	Unspecified superficial injury of other part of head, sequela
S00.81XA	Abrasion of other part of head, initial encounter
S00.81XS	Abrasion of other part of head, sequela
S00.82XA	Blister (nonthermal) of other part of head, initial encounter
S00.82XS	Blister (nonthermal) of other part of head, sequela
S00.83XS	Contusion of other part of head, sequela
S00.84XA	External constriction of other part of head, initial encounter
S00.84XS	External constriction of other part of head, sequela



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

Code	Description
S00.85XA	Superficial foreign body of other part of head, initial encounter
S00.85XS	Superficial foreign body of other part of head, sequela
S00.86XA	Insect bite (nonvenomous) of other part of head, initial encounter
S00.86XS	Insect bite (nonvenomous) of other part of head, sequela
S00.87XA	Other superficial bite of other part of head, initial encounter
S00.87XS	Other superficial bite of other part of head, sequela
S00.90XA	Unspecified superficial injury of unspecified part of head, initial encounter
S00.90XS	Unspecified superficial injury of unspecified part of head, sequela
S00.91XA	Abrasion of unspecified part of head, initial encounter
S00.91XS	Abrasion of unspecified part of head, sequela
S00.92XA	Blister (nonthermal) of unspecified part of head, initial encounter
S00.92XS	Blister (nonthermal) of unspecified part of head, sequela
S00.93XS	Contusion of unspecified part of head, sequela
S00.94XA	External constriction of unspecified part of head, initial encounter
S00.94XS	External constriction of unspecified part of head, sequela
S00.95XA	Superficial foreign body of unspecified part of head, initial encounter
S00.95XS	Superficial foreign body of unspecified part of head, sequela
S00.96XA	Insect bite (nonvenomous) of unspecified part of head, initial encounter
S00.96XS	Insect bite (nonvenomous) of unspecified part of head, sequela
S00.97XA	Other superficial bite of unspecified part of head, initial encounter
S00.97XS	Other superficial bite of unspecified part of head, sequela
S01.00XS	Unspecified open wound of scalp, sequela
S01.01XS	Laceration without foreign body of scalp, sequela
S01.02XS	Laceration with foreign body of scalp, sequela
S01.03XS	Puncture wound without foreign body of scalp, sequela
S01.04XS	Puncture wound with foreign body of scalp, sequela
S01.05XS	Open bite of scalp, sequela
S01.101S	Unspecified open wound of right eyelid and periocular area, sequela



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

Code	Description
S01.102S	Unspecified open wound of left eyelid and periocular area, sequela
S01.109S	Unspecified open wound of unspecified eyelid and periocular area, sequela
S01.111S	Laceration without foreign body of right eyelid and periocular area, sequela
S01.112S	Laceration without foreign body of left eyelid and periocular area, sequela
S01.119S	Laceration without foreign body of unspecified eyelid and periocular area, sequela
S01.121S	Laceration with foreign body of right eyelid and periocular area, sequela
S01.122S	Laceration with foreign body of left eyelid and periocular area, sequela
S01.129S	Laceration with foreign body of unspecified eyelid and periocular area, sequela
S01.131S	Puncture wound without foreign body of right eyelid and periocular area, sequela
S01.132S	Puncture wound without foreign body of left eyelid and periocular area, sequela
S01.139S	Puncture wound without foreign body of unspecified eyelid and periocular area, sequela
S01.141S	Puncture wound with foreign body of right eyelid and periocular area, sequela
S01.142S	Puncture wound with foreign body of left eyelid and periocular area, sequela
S01.149S	Puncture wound with foreign body of unspecified eyelid and periocular area, sequela
S01.151S	Open bite of right eyelid and periocular area, sequela
S01.152S	Open bite of left eyelid and periocular area, sequela
S01.159S	Open bite of unspecified eyelid and periocular area, sequela
S01.20XS	Unspecified open wound of nose, sequela
S01.21XS	Laceration without foreign body of nose, sequela
S01.22XS	Laceration with foreign body of nose, sequela
S01.23XS	Puncture wound without foreign body of nose, sequela
S01.24XS	Puncture wound with foreign body of nose, sequela
S01.25XS	Open bite of nose, sequela
S01.301S	Unspecified open wound of right ear, sequela
S01.302S	Unspecified open wound of left ear, sequela
S01.309S	Unspecified open wound of unspecified ear, sequela
S01.311S	Laceration without foreign body of right ear, sequela



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

Code	Description
S01.312S	Laceration without foreign body of left ear, sequela
S01.319S	Laceration without foreign body of unspecified ear, sequela
S01.321S	Laceration with foreign body of right ear, sequela
S01.322S	Laceration with foreign body of left ear, sequela
S01.329S	Laceration with foreign body of unspecified ear, sequela
S01.331S	Puncture wound without foreign body of right ear, sequela
S01.332S	Puncture wound without foreign body of left ear, sequela
S01.339S	Puncture wound without foreign body of unspecified ear, sequela
S01.341S	Puncture wound with foreign body of right ear, sequela
S01.342S	Puncture wound with foreign body of left ear, sequela
S01.349S	Puncture wound with foreign body of unspecified ear, sequela
S01.351S	Open bite of right ear, sequela
S01.352S	Open bite of left ear, sequela
S01.359S	Open bite of unspecified ear, sequela
S01.401S	Unspecified open wound of right cheek and temporomandibular area, sequela
S01.402S	Unspecified open wound of left cheek and temporomandibular area, sequela
S01.409S	Unspecified open wound of unspecified cheek and temporomandibular area, sequela
S01.411S	Laceration without foreign body of right cheek and temporomandibular area, sequela
S01.412S	Laceration without foreign body of left cheek and temporomandibular area, sequela
S01.419S	Laceration without foreign body of unspecified cheek and temporomandibular area, sequela
S01.421S	Laceration with foreign body of right cheek and temporomandibular area, sequela
S01.422S	Laceration with foreign body of left cheek and temporomandibular area, sequela
S01.429S	Laceration with foreign body of unspecified cheek and temporomandibular area, sequela
S01.431S	Puncture wound without foreign body of right cheek and temporomandibular area, sequela



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

Code	Description
S01.432S	Puncture wound without foreign body of left cheek and temporomandibular area, sequela
S01.439S	Puncture wound without foreign body of unspecified cheek and temporomandibular area, sequela
S01.441S	Puncture wound with foreign body of right cheek and temporomandibular area, sequela
S01.442S	Puncture wound with foreign body of left cheek and temporomandibular area, sequela
S01.449S	Puncture wound with foreign body of unspecified cheek and temporomandibular area, sequela
S01.451S	Open bite of right cheek and temporomandibular area, sequela
S01.452S	Open bite of left cheek and temporomandibular area, sequela
S01.459S	Open bite of unspecified cheek and temporomandibular area, sequela
S01.501S	Unspecified open wound of lip, sequela
S01.502S	Unspecified open wound of oral cavity, sequela
S01.511S	Laceration without foreign body of lip, sequela
S01.512S	Laceration without foreign body of oral cavity, sequela
S01.521S	Laceration with foreign body of lip, sequela
S01.522S	Laceration with foreign body of oral cavity, sequela
S01.531S	Puncture wound without foreign body of lip, sequela
S01.532S	Puncture wound without foreign body of oral cavity, sequela
S01.541S	Puncture wound with foreign body of lip, sequela
S01.542S	Puncture wound with foreign body of oral cavity, sequela
S01.551S	Open bite of lip, sequela
S01.552S	Open bite of oral cavity, sequela
S01.80XS	Unspecified open wound of other part of head, sequela
S01.81XS	Laceration without foreign body of other part of head, sequela
S01.82XS	Laceration with foreign body of other part of head, sequela
S01.83XS	Puncture wound without foreign body of other part of head, sequela
S01.84XS	Puncture wound with foreign body of other part of head, sequela



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

Code	Description
S01.85XS	Open bite of other part of head, sequela
S01.90XS	Unspecified open wound of unspecified part of head, sequela
S01.91XS	Laceration without foreign body of unspecified part of head, sequela
S01.92XS	Laceration with foreign body of unspecified part of head, sequela
S01.93XS	Puncture wound without foreign body of unspecified part of head, sequela
S01.94XS	Puncture wound with foreign body of unspecified part of head, sequela
S01.95XS	Open bite of unspecified part of head, sequela
S02.0XXD	Fracture of vault of skull, subsequent encounter for fracture with routine healing
S02.0XXG	Fracture of vault of skull, subsequent encounter for fracture with delayed healing
S02.0XXS	Fracture of vault of skull, sequela
S02.110D	Type I occipital condyle fracture, unspecified side, subsequent encounter for fracture with routine healing
S02.110G	Type I occipital condyle fracture, unspecified side, subsequent encounter for fracture with delayed healing
S02.110S	Type I occipital condyle fracture, unspecified side, sequela
S02.111D	Type II occipital condyle fracture, unspecified side, subsequent encounter for fracture with routine healing
S02.111G	Type II occipital condyle fracture, unspecified side, subsequent encounter for fracture with delayed healing
S02.111S	Type II occipital condyle fracture, unspecified side, sequela
S02.112D	Type III occipital condyle fracture, unspecified side, subsequent encounter for fracture with routine healing
S02.112G	Type III occipital condyle fracture, unspecified side, subsequent encounter for fracture with delayed healing
S02.112S	Type III occipital condyle fracture, unspecified side, sequela
S02.113D	Unspecified occipital condyle fracture, subsequent encounter for fracture with routine healing
S02.113G	Unspecified occipital condyle fracture, subsequent encounter for fracture with delayed healing
S02.113S	Unspecified occipital condyle fracture, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S02.118D	Other fracture of occiput, unspecified side, subsequent encounter for fracture with routine healing
S02.118G	Other fracture of occiput, unspecified side, subsequent encounter for fracture with delayed healing
S02.118S	Other fracture of occiput, unspecified side, sequela
S02.119D	Unspecified fracture of occiput, subsequent encounter for fracture with routine healing
S02.119G	Unspecified fracture of occiput, subsequent encounter for fracture with delayed healing
S02.119S	Unspecified fracture of occiput, sequela
S02.11AA	Type I occipital condyle fracture, right side, initial encounter for closed fracture
S02.11AB	Type I occipital condyle fracture, right side, initial encounter for open fracture
S02.121D	Fracture of orbital roof, right side, subsequent encounter for fracture with routine healing
S02.121G	Fracture of orbital roof, right side, subsequent encounter for fracture with delayed healing
S02.121S	Fracture of orbital roof, right side, sequela
S02.122D	Fracture of orbital roof, left side, subsequent encounter for fracture with routine healing
S02.122G	Fracture of orbital roof, left side, subsequent encounter for fracture with delayed healing
S02.122S	Fracture of orbital roof, left side, sequela
S02.129D	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with routine healing
S02.129G	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with delayed healing
S02.129S	Fracture of orbital roof, unspecified side, sequela
S02.19XD	Other fracture of base of skull, subsequent encounter for fracture with routine healing
S02.19XG	Other fracture of base of skull, subsequent encounter for fracture with delayed healing
S02.19XS	Other fracture of base of skull, sequela



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

Code	Description
S02.2XXD	Fracture of nasal bones, subsequent encounter for fracture with routine healing
S02.2XXG	Fracture of nasal bones, subsequent encounter for fracture with delayed healing
S02.2XXS	Fracture of nasal bones, sequela
S02.400D	Malar fracture, unspecified side, subsequent encounter for fracture with routine healing
S02.400G	Malar fracture, unspecified side, subsequent encounter for fracture with delayed healing
S02.400S	Malar fracture, unspecified side, sequela
S02.401D	Maxillary fracture, unspecified side, subsequent encounter for fracture with routine healing
S02.401G	Maxillary fracture, unspecified side, subsequent encounter for fracture with delayed healing
S02.401S	Maxillary fracture, unspecified side, sequela
S02.402D	Zygomatic fracture, unspecified side, subsequent encounter for fracture with routine healing
S02.402G	Zygomatic fracture, unspecified side, subsequent encounter for fracture with delayed healing
S02.402S	Zygomatic fracture, unspecified side, sequela
S02.411D	LeFort I fracture, subsequent encounter for fracture with routine healing
S02.411G	LeFort I fracture, subsequent encounter for fracture with delayed healing
S02.411S	LeFort I fracture, sequela
S02.412D	LeFort II fracture, subsequent encounter for fracture with routine healing
S02.412G	LeFort II fracture, subsequent encounter for fracture with delayed healing
S02.412S	LeFort II fracture, sequela
S02.413D	LeFort III fracture, subsequent encounter for fracture with routine healing
S02.413G	LeFort III fracture, subsequent encounter for fracture with delayed healing
S02.413S	LeFort III fracture, sequela
S02.42XD	Fracture of alveolus of maxilla, subsequent encounter for fracture with routine healing
S02.42XG	Fracture of alveolus of maxilla, subsequent encounter for fracture with delayed healing



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

Code	Description
S02.42XS	Fracture of alveolus of maxilla, sequela
S02.5XXD	Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing
S02.5XXG	Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing
S02.5XXS	Fracture of tooth (traumatic), sequela
S02.600D	Fracture of unspecified part of body of mandible, unspecified side, subsequent encounter for fracture with routine healing
S02.600G	Fracture of unspecified part of body of mandible, unspecified side, subsequent encounter for fracture with delayed healing
S02.600S	Fracture of unspecified part of body of mandible, unspecified side, sequela
S02.609D	Fracture of mandible, unspecified, subsequent encounter for fracture with routine healing
S02.609G	Fracture of mandible, unspecified, subsequent encounter for fracture with delayed healing
S02.609S	Fracture of mandible, unspecified, sequela
S02.66XD	Fracture of symphysis of mandible, subsequent encounter for fracture with routine healing
S02.66XG	Fracture of symphysis of mandible, subsequent encounter for fracture with delayed healing
S02.66XS	Fracture of symphysis of mandible, sequela
S02.670A	Fracture of alveolus of mandible, unspecified side, initial encounter for closed fracture
S02.670B	Fracture of alveolus of mandible, unspecified side, initial encounter for open fracture
S02.69XD	Fracture of mandible of other specified site, subsequent encounter for fracture with routine healing
S02.69XG	Fracture of mandible of other specified site, subsequent encounter for fracture with delayed healing
S02.69XS	Fracture of mandible of other specified site, sequela
S02.831D	Fracture of medial orbital wall, right side, subsequent encounter for fracture with routine healing
S02.831G	Fracture of medial orbital wall, right side, subsequent encounter for fracture with delayed healing



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

Code	Description
S02.831S	Fracture of medial orbital wall, right side, sequela
S02.832D	Fracture of medial orbital wall, left side, subsequent encounter for fracture with routine healing
S02.832G	Fracture of medial orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.832S	Fracture of medial orbital wall, left side, sequela
S02.839D	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with routine healing
S02.839G	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with delayed healing
S02.839S	Fracture of medial orbital wall, unspecified side, sequela
S02.841D	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with routine healing
S02.841G	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with delayed healing
S02.841S	Fracture of lateral orbital wall, right side, sequela
S02.842D	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with routine healing
S02.842G	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.842S	Fracture of lateral orbital wall, left side, sequela
S02.849D	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with routine healing
S02.849G	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with delayed healing
S02.849S	Fracture of lateral orbital wall, unspecified side, sequela
S02.85XD	Fracture of orbit, unspecified, subsequent encounter for fracture with routine healing
S02.85XG	Fracture of orbit, unspecified, subsequent encounter for fracture with delayed healing
S02.85XS	Fracture of orbit, unspecified, sequela
S02.91XD	Unspecified fracture of skull, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S02.91XG	Unspecified fracture of skull, subsequent encounter for fracture with delayed healing
S02.91XS	Unspecified fracture of skull, sequela
S02.92XD	Unspecified fracture of facial bones, subsequent encounter for fracture with routine healing
S02.92XG	Unspecified fracture of facial bones, subsequent encounter for fracture with delayed healing
S02.92XS	Unspecified fracture of facial bones, sequela
S03.1XXA	Dislocation of septal cartilage of nose, initial encounter
S03.1XXS	Dislocation of septal cartilage of nose, sequela
S03.2XXS	Dislocation of tooth, sequela
S03.8XXA	Sprain of joints and ligaments of other parts of head, initial encounter
S03.8XXS	Sprain of joints and ligaments of other parts of head, sequela
S03.9XXA	Sprain of joints and ligaments of unspecified parts of head, initial encounter
S03.9XXS	Sprain of joints and ligaments of unspecified parts of head, sequela
S04.011S	Injury of optic nerve, right eye, sequela
S04.012S	Injury of optic nerve, left eye, sequela
S04.019S	Injury of optic nerve, unspecified eye, sequela
S04.02XS	Injury of optic chiasm, sequela
S04.031S	Injury of optic tract and pathways, right side, sequela
S04.032S	Injury of optic tract and pathways, left side, sequela
S04.039S	Injury of optic tract and pathways, unspecified side, sequela
S04.041S	Injury of visual cortex, right side, sequela
S04.042S	Injury of visual cortex, left side, sequela
S04.049S	Injury of visual cortex, unspecified side, sequela
S04.10XS	Injury of oculomotor nerve, unspecified side, sequela
S04.11XS	Injury of oculomotor nerve, right side, sequela
S04.12XS	Injury of oculomotor nerve, left side, sequela
S04.20XS	Injury of trochlear nerve, unspecified side, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S04.21XS	Injury of trochlear nerve, right side, sequela
S04.22XS	Injury of trochlear nerve, left side, sequela
S04.30XS	Injury of trigeminal nerve, unspecified side, sequela
S04.31XS	Injury of trigeminal nerve, right side, sequela
S04.32XS	Injury of trigeminal nerve, left side, sequela
S04.40XS	Injury of abducent nerve, unspecified side, sequela
S04.41XS	Injury of abducent nerve, right side, sequela
S04.42XS	Injury of abducent nerve, left side, sequela
S04.50XS	Injury of facial nerve, unspecified side, sequela
S04.51XS	Injury of facial nerve, right side, sequela
S04.52XS	Injury of facial nerve, left side, sequela
S04.60XS	Injury of acoustic nerve, unspecified side, sequela
S04.61XS	Injury of acoustic nerve, right side, sequela
S04.62XS	Injury of acoustic nerve, left side, sequela
S04.70XS	Injury of accessory nerve, unspecified side, sequela
S04.71XS	Injury of accessory nerve, right side, sequela
S04.72XS	Injury of accessory nerve, left side, sequela
S04.811S	Injury of olfactory [1st] nerve, right side, sequela
S04.812S	Injury of olfactory [1st] nerve, left side, sequela
S04.819S	Injury of olfactory [1st] nerve, unspecified side, sequela
S04.891S	Injury of other cranial nerves, right side, sequela
S04.892S	Injury of other cranial nerves, left side, sequela
S04.899S	Injury of other cranial nerves, unspecified side, sequela
S04.9XXS	Injury of unspecified cranial nerve, sequela
S05.00XA	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, initial encounter
S05.00XS	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, sequela



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

Code	Description
S05.01XA	Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter
S05.01XS	Injury of conjunctiva and corneal abrasion without foreign body, right eye, sequela
S05.02XA	Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter
S05.02XS	Injury of conjunctiva and corneal abrasion without foreign body, left eye, sequela
S05.10XS	Contusion of eyeball and orbital tissues, unspecified eye, sequela
S05.11XS	Contusion of eyeball and orbital tissues, right eye, sequela
S05.12XS	Contusion of eyeball and orbital tissues, left eye, sequela
S05.20XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, sequela
S05.21XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, sequela
S05.22XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, sequela
S05.30XS	Ocular laceration without prolapse or loss of intraocular tissue, unspecified eye, sequela
S05.31XS	Ocular laceration without prolapse or loss of intraocular tissue, right eye, sequela
S05.32XS	Ocular laceration without prolapse or loss of intraocular tissue, left eye, sequela
S05.40XS	Penetrating wound of orbit with or without foreign body, unspecified eye, sequela
S05.41XS	Penetrating wound of orbit with or without foreign body, right eye, sequela
S05.42XS	Penetrating wound of orbit with or without foreign body, left eye, sequela
S05.50XS	Penetrating wound with foreign body of unspecified eyeball, sequela
S05.51XS	Penetrating wound with foreign body of right eyeball, sequela
S05.52XS	Penetrating wound with foreign body of left eyeball, sequela
S05.60XS	Penetrating wound without foreign body of unspecified eyeball, sequela
S05.61XS	Penetrating wound without foreign body of right eyeball, sequela
S05.62XS	Penetrating wound without foreign body of left eyeball, sequela
S05.70XS	Avulsion of unspecified eye, sequela
S05.71XS	Avulsion of right eye, sequela



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

Code	Description
S05.72XS	Avulsion of left eye, sequela
S05.8X1S	Other injuries of right eye and orbit, sequela
S05.8X2S	Other injuries of left eye and orbit, sequela
S05.8X9S	Other injuries of unspecified eye and orbit, sequela
S05.90XA	Unspecified injury of unspecified eye and orbit, initial encounter
S05.90XS	Unspecified injury of unspecified eye and orbit, sequela
S05.91XS	Unspecified injury of right eye and orbit, sequela
S05.92XS	Unspecified injury of left eye and orbit, sequela
S06.0X0S	Concussion without loss of consciousness, sequela
S06.0X1S	Concussion with loss of consciousness of 30 minutes or less, sequela
S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela
S06.1X0S	Traumatic cerebral edema without loss of consciousness, sequela
S06.1X1S	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, sequela
S06.1X2S	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.1X3S	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.1X4S	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, sequela
S06.1X5S	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.1X6S	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.1X9S	Traumatic cerebral edema with loss of consciousness of unspecified duration, sequela
S06.2X0S	Diffuse traumatic brain injury without loss of consciousness, sequela
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela
S06.2X2S	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S06.2X3S	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.2X4S	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.2X5S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, sequela
S06.2X6S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.2X9S	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela
S06.300S	Unspecified focal traumatic brain injury without loss of consciousness, sequela
S06.301S	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, sequela
S06.302S	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.303S	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.304S	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.305S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.306S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.309S	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, sequela
S06.310S	Contusion and laceration of right cerebrum without loss of consciousness, sequela
S06.311S	Contusion and laceration of right cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.312S	Contusion and laceration of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.313S	Contusion and laceration of right cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela



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

Code	Description
S06.314S	Contusion and laceration of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.315S	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.316S	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.319S	Contusion and laceration of right cerebrum with loss of consciousness of unspecified duration, sequela
S06.320S	Contusion and laceration of left cerebrum without loss of consciousness, sequela
S06.321S	Contusion and laceration of left cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.322S	Contusion and laceration of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.323S	Contusion and laceration of left cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.324S	Contusion and laceration of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.325S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.326S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.329S	Contusion and laceration of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.330S	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, sequela
S06.331S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela
S06.332S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.333S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela



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

Code	Description
S06.334S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela
S06.335S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.336S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.339S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of unspecified duration, sequela
S06.340S	Traumatic hemorrhage of right cerebrum without loss of consciousness, sequela
S06.341S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.342S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.343S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.344S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.345S	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.346S	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.349S	Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, sequela
S06.350S	Traumatic hemorrhage of left cerebrum without loss of consciousness, sequela
S06.351S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.352S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.353S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.354S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela



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

Code	Description
S06.355S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.356S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.359S	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.360S	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, sequela
S06.361S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela
S06.362S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.363S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.364S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela
S06.365S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.366S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.369S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, sequela
S06.370S	Contusion, laceration, and hemorrhage of cerebellum without loss of consciousness, sequela
S06.371S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 30 minutes or less, sequela
S06.372S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.373S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.374S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 6 hours to 24 hours, sequela



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

Code	Description
S06.375S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.376S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.379S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of unspecified duration, sequela
S06.380S	Contusion, laceration, and hemorrhage of brainstem without loss of consciousness, sequela
S06.381S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 30 minutes or less, sequela
S06.382S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.383S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.384S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 6 hours to 24 hours, sequela
S06.385S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.386S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.389S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration, sequela
S06.4X0S	Epidural hemorrhage without loss of consciousness, sequela
S06.4X1S	Epidural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.4X2S	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.4X3S	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.4X4S	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.4X5S	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela



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

Code	Description
S06.4X6S	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.4X9S	Epidural hemorrhage with loss of consciousness of unspecified duration, sequela
S06.5X0S	Traumatic subdural hemorrhage without loss of consciousness, sequela
S06.5X1S	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.5X2S	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.5X3S	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.5X4S	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.5X5S	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.5X6S	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.5X9S	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, sequela
S06.6X0S	Traumatic subarachnoid hemorrhage without loss of consciousness, sequela
S06.6X1S	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.6X2S	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.6X3S	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.6X4S	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.6X5S	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.6X6S	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.6X9S	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S06.810S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela
S06.811S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.812S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.813S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.814S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.815S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.816S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.819S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.820S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela
S06.821S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.822S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.823S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.824S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.825S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.826S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S06.829S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.890S	Other specified intracranial injury without loss of consciousness, sequela
S06.891S	Other specified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.892S	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.893S	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.894S	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.895S	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.896S	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.899S	Other specified intracranial injury with loss of consciousness of unspecified duration, sequela
S06.9X0S	Unspecified intracranial injury without loss of consciousness, sequela
S06.9X1S	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.9X2S	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.9X3S	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.9X4S	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.9X5S	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.9X6S	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.9X9S	Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
S07.0XXS	Crushing injury of face, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S07.1XXS	Crushing injury of skull, sequela
S07.8XXS	Crushing injury of other parts of head, sequela
S07.9XXS	Crushing injury of head, part unspecified, sequela
S08.0XXS	Avulsion of scalp, sequela
S08.111S	Complete traumatic amputation of right ear, sequela
S08.112S	Complete traumatic amputation of left ear, sequela
S08.119S	Complete traumatic amputation of unspecified ear, sequela
S08.121S	Partial traumatic amputation of right ear, sequela
S08.122S	Partial traumatic amputation of left ear, sequela
S08.129S	Partial traumatic amputation of unspecified ear, sequela
S08.811S	Complete traumatic amputation of nose, sequela
S08.812S	Partial traumatic amputation of nose, sequela
S08.89XS	Traumatic amputation of other parts of head, sequela
S09.0XXS	Injury of blood vessels of head, not elsewhere classified, sequela
S09.10XS	Unspecified injury of muscle and tendon of head, sequela
S09.11XS	Strain of muscle and tendon of head, sequela
S09.12XS	Laceration of muscle and tendon of head, sequela
S09.19XS	Other specified injury of muscle and tendon of head, sequela
S09.20XS	Traumatic rupture of unspecified ear drum, sequela
S09.21XS	Traumatic rupture of right ear drum, sequela
S09.22XS	Traumatic rupture of left ear drum, sequela
S09.301S	Unspecified injury of right middle and inner ear, sequela
S09.302S	Unspecified injury of left middle and inner ear, sequela
S09.309S	Unspecified injury of unspecified middle and inner ear, sequela
S09.311S	Primary blast injury of right ear, sequela
S09.312S	Primary blast injury of left ear, sequela
S09.313S	Primary blast injury of ear, bilateral, sequela
S09.319S	Primary blast injury of unspecified ear, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S09.391S	Other specified injury of right middle and inner ear, sequela
S09.392S	Other specified injury of left middle and inner ear, sequela
S09.399S	Other specified injury of unspecified middle and inner ear, sequela
S09.8XXS	Other specified injuries of head, sequela
S09.90XS	Unspecified injury of head, sequela
S09.91XS	Unspecified injury of ear, sequela
S09.92XS	Unspecified injury of nose, sequela
S09.93XS	Unspecified injury of face, sequela
S10.0XXS	Contusion of throat, sequela
S10.10XA	Unspecified superficial injuries of throat, initial encounter
S10.10XS	Unspecified superficial injuries of throat, sequela
S10.11XA	Abrasion of throat, initial encounter
S10.11XS	Abrasion of throat, sequela
S10.12XA	Blister (nonthermal) of throat, initial encounter
S10.12XS	Blister (nonthermal) of throat, sequela
S10.14XA	External constriction of part of throat, initial encounter
S10.14XS	External constriction of part of throat, sequela
S10.15XA	Superficial foreign body of throat, initial encounter
S10.15XS	Superficial foreign body of throat, sequela
S10.16XA	Insect bite (nonvenomous) of throat, initial encounter
S10.16XS	Insect bite (nonvenomous) of throat, sequela
S10.17XA	Other superficial bite of throat, initial encounter
S10.17XS	Other superficial bite of throat, sequela
S10.80XA	Unspecified superficial injury of other specified part of neck, initial encounter
S10.80XS	Unspecified superficial injury of other specified part of neck, sequela
S10.81XA	Abrasion of other specified part of neck, initial encounter
S10.81XS	Abrasion of other specified part of neck, sequela
S10.82XA	Blister (nonthermal) of other specified part of neck, initial encounter



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Code	Description
S10.82XS	Blister (nonthermal) of other specified part of neck, sequela
S10.83XS	Contusion of other specified part of neck, sequela
S10.84XA	External constriction of other specified part of neck, initial encounter
S10.84XS	External constriction of other specified part of neck, sequela
S10.85XA	Superficial foreign body of other specified part of neck, initial encounter
S10.85XS	Superficial foreign body of other specified part of neck, sequela
S10.86XA	Insect bite of other specified part of neck, initial encounter
S10.86XS	Insect bite of other specified part of neck, sequela
S10.87XA	Other superficial bite of other specified part of neck, initial encounter
S10.87XS	Other superficial bite of other specified part of neck, sequela
S10.90XA	Unspecified superficial injury of unspecified part of neck, initial encounter
S10.90XS	Unspecified superficial injury of unspecified part of neck, sequela
S10.91XA	Abrasion of unspecified part of neck, initial encounter
S10.91XS	Abrasion of unspecified part of neck, sequela
S10.92XA	Blister (nonthermal) of unspecified part of neck, initial encounter
S10.92XS	Blister (nonthermal) of unspecified part of neck, sequela
S10.93XS	Contusion of unspecified part of neck, sequela
S10.94XA	External constriction of unspecified part of neck, initial encounter
S10.94XS	External constriction of unspecified part of neck, sequela
S10.95XA	Superficial foreign body of unspecified part of neck, initial encounter
S10.95XS	Superficial foreign body of unspecified part of neck, sequela
S10.96XA	Insect bite of unspecified part of neck, initial encounter
S10.96XS	Insect bite of unspecified part of neck, sequela
S10.97XA	Other superficial bite of unspecified part of neck, initial encounter
S10.97XS	Other superficial bite of unspecified part of neck, sequela
S11.011S	Laceration without foreign body of larynx, sequela
S11.012S	Laceration with foreign body of larynx, sequela
S11.013S	Puncture wound without foreign body of larynx, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S11.014S	Puncture wound with foreign body of larynx, sequela
S11.015S	Open bite of larynx, sequela
S11.019S	Unspecified open wound of larynx, sequela
S11.021S	Laceration without foreign body of trachea, sequela
S11.022S	Laceration with foreign body of trachea, sequela
S11.023S	Puncture wound without foreign body of trachea, sequela
S11.024S	Puncture wound with foreign body of trachea, sequela
S11.025S	Open bite of trachea, sequela
S11.029S	Unspecified open wound of trachea, sequela
S11.031S	Laceration without foreign body of vocal cord, sequela
S11.032S	Laceration with foreign body of vocal cord, sequela
S11.033S	Puncture wound without foreign body of vocal cord, sequela
S11.034S	Puncture wound with foreign body of vocal cord, sequela
S11.035S	Open bite of vocal cord, sequela
S11.039S	Unspecified open wound of vocal cord, sequela
S11.10XS	Unspecified open wound of thyroid gland, sequela
S11.11XS	Laceration without foreign body of thyroid gland, sequela
S11.12XS	Laceration with foreign body of thyroid gland, sequela
S11.13XS	Puncture wound without foreign body of thyroid gland, sequela
S11.14XS	Puncture wound with foreign body of thyroid gland, sequela
S11.15XS	Open bite of thyroid gland, sequela
S11.20XS	Unspecified open wound of pharynx and cervical esophagus, sequela
S11.21XS	Laceration without foreign body of pharynx and cervical esophagus, sequela
S11.22XS	Laceration with foreign body of pharynx and cervical esophagus, sequela
S11.23XS	Puncture wound without foreign body of pharynx and cervical esophagus, sequela
S11.24XS	Puncture wound with foreign body of pharynx and cervical esophagus, sequela
S11.25XS	Open bite of pharynx and cervical esophagus, sequela
S11.80XS	Unspecified open wound of other specified part of neck, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S11.81XS	Laceration without foreign body of other specified part of neck, sequela
S11.82XS	Laceration with foreign body of other specified part of neck, sequela
S11.83XS	Puncture wound without foreign body of other specified part of neck, sequela
S11.84XS	Puncture wound with foreign body of other specified part of neck, sequela
S11.85XS	Open bite of other specified part of neck, sequela
S11.89XS	Other open wound of other specified part of neck, sequela
S11.90XA	Unspecified open wound of unspecified part of neck, initial encounter
S11.90XS	Unspecified open wound of unspecified part of neck, sequela
S11.91XS	Laceration without foreign body of unspecified part of neck, sequela
S11.92XS	Laceration with foreign body of unspecified part of neck, sequela
S11.93XS	Puncture wound without foreign body of unspecified part of neck, sequela
S11.94XS	Puncture wound with foreign body of unspecified part of neck, sequela
S11.95XS	Open bite of unspecified part of neck, sequela
S12.000D	Unspecified displaced fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.000G	Unspecified displaced fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.000S	Unspecified displaced fracture of first cervical vertebra, sequela
S12.001D	Unspecified nondisplaced fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.001G	Unspecified nondisplaced fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.001S	Unspecified nondisplaced fracture of first cervical vertebra, sequela
S12.01XD	Stable burst fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.01XG	Stable burst fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.01XS	Stable burst fracture of first cervical vertebra, sequela
S12.02XD	Unstable burst fracture of first cervical vertebra, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S12.02XG	Unstable burst fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.02XS	Unstable burst fracture of first cervical vertebra, sequela
S12.030D	Displaced posterior arch fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.030G	Displaced posterior arch fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.030S	Displaced posterior arch fracture of first cervical vertebra, sequela
S12.031D	Nondisplaced posterior arch fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.031G	Nondisplaced posterior arch fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.031S	Nondisplaced posterior arch fracture of first cervical vertebra, sequela
S12.040D	Displaced lateral mass fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.040G	Displaced lateral mass fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.040S	Displaced lateral mass fracture of first cervical vertebra, sequela
S12.041D	Nondisplaced lateral mass fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.041G	Nondisplaced lateral mass fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.041S	Nondisplaced lateral mass fracture of first cervical vertebra, sequela
S12.090D	Other displaced fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.090G	Other displaced fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.090S	Other displaced fracture of first cervical vertebra, sequela
S12.091D	Other nondisplaced fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.091G	Other nondisplaced fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing



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Code	Description
S12.091S	Other nondisplaced fracture of first cervical vertebra, sequela
S12.100D	Unspecified displaced fracture of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.100G	Unspecified displaced fracture of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.100S	Unspecified displaced fracture of second cervical vertebra, sequela
S12.101D	Unspecified nondisplaced fracture of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.101G	Unspecified nondisplaced fracture of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.101S	Unspecified nondisplaced fracture of second cervical vertebra, sequela
S12.110D	Anterior displaced Type II dens fracture, subsequent encounter for fracture with routine healing
S12.110G	Anterior displaced Type II dens fracture, subsequent encounter for fracture with delayed healing
S12.110S	Anterior displaced Type II dens fracture, sequela
S12.111D	Posterior displaced Type II dens fracture, subsequent encounter for fracture with routine healing
S12.111G	Posterior displaced Type II dens fracture, subsequent encounter for fracture with delayed healing
S12.111S	Posterior displaced Type II dens fracture, sequela
S12.112D	Nondisplaced Type II dens fracture, subsequent encounter for fracture with routine healing
S12.112G	Nondisplaced Type II dens fracture, subsequent encounter for fracture with delayed healing
S12.112S	Nondisplaced Type II dens fracture, sequela
S12.120D	Other displaced dens fracture, subsequent encounter for fracture with routine healing
S12.120G	Other displaced dens fracture, subsequent encounter for fracture with delayed healing
S12.120S	Other displaced dens fracture, sequela



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Code	Description
S12.121D	Other nondisplaced dens fracture, subsequent encounter for fracture with routine healing
S12.121G	Other nondisplaced dens fracture, subsequent encounter for fracture with delayed healing
S12.121S	Other nondisplaced dens fracture, sequela
S12.130D	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.130G	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.130S	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, sequela
S12.131D	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.131G	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.131S	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, sequela
S12.14XD	Type III traumatic spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.14XG	Type III traumatic spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.14XS	Type III traumatic spondylolisthesis of second cervical vertebra, sequela
S12.150D	Other traumatic displaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.150G	Other traumatic displaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.150S	Other traumatic displaced spondylolisthesis of second cervical vertebra, sequela
S12.151D	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.151G	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.151S	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, sequela

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Code	Description
S12.190D	Other displaced fracture of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.190G	Other displaced fracture of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.190S	Other displaced fracture of second cervical vertebra, sequela
S12.191D	Other nondisplaced fracture of second cervical vertebra, subsequent encounter for fracture with routine healing
S12.191G	Other nondisplaced fracture of second cervical vertebra, subsequent encounter for fracture with delayed healing
S12.191S	Other nondisplaced fracture of second cervical vertebra, sequela
S12.200D	Unspecified displaced fracture of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.200G	Unspecified displaced fracture of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.200S	Unspecified displaced fracture of third cervical vertebra, sequela
S12.201D	Unspecified nondisplaced fracture of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.201G	Unspecified nondisplaced fracture of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.201S	Unspecified nondisplaced fracture of third cervical vertebra, sequela
S12.230D	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.230G	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.230S	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, sequela
S12.231D	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.231G	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.231S	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, sequela
S12.24XD	Type III traumatic spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with routine healing

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Code	Description
S12.24XG	Type III traumatic spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.24XS	Type III traumatic spondylolisthesis of third cervical vertebra, sequela
S12.250D	Other traumatic displaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.250G	Other traumatic displaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.250S	Other traumatic displaced spondylolisthesis of third cervical vertebra, sequela
S12.251D	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.251G	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.251S	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, sequela
S12.290D	Other displaced fracture of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.290G	Other displaced fracture of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.290S	Other displaced fracture of third cervical vertebra, sequela
S12.291D	Other nondisplaced fracture of third cervical vertebra, subsequent encounter for fracture with routine healing
S12.291G	Other nondisplaced fracture of third cervical vertebra, subsequent encounter for fracture with delayed healing
S12.291S	Other nondisplaced fracture of third cervical vertebra, sequela
S12.300D	Unspecified displaced fracture of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.300G	Unspecified displaced fracture of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.300S	Unspecified displaced fracture of fourth cervical vertebra, sequela
S12.301D	Unspecified nondisplaced fracture of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.301G	Unspecified nondisplaced fracture of fourth cervical vertebra, subsequent encounter for fracture with delayed healing



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Code	Description
S12.301S	Unspecified nondisplaced fracture of fourth cervical vertebra, sequela
S12.330D	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.330G	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.330S	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, sequela
S12.331D	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.331G	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.331S	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, sequela
S12.34XD	Type III traumatic spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.34XG	Type III traumatic spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.34XS	Type III traumatic spondylolisthesis of fourth cervical vertebra, sequela
S12.350D	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.350G	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.350S	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, sequela
S12.351D	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.351G	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.351S	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, sequela
S12.390D	Other displaced fracture of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.390G	Other displaced fracture of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.390S	Other displaced fracture of fourth cervical vertebra, sequela

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Code	Description
S12.391D	Other nondisplaced fracture of fourth cervical vertebra, subsequent encounter for fracture with routine healing
S12.391G	Other nondisplaced fracture of fourth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.391S	Other nondisplaced fracture of fourth cervical vertebra, sequela
S12.400D	Unspecified displaced fracture of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.400G	Unspecified displaced fracture of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.400S	Unspecified displaced fracture of fifth cervical vertebra, sequela
S12.401D	Unspecified nondisplaced fracture of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.401G	Unspecified nondisplaced fracture of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.401S	Unspecified nondisplaced fracture of fifth cervical vertebra, sequela
S12.430D	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.430G	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.430S	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, sequela
S12.431D	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.431G	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.431S	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, sequela
S12.44XD	Type III traumatic spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.44XG	Type III traumatic spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.44XS	Type III traumatic spondylolisthesis of fifth cervical vertebra, sequela
S12.450D	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with routine healing

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Code	Description
S12.450G	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.450S	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, sequela
S12.451D	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.451G	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.451S	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, sequela
S12.490D	Other displaced fracture of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.490G	Other displaced fracture of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.490S	Other displaced fracture of fifth cervical vertebra, sequela
S12.491D	Other nondisplaced fracture of fifth cervical vertebra, subsequent encounter for fracture with routine healing
S12.491G	Other nondisplaced fracture of fifth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.491S	Other nondisplaced fracture of fifth cervical vertebra, sequela
S12.500D	Unspecified displaced fracture of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.500G	Unspecified displaced fracture of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.500S	Unspecified displaced fracture of sixth cervical vertebra, sequela
S12.501D	Unspecified nondisplaced fracture of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.501G	Unspecified nondisplaced fracture of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.501S	Unspecified nondisplaced fracture of sixth cervical vertebra, sequela
S12.530D	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.530G	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with delayed healing



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Code	Description
S12.530S	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, sequela
S12.531D	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.531G	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.531S	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, sequela
S12.54XD	Type III traumatic spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.54XG	Type III traumatic spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.54XS	Type III traumatic spondylolisthesis of sixth cervical vertebra, sequela
S12.550D	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.550G	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.550S	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, sequela
S12.551D	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.551G	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.551S	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, sequela
S12.590D	Other displaced fracture of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.590G	Other displaced fracture of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.590S	Other displaced fracture of sixth cervical vertebra, sequela
S12.591D	Other nondisplaced fracture of sixth cervical vertebra, subsequent encounter for fracture with routine healing
S12.591G	Other nondisplaced fracture of sixth cervical vertebra, subsequent encounter for fracture with delayed healing
S12.591S	Other nondisplaced fracture of sixth cervical vertebra, sequela



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Code	Description
S12.600D	Unspecified displaced fracture of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.600G	Unspecified displaced fracture of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.600S	Unspecified displaced fracture of seventh cervical vertebra, sequela
S12.601D	Unspecified nondisplaced fracture of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.601G	Unspecified nondisplaced fracture of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.601S	Unspecified nondisplaced fracture of seventh cervical vertebra, sequela
S12.630D	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.630G	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.630S	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, sequela
S12.631D	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.631G	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.631S	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, sequela
S12.64XD	Type III traumatic spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.64XG	Type III traumatic spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.64XS	Type III traumatic spondylolisthesis of seventh cervical vertebra, sequela
S12.650D	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.650G	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.650S	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, sequela



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Code	Description
S12.651D	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.651G	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.651S	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, sequela
S12.690D	Other displaced fracture of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.690G	Other displaced fracture of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.690S	Other displaced fracture of seventh cervical vertebra, sequela
S12.691D	Other nondisplaced fracture of seventh cervical vertebra, subsequent encounter for fracture with routine healing
S12.691G	Other nondisplaced fracture of seventh cervical vertebra, subsequent encounter for fracture with delayed healing
S12.691S	Other nondisplaced fracture of seventh cervical vertebra, sequela
S12.8XXD	Fracture of other parts of neck, subsequent encounter
S12.8XXS	Fracture of other parts of neck, sequela
S12.9XXD	Fracture of neck, unspecified, subsequent encounter
S12.9XXS	Fracture of neck, unspecified, sequela
S13.0XXA	Traumatic rupture of cervical intervertebral disc, initial encounter
S13.0XXS	Traumatic rupture of cervical intervertebral disc, sequela
S13.100A	Subluxation of unspecified cervical vertebrae, initial encounter
S13.100S	Subluxation of unspecified cervical vertebrae, sequela
S13.101A	Dislocation of unspecified cervical vertebrae, initial encounter
S13.101S	Dislocation of unspecified cervical vertebrae, sequela
S13.110A	Subluxation of C0/C1 cervical vertebrae, initial encounter
S13.110S	Subluxation of C0/C1 cervical vertebrae, sequela
S13.111A	Dislocation of C0/C1 cervical vertebrae, initial encounter
S13.111S	Dislocation of C0/C1 cervical vertebrae, sequela



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Code	Description
S13.120A	Subluxation of C1/C2 cervical vertebrae, initial encounter
S13.120S	Subluxation of C1/C2 cervical vertebrae, sequela
S13.121A	Dislocation of C1/C2 cervical vertebrae, initial encounter
S13.121S	Dislocation of C1/C2 cervical vertebrae, sequela
S13.130A	Subluxation of C2/C3 cervical vertebrae, initial encounter
S13.130S	Subluxation of C2/C3 cervical vertebrae, sequela
S13.131A	Dislocation of C2/C3 cervical vertebrae, initial encounter
S13.131S	Dislocation of C2/C3 cervical vertebrae, sequela
S13.140A	Subluxation of C3/C4 cervical vertebrae, initial encounter
S13.140S	Subluxation of C3/C4 cervical vertebrae, sequela
S13.141A	Dislocation of C3/C4 cervical vertebrae, initial encounter
S13.141S	Dislocation of C3/C4 cervical vertebrae, sequela
S13.150A	Subluxation of C4/C5 cervical vertebrae, initial encounter
S13.150S	Subluxation of C4/C5 cervical vertebrae, sequela
S13.151A	Dislocation of C4/C5 cervical vertebrae, initial encounter
S13.151S	Dislocation of C4/C5 cervical vertebrae, sequela
S13.160A	Subluxation of C5/C6 cervical vertebrae, initial encounter
S13.160S	Subluxation of C5/C6 cervical vertebrae, sequela
S13.161A	Dislocation of C5/C6 cervical vertebrae, initial encounter
S13.161S	Dislocation of C5/C6 cervical vertebrae, sequela
S13.170A	Subluxation of C6/C7 cervical vertebrae, initial encounter
S13.170S	Subluxation of C6/C7 cervical vertebrae, sequela
S13.171A	Dislocation of C6/C7 cervical vertebrae, initial encounter
S13.171S	Dislocation of C6/C7 cervical vertebrae, sequela
S13.180A	Subluxation of C7/T1 cervical vertebrae, initial encounter
S13.180S	Subluxation of C7/T1 cervical vertebrae, sequela
S13.181A	Dislocation of C7/T1 cervical vertebrae, initial encounter
S13.181S	Dislocation of C7/T1 cervical vertebrae, sequela



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Code	Description
S13.20XA	Dislocation of unspecified parts of neck, initial encounter
S13.20XS	Dislocation of unspecified parts of neck, sequela
S13.29XA	Dislocation of other parts of neck, initial encounter
S13.29XS	Dislocation of other parts of neck, sequela
S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
S13.4XXS	Sprain of ligaments of cervical spine, sequela
S13.5XXA	Sprain of thyroid region, initial encounter
S13.5XXS	Sprain of thyroid region, sequela
S13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter
S13.8XXS	Sprain of joints and ligaments of other parts of neck, sequela
S13.9XXA	Sprain of joints and ligaments of unspecified parts of neck, initial encounter
S13.9XXS	Sprain of joints and ligaments of unspecified parts of neck, sequela
S14.0XXS	Concussion and edema of cervical spinal cord, sequela
S14.101S	Unspecified injury at C1 level of cervical spinal cord, sequela
S14.102S	Unspecified injury at C2 level of cervical spinal cord, sequela
S14.103S	Unspecified injury at C3 level of cervical spinal cord, sequela
S14.104S	Unspecified injury at C4 level of cervical spinal cord, sequela
S14.105S	Unspecified injury at C5 level of cervical spinal cord, sequela
S14.106S	Unspecified injury at C6 level of cervical spinal cord, sequela
S14.107S	Unspecified injury at C7 level of cervical spinal cord, sequela
S14.108S	Unspecified injury at C8 level of cervical spinal cord, sequela
S14.109S	Unspecified injury at unspecified level of cervical spinal cord, sequela
S14.111S	Complete lesion at C1 level of cervical spinal cord, sequela
S14.112S	Complete lesion at C2 level of cervical spinal cord, sequela
S14.113S	Complete lesion at C3 level of cervical spinal cord, sequela
S14.114S	Complete lesion at C4 level of cervical spinal cord, sequela
S14.115S	Complete lesion at C5 level of cervical spinal cord, sequela
S14.116S	Complete lesion at C6 level of cervical spinal cord, sequela



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Code	Description
S14.117S	Complete lesion at C7 level of cervical spinal cord, sequela
S14.118S	Complete lesion at C8 level of cervical spinal cord, sequela
S14.119S	Complete lesion at unspecified level of cervical spinal cord, sequela
S14.121S	Central cord syndrome at C1 level of cervical spinal cord, sequela
S14.122S	Central cord syndrome at C2 level of cervical spinal cord, sequela
S14.123S	Central cord syndrome at C3 level of cervical spinal cord, sequela
S14.124S	Central cord syndrome at C4 level of cervical spinal cord, sequela
S14.125S	Central cord syndrome at C5 level of cervical spinal cord, sequela
S14.126S	Central cord syndrome at C6 level of cervical spinal cord, sequela
S14.127S	Central cord syndrome at C7 level of cervical spinal cord, sequela
S14.128S	Central cord syndrome at C8 level of cervical spinal cord, sequela
S14.129S	Central cord syndrome at unspecified level of cervical spinal cord, sequela
S14.131S	Anterior cord syndrome at C1 level of cervical spinal cord, sequela
S14.132S	Anterior cord syndrome at C2 level of cervical spinal cord, sequela
S14.133S	Anterior cord syndrome at C3 level of cervical spinal cord, sequela
S14.134S	Anterior cord syndrome at C4 level of cervical spinal cord, sequela
S14.135S	Anterior cord syndrome at C5 level of cervical spinal cord, sequela
S14.136S	Anterior cord syndrome at C6 level of cervical spinal cord, sequela
S14.137S	Anterior cord syndrome at C7 level of cervical spinal cord, sequela
S14.138S	Anterior cord syndrome at C8 level of cervical spinal cord, sequela
S14.139S	Anterior cord syndrome at unspecified level of cervical spinal cord, sequela
S14.141S	Brown-Sequard syndrome at C1 level of cervical spinal cord, sequela
S14.142S	Brown-Sequard syndrome at C2 level of cervical spinal cord, sequela
S14.143S	Brown-Sequard syndrome at C3 level of cervical spinal cord, sequela
S14.144S	Brown-Sequard syndrome at C4 level of cervical spinal cord, sequela
S14.145S	Brown-Sequard syndrome at C5 level of cervical spinal cord, sequela
S14.146S	Brown-Sequard syndrome at C6 level of cervical spinal cord, sequela
S14.147S	Brown-Sequard syndrome at C7 level of cervical spinal cord, sequela



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Code	Description
S14.148S	Brown-Sequard syndrome at C8 level of cervical spinal cord, sequela
S14.149S	Brown-Sequard syndrome at unspecified level of cervical spinal cord, sequela
S14.151S	Other incomplete lesion at C1 level of cervical spinal cord, sequela
S14.152S	Other incomplete lesion at C2 level of cervical spinal cord, sequela
S14.153S	Other incomplete lesion at C3 level of cervical spinal cord, sequela
S14.154S	Other incomplete lesion at C4 level of cervical spinal cord, sequela
S14.155S	Other incomplete lesion at C5 level of cervical spinal cord, sequela
S14.156S	Other incomplete lesion at C6 level of cervical spinal cord, sequela
S14.157S	Other incomplete lesion at C7 level of cervical spinal cord, sequela
S14.158S	Other incomplete lesion at C8 level of cervical spinal cord, sequela
S14.159S	Other incomplete lesion at unspecified level of cervical spinal cord, sequela
S14.2XXS	Injury of nerve root of cervical spine, sequela
S14.3XXS	Injury of brachial plexus, sequela
S14.4XXA	Injury of peripheral nerves of neck, initial encounter
S14.4XXS	Injury of peripheral nerves of neck, sequela
S14.5XXS	Injury of cervical sympathetic nerves, sequela
S14.8XXA	Injury of other specified nerves of neck, initial encounter
S14.8XXS	Injury of other specified nerves of neck, sequela
S14.9XXA	Injury of unspecified nerves of neck, initial encounter
S14.9XXS	Injury of unspecified nerves of neck, sequela
S15.001S	Unspecified injury of right carotid artery, sequela
S15.002S	Unspecified injury of left carotid artery, sequela
S15.009S	Unspecified injury of unspecified carotid artery, sequela
S15.011S	Minor laceration of right carotid artery, sequela
S15.012S	Minor laceration of left carotid artery, sequela
S15.019S	Minor laceration of unspecified carotid artery, sequela
S15.021S	Major laceration of right carotid artery, sequela
S15.022S	Major laceration of left carotid artery, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S15.029S	Major laceration of unspecified carotid artery, sequela
S15.091S	Other specified injury of right carotid artery, sequela
S15.092S	Other specified injury of left carotid artery, sequela
S15.099S	Other specified injury of unspecified carotid artery, sequela
S15.101S	Unspecified injury of right vertebral artery, sequela
S15.102S	Unspecified injury of left vertebral artery, sequela
S15.109S	Unspecified injury of unspecified vertebral artery, sequela
S15.111S	Minor laceration of right vertebral artery, sequela
S15.112S	Minor laceration of left vertebral artery, sequela
S15.119S	Minor laceration of unspecified vertebral artery, sequela
S15.121S	Major laceration of right vertebral artery, sequela
S15.122S	Major laceration of left vertebral artery, sequela
S15.129S	Major laceration of unspecified vertebral artery, sequela
S15.191S	Other specified injury of right vertebral artery, sequela
S15.192S	Other specified injury of left vertebral artery, sequela
S15.199S	Other specified injury of unspecified vertebral artery, sequela
S15.201S	Unspecified injury of right external jugular vein, sequela
S15.202S	Unspecified injury of left external jugular vein, sequela
S15.209S	Unspecified injury of unspecified external jugular vein, sequela
S15.211S	Minor laceration of right external jugular vein, sequela
S15.212S	Minor laceration of left external jugular vein, sequela
S15.219S	Minor laceration of unspecified external jugular vein, sequela
S15.221S	Major laceration of right external jugular vein, sequela
S15.222S	Major laceration of left external jugular vein, sequela
S15.229S	Major laceration of unspecified external jugular vein, sequela
S15.291S	Other specified injury of right external jugular vein, sequela
S15.292S	Other specified injury of left external jugular vein, sequela
S15.299S	Other specified injury of unspecified external jugular vein, sequela



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

Code	Description
S15.301S	Unspecified injury of right internal jugular vein, sequela
S15.302S	Unspecified injury of left internal jugular vein, sequela
S15.309S	Unspecified injury of unspecified internal jugular vein, sequela
S15.311S	Minor laceration of right internal jugular vein, sequela
S15.312S	Minor laceration of left internal jugular vein, sequela
S15.319S	Minor laceration of unspecified internal jugular vein, sequela
S15.321S	Major laceration of right internal jugular vein, sequela
S15.322S	Major laceration of left internal jugular vein, sequela
S15.329S	Major laceration of unspecified internal jugular vein, sequela
S15.391S	Other specified injury of right internal jugular vein, sequela
S15.392S	Other specified injury of left internal jugular vein, sequela
S15.399S	Other specified injury of unspecified internal jugular vein, sequela
S15.8XXS	Injury of other specified blood vessels at neck level, sequela
S15.9XXS	Injury of unspecified blood vessel at neck level, sequela
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
S16.1XXS	Strain of muscle, fascia and tendon at neck level, sequela
S16.2XXS	Laceration of muscle, fascia and tendon at neck level, sequela
S16.8XXS	Other specified injury of muscle, fascia and tendon at neck level, sequela
S16.9XXS	Unspecified injury of muscle, fascia and tendon at neck level, sequela
S17.0XXS	Crushing injury of larynx and trachea, sequela
S17.8XXS	Crushing injury of other specified parts of neck, sequela
S17.9XXS	Crushing injury of neck, part unspecified, sequela
S19.80XS	Other specified injuries of unspecified part of neck, sequela
S19.81XS	Other specified injuries of larynx, sequela
S19.82XS	Other specified injuries of cervical trachea, sequela
S19.83XS	Other specified injuries of vocal cord, sequela
S19.84XS	Other specified injuries of thyroid gland, sequela
S19.85XS	Other specified injuries of pharynx and cervical esophagus, sequela



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

Code	Description
S19.89XS	Other specified injuries of other specified part of neck, sequela
S19.9XXS	Unspecified injury of neck, sequela
S20.00XS	Contusion of breast, unspecified breast, sequela
S20.01XS	Contusion of right breast, sequela
S20.02XS	Contusion of left breast, sequela
S20.101A	Unspecified superficial injuries of breast, right breast, initial encounter
S20.101S	Unspecified superficial injuries of breast, right breast, sequela
S20.102A	Unspecified superficial injuries of breast, left breast, initial encounter
S20.102S	Unspecified superficial injuries of breast, left breast, sequela
S20.109A	Unspecified superficial injuries of breast, unspecified breast, initial encounter
S20.109S	Unspecified superficial injuries of breast, unspecified breast, sequela
S20.111A	Abrasion of breast, right breast, initial encounter
S20.111S	Abrasion of breast, right breast, sequela
S20.112A	Abrasion of breast, left breast, initial encounter
S20.112S	Abrasion of breast, left breast, sequela
S20.119A	Abrasion of breast, unspecified breast, initial encounter
S20.119S	Abrasion of breast, unspecified breast, sequela
S20.121A	Blister (nonthermal) of breast, right breast, initial encounter
S20.121S	Blister (nonthermal) of breast, right breast, sequela
S20.122A	Blister (nonthermal) of breast, left breast, initial encounter
S20.122S	Blister (nonthermal) of breast, left breast, sequela
S20.129A	Blister (nonthermal) of breast, unspecified breast, initial encounter
S20.129S	Blister (nonthermal) of breast, unspecified breast, sequela
S20.141A	External constriction of part of breast, right breast, initial encounter
S20.141S	External constriction of part of breast, right breast, sequela
S20.142A	External constriction of part of breast, left breast, initial encounter
S20.142S	External constriction of part of breast, left breast, sequela
S20.149A	External constriction of part of breast, unspecified breast, initial encounter



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

Code	Description
S20.149S	External constriction of part of breast, unspecified breast, sequela
S20.151A	Superficial foreign body of breast, right breast, initial encounter
S20.151S	Superficial foreign body of breast, right breast, sequela
S20.152A	Superficial foreign body of breast, left breast, initial encounter
S20.152S	Superficial foreign body of breast, left breast, sequela
S20.159A	Superficial foreign body of breast, unspecified breast, initial encounter
S20.159S	Superficial foreign body of breast, unspecified breast, sequela
S20.161A	Insect bite (nonvenomous) of breast, right breast, initial encounter
S20.161S	Insect bite (nonvenomous) of breast, right breast, sequela
S20.162A	Insect bite (nonvenomous) of breast, left breast, initial encounter
S20.162S	Insect bite (nonvenomous) of breast, left breast, sequela
S20.169A	Insect bite (nonvenomous) of breast, unspecified breast, initial encounter
S20.169S	Insect bite (nonvenomous) of breast, unspecified breast, sequela
S20.171A	Other superficial bite of breast, right breast, initial encounter
S20.171S	Other superficial bite of breast, right breast, sequela
S20.172A	Other superficial bite of breast, left breast, initial encounter
S20.172S	Other superficial bite of breast, left breast, sequela
S20.179A	Other superficial bite of breast, unspecified breast, initial encounter
S20.179S	Other superficial bite of breast, unspecified breast, sequela
S20.20XS	Contusion of thorax, unspecified, sequela
S20.211S	Contusion of right front wall of thorax, sequela
S20.212S	Contusion of left front wall of thorax, sequela
S20.219S	Contusion of unspecified front wall of thorax, sequela
S20.221S	Contusion of right back wall of thorax, sequela
S20.222S	Contusion of left back wall of thorax, sequela
S20.229S	Contusion of unspecified back wall of thorax, sequela
S20.301A	Unspecified superficial injuries of right front wall of thorax, initial encounter
S20.301S	Unspecified superficial injuries of right front wall of thorax, sequela



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

Code	Description
S20.302A	Unspecified superficial injuries of left front wall of thorax, initial encounter
S20.302S	Unspecified superficial injuries of left front wall of thorax, sequela
S20.309A	Unspecified superficial injuries of unspecified front wall of thorax, initial encounter
S20.309S	Unspecified superficial injuries of unspecified front wall of thorax, sequela
S20.311A	Abrasion of right front wall of thorax, initial encounter
S20.311S	Abrasion of right front wall of thorax, sequela
S20.312A	Abrasion of left front wall of thorax, initial encounter
S20.312S	Abrasion of left front wall of thorax, sequela
S20.319A	Abrasion of unspecified front wall of thorax, initial encounter
S20.319S	Abrasion of unspecified front wall of thorax, sequela
S20.321A	Blister (nonthermal) of right front wall of thorax, initial encounter
S20.321S	Blister (nonthermal) of right front wall of thorax, sequela
S20.322A	Blister (nonthermal) of left front wall of thorax, initial encounter
S20.322S	Blister (nonthermal) of left front wall of thorax, sequela
S20.329A	Blister (nonthermal) of unspecified front wall of thorax, initial encounter
S20.329S	Blister (nonthermal) of unspecified front wall of thorax, sequela
S20.341A	External constriction of right front wall of thorax, initial encounter
S20.341S	External constriction of right front wall of thorax, sequela
S20.342A	External constriction of left front wall of thorax, initial encounter
S20.342S	External constriction of left front wall of thorax, sequela
S20.349A	External constriction of unspecified front wall of thorax, initial encounter
S20.349S	External constriction of unspecified front wall of thorax, sequela
S20.351A	Superficial foreign body of right front wall of thorax, initial encounter
S20.351S	Superficial foreign body of right front wall of thorax, sequela
S20.352A	Superficial foreign body of left front wall of thorax, initial encounter
S20.352S	Superficial foreign body of left front wall of thorax, sequela
S20.359A	Superficial foreign body of unspecified front wall of thorax, initial encounter
S20.359S	Superficial foreign body of unspecified front wall of thorax, sequela



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

Code	Description
S20.361A	Insect bite (nonvenomous) of right front wall of thorax, initial encounter
S20.361S	Insect bite (nonvenomous) of right front wall of thorax, sequela
S20.362A	Insect bite (nonvenomous) of left front wall of thorax, initial encounter
S20.362S	Insect bite (nonvenomous) of left front wall of thorax, sequela
S20.369A	Insect bite (nonvenomous) of unspecified front wall of thorax, initial encounter
S20.369S	Insect bite (nonvenomous) of unspecified front wall of thorax, sequela
S20.371A	Other superficial bite of right front wall of thorax, initial encounter
S20.371S	Other superficial bite of right front wall of thorax, sequela
S20.372A	Other superficial bite of left front wall of thorax, initial encounter
S20.372S	Other superficial bite of left front wall of thorax, sequela
S20.379A	Other superficial bite of unspecified front wall of thorax, initial encounter
S20.379S	Other superficial bite of unspecified front wall of thorax, sequela
S20.401A	Unspecified superficial injuries of right back wall of thorax, initial encounter
S20.401S	Unspecified superficial injuries of right back wall of thorax, sequela
S20.402A	Unspecified superficial injuries of left back wall of thorax, initial encounter
S20.402S	Unspecified superficial injuries of left back wall of thorax, sequela
S20.409A	Unspecified superficial injuries of unspecified back wall of thorax, initial encounter
S20.409S	Unspecified superficial injuries of unspecified back wall of thorax, sequela
S20.411A	Abrasion of right back wall of thorax, initial encounter
S20.411S	Abrasion of right back wall of thorax, sequela
S20.412A	Abrasion of left back wall of thorax, initial encounter
S20.412S	Abrasion of left back wall of thorax, sequela
S20.419A	Abrasion of unspecified back wall of thorax, initial encounter
S20.419S	Abrasion of unspecified back wall of thorax, sequela
S20.421A	Blister (nonthermal) of right back wall of thorax, initial encounter
S20.421S	Blister (nonthermal) of right back wall of thorax, sequela
S20.422A	Blister (nonthermal) of left back wall of thorax, initial encounter
S20.422S	Blister (nonthermal) of left back wall of thorax, sequela



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

Code	Description
S20.429A	Blister (nonthermal) of unspecified back wall of thorax, initial encounter
S20.429S	Blister (nonthermal) of unspecified back wall of thorax, sequela
S20.441A	External constriction of right back wall of thorax, initial encounter
S20.441S	External constriction of right back wall of thorax, sequela
S20.442A	External constriction of left back wall of thorax, initial encounter
S20.442S	External constriction of left back wall of thorax, sequela
S20.449A	External constriction of unspecified back wall of thorax, initial encounter
S20.449S	External constriction of unspecified back wall of thorax, sequela
S20.451A	Superficial foreign body of right back wall of thorax, initial encounter
S20.451S	Superficial foreign body of right back wall of thorax, sequela
S20.452A	Superficial foreign body of left back wall of thorax, initial encounter
S20.452S	Superficial foreign body of left back wall of thorax, sequela
S20.459A	Superficial foreign body of unspecified back wall of thorax, initial encounter
S20.459S	Superficial foreign body of unspecified back wall of thorax, sequela
S20.461A	Insect bite (nonvenomous) of right back wall of thorax, initial encounter
S20.461S	Insect bite (nonvenomous) of right back wall of thorax, sequela
S20.462A	Insect bite (nonvenomous) of left back wall of thorax, initial encounter
S20.462S	Insect bite (nonvenomous) of left back wall of thorax, sequela
S20.469A	Insect bite (nonvenomous) of unspecified back wall of thorax, initial encounter
S20.469S	Insect bite (nonvenomous) of unspecified back wall of thorax, sequela
S20.471A	Other superficial bite of right back wall of thorax, initial encounter
S20.471S	Other superficial bite of right back wall of thorax, sequela
S20.472A	Other superficial bite of left back wall of thorax, initial encounter
S20.472S	Other superficial bite of left back wall of thorax, sequela
S20.479A	Other superficial bite of unspecified back wall of thorax, initial encounter
S20.479S	Other superficial bite of unspecified back wall of thorax, sequela
S20.90XA	Unspecified superficial injury of unspecified parts of thorax, initial encounter
S20.90XS	Unspecified superficial injury of unspecified parts of thorax, sequela



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

Code	Description
S20.91XA	Abrasion of unspecified parts of thorax, initial encounter
S20.91XS	Abrasion of unspecified parts of thorax, sequela
S20.92XA	Blister (nonthermal) of unspecified parts of thorax, initial encounter
S20.92XS	Blister (nonthermal) of unspecified parts of thorax, sequela
S20.94XA	External constriction of unspecified parts of thorax, initial encounter
S20.94XS	External constriction of unspecified parts of thorax, sequela
S20.95XA	Superficial foreign body of unspecified parts of thorax, initial encounter
S20.95XS	Superficial foreign body of unspecified parts of thorax, sequela
S20.96XA	Insect bite (nonvenomous) of unspecified parts of thorax, initial encounter
S20.96XS	Insect bite (nonvenomous) of unspecified parts of thorax, sequela
S20.97XA	Other superficial bite of unspecified parts of thorax, initial encounter
S20.97XS	Other superficial bite of unspecified parts of thorax, sequela
S21.001S	Unspecified open wound of right breast, sequela
S21.002S	Unspecified open wound of left breast, sequela
S21.009S	Unspecified open wound of unspecified breast, sequela
S21.011S	Laceration without foreign body of right breast, sequela
S21.012S	Laceration without foreign body of left breast, sequela
S21.019S	Laceration without foreign body of unspecified breast, sequela
S21.021S	Laceration with foreign body of right breast, sequela
S21.022S	Laceration with foreign body of left breast, sequela
S21.029S	Laceration with foreign body of unspecified breast, sequela
S21.031S	Puncture wound without foreign body of right breast, sequela
S21.032S	Puncture wound without foreign body of left breast, sequela
S21.039S	Puncture wound without foreign body of unspecified breast, sequela
S21.041S	Puncture wound with foreign body of right breast, sequela
S21.042S	Puncture wound with foreign body of left breast, sequela
S21.049S	Puncture wound with foreign body of unspecified breast, sequela
S21.051S	Open bite of right breast, sequela



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

Code	Description
S21.052S	Open bite of left breast, sequela
S21.059S	Open bite of unspecified breast, sequela
S21.101S	Unspecified open wound of right front wall of thorax without penetration into thoracic cavity, sequela
S21.102S	Unspecified open wound of left front wall of thorax without penetration into thoracic cavity, sequela
S21.109A	Unspecified open wound of unspecified front wall of thorax without penetration into thoracic cavity, initial encounter
S21.109S	Unspecified open wound of unspecified front wall of thorax without penetration into thoracic cavity, sequela
S21.111S	Laceration without foreign body of right front wall of thorax without penetration into thoracic cavity, sequela
S21.112S	Laceration without foreign body of left front wall of thorax without penetration into thoracic cavity, sequela
S21.119S	Laceration without foreign body of unspecified front wall of thorax without penetration into thoracic cavity, sequela
S21.121S	Laceration with foreign body of right front wall of thorax without penetration into thoracic cavity, sequela
S21.122S	Laceration with foreign body of left front wall of thorax without penetration into thoracic cavity, sequela
S21.129S	Laceration with foreign body of unspecified front wall of thorax without penetration into thoracic cavity, sequela
S21.131S	Puncture wound without foreign body of right front wall of thorax without penetration into thoracic cavity, sequela
S21.132S	Puncture wound without foreign body of left front wall of thorax without penetration into thoracic cavity, sequela
S21.139S	Puncture wound without foreign body of unspecified front wall of thorax without penetration into thoracic cavity, sequela
S21.141S	Puncture wound with foreign body of right front wall of thorax without penetration into thoracic cavity, sequela
S21.142S	Puncture wound with foreign body of left front wall of thorax without penetration into thoracic cavity, sequela



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

Code	Description
S21.149S	Puncture wound with foreign body of unspecified front wall of thorax without penetration into thoracic cavity, sequela
S21.151S	Open bite of right front wall of thorax without penetration into thoracic cavity, sequela
S21.152S	Open bite of left front wall of thorax without penetration into thoracic cavity, sequela
S21.159S	Open bite of unspecified front wall of thorax without penetration into thoracic cavity, sequela
S21.201S	Unspecified open wound of right back wall of thorax without penetration into thoracic cavity, sequela
S21.202S	Unspecified open wound of left back wall of thorax without penetration into thoracic cavity, sequela
S21.209A	Unspecified open wound of unspecified back wall of thorax without penetration into thoracic cavity, initial encounter
S21.209S	Unspecified open wound of unspecified back wall of thorax without penetration into thoracic cavity, sequela
S21.211S	Laceration without foreign body of right back wall of thorax without penetration into thoracic cavity, sequela
S21.212S	Laceration without foreign body of left back wall of thorax without penetration into thoracic cavity, sequela
S21.219S	Laceration without foreign body of unspecified back wall of thorax without penetration into thoracic cavity, sequela
S21.221S	Laceration with foreign body of right back wall of thorax without penetration into thoracic cavity, sequela
S21.222S	Laceration with foreign body of left back wall of thorax without penetration into thoracic cavity, sequela
S21.229S	Laceration with foreign body of unspecified back wall of thorax without penetration into thoracic cavity, sequela
S21.231S	Puncture wound without foreign body of right back wall of thorax without penetration into thoracic cavity, sequela
S21.232S	Puncture wound without foreign body of left back wall of thorax without penetration into thoracic cavity, sequela
S21.239S	Puncture wound without foreign body of unspecified back wall of thorax without penetration into thoracic cavity, sequela



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

Code	Description
S21.241S	Puncture wound with foreign body of right back wall of thorax without penetration into thoracic cavity, sequela
S21.242S	Puncture wound with foreign body of left back wall of thorax without penetration into thoracic cavity, sequela
S21.249S	Puncture wound with foreign body of unspecified back wall of thorax without penetration into thoracic cavity, sequela
S21.251S	Open bite of right back wall of thorax without penetration into thoracic cavity, sequela
S21.252S	Open bite of left back wall of thorax without penetration into thoracic cavity, sequela
S21.259S	Open bite of unspecified back wall of thorax without penetration into thoracic cavity, sequela
S21.301S	Unspecified open wound of right front wall of thorax with penetration into thoracic cavity, sequela
S21.302S	Unspecified open wound of left front wall of thorax with penetration into thoracic cavity, sequela
S21.309S	Unspecified open wound of unspecified front wall of thorax with penetration into thoracic cavity, sequela
S21.311S	Laceration without foreign body of right front wall of thorax with penetration into thoracic cavity, sequela
S21.312S	Laceration without foreign body of left front wall of thorax with penetration into thoracic cavity, sequela
S21.319S	Laceration without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, sequela
S21.321S	Laceration with foreign body of right front wall of thorax with penetration into thoracic cavity, sequela
S21.322S	Laceration with foreign body of left front wall of thorax with penetration into thoracic cavity, sequela
S21.329S	Laceration with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, sequela
S21.331S	Puncture wound without foreign body of right front wall of thorax with penetration into thoracic cavity, sequela
S21.332S	Puncture wound without foreign body of left front wall of thorax with penetration into thoracic cavity, sequela



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

Code	Description
S21.339S	Puncture wound without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, sequela
S21.341S	Puncture wound with foreign body of right front wall of thorax with penetration into thoracic cavity, sequela
S21.342S	Puncture wound with foreign body of left front wall of thorax with penetration into thoracic cavity, sequela
S21.349S	Puncture wound with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, sequela
S21.351S	Open bite of right front wall of thorax with penetration into thoracic cavity, sequela
S21.352S	Open bite of left front wall of thorax with penetration into thoracic cavity, sequela
S21.359S	Open bite of unspecified front wall of thorax with penetration into thoracic cavity, sequela
S21.401S	Unspecified open wound of right back wall of thorax with penetration into thoracic cavity, sequela
S21.402S	Unspecified open wound of left back wall of thorax with penetration into thoracic cavity, sequela
S21.409S	Unspecified open wound of unspecified back wall of thorax with penetration into thoracic cavity, sequela
S21.411S	Laceration without foreign body of right back wall of thorax with penetration into thoracic cavity, sequela
S21.412S	Laceration without foreign body of left back wall of thorax with penetration into thoracic cavity, sequela
S21.419S	Laceration without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, sequela
S21.421S	Laceration with foreign body of right back wall of thorax with penetration into thoracic cavity, sequela
S21.422S	Laceration with foreign body of left back wall of thorax with penetration into thoracic cavity, sequela
S21.429S	Laceration with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, sequela
S21.431S	Puncture wound without foreign body of right back wall of thorax with penetration into thoracic cavity, sequela



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

Code	Description
S21.432S	Puncture wound without foreign body of left back wall of thorax with penetration into thoracic cavity, sequela
S21.439S	Puncture wound without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, sequela
S21.441S	Puncture wound with foreign body of right back wall of thorax with penetration into thoracic cavity, sequela
S21.442S	Puncture wound with foreign body of left back wall of thorax with penetration into thoracic cavity, sequela
S21.449S	Puncture wound with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, sequela
S21.451S	Open bite of right back wall of thorax with penetration into thoracic cavity, sequela
S21.452S	Open bite of left back wall of thorax with penetration into thoracic cavity, sequela
S21.459S	Open bite of unspecified back wall of thorax with penetration into thoracic cavity, sequela
S21.90XS	Unspecified open wound of unspecified part of thorax, sequela
S21.91XS	Laceration without foreign body of unspecified part of thorax, sequela
S21.92XS	Laceration with foreign body of unspecified part of thorax, sequela
S21.93XS	Puncture wound without foreign body of unspecified part of thorax, sequela
S21.94XS	Puncture wound with foreign body of unspecified part of thorax, sequela
S21.95XS	Open bite of unspecified part of thorax, sequela
S22.000D	Wedge compression fracture of unspecified thoracic vertebra, subsequent encounter for fracture with routine healing
S22.000G	Wedge compression fracture of unspecified thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.000S	Wedge compression fracture of unspecified thoracic vertebra, sequela
S22.001D	Stable burst fracture of unspecified thoracic vertebra, subsequent encounter for fracture with routine healing
S22.001G	Stable burst fracture of unspecified thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.001S	Stable burst fracture of unspecified thoracic vertebra, sequela
S22.002D	Unstable burst fracture of unspecified thoracic vertebra, subsequent encounter for fracture with routine healing



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

Code	Description
S22.002G	Unstable burst fracture of unspecified thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.002S	Unstable burst fracture of unspecified thoracic vertebra, sequela
S22.008D	Other fracture of unspecified thoracic vertebra, subsequent encounter for fracture with routine healing
S22.008G	Other fracture of unspecified thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.008S	Other fracture of unspecified thoracic vertebra, sequela
S22.009D	Unspecified fracture of unspecified thoracic vertebra, subsequent encounter for fracture with routine healing
S22.009G	Unspecified fracture of unspecified thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.009S	Unspecified fracture of unspecified thoracic vertebra, sequela
S22.010D	Wedge compression fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.010G	Wedge compression fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.010S	Wedge compression fracture of first thoracic vertebra, sequela
S22.011D	Stable burst fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.011G	Stable burst fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.011S	Stable burst fracture of first thoracic vertebra, sequela
S22.012D	Unstable burst fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.012G	Unstable burst fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.012S	Unstable burst fracture of first thoracic vertebra, sequela
S22.018D	Other fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.018G	Other fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing



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

Code	Description
S22.018S	Other fracture of first thoracic vertebra, sequela
S22.019D	Unspecified fracture of first thoracic vertebra, subsequent encounter for fracture with routine healing
S22.019G	Unspecified fracture of first thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.019S	Unspecified fracture of first thoracic vertebra, sequela
S22.020D	Wedge compression fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.020G	Wedge compression fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.020S	Wedge compression fracture of second thoracic vertebra, sequela
S22.021D	Stable burst fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.021G	Stable burst fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.021S	Stable burst fracture of second thoracic vertebra, sequela
S22.022D	Unstable burst fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.022G	Unstable burst fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.022S	Unstable burst fracture of second thoracic vertebra, sequela
S22.028D	Other fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.028G	Other fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.028S	Other fracture of second thoracic vertebra, sequela
S22.029D	Unspecified fracture of second thoracic vertebra, subsequent encounter for fracture with routine healing
S22.029G	Unspecified fracture of second thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.029S	Unspecified fracture of second thoracic vertebra, sequela



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

Code	Description
S22.030D	Wedge compression fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.030G	Wedge compression fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.030S	Wedge compression fracture of third thoracic vertebra, sequela
S22.031D	Stable burst fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.031G	Stable burst fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.031S	Stable burst fracture of third thoracic vertebra, sequela
S22.032D	Unstable burst fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.032G	Unstable burst fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.032S	Unstable burst fracture of third thoracic vertebra, sequela
S22.038D	Other fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.038G	Other fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.038S	Other fracture of third thoracic vertebra, sequela
S22.039D	Unspecified fracture of third thoracic vertebra, subsequent encounter for fracture with routine healing
S22.039G	Unspecified fracture of third thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.039S	Unspecified fracture of third thoracic vertebra, sequela
S22.040D	Wedge compression fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing
S22.040G	Wedge compression fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.040S	Wedge compression fracture of fourth thoracic vertebra, sequela
S22.041D	Stable burst fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing



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

Code	Description
S22.041G	Stable burst fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.041S	Stable burst fracture of fourth thoracic vertebra, sequela
S22.042D	Unstable burst fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing
S22.042G	Unstable burst fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.042S	Unstable burst fracture of fourth thoracic vertebra, sequela
S22.048D	Other fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing
S22.048G	Other fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.048S	Other fracture of fourth thoracic vertebra, sequela
S22.049D	Unspecified fracture of fourth thoracic vertebra, subsequent encounter for fracture with routine healing
S22.049G	Unspecified fracture of fourth thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.049S	Unspecified fracture of fourth thoracic vertebra, sequela
S22.050D	Wedge compression fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.050G	Wedge compression fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing
S22.050S	Wedge compression fracture of T5-T6 vertebra, sequela
S22.051D	Stable burst fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.051G	Stable burst fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing
S22.051S	Stable burst fracture of T5-T6 vertebra, sequela
S22.052D	Unstable burst fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.052G	Unstable burst fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing



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

Code	Description
S22.052S	Unstable burst fracture of T5-T6 vertebra, sequela
S22.058D	Other fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.058G	Other fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing
S22.058S	Other fracture of T5-T6 vertebra, sequela
S22.059D	Unspecified fracture of T5-T6 vertebra, subsequent encounter for fracture with routine healing
S22.059G	Unspecified fracture of T5-T6 vertebra, subsequent encounter for fracture with delayed healing
S22.059S	Unspecified fracture of T5-T6 vertebra, sequela
S22.060D	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing
S22.060G	Wedge compression fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing
S22.060S	Wedge compression fracture of T7-T8 vertebra, sequela
S22.061D	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing
S22.061G	Stable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing
S22.061S	Stable burst fracture of T7-T8 vertebra, sequela
S22.062D	Unstable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing
S22.062G	Unstable burst fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing
S22.062S	Unstable burst fracture of T7-T8 vertebra, sequela
S22.068D	Other fracture of T7-T8 thoracic vertebra, subsequent encounter for fracture with routine healing
S22.068G	Other fracture of T7-T8 thoracic vertebra, subsequent encounter for fracture with delayed healing
S22.068S	Other fracture of T7-T8 thoracic vertebra, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S22.069D	Unspecified fracture of T7-T8 vertebra, subsequent encounter for fracture with routine healing
S22.069G	Unspecified fracture of T7-T8 vertebra, subsequent encounter for fracture with delayed healing
S22.069S	Unspecified fracture of T7-T8 vertebra, sequela
S22.070D	Wedge compression fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.070G	Wedge compression fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.070S	Wedge compression fracture of T9-T10 vertebra, sequela
S22.071D	Stable burst fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.071G	Stable burst fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.071S	Stable burst fracture of T9-T10 vertebra, sequela
S22.072D	Unstable burst fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.072G	Unstable burst fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.072S	Unstable burst fracture of T9-T10 vertebra, sequela
S22.078D	Other fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.078G	Other fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.078S	Other fracture of T9-T10 vertebra, sequela
S22.079D	Unspecified fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing
S22.079G	Unspecified fracture of T9-T10 vertebra, subsequent encounter for fracture with delayed healing
S22.079S	Unspecified fracture of T9-T10 vertebra, sequela
S22.080D	Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing



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

Code	Description
S22.080G	Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.080S	Wedge compression fracture of T11-T12 vertebra, sequela
S22.081D	Stable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S22.081G	Stable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.081S	Stable burst fracture of T11-T12 vertebra, sequela
S22.082D	Unstable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S22.082G	Unstable burst fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.082S	Unstable burst fracture of T11-T12 vertebra, sequela
S22.088D	Other fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S22.088G	Other fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.088S	Other fracture of T11-T12 vertebra, sequela
S22.089D	Unspecified fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing
S22.089G	Unspecified fracture of T11-T12 vertebra, subsequent encounter for fracture with delayed healing
S22.089S	Unspecified fracture of T11-T12 vertebra, sequela
S22.20XD	Unspecified fracture of sternum, subsequent encounter for fracture with routine healing
S22.20XG	Unspecified fracture of sternum, subsequent encounter for fracture with delayed healing
S22.20XS	Unspecified fracture of sternum, sequela
S22.21XD	Fracture of manubrium, subsequent encounter for fracture with routine healing
S22.21XG	Fracture of manubrium, subsequent encounter for fracture with delayed healing
S22.21XS	Fracture of manubrium, sequela
S22.22XD	Fracture of body of sternum, subsequent encounter for fracture with routine healing

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***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
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Code	Description
S22.22XG	Fracture of body of sternum, subsequent encounter for fracture with delayed healing
S22.22XS	Fracture of body of sternum, sequela
S22.23XD	Sternal manubrial dissociation, subsequent encounter for fracture with routine healing
S22.23XG	Sternal manubrial dissociation, subsequent encounter for fracture with delayed healing
S22.23XS	Sternal manubrial dissociation, sequela
S22.24XD	Fracture of xiphoid process, subsequent encounter for fracture with routine healing
S22.24XG	Fracture of xiphoid process, subsequent encounter for fracture with delayed healing
S22.24XS	Fracture of xiphoid process, sequela
S22.31XD	Fracture of one rib, right side, subsequent encounter for fracture with routine healing
S22.31XG	Fracture of one rib, right side, subsequent encounter for fracture with delayed healing
S22.31XS	Fracture of one rib, right side, sequela
S22.32XD	Fracture of one rib, left side, subsequent encounter for fracture with routine healing
S22.32XG	Fracture of one rib, left side, subsequent encounter for fracture with delayed healing
S22.32XS	Fracture of one rib, left side, sequela
S22.39XD	Fracture of one rib, unspecified side, subsequent encounter for fracture with routine healing
S22.39XG	Fracture of one rib, unspecified side, subsequent encounter for fracture with delayed healing
S22.39XS	Fracture of one rib, unspecified side, sequela
S22.41XD	Multiple fractures of ribs, right side, subsequent encounter for fracture with routine healing
S22.41XG	Multiple fractures of ribs, right side, subsequent encounter for fracture with delayed healing
S22.41XS	Multiple fractures of ribs, right side, sequela
S22.42XD	Multiple fractures of ribs, left side, subsequent encounter for fracture with routine healing



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

Code	Description
S22.42XG	Multiple fractures of ribs, left side, subsequent encounter for fracture with delayed healing
S22.42XS	Multiple fractures of ribs, left side, sequela
S22.43XD	Multiple fractures of ribs, bilateral, subsequent encounter for fracture with routine healing
S22.43XG	Multiple fractures of ribs, bilateral, subsequent encounter for fracture with delayed healing
S22.43XS	Multiple fractures of ribs, bilateral, sequela
S22.49XD	Multiple fractures of ribs, unspecified side, subsequent encounter for fracture with routine healing
S22.49XG	Multiple fractures of ribs, unspecified side, subsequent encounter for fracture with delayed healing
S22.49XS	Multiple fractures of ribs, unspecified side, sequela
S22.5XXD	Flail chest, subsequent encounter for fracture with routine healing
S22.5XXG	Flail chest, subsequent encounter for fracture with delayed healing
S22.5XXS	Flail chest, sequela
S22.9XXD	Fracture of bony thorax, part unspecified, subsequent encounter for fracture with routine healing
S22.9XXG	Fracture of bony thorax, part unspecified, subsequent encounter for fracture with delayed healing
S22.9XXS	Fracture of bony thorax, part unspecified, sequela
S23.0XXA	Traumatic rupture of thoracic intervertebral disc, initial encounter
S23.0XXS	Traumatic rupture of thoracic intervertebral disc, sequela
S23.100A	Subluxation of unspecified thoracic vertebra, initial encounter
S23.100S	Subluxation of unspecified thoracic vertebra, sequela
S23.101A	Dislocation of unspecified thoracic vertebra, initial encounter
S23.101S	Dislocation of unspecified thoracic vertebra, sequela
S23.110A	Subluxation of T1/T2 thoracic vertebra, initial encounter
S23.110S	Subluxation of T1/T2 thoracic vertebra, sequela
S23.111A	Dislocation of T1/T2 thoracic vertebra, initial encounter



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S23.111S	Dislocation of T1/T2 thoracic vertebra, sequela
S23.120A	Subluxation of T2/T3 thoracic vertebra, initial encounter
S23.120S	Subluxation of T2/T3 thoracic vertebra, sequela
S23.121A	Dislocation of T2/T3 thoracic vertebra, initial encounter
S23.121S	Dislocation of T2/T3 thoracic vertebra, sequela
S23.122A	Subluxation of T3/T4 thoracic vertebra, initial encounter
S23.122S	Subluxation of T3/T4 thoracic vertebra, sequela
S23.123A	Dislocation of T3/T4 thoracic vertebra, initial encounter
S23.123S	Dislocation of T3/T4 thoracic vertebra, sequela
S23.130A	Subluxation of T4/T5 thoracic vertebra, initial encounter
S23.130S	Subluxation of T4/T5 thoracic vertebra, sequela
S23.131A	Dislocation of T4/T5 thoracic vertebra, initial encounter
S23.131S	Dislocation of T4/T5 thoracic vertebra, sequela
S23.132A	Subluxation of T5/T6 thoracic vertebra, initial encounter
S23.132S	Subluxation of T5/T6 thoracic vertebra, sequela
S23.133A	Dislocation of T5/T6 thoracic vertebra, initial encounter
S23.133S	Dislocation of T5/T6 thoracic vertebra, sequela
S23.140A	Subluxation of T6/T7 thoracic vertebra, initial encounter
S23.140S	Subluxation of T6/T7 thoracic vertebra, sequela
S23.141A	Dislocation of T6/T7 thoracic vertebra, initial encounter
S23.141S	Dislocation of T6/T7 thoracic vertebra, sequela
S23.142A	Subluxation of T7/T8 thoracic vertebra, initial encounter
S23.142S	Subluxation of T7/T8 thoracic vertebra, sequela
S23.143A	Dislocation of T7/T8 thoracic vertebra, initial encounter
S23.143S	Dislocation of T7/T8 thoracic vertebra, sequela
S23.150A	Subluxation of T8/T9 thoracic vertebra, initial encounter
S23.150S	Subluxation of T8/T9 thoracic vertebra, sequela
S23.151A	Dislocation of T8/T9 thoracic vertebra, initial encounter



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

Code	Description
S23.151S	Dislocation of T8/T9 thoracic vertebra, sequela
S23.152A	Subluxation of T9/T10 thoracic vertebra, initial encounter
S23.152S	Subluxation of T9/T10 thoracic vertebra, sequela
S23.153A	Dislocation of T9/T10 thoracic vertebra, initial encounter
S23.153S	Dislocation of T9/T10 thoracic vertebra, sequela
S23.160A	Subluxation of T10/T11 thoracic vertebra, initial encounter
S23.160S	Subluxation of T10/T11 thoracic vertebra, sequela
S23.161A	Dislocation of T10/T11 thoracic vertebra, initial encounter
S23.161S	Dislocation of T10/T11 thoracic vertebra, sequela
S23.162A	Subluxation of T11/T12 thoracic vertebra, initial encounter
S23.162S	Subluxation of T11/T12 thoracic vertebra, sequela
S23.163A	Dislocation of T11/T12 thoracic vertebra, initial encounter
S23.163S	Dislocation of T11/T12 thoracic vertebra, sequela
S23.170A	Subluxation of T12/L1 thoracic vertebra, initial encounter
S23.170S	Subluxation of T12/L1 thoracic vertebra, sequela
S23.171A	Dislocation of T12/L1 thoracic vertebra, initial encounter
S23.171S	Dislocation of T12/L1 thoracic vertebra, sequela
S23.20XA	Dislocation of unspecified part of thorax, initial encounter
S23.20XS	Dislocation of unspecified part of thorax, sequela
S23.29XA	Dislocation of other parts of thorax, initial encounter
S23.29XS	Dislocation of other parts of thorax, sequela
S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
S23.3XXS	Sprain of ligaments of thoracic spine, sequela
S23.41XA	Sprain of ribs, initial encounter
S23.41XS	Sprain of ribs, sequela
S23.420A	Sprain of sternoclavicular (joint) (ligament), initial encounter
S23.420S	Sprain of sternoclavicular (joint) (ligament), sequela
S23.421A	Sprain of chondrosternal joint, initial encounter



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

Code	Description
S23.421S	Sprain of chondrosternal joint, sequela
S23.428A	Other sprain of sternum, initial encounter
S23.428S	Other sprain of sternum, sequela
S23.429A	Unspecified sprain of sternum, initial encounter
S23.429S	Unspecified sprain of sternum, sequela
S23.8XXA	Sprain of other specified parts of thorax, initial encounter
S23.8XXS	Sprain of other specified parts of thorax, sequela
S23.9XXA	Sprain of unspecified parts of thorax, initial encounter
S23.9XXS	Sprain of unspecified parts of thorax, sequela
S24.0XXS	Concussion and edema of thoracic spinal cord, sequela
S24.101S	Unspecified injury at T1 level of thoracic spinal cord, sequela
S24.102S	Unspecified injury at T2-T6 level of thoracic spinal cord, sequela
S24.103S	Unspecified injury at T7-T10 level of thoracic spinal cord, sequela
S24.104S	Unspecified injury at T11-T12 level of thoracic spinal cord, sequela
S24.109S	Unspecified injury at unspecified level of thoracic spinal cord, sequela
S24.111S	Complete lesion at T1 level of thoracic spinal cord, sequela
S24.112S	Complete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.113S	Complete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.114S	Complete lesion at T11-T12 level of thoracic spinal cord, sequela
S24.119S	Complete lesion at unspecified level of thoracic spinal cord, sequela
S24.131S	Anterior cord syndrome at T1 level of thoracic spinal cord, sequela
S24.132S	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.133S	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.134S	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.139S	Anterior cord syndrome at unspecified level of thoracic spinal cord, sequela
S24.141S	Brown-Sequard syndrome at T1 level of thoracic spinal cord, sequela
S24.142S	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.143S	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, sequela



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

Code	Description
S24.144S	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.149S	Brown-Sequard syndrome at unspecified level of thoracic spinal cord, sequela
S24.151S	Other incomplete lesion at T1 level of thoracic spinal cord, sequela
S24.152S	Other incomplete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.153S	Other incomplete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.154S	Other incomplete lesion at T11-T12 level of thoracic spinal cord, sequela
S24.159S	Other incomplete lesion at unspecified level of thoracic spinal cord, sequela
S24.2XXS	Injury of nerve root of thoracic spine, sequela
S24.3XXS	Injury of peripheral nerves of thorax, sequela
S24.4XXS	Injury of thoracic sympathetic nervous system, sequela
S24.8XXS	Injury of other specified nerves of thorax, sequela
S24.9XXA	Injury of unspecified nerve of thorax, initial encounter
S24.9XXS	Injury of unspecified nerve of thorax, sequela
S25.00XS	Unspecified injury of thoracic aorta, sequela
S25.01XS	Minor laceration of thoracic aorta, sequela
S25.02XS	Major laceration of thoracic aorta, sequela
S25.09XS	Other specified injury of thoracic aorta, sequela
S25.101S	Unspecified injury of right innominate or subclavian artery, sequela
S25.102S	Unspecified injury of left innominate or subclavian artery, sequela
S25.109S	Unspecified injury of unspecified innominate or subclavian artery, sequela
S25.111S	Minor laceration of right innominate or subclavian artery, sequela
S25.112S	Minor laceration of left innominate or subclavian artery, sequela
S25.119S	Minor laceration of unspecified innominate or subclavian artery, sequela
S25.121S	Major laceration of right innominate or subclavian artery, sequela
S25.122S	Major laceration of left innominate or subclavian artery, sequela
S25.129S	Major laceration of unspecified innominate or subclavian artery, sequela
S25.191S	Other specified injury of right innominate or subclavian artery, sequela
S25.192S	Other specified injury of left innominate or subclavian artery, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S25.199S	Other specified injury of unspecified innominate or subclavian artery, sequela
S25.20XS	Unspecified injury of superior vena cava, sequela
S25.21XS	Minor laceration of superior vena cava, sequela
S25.22XS	Major laceration of superior vena cava, sequela
S25.29XS	Other specified injury of superior vena cava, sequela
S25.301S	Unspecified injury of right innominate or subclavian vein, sequela
S25.302S	Unspecified injury of left innominate or subclavian vein, sequela
S25.309S	Unspecified injury of unspecified innominate or subclavian vein, sequela
S25.311S	Minor laceration of right innominate or subclavian vein, sequela
S25.312S	Minor laceration of left innominate or subclavian vein, sequela
S25.319S	Minor laceration of unspecified innominate or subclavian vein, sequela
S25.321S	Major laceration of right innominate or subclavian vein, sequela
S25.322S	Major laceration of left innominate or subclavian vein, sequela
S25.329S	Major laceration of unspecified innominate or subclavian vein, sequela
S25.391S	Other specified injury of right innominate or subclavian vein, sequela
S25.392S	Other specified injury of left innominate or subclavian vein, sequela
S25.399S	Other specified injury of unspecified innominate or subclavian vein, sequela
S25.401S	Unspecified injury of right pulmonary blood vessels, sequela
S25.402S	Unspecified injury of left pulmonary blood vessels, sequela
S25.409S	Unspecified injury of unspecified pulmonary blood vessels, sequela
S25.411S	Minor laceration of right pulmonary blood vessels, sequela
S25.412S	Minor laceration of left pulmonary blood vessels, sequela
S25.419S	Minor laceration of unspecified pulmonary blood vessels, sequela
S25.421S	Major laceration of right pulmonary blood vessels, sequela
S25.422S	Major laceration of left pulmonary blood vessels, sequela
S25.429S	Major laceration of unspecified pulmonary blood vessels, sequela
S25.491S	Other specified injury of right pulmonary blood vessels, sequela
S25.492S	Other specified injury of left pulmonary blood vessels, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S25.499S	Other specified injury of unspecified pulmonary blood vessels, sequela
S25.501S	Unspecified injury of intercostal blood vessels, right side, sequela
S25.502S	Unspecified injury of intercostal blood vessels, left side, sequela
S25.509S	Unspecified injury of intercostal blood vessels, unspecified side, sequela
S25.511S	Laceration of intercostal blood vessels, right side, sequela
S25.512S	Laceration of intercostal blood vessels, left side, sequela
S25.519S	Laceration of intercostal blood vessels, unspecified side, sequela
S25.591S	Other specified injury of intercostal blood vessels, right side, sequela
S25.592S	Other specified injury of intercostal blood vessels, left side, sequela
S25.599S	Other specified injury of intercostal blood vessels, unspecified side, sequela
S25.801S	Unspecified injury of other blood vessels of thorax, right side, sequela
S25.802S	Unspecified injury of other blood vessels of thorax, left side, sequela
S25.809S	Unspecified injury of other blood vessels of thorax, unspecified side, sequela
S25.811S	Laceration of other blood vessels of thorax, right side, sequela
S25.812S	Laceration of other blood vessels of thorax, left side, sequela
S25.819S	Laceration of other blood vessels of thorax, unspecified side, sequela
S25.891S	Other specified injury of other blood vessels of thorax, right side, sequela
S25.892S	Other specified injury of other blood vessels of thorax, left side, sequela
S25.899S	Other specified injury of other blood vessels of thorax, unspecified side, sequela
S25.90XS	Unspecified injury of unspecified blood vessel of thorax, sequela
S25.91XS	Laceration of unspecified blood vessel of thorax, sequela
S25.99XS	Other specified injury of unspecified blood vessel of thorax, sequela
S26.00XS	Unspecified injury of heart with hemopericardium, sequela
S26.01XS	Contusion of heart with hemopericardium, sequela
S26.020S	Mild laceration of heart with hemopericardium, sequela
S26.021S	Moderate laceration of heart with hemopericardium, sequela
S26.022S	Major laceration of heart with hemopericardium, sequela
S26.09XS	Other injury of heart with hemopericardium, sequela



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

Code	Description
S26.10XS	Unspecified injury of heart without hemopericardium, sequela
S26.11XS	Contusion of heart without hemopericardium, sequela
S26.12XS	Laceration of heart without hemopericardium, sequela
S26.19XS	Other injury of heart without hemopericardium, sequela
S26.90XS	Unspecified injury of heart, unspecified with or without hemopericardium, sequela
S26.91XS	Contusion of heart, unspecified with or without hemopericardium, sequela
S26.92XS	Laceration of heart, unspecified with or without hemopericardium, sequela
S26.99XS	Other injury of heart, unspecified with or without hemopericardium, sequela
S27.0XXS	Traumatic pneumothorax, sequela
S27.1XXS	Traumatic hemothorax, sequela
S27.2XXS	Traumatic hemopneumothorax, sequela
S27.301S	Unspecified injury of lung, unilateral, sequela
S27.302S	Unspecified injury of lung, bilateral, sequela
S27.309S	Unspecified injury of lung, unspecified, sequela
S27.311S	Primary blast injury of lung, unilateral, sequela
S27.312S	Primary blast injury of lung, bilateral, sequela
S27.319S	Primary blast injury of lung, unspecified, sequela
S27.321S	Contusion of lung, unilateral, sequela
S27.322S	Contusion of lung, bilateral, sequela
S27.329S	Contusion of lung, unspecified, sequela
S27.331S	Laceration of lung, unilateral, sequela
S27.332S	Laceration of lung, bilateral, sequela
S27.339S	Laceration of lung, unspecified, sequela
S27.391S	Other injuries of lung, unilateral, sequela
S27.392S	Other injuries of lung, bilateral, sequela
S27.399S	Other injuries of lung, unspecified, sequela
S27.401S	Unspecified injury of bronchus, unilateral, sequela
S27.402S	Unspecified injury of bronchus, bilateral, sequela



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

Code	Description
S27.409S	Unspecified injury of bronchus, unspecified, sequela
S27.411S	Primary blast injury of bronchus, unilateral, sequela
S27.412S	Primary blast injury of bronchus, bilateral, sequela
S27.419S	Primary blast injury of bronchus, unspecified, sequela
S27.421S	Contusion of bronchus, unilateral, sequela
S27.422S	Contusion of bronchus, bilateral, sequela
S27.429S	Contusion of bronchus, unspecified, sequela
S27.431S	Laceration of bronchus, unilateral, sequela
S27.432S	Laceration of bronchus, bilateral, sequela
S27.439S	Laceration of bronchus, unspecified, sequela
S27.491S	Other injury of bronchus, unilateral, sequela
S27.492S	Other injury of bronchus, bilateral, sequela
S27.499S	Other injury of bronchus, unspecified, sequela
S27.50XS	Unspecified injury of thoracic trachea, sequela
S27.51XS	Primary blast injury of thoracic trachea, sequela
S27.52XS	Contusion of thoracic trachea, sequela
S27.53XS	Laceration of thoracic trachea, sequela
S27.59XS	Other injury of thoracic trachea, sequela
S27.60XS	Unspecified injury of pleura, sequela
S27.63XS	Laceration of pleura, sequela
S27.69XS	Other injury of pleura, sequela
S27.802S	Contusion of diaphragm, sequela
S27.803S	Laceration of diaphragm, sequela
S27.808S	Other injury of diaphragm, sequela
S27.809S	Unspecified injury of diaphragm, sequela
S27.812S	Contusion of esophagus (thoracic part), sequela
S27.813S	Laceration of esophagus (thoracic part), sequela
S27.818S	Other injury of esophagus (thoracic part), sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S27.819S	Unspecified injury of esophagus (thoracic part), sequela
S27.892S	Contusion of other specified intrathoracic organs, sequela
S27.893S	Laceration of other specified intrathoracic organs, sequela
S27.898S	Other injury of other specified intrathoracic organs, sequela
S27.899S	Unspecified injury of other specified intrathoracic organs, sequela
S27.9XXS	Injury of unspecified intrathoracic organ, sequela
S28.0XXS	Crushed chest, sequela
S28.1XXS	Traumatic amputation (partial) of part of thorax, except breast, sequela
S28.211S	Complete traumatic amputation of right breast, sequela
S28.212S	Complete traumatic amputation of left breast, sequela
S28.219S	Complete traumatic amputation of unspecified breast, sequela
S28.221S	Partial traumatic amputation of right breast, sequela
S28.222S	Partial traumatic amputation of left breast, sequela
S28.229S	Partial traumatic amputation of unspecified breast, sequela
S29.001S	Unspecified injury of muscle and tendon of front wall of thorax, sequela
S29.002S	Unspecified injury of muscle and tendon of back wall of thorax, sequela
S29.009S	Unspecified injury of muscle and tendon of unspecified wall of thorax, sequela
S29.011A	Strain of muscle and tendon of front wall of thorax, initial encounter
S29.011S	Strain of muscle and tendon of front wall of thorax, sequela
S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
S29.012S	Strain of muscle and tendon of back wall of thorax, sequela
S29.019A	Strain of muscle and tendon of unspecified wall of thorax, initial encounter
S29.019S	Strain of muscle and tendon of unspecified wall of thorax, sequela
S29.021S	Laceration of muscle and tendon of front wall of thorax, sequela
S29.022S	Laceration of muscle and tendon of back wall of thorax, sequela
S29.029S	Laceration of muscle and tendon of unspecified wall of thorax, sequela
S29.091S	Other injury of muscle and tendon of front wall of thorax, sequela
S29.092S	Other injury of muscle and tendon of back wall of thorax, sequela



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

Code	Description
S29.099S	Other injury of muscle and tendon of unspecified wall of thorax, sequela
S29.8XXS	Other specified injuries of thorax, sequela
S29.9XXS	Unspecified injury of thorax, sequela
S30.0XXS	Contusion of lower back and pelvis, sequela
S30.1XXS	Contusion of abdominal wall, sequela
S30.201S	Contusion of unspecified external genital organ, male, sequela
S30.202S	Contusion of unspecified external genital organ, female, sequela
S30.21XS	Contusion of penis, sequela
S30.22XS	Contusion of scrotum and testes, sequela
S30.23XS	Contusion of vagina and vulva, sequela
S30.3XXS	Contusion of anus, sequela
S30.810A	Abrasion of lower back and pelvis, initial encounter
S30.810S	Abrasion of lower back and pelvis, sequela
S30.811A	Abrasion of abdominal wall, initial encounter
S30.811S	Abrasion of abdominal wall, sequela
S30.812A	Abrasion of penis, initial encounter
S30.812S	Abrasion of penis, sequela
S30.813A	Abrasion of scrotum and testes, initial encounter
S30.813S	Abrasion of scrotum and testes, sequela
S30.814A	Abrasion of vagina and vulva, initial encounter
S30.814S	Abrasion of vagina and vulva, sequela
S30.815A	Abrasion of unspecified external genital organs, male, initial encounter
S30.815S	Abrasion of unspecified external genital organs, male, sequela
S30.816A	Abrasion of unspecified external genital organs, female, initial encounter
S30.816S	Abrasion of unspecified external genital organs, female, sequela
S30.817A	Abrasion of anus, initial encounter
S30.817S	Abrasion of anus, sequela
S30.820A	Blister (nonthermal) of lower back and pelvis, initial encounter



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

Code	Description
S30.820S	Blister (nonthermal) of lower back and pelvis, sequela
S30.821A	Blister (nonthermal) of abdominal wall, initial encounter
S30.821S	Blister (nonthermal) of abdominal wall, sequela
S30.822A	Blister (nonthermal) of penis, initial encounter
S30.822S	Blister (nonthermal) of penis, sequela
S30.823A	Blister (nonthermal) of scrotum and testes, initial encounter
S30.823S	Blister (nonthermal) of scrotum and testes, sequela
S30.824A	Blister (nonthermal) of vagina and vulva, initial encounter
S30.824S	Blister (nonthermal) of vagina and vulva, sequela
S30.825A	Blister (nonthermal) of unspecified external genital organs, male, initial encounter
S30.825S	Blister (nonthermal) of unspecified external genital organs, male, sequela
S30.826A	Blister (nonthermal) of unspecified external genital organs, female, initial encounter
S30.826S	Blister (nonthermal) of unspecified external genital organs, female, sequela
S30.827A	Blister (nonthermal) of anus, initial encounter
S30.827S	Blister (nonthermal) of anus, sequela
S30.840A	External constriction of lower back and pelvis, initial encounter
S30.840S	External constriction of lower back and pelvis, sequela
S30.841A	External constriction of abdominal wall, initial encounter
S30.841S	External constriction of abdominal wall, sequela
S30.842A	External constriction of penis, initial encounter
S30.842S	External constriction of penis, sequela
S30.843A	External constriction of scrotum and testes, initial encounter
S30.843S	External constriction of scrotum and testes, sequela
S30.844A	External constriction of vagina and vulva, initial encounter
S30.844S	External constriction of vagina and vulva, sequela
S30.845A	External constriction of unspecified external genital organs, male, initial encounter
S30.845S	External constriction of unspecified external genital organs, male, sequela
S30.846A	External constriction of unspecified external genital organs, female, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S30.846S	External constriction of unspecified external genital organs, female, sequela
S30.850A	Superficial foreign body of lower back and pelvis, initial encounter
S30.850S	Superficial foreign body of lower back and pelvis, sequela
S30.851A	Superficial foreign body of abdominal wall, initial encounter
S30.851S	Superficial foreign body of abdominal wall, sequela
S30.852A	Superficial foreign body of penis, initial encounter
S30.852S	Superficial foreign body of penis, sequela
S30.853A	Superficial foreign body of scrotum and testes, initial encounter
S30.853S	Superficial foreign body of scrotum and testes, sequela
S30.854A	Superficial foreign body of vagina and vulva, initial encounter
S30.854S	Superficial foreign body of vagina and vulva, sequela
S30.855A	Superficial foreign body of unspecified external genital organs, male, initial encounter
S30.855S	Superficial foreign body of unspecified external genital organs, male, sequela
S30.856A	Superficial foreign body of unspecified external genital organs, female, initial encounter
S30.856S	Superficial foreign body of unspecified external genital organs, female, sequela
S30.857A	Superficial foreign body of anus, initial encounter
S30.857S	Superficial foreign body of anus, sequela
S30.860A	Insect bite (nonvenomous) of lower back and pelvis, initial encounter
S30.860S	Insect bite (nonvenomous) of lower back and pelvis, sequela
S30.861A	Insect bite (nonvenomous) of abdominal wall, initial encounter
S30.861S	Insect bite (nonvenomous) of abdominal wall, sequela
S30.862A	Insect bite (nonvenomous) of penis, initial encounter
S30.862S	Insect bite (nonvenomous) of penis, sequela
S30.863A	Insect bite (nonvenomous) of scrotum and testes, initial encounter
S30.863S	Insect bite (nonvenomous) of scrotum and testes, sequela
S30.864A	Insect bite (nonvenomous) of vagina and vulva, initial encounter
S30.864S	Insect bite (nonvenomous) of vagina and vulva, sequela

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***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S30.865A	Insect bite (nonvenomous) of unspecified external genital organs, male, initial encounter
S30.865S	Insect bite (nonvenomous) of unspecified external genital organs, male, sequela
S30.866A	Insect bite (nonvenomous) of unspecified external genital organs, female, initial encounter
S30.866S	Insect bite (nonvenomous) of unspecified external genital organs, female, sequela
S30.867A	Insect bite (nonvenomous) of anus, initial encounter
S30.867S	Insect bite (nonvenomous) of anus, sequela
S30.870A	Other superficial bite of lower back and pelvis, initial encounter
S30.870S	Other superficial bite of lower back and pelvis, sequela
S30.871A	Other superficial bite of abdominal wall, initial encounter
S30.871S	Other superficial bite of abdominal wall, sequela
S30.872A	Other superficial bite of penis, initial encounter
S30.872S	Other superficial bite of penis, sequela
S30.873A	Other superficial bite of scrotum and testes, initial encounter
S30.873S	Other superficial bite of scrotum and testes, sequela
S30.874A	Other superficial bite of vagina and vulva, initial encounter
S30.874S	Other superficial bite of vagina and vulva, sequela
S30.875A	Other superficial bite of unspecified external genital organs, male, initial encounter
S30.875S	Other superficial bite of unspecified external genital organs, male, sequela
S30.876A	Other superficial bite of unspecified external genital organs, female, initial encounter
S30.876S	Other superficial bite of unspecified external genital organs, female, sequela
S30.877A	Other superficial bite of anus, initial encounter
S30.877S	Other superficial bite of anus, sequela
S30.91XA	Unspecified superficial injury of lower back and pelvis, initial encounter
S30.91XS	Unspecified superficial injury of lower back and pelvis, sequela
S30.92XA	Unspecified superficial injury of abdominal wall, initial encounter
S30.92XS	Unspecified superficial injury of abdominal wall, sequela
S30.93XA	Unspecified superficial injury of penis, initial encounter



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

Code	Description
S30.93XS	Unspecified superficial injury of penis, sequela
S30.94XA	Unspecified superficial injury of scrotum and testes, initial encounter
S30.94XS	Unspecified superficial injury of scrotum and testes, sequela
S30.95XA	Unspecified superficial injury of vagina and vulva, initial encounter
S30.95XS	Unspecified superficial injury of vagina and vulva, sequela
S30.96XA	Unspecified superficial injury of unspecified external genital organs, male, initial encounter
S30.96XS	Unspecified superficial injury of unspecified external genital organs, male, sequela
S30.97XA	Unspecified superficial injury of unspecified external genital organs, female, initial encounter
S30.97XS	Unspecified superficial injury of unspecified external genital organs, female, sequela
S30.98XA	Unspecified superficial injury of anus, initial encounter
S30.98XS	Unspecified superficial injury of anus, sequela
S31.000A	Unspecified open wound of lower back and pelvis without penetration into retroperitoneum, initial encounter
S31.000S	Unspecified open wound of lower back and pelvis without penetration into retroperitoneum, sequela
S31.001S	Unspecified open wound of lower back and pelvis with penetration into retroperitoneum, sequela
S31.010S	Laceration without foreign body of lower back and pelvis without penetration into retroperitoneum, sequela
S31.011S	Laceration without foreign body of lower back and pelvis with penetration into retroperitoneum, sequela
S31.020S	Laceration with foreign body of lower back and pelvis without penetration into retroperitoneum, sequela
S31.021S	Laceration with foreign body of lower back and pelvis with penetration into retroperitoneum, sequela
S31.030S	Puncture wound without foreign body of lower back and pelvis without penetration into retroperitoneum, sequela
S31.031S	Puncture wound without foreign body of lower back and pelvis with penetration into retroperitoneum, sequela



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

Code	Description
S31.040S	Puncture wound with foreign body of lower back and pelvis without penetration into retroperitoneum, sequela
S31.041S	Puncture wound with foreign body of lower back and pelvis with penetration into retroperitoneum, sequela
S31.050S	Open bite of lower back and pelvis without penetration into retroperitoneum, sequela
S31.051S	Open bite of lower back and pelvis with penetration into retroperitoneum, sequela
S31.100S	Unspecified open wound of abdominal wall, right upper quadrant without penetration into peritoneal cavity, sequela
S31.101S	Unspecified open wound of abdominal wall, left upper quadrant without penetration into peritoneal cavity, sequela
S31.102S	Unspecified open wound of abdominal wall, epigastric region without penetration into peritoneal cavity, sequela
S31.103S	Unspecified open wound of abdominal wall, right lower quadrant without penetration into peritoneal cavity, sequela
S31.104S	Unspecified open wound of abdominal wall, left lower quadrant without penetration into peritoneal cavity, sequela
S31.105S	Unspecified open wound of abdominal wall, periumbilic region without penetration into peritoneal cavity, sequela
S31.109S	Unspecified open wound of abdominal wall, unspecified quadrant without penetration into peritoneal cavity, sequela
S31.110S	Laceration without foreign body of abdominal wall, right upper quadrant without penetration into peritoneal cavity, sequela
S31.111S	Laceration without foreign body of abdominal wall, left upper quadrant without penetration into peritoneal cavity, sequela
S31.112S	Laceration without foreign body of abdominal wall, epigastric region without penetration into peritoneal cavity, sequela
S31.113S	Laceration without foreign body of abdominal wall, right lower quadrant without penetration into peritoneal cavity, sequela
S31.114S	Laceration without foreign body of abdominal wall, left lower quadrant without penetration into peritoneal cavity, sequela
S31.115S	Laceration without foreign body of abdominal wall, periumbilic region without penetration into peritoneal cavity, sequela



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

Code	Description
S31.119S	Laceration without foreign body of abdominal wall, unspecified quadrant without penetration into peritoneal cavity, sequela
S31.120S	Laceration of abdominal wall with foreign body, right upper quadrant without penetration into peritoneal cavity, sequela
S31.121S	Laceration of abdominal wall with foreign body, left upper quadrant without penetration into peritoneal cavity, sequela
S31.122S	Laceration of abdominal wall with foreign body, epigastric region without penetration into peritoneal cavity, sequela
S31.123S	Laceration of abdominal wall with foreign body, right lower quadrant without penetration into peritoneal cavity, sequela
S31.124S	Laceration of abdominal wall with foreign body, left lower quadrant without penetration into peritoneal cavity, sequela
S31.125S	Laceration of abdominal wall with foreign body, periumbilic region without penetration into peritoneal cavity, sequela
S31.129S	Laceration of abdominal wall with foreign body, unspecified quadrant without penetration into peritoneal cavity, sequela
S31.130S	Puncture wound of abdominal wall without foreign body, right upper quadrant without penetration into peritoneal cavity, sequela
S31.131S	Puncture wound of abdominal wall without foreign body, left upper quadrant without penetration into peritoneal cavity, sequela
S31.132S	Puncture wound of abdominal wall without foreign body, epigastric region without penetration into peritoneal cavity, sequela
S31.133S	Puncture wound of abdominal wall without foreign body, right lower quadrant without penetration into peritoneal cavity, sequela
S31.134S	Puncture wound of abdominal wall without foreign body, left lower quadrant without penetration into peritoneal cavity, sequela
S31.135S	Puncture wound of abdominal wall without foreign body, periumbilic region without penetration into peritoneal cavity, sequela
S31.139S	Puncture wound of abdominal wall without foreign body, unspecified quadrant without penetration into peritoneal cavity, sequela
S31.140S	Puncture wound of abdominal wall with foreign body, right upper quadrant without penetration into peritoneal cavity, sequela



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

Code	Description
S31.141S	Puncture wound of abdominal wall with foreign body, left upper quadrant without penetration into peritoneal cavity, sequela
S31.142S	Puncture wound of abdominal wall with foreign body, epigastric region without penetration into peritoneal cavity, sequela
S31.143S	Puncture wound of abdominal wall with foreign body, right lower quadrant without penetration into peritoneal cavity, sequela
S31.144S	Puncture wound of abdominal wall with foreign body, left lower quadrant without penetration into peritoneal cavity, sequela
S31.145S	Puncture wound of abdominal wall with foreign body, periumbilic region without penetration into peritoneal cavity, sequela
S31.149S	Puncture wound of abdominal wall with foreign body, unspecified quadrant without penetration into peritoneal cavity, sequela
S31.150S	Open bite of abdominal wall, right upper quadrant without penetration into peritoneal cavity, sequela
S31.151S	Open bite of abdominal wall, left upper quadrant without penetration into peritoneal cavity, sequela
S31.152S	Open bite of abdominal wall, epigastric region without penetration into peritoneal cavity, sequela
S31.153S	Open bite of abdominal wall, right lower quadrant without penetration into peritoneal cavity, sequela
S31.154S	Open bite of abdominal wall, left lower quadrant without penetration into peritoneal cavity, sequela
S31.155S	Open bite of abdominal wall, periumbilic region without penetration into peritoneal cavity, sequela
S31.159S	Open bite of abdominal wall, unspecified quadrant without penetration into peritoneal cavity, sequela
S31.20XS	Unspecified open wound of penis, sequela
S31.21XS	Laceration without foreign body of penis, sequela
S31.22XS	Laceration with foreign body of penis, sequela
S31.23XS	Puncture wound without foreign body of penis, sequela
S31.24XS	Puncture wound with foreign body of penis, sequela
S31.25XS	Open bite of penis, sequela



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

Code	Description
S31.30XS	Unspecified open wound of scrotum and testes, sequela
S31.31XS	Laceration without foreign body of scrotum and testes, sequela
S31.32XS	Laceration with foreign body of scrotum and testes, sequela
S31.33XS	Puncture wound without foreign body of scrotum and testes, sequela
S31.34XS	Puncture wound with foreign body of scrotum and testes, sequela
S31.35XS	Open bite of scrotum and testes, sequela
S31.40XS	Unspecified open wound of vagina and vulva, sequela
S31.41XS	Laceration without foreign body of vagina and vulva, sequela
S31.42XS	Laceration with foreign body of vagina and vulva, sequela
S31.43XS	Puncture wound without foreign body of vagina and vulva, sequela
S31.44XS	Puncture wound with foreign body of vagina and vulva, sequela
S31.45XS	Open bite of vagina and vulva, sequela
S31.501S	Unspecified open wound of unspecified external genital organs, male, sequela
S31.502S	Unspecified open wound of unspecified external genital organs, female, sequela
S31.511S	Laceration without foreign body of unspecified external genital organs, male, sequela
S31.512S	Laceration without foreign body of unspecified external genital organs, female, sequela
S31.521S	Laceration with foreign body of unspecified external genital organs, male, sequela
S31.522S	Laceration with foreign body of unspecified external genital organs, female, sequela
S31.531S	Puncture wound without foreign body of unspecified external genital organs, male, sequela
S31.532S	Puncture wound without foreign body of unspecified external genital organs, female, sequela
S31.541S	Puncture wound with foreign body of unspecified external genital organs, male, sequela
S31.542S	Puncture wound with foreign body of unspecified external genital organs, female, sequela
S31.551S	Open bite of unspecified external genital organs, male, sequela
S31.552S	Open bite of unspecified external genital organs, female, sequela



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

Code	Description
S31.600S	Unspecified open wound of abdominal wall, right upper quadrant with penetration into peritoneal cavity, sequela
S31.601S	Unspecified open wound of abdominal wall, left upper quadrant with penetration into peritoneal cavity, sequela
S31.602S	Unspecified open wound of abdominal wall, epigastric region with penetration into peritoneal cavity, sequela
S31.603S	Unspecified open wound of abdominal wall, right lower quadrant with penetration into peritoneal cavity, sequela
S31.604S	Unspecified open wound of abdominal wall, left lower quadrant with penetration into peritoneal cavity, sequela
S31.605S	Unspecified open wound of abdominal wall, periumbilic region with penetration into peritoneal cavity, sequela
S31.609S	Unspecified open wound of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, sequela
S31.610S	Laceration without foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, sequela
S31.611S	Laceration without foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, sequela
S31.612S	Laceration without foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, sequela
S31.613S	Laceration without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, sequela
S31.614S	Laceration without foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, sequela
S31.615S	Laceration without foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, sequela
S31.619S	Laceration without foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, sequela
S31.620S	Laceration with foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, sequela
S31.621S	Laceration with foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, sequela



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

Code	Description
S31.622S	Laceration with foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, sequela
S31.623S	Laceration with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, sequela
S31.624S	Laceration with foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, sequela
S31.625S	Laceration with foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, sequela
S31.629S	Laceration with foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, sequela
S31.630S	Puncture wound without foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, sequela
S31.631S	Puncture wound without foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, sequela
S31.632S	Puncture wound without foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, sequela
S31.633S	Puncture wound without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, sequela
S31.634S	Puncture wound without foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, sequela
S31.635S	Puncture wound without foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, sequela
S31.639S	Puncture wound without foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, sequela
S31.640S	Puncture wound with foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, sequela
S31.641S	Puncture wound with foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, sequela
S31.642S	Puncture wound with foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, sequela
S31.643S	Puncture wound with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, sequela



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

Code	Description
S31.644S	Puncture wound with foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, sequela
S31.645S	Puncture wound with foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, sequela
S31.649S	Puncture wound with foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, sequela
S31.650S	Open bite of abdominal wall, right upper quadrant with penetration into peritoneal cavity, sequela
S31.651S	Open bite of abdominal wall, left upper quadrant with penetration into peritoneal cavity, sequela
S31.652S	Open bite of abdominal wall, epigastric region with penetration into peritoneal cavity, sequela
S31.653S	Open bite of abdominal wall, right lower quadrant with penetration into peritoneal cavity, sequela
S31.654S	Open bite of abdominal wall, left lower quadrant with penetration into peritoneal cavity, sequela
S31.655S	Open bite of abdominal wall, periumbilic region with penetration into peritoneal cavity, sequela
S31.659S	Open bite of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, sequela
S31.801S	Laceration without foreign body of unspecified buttock, sequela
S31.802S	Laceration with foreign body of unspecified buttock, sequela
S31.803S	Puncture wound without foreign body of unspecified buttock, sequela
S31.804S	Puncture wound with foreign body of unspecified buttock, sequela
S31.805S	Open bite of unspecified buttock, sequela
S31.809S	Unspecified open wound of unspecified buttock, sequela
S31.811S	Laceration without foreign body of right buttock, sequela
S31.812S	Laceration with foreign body of right buttock, sequela
S31.813S	Puncture wound without foreign body of right buttock, sequela
S31.814S	Puncture wound with foreign body of right buttock, sequela
S31.815S	Open bite of right buttock, sequela



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Code	Description
S31.819S	Unspecified open wound of right buttock, sequela
S31.821S	Laceration without foreign body of left buttock, sequela
S31.822S	Laceration with foreign body of left buttock, sequela
S31.823S	Puncture wound without foreign body of left buttock, sequela
S31.824S	Puncture wound with foreign body of left buttock, sequela
S31.825S	Open bite of left buttock, sequela
S31.829S	Unspecified open wound of left buttock, sequela
S31.831S	Laceration without foreign body of anus, sequela
S31.832S	Laceration with foreign body of anus, sequela
S31.833S	Puncture wound without foreign body of anus, sequela
S31.834S	Puncture wound with foreign body of anus, sequela
S31.835S	Open bite of anus, sequela
S31.839S	Unspecified open wound of anus, sequela
S32.000D	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.000G	Wedge compression fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.000S	Wedge compression fracture of unspecified lumbar vertebra, sequela
S32.001D	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.001G	Stable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.001S	Stable burst fracture of unspecified lumbar vertebra, sequela
S32.002D	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.002G	Unstable burst fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.002S	Unstable burst fracture of unspecified lumbar vertebra, sequela
S32.008D	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing



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Code	Description
S32.008G	Other fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.008S	Other fracture of unspecified lumbar vertebra, sequela
S32.009D	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with routine healing
S32.009G	Unspecified fracture of unspecified lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.009S	Unspecified fracture of unspecified lumbar vertebra, sequela
S32.010D	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.010G	Wedge compression fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.010S	Wedge compression fracture of first lumbar vertebra, sequela
S32.011D	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.011G	Stable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.011S	Stable burst fracture of first lumbar vertebra, sequela
S32.012D	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.012G	Unstable burst fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.012S	Unstable burst fracture of first lumbar vertebra, sequela
S32.018D	Other fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.018G	Other fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.018S	Other fracture of first lumbar vertebra, sequela
S32.019D	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with routine healing
S32.019G	Unspecified fracture of first lumbar vertebra, subsequent encounter for fracture with delayed healing



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Code	Description
S32.019S	Unspecified fracture of first lumbar vertebra, sequela
S32.020D	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.020G	Wedge compression fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.020S	Wedge compression fracture of second lumbar vertebra, sequela
S32.021D	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.021G	Stable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.021S	Stable burst fracture of second lumbar vertebra, sequela
S32.022D	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.022G	Unstable burst fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.022S	Unstable burst fracture of second lumbar vertebra, sequela
S32.028D	Other fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.028G	Other fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.028S	Other fracture of second lumbar vertebra, sequela
S32.029D	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with routine healing
S32.029G	Unspecified fracture of second lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.029S	Unspecified fracture of second lumbar vertebra, sequela
S32.030D	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.030G	Wedge compression fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.030S	Wedge compression fracture of third lumbar vertebra, sequela



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Code	Description
S32.031D	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.031G	Stable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.031S	Stable burst fracture of third lumbar vertebra, sequela
S32.032D	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.032G	Unstable burst fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.032S	Unstable burst fracture of third lumbar vertebra, sequela
S32.038D	Other fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.038G	Other fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.038S	Other fracture of third lumbar vertebra, sequela
S32.039D	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with routine healing
S32.039G	Unspecified fracture of third lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.039S	Unspecified fracture of third lumbar vertebra, sequela
S32.040D	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.040G	Wedge compression fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.040S	Wedge compression fracture of fourth lumbar vertebra, sequela
S32.041D	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.041G	Stable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.041S	Stable burst fracture of fourth lumbar vertebra, sequela
S32.042D	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing



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Code	Description
S32.042G	Unstable burst fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.042S	Unstable burst fracture of fourth lumbar vertebra, sequela
S32.048D	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.048G	Other fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.048S	Other fracture of fourth lumbar vertebra, sequela
S32.049D	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.049G	Unspecified fracture of fourth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.049S	Unspecified fracture of fourth lumbar vertebra, sequela
S32.050D	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.050G	Wedge compression fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.050S	Wedge compression fracture of fifth lumbar vertebra, sequela
S32.051D	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.051G	Stable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.051S	Stable burst fracture of fifth lumbar vertebra, sequela
S32.052D	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.052G	Unstable burst fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.052S	Unstable burst fracture of fifth lumbar vertebra, sequela
S32.058D	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.058G	Other fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S32.058S	Other fracture of fifth lumbar vertebra, sequela
S32.059D	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with routine healing
S32.059G	Unspecified fracture of fifth lumbar vertebra, subsequent encounter for fracture with delayed healing
S32.059S	Unspecified fracture of fifth lumbar vertebra, sequela
S32.10XD	Unspecified fracture of sacrum, subsequent encounter for fracture with routine healing
S32.10XG	Unspecified fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.10XS	Unspecified fracture of sacrum, sequela
S32.110D	Nondisplaced Zone I fracture of sacrum, subsequent encounter for fracture with routine healing
S32.110G	Nondisplaced Zone I fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.110S	Nondisplaced Zone I fracture of sacrum, sequela
S32.111D	Minimally displaced Zone I fracture of sacrum, subsequent encounter for fracture with routine healing
S32.111G	Minimally displaced Zone I fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.111S	Minimally displaced Zone I fracture of sacrum, sequela
S32.112D	Severely displaced Zone I fracture of sacrum, subsequent encounter for fracture with routine healing
S32.112G	Severely displaced Zone I fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.112S	Severely displaced Zone I fracture of sacrum, sequela
S32.119D	Unspecified Zone I fracture of sacrum, subsequent encounter for fracture with routine healing
S32.119G	Unspecified Zone I fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.119S	Unspecified Zone I fracture of sacrum, sequela



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Code	Description
S32.120D	Nondisplaced Zone II fracture of sacrum, subsequent encounter for fracture with routine healing
S32.120G	Nondisplaced Zone II fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.120S	Nondisplaced Zone II fracture of sacrum, sequela
S32.121D	Minimally displaced Zone II fracture of sacrum, subsequent encounter for fracture with routine healing
S32.121G	Minimally displaced Zone II fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.121S	Minimally displaced Zone II fracture of sacrum, sequela
S32.122D	Severely displaced Zone II fracture of sacrum, subsequent encounter for fracture with routine healing
S32.122G	Severely displaced Zone II fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.122S	Severely displaced Zone II fracture of sacrum, sequela
S32.129D	Unspecified Zone II fracture of sacrum, subsequent encounter for fracture with routine healing
S32.129G	Unspecified Zone II fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.129S	Unspecified Zone II fracture of sacrum, sequela
S32.130D	Nondisplaced Zone III fracture of sacrum, subsequent encounter for fracture with routine healing
S32.130G	Nondisplaced Zone III fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.130S	Nondisplaced Zone III fracture of sacrum, sequela
S32.131D	Minimally displaced Zone III fracture of sacrum, subsequent encounter for fracture with routine healing
S32.131G	Minimally displaced Zone III fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.131S	Minimally displaced Zone III fracture of sacrum, sequela
S32.132D	Severely displaced Zone III fracture of sacrum, subsequent encounter for fracture with routine healing



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Code	Description
S32.132G	Severely displaced Zone III fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.132S	Severely displaced Zone III fracture of sacrum, sequela
S32.139D	Unspecified Zone III fracture of sacrum, subsequent encounter for fracture with routine healing
S32.139G	Unspecified Zone III fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.139S	Unspecified Zone III fracture of sacrum, sequela
S32.14XD	Type 1 fracture of sacrum, subsequent encounter for fracture with routine healing
S32.14XG	Type 1 fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.14XS	Type 1 fracture of sacrum, sequela
S32.15XD	Type 2 fracture of sacrum, subsequent encounter for fracture with routine healing
S32.15XG	Type 2 fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.15XS	Type 2 fracture of sacrum, sequela
S32.16XD	Type 3 fracture of sacrum, subsequent encounter for fracture with routine healing
S32.16XG	Type 3 fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.16XS	Type 3 fracture of sacrum, sequela
S32.17XD	Type 4 fracture of sacrum, subsequent encounter for fracture with routine healing
S32.17XG	Type 4 fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.17XS	Type 4 fracture of sacrum, sequela
S32.19XD	Other fracture of sacrum, subsequent encounter for fracture with routine healing
S32.19XG	Other fracture of sacrum, subsequent encounter for fracture with delayed healing
S32.19XS	Other fracture of sacrum, sequela
S32.2XXD	Fracture of coccyx, subsequent encounter for fracture with routine healing
S32.2XXG	Fracture of coccyx, subsequent encounter for fracture with delayed healing
S32.2XXS	Fracture of coccyx, sequela
S32.301D	Unspecified fracture of right ilium, subsequent encounter for fracture with routine healing
S32.301G	Unspecified fracture of right ilium, subsequent encounter for fracture with delayed healing



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Code	Description
S32.301S	Unspecified fracture of right ilium, sequela
S32.302D	Unspecified fracture of left ilium, subsequent encounter for fracture with routine healing
S32.302G	Unspecified fracture of left ilium, subsequent encounter for fracture with delayed healing
S32.302S	Unspecified fracture of left ilium, sequela
S32.309D	Unspecified fracture of unspecified ilium, subsequent encounter for fracture with routine healing
S32.309G	Unspecified fracture of unspecified ilium, subsequent encounter for fracture with delayed healing
S32.309S	Unspecified fracture of unspecified ilium, sequela
S32.311D	Displaced avulsion fracture of right ilium, subsequent encounter for fracture with routine healing
S32.311G	Displaced avulsion fracture of right ilium, subsequent encounter for fracture with delayed healing
S32.311S	Displaced avulsion fracture of right ilium, sequela
S32.312D	Displaced avulsion fracture of left ilium, subsequent encounter for fracture with routine healing
S32.312G	Displaced avulsion fracture of left ilium, subsequent encounter for fracture with delayed healing
S32.312S	Displaced avulsion fracture of left ilium, sequela
S32.313D	Displaced avulsion fracture of unspecified ilium, subsequent encounter for fracture with routine healing
S32.313G	Displaced avulsion fracture of unspecified ilium, subsequent encounter for fracture with delayed healing
S32.313S	Displaced avulsion fracture of unspecified ilium, sequela
S32.314D	Nondisplaced avulsion fracture of right ilium, subsequent encounter for fracture with routine healing
S32.314G	Nondisplaced avulsion fracture of right ilium, subsequent encounter for fracture with delayed healing
S32.314S	Nondisplaced avulsion fracture of right ilium, sequela



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Code	Description
S32.315D	Nondisplaced avulsion fracture of left ilium, subsequent encounter for fracture with routine healing
S32.315G	Nondisplaced avulsion fracture of left ilium, subsequent encounter for fracture with delayed healing
S32.315S	Nondisplaced avulsion fracture of left ilium, sequela
S32.316D	Nondisplaced avulsion fracture of unspecified ilium, subsequent encounter for fracture with routine healing
S32.316G	Nondisplaced avulsion fracture of unspecified ilium, subsequent encounter for fracture with delayed healing
S32.316S	Nondisplaced avulsion fracture of unspecified ilium, sequela
S32.391D	Other fracture of right ilium, subsequent encounter for fracture with routine healing
S32.391G	Other fracture of right ilium, subsequent encounter for fracture with delayed healing
S32.391S	Other fracture of right ilium, sequela
S32.392D	Other fracture of left ilium, subsequent encounter for fracture with routine healing
S32.392G	Other fracture of left ilium, subsequent encounter for fracture with delayed healing
S32.392S	Other fracture of left ilium, sequela
S32.399D	Other fracture of unspecified ilium, subsequent encounter for fracture with routine healing
S32.399G	Other fracture of unspecified ilium, subsequent encounter for fracture with delayed healing
S32.399S	Other fracture of unspecified ilium, sequela
S32.401D	Unspecified fracture of right acetabulum, subsequent encounter for fracture with routine healing
S32.401G	Unspecified fracture of right acetabulum, subsequent encounter for fracture with delayed healing
S32.401S	Unspecified fracture of right acetabulum, sequela
S32.402D	Unspecified fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.402G	Unspecified fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.402S	Unspecified fracture of left acetabulum, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S32.409D	Unspecified fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.409G	Unspecified fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.409S	Unspecified fracture of unspecified acetabulum, sequela
S32.411D	Displaced fracture of anterior wall of right acetabulum, subsequent encounter for fracture with routine healing
S32.411G	Displaced fracture of anterior wall of right acetabulum, subsequent encounter for fracture with delayed healing
S32.411S	Displaced fracture of anterior wall of right acetabulum, sequela
S32.412D	Displaced fracture of anterior wall of left acetabulum, subsequent encounter for fracture with routine healing
S32.412G	Displaced fracture of anterior wall of left acetabulum, subsequent encounter for fracture with delayed healing
S32.412S	Displaced fracture of anterior wall of left acetabulum, sequela
S32.413D	Displaced fracture of anterior wall of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.413G	Displaced fracture of anterior wall of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.413S	Displaced fracture of anterior wall of unspecified acetabulum, sequela
S32.414D	Nondisplaced fracture of anterior wall of right acetabulum, subsequent encounter for fracture with routine healing
S32.414G	Nondisplaced fracture of anterior wall of right acetabulum, subsequent encounter for fracture with delayed healing
S32.414S	Nondisplaced fracture of anterior wall of right acetabulum, sequela
S32.415D	Nondisplaced fracture of anterior wall of left acetabulum, subsequent encounter for fracture with routine healing
S32.415G	Nondisplaced fracture of anterior wall of left acetabulum, subsequent encounter for fracture with delayed healing
S32.415S	Nondisplaced fracture of anterior wall of left acetabulum, sequela
S32.416D	Nondisplaced fracture of anterior wall of unspecified acetabulum, subsequent encounter for fracture with routine healing



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Code	Description
S32.416G	Nondisplaced fracture of anterior wall of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.416S	Nondisplaced fracture of anterior wall of unspecified acetabulum, sequela
S32.421D	Displaced fracture of posterior wall of right acetabulum, subsequent encounter for fracture with routine healing
S32.421G	Displaced fracture of posterior wall of right acetabulum, subsequent encounter for fracture with delayed healing
S32.421S	Displaced fracture of posterior wall of right acetabulum, sequela
S32.422D	Displaced fracture of posterior wall of left acetabulum, subsequent encounter for fracture with routine healing
S32.422G	Displaced fracture of posterior wall of left acetabulum, subsequent encounter for fracture with delayed healing
S32.422S	Displaced fracture of posterior wall of left acetabulum, sequela
S32.423D	Displaced fracture of posterior wall of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.423G	Displaced fracture of posterior wall of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.423S	Displaced fracture of posterior wall of unspecified acetabulum, sequela
S32.424D	Nondisplaced fracture of posterior wall of right acetabulum, subsequent encounter for fracture with routine healing
S32.424G	Nondisplaced fracture of posterior wall of right acetabulum, subsequent encounter for fracture with delayed healing
S32.424S	Nondisplaced fracture of posterior wall of right acetabulum, sequela
S32.425D	Nondisplaced fracture of posterior wall of left acetabulum, subsequent encounter for fracture with routine healing
S32.425G	Nondisplaced fracture of posterior wall of left acetabulum, subsequent encounter for fracture with delayed healing
S32.425S	Nondisplaced fracture of posterior wall of left acetabulum, sequela
S32.426D	Nondisplaced fracture of posterior wall of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.426G	Nondisplaced fracture of posterior wall of unspecified acetabulum, subsequent encounter for fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S32.426S	Nondisplaced fracture of posterior wall of unspecified acetabulum, sequela
S32.431D	Displaced fracture of anterior column [iliopubic] of right acetabulum, subsequent encounter for fracture with routine healing
S32.431G	Displaced fracture of anterior column [iliopubic] of right acetabulum, subsequent encounter for fracture with delayed healing
S32.431S	Displaced fracture of anterior column [iliopubic] of right acetabulum, sequela
S32.432D	Displaced fracture of anterior column [iliopubic] of left acetabulum, subsequent encounter for fracture with routine healing
S32.432G	Displaced fracture of anterior column [iliopubic] of left acetabulum, subsequent encounter for fracture with delayed healing
S32.432S	Displaced fracture of anterior column [iliopubic] of left acetabulum, sequela
S32.433D	Displaced fracture of anterior column [iliopubic] of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.433G	Displaced fracture of anterior column [iliopubic] of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.433S	Displaced fracture of anterior column [iliopubic] of unspecified acetabulum, sequela
S32.434D	Nondisplaced fracture of anterior column [iliopubic] of right acetabulum, subsequent encounter for fracture with routine healing
S32.434G	Nondisplaced fracture of anterior column [iliopubic] of right acetabulum, subsequent encounter for fracture with delayed healing
S32.434S	Nondisplaced fracture of anterior column [iliopubic] of right acetabulum, sequela
S32.435D	Nondisplaced fracture of anterior column [iliopubic] of left acetabulum, subsequent encounter for fracture with routine healing
S32.435G	Nondisplaced fracture of anterior column [iliopubic] of left acetabulum, subsequent encounter for fracture with delayed healing
S32.435S	Nondisplaced fracture of anterior column [iliopubic] of left acetabulum, sequela
S32.436D	Nondisplaced fracture of anterior column [iliopubic] of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.436G	Nondisplaced fracture of anterior column [iliopubic] of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.436S	Nondisplaced fracture of anterior column [iliopubic] of unspecified acetabulum, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S32.441D	Displaced fracture of posterior column [ilioischial] of right acetabulum, subsequent encounter for fracture with routine healing
S32.441G	Displaced fracture of posterior column [ilioischial] of right acetabulum, subsequent encounter for fracture with delayed healing
S32.441S	Displaced fracture of posterior column [ilioischial] of right acetabulum, sequela
S32.442D	Displaced fracture of posterior column [ilioischial] of left acetabulum, subsequent encounter for fracture with routine healing
S32.442G	Displaced fracture of posterior column [ilioischial] of left acetabulum, subsequent encounter for fracture with delayed healing
S32.442S	Displaced fracture of posterior column [ilioischial] of left acetabulum, sequela
S32.443D	Displaced fracture of posterior column [ilioischial] of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.443G	Displaced fracture of posterior column [ilioischial] of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.443S	Displaced fracture of posterior column [ilioischial] of unspecified acetabulum, sequela
S32.444D	Nondisplaced fracture of posterior column [ilioischial] of right acetabulum, subsequent encounter for fracture with routine healing
S32.444G	Nondisplaced fracture of posterior column [ilioischial] of right acetabulum, subsequent encounter for fracture with delayed healing
S32.444S	Nondisplaced fracture of posterior column [ilioischial] of right acetabulum, sequela
S32.445D	Nondisplaced fracture of posterior column [ilioischial] of left acetabulum, subsequent encounter for fracture with routine healing
S32.445G	Nondisplaced fracture of posterior column [ilioischial] of left acetabulum, subsequent encounter for fracture with delayed healing
S32.445S	Nondisplaced fracture of posterior column [ilioischial] of left acetabulum, sequela
S32.446D	Nondisplaced fracture of posterior column [ilioischial] of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.446G	Nondisplaced fracture of posterior column [ilioischial] of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.446S	Nondisplaced fracture of posterior column [ilioischial] of unspecified acetabulum, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S32.451D	Displaced transverse fracture of right acetabulum, subsequent encounter for fracture with routine healing
S32.451G	Displaced transverse fracture of right acetabulum, subsequent encounter for fracture with delayed healing
S32.451S	Displaced transverse fracture of right acetabulum, sequela
S32.452D	Displaced transverse fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.452G	Displaced transverse fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.452S	Displaced transverse fracture of left acetabulum, sequela
S32.453D	Displaced transverse fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.453G	Displaced transverse fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.453S	Displaced transverse fracture of unspecified acetabulum, sequela
S32.454D	Nondisplaced transverse fracture of right acetabulum, subsequent encounter for fracture with routine healing
S32.454G	Nondisplaced transverse fracture of right acetabulum, subsequent encounter for fracture with delayed healing
S32.454S	Nondisplaced transverse fracture of right acetabulum, sequela
S32.455D	Nondisplaced transverse fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.455G	Nondisplaced transverse fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.455S	Nondisplaced transverse fracture of left acetabulum, sequela
S32.456D	Nondisplaced transverse fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.456G	Nondisplaced transverse fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.456S	Nondisplaced transverse fracture of unspecified acetabulum, sequela
S32.461D	Displaced associated transverse-posterior fracture of right acetabulum, subsequent encounter for fracture with routine healing



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

Code	Description
S32.461G	Displaced associated transverse-posterior fracture of right acetabulum, subsequent encounter for fracture with delayed healing
S32.461S	Displaced associated transverse-posterior fracture of right acetabulum, sequela
S32.462D	Displaced associated transverse-posterior fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.462G	Displaced associated transverse-posterior fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.462S	Displaced associated transverse-posterior fracture of left acetabulum, sequela
S32.463D	Displaced associated transverse-posterior fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.463G	Displaced associated transverse-posterior fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.463S	Displaced associated transverse-posterior fracture of unspecified acetabulum, sequela
S32.464D	Nondisplaced associated transverse-posterior fracture of right acetabulum, subsequent encounter for fracture with routine healing
S32.464G	Nondisplaced associated transverse-posterior fracture of right acetabulum, subsequent encounter for fracture with delayed healing
S32.464S	Nondisplaced associated transverse-posterior fracture of right acetabulum, sequela
S32.465D	Nondisplaced associated transverse-posterior fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.465G	Nondisplaced associated transverse-posterior fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.465S	Nondisplaced associated transverse-posterior fracture of left acetabulum, sequela
S32.466D	Nondisplaced associated transverse-posterior fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.466G	Nondisplaced associated transverse-posterior fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.466S	Nondisplaced associated transverse-posterior fracture of unspecified acetabulum, sequela
S32.471D	Displaced fracture of medial wall of right acetabulum, subsequent encounter for fracture with routine healing



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Code	Description
S32.471G	Displaced fracture of medial wall of right acetabulum, subsequent encounter for fracture with delayed healing
S32.471S	Displaced fracture of medial wall of right acetabulum, sequela
S32.472D	Displaced fracture of medial wall of left acetabulum, subsequent encounter for fracture with routine healing
S32.472G	Displaced fracture of medial wall of left acetabulum, subsequent encounter for fracture with delayed healing
S32.472S	Displaced fracture of medial wall of left acetabulum, sequela
S32.473D	Displaced fracture of medial wall of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.473G	Displaced fracture of medial wall of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.473S	Displaced fracture of medial wall of unspecified acetabulum, sequela
S32.474D	Nondisplaced fracture of medial wall of right acetabulum, subsequent encounter for fracture with routine healing
S32.474G	Nondisplaced fracture of medial wall of right acetabulum, subsequent encounter for fracture with delayed healing
S32.474S	Nondisplaced fracture of medial wall of right acetabulum, sequela
S32.475D	Nondisplaced fracture of medial wall of left acetabulum, subsequent encounter for fracture with routine healing
S32.475G	Nondisplaced fracture of medial wall of left acetabulum, subsequent encounter for fracture with delayed healing
S32.475S	Nondisplaced fracture of medial wall of left acetabulum, sequela
S32.476D	Nondisplaced fracture of medial wall of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.476G	Nondisplaced fracture of medial wall of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.476S	Nondisplaced fracture of medial wall of unspecified acetabulum, sequela
S32.481D	Displaced dome fracture of right acetabulum, subsequent encounter for fracture with routine healing
S32.481G	Displaced dome fracture of right acetabulum, subsequent encounter for fracture with delayed healing



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Code	Description
S32.481S	Displaced dome fracture of right acetabulum, sequela
S32.482D	Displaced dome fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.482G	Displaced dome fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.482S	Displaced dome fracture of left acetabulum, sequela
S32.483D	Displaced dome fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.483G	Displaced dome fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.483S	Displaced dome fracture of unspecified acetabulum, sequela
S32.484D	Nondisplaced dome fracture of right acetabulum, subsequent encounter for fracture with routine healing
S32.484G	Nondisplaced dome fracture of right acetabulum, subsequent encounter for fracture with delayed healing
S32.484S	Nondisplaced dome fracture of right acetabulum, sequela
S32.485D	Nondisplaced dome fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.485G	Nondisplaced dome fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.485S	Nondisplaced dome fracture of left acetabulum, sequela
S32.486D	Nondisplaced dome fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.486G	Nondisplaced dome fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.486S	Nondisplaced dome fracture of unspecified acetabulum, sequela
S32.491D	Other specified fracture of right acetabulum, subsequent encounter for fracture with routine healing
S32.491G	Other specified fracture of right acetabulum, subsequent encounter for fracture with delayed healing
S32.491S	Other specified fracture of right acetabulum, sequela



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Code	Description
S32.492D	Other specified fracture of left acetabulum, subsequent encounter for fracture with routine healing
S32.492G	Other specified fracture of left acetabulum, subsequent encounter for fracture with delayed healing
S32.492S	Other specified fracture of left acetabulum, sequela
S32.499D	Other specified fracture of unspecified acetabulum, subsequent encounter for fracture with routine healing
S32.499G	Other specified fracture of unspecified acetabulum, subsequent encounter for fracture with delayed healing
S32.499S	Other specified fracture of unspecified acetabulum, sequela
S32.501D	Unspecified fracture of right pubis, subsequent encounter for fracture with routine healing
S32.501G	Unspecified fracture of right pubis, subsequent encounter for fracture with delayed healing
S32.501S	Unspecified fracture of right pubis, sequela
S32.502D	Unspecified fracture of left pubis, subsequent encounter for fracture with routine healing
S32.502G	Unspecified fracture of left pubis, subsequent encounter for fracture with delayed healing
S32.502S	Unspecified fracture of left pubis, sequela
S32.509D	Unspecified fracture of unspecified pubis, subsequent encounter for fracture with routine healing
S32.509G	Unspecified fracture of unspecified pubis, subsequent encounter for fracture with delayed healing
S32.509S	Unspecified fracture of unspecified pubis, sequela
S32.511D	Fracture of superior rim of right pubis, subsequent encounter for fracture with routine healing
S32.511G	Fracture of superior rim of right pubis, subsequent encounter for fracture with delayed healing
S32.511S	Fracture of superior rim of right pubis, sequela
S32.512D	Fracture of superior rim of left pubis, subsequent encounter for fracture with routine healing



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Code	Description
S32.512G	Fracture of superior rim of left pubis, subsequent encounter for fracture with delayed healing
S32.512S	Fracture of superior rim of left pubis, sequela
S32.519D	Fracture of superior rim of unspecified pubis, subsequent encounter for fracture with routine healing
S32.519G	Fracture of superior rim of unspecified pubis, subsequent encounter for fracture with delayed healing
S32.519S	Fracture of superior rim of unspecified pubis, sequela
S32.591D	Other specified fracture of right pubis, subsequent encounter for fracture with routine healing
S32.591G	Other specified fracture of right pubis, subsequent encounter for fracture with delayed healing
S32.591S	Other specified fracture of right pubis, sequela
S32.592D	Other specified fracture of left pubis, subsequent encounter for fracture with routine healing
S32.592G	Other specified fracture of left pubis, subsequent encounter for fracture with delayed healing
S32.592S	Other specified fracture of left pubis, sequela
S32.599D	Other specified fracture of unspecified pubis, subsequent encounter for fracture with routine healing
S32.599G	Other specified fracture of unspecified pubis, subsequent encounter for fracture with delayed healing
S32.599S	Other specified fracture of unspecified pubis, sequela
S32.601D	Unspecified fracture of right ischium, subsequent encounter for fracture with routine healing
S32.601G	Unspecified fracture of right ischium, subsequent encounter for fracture with delayed healing
S32.601S	Unspecified fracture of right ischium, sequela
S32.602D	Unspecified fracture of left ischium, subsequent encounter for fracture with routine healing
S32.602G	Unspecified fracture of left ischium, subsequent encounter for fracture with delayed healing



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Code	Description
S32.602S	Unspecified fracture of left ischium, sequela
S32.609D	Unspecified fracture of unspecified ischium, subsequent encounter for fracture with routine healing
S32.609G	Unspecified fracture of unspecified ischium, subsequent encounter for fracture with delayed healing
S32.609S	Unspecified fracture of unspecified ischium, sequela
S32.611D	Displaced avulsion fracture of right ischium, subsequent encounter for fracture with routine healing
S32.611G	Displaced avulsion fracture of right ischium, subsequent encounter for fracture with delayed healing
S32.611S	Displaced avulsion fracture of right ischium, sequela
S32.612D	Displaced avulsion fracture of left ischium, subsequent encounter for fracture with routine healing
S32.612G	Displaced avulsion fracture of left ischium, subsequent encounter for fracture with delayed healing
S32.612S	Displaced avulsion fracture of left ischium, sequela
S32.613D	Displaced avulsion fracture of unspecified ischium, subsequent encounter for fracture with routine healing
S32.613G	Displaced avulsion fracture of unspecified ischium, subsequent encounter for fracture with delayed healing
S32.613S	Displaced avulsion fracture of unspecified ischium, sequela
S32.614D	Nondisplaced avulsion fracture of right ischium, subsequent encounter for fracture with routine healing
S32.614G	Nondisplaced avulsion fracture of right ischium, subsequent encounter for fracture with delayed healing
S32.614S	Nondisplaced avulsion fracture of right ischium, sequela
S32.615D	Nondisplaced avulsion fracture of left ischium, subsequent encounter for fracture with routine healing
S32.615G	Nondisplaced avulsion fracture of left ischium, subsequent encounter for fracture with delayed healing
S32.615S	Nondisplaced avulsion fracture of left ischium, sequela



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Code	Description
S32.616D	Nondisplaced avulsion fracture of unspecified ischium, subsequent encounter for fracture with routine healing
S32.616G	Nondisplaced avulsion fracture of unspecified ischium, subsequent encounter for fracture with delayed healing
S32.616S	Nondisplaced avulsion fracture of unspecified ischium, sequela
S32.691D	Other specified fracture of right ischium, subsequent encounter for fracture with routine healing
S32.691G	Other specified fracture of right ischium, subsequent encounter for fracture with delayed healing
S32.691S	Other specified fracture of right ischium, sequela
S32.692D	Other specified fracture of left ischium, subsequent encounter for fracture with routine healing
S32.692G	Other specified fracture of left ischium, subsequent encounter for fracture with delayed healing
S32.692S	Other specified fracture of left ischium, sequela
S32.699D	Other specified fracture of unspecified ischium, subsequent encounter for fracture with routine healing
S32.699G	Other specified fracture of unspecified ischium, subsequent encounter for fracture with delayed healing
S32.699S	Other specified fracture of unspecified ischium, sequela
S32.810D	Multiple fractures of pelvis with stable disruption of pelvic ring, subsequent encounter for fracture with routine healing
S32.810G	Multiple fractures of pelvis with stable disruption of pelvic ring, subsequent encounter for fracture with delayed healing
S32.810S	Multiple fractures of pelvis with stable disruption of pelvic ring, sequela
S32.811D	Multiple fractures of pelvis with unstable disruption of pelvic ring, subsequent encounter for fracture with routine healing
S32.811G	Multiple fractures of pelvis with unstable disruption of pelvic ring, subsequent encounter for fracture with delayed healing
S32.811S	Multiple fractures of pelvis with unstable disruption of pelvic ring, sequela
S32.82XD	Multiple fractures of pelvis without disruption of pelvic ring, subsequent encounter for fracture with routine healing



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Code	Description
S32.82XG	Multiple fractures of pelvis without disruption of pelvic ring, subsequent encounter for fracture with delayed healing
S32.82XS	Multiple fractures of pelvis without disruption of pelvic ring, sequela
S32.89XD	Fracture of other parts of pelvis, subsequent encounter for fracture with routine healing
S32.89XG	Fracture of other parts of pelvis, subsequent encounter for fracture with delayed healing
S32.89XS	Fracture of other parts of pelvis, sequela
S32.9XXD	Fracture of unspecified parts of lumbosacral spine and pelvis, subsequent encounter for fracture with routine healing
S32.9XXG	Fracture of unspecified parts of lumbosacral spine and pelvis, subsequent encounter for fracture with delayed healing
S32.9XXS	Fracture of unspecified parts of lumbosacral spine and pelvis, sequela
S33.0XXA	Traumatic rupture of lumbar intervertebral disc, initial encounter
S33.0XXS	Traumatic rupture of lumbar intervertebral disc, sequela
S33.100A	Subluxation of unspecified lumbar vertebra, initial encounter
S33.100S	Subluxation of unspecified lumbar vertebra, sequela
S33.101A	Dislocation of unspecified lumbar vertebra, initial encounter
S33.101S	Dislocation of unspecified lumbar vertebra, sequela
S33.110A	Subluxation of L1/L2 lumbar vertebra, initial encounter
S33.110S	Subluxation of L1/L2 lumbar vertebra, sequela
S33.111A	Dislocation of L1/L2 lumbar vertebra, initial encounter
S33.111S	Dislocation of L1/L2 lumbar vertebra, sequela
S33.120A	Subluxation of L2/L3 lumbar vertebra, initial encounter
S33.120S	Subluxation of L2/L3 lumbar vertebra, sequela
S33.121A	Dislocation of L2/L3 lumbar vertebra, initial encounter
S33.121S	Dislocation of L2/L3 lumbar vertebra, sequela
S33.130A	Subluxation of L3/L4 lumbar vertebra, initial encounter
S33.130S	Subluxation of L3/L4 lumbar vertebra, sequela
S33.131A	Dislocation of L3/L4 lumbar vertebra, initial encounter



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Code	Description
S33.131S	Dislocation of L3/L4 lumbar vertebra, sequela
S33.140A	Subluxation of L4/L5 lumbar vertebra, initial encounter
S33.140S	Subluxation of L4/L5 lumbar vertebra, sequela
S33.141A	Dislocation of L4/L5 lumbar vertebra, initial encounter
S33.141S	Dislocation of L4/L5 lumbar vertebra, sequela
S33.2XXA	Dislocation of sacroiliac and sacrococcygeal joint, initial encounter
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela
S33.30XA	Dislocation of unspecified parts of lumbar spine and pelvis, initial encounter
S33.30XS	Dislocation of unspecified parts of lumbar spine and pelvis, sequela
S33.39XA	Dislocation of other parts of lumbar spine and pelvis, initial encounter
S33.39XS	Dislocation of other parts of lumbar spine and pelvis, sequela
S33.4XXA	Traumatic rupture of symphysis pubis, initial encounter
S33.4XXS	Traumatic rupture of symphysis pubis, sequela
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
S33.5XXS	Sprain of ligaments of lumbar spine, sequela
S33.6XXA	Sprain of sacroiliac joint, initial encounter
S33.6XXS	Sprain of sacroiliac joint, sequela
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter
S33.8XXS	Sprain of other parts of lumbar spine and pelvis, sequela
S33.9XXA	Sprain of unspecified parts of lumbar spine and pelvis, initial encounter
S33.9XXS	Sprain of unspecified parts of lumbar spine and pelvis, sequela
S34.01XS	Concussion and edema of lumbar spinal cord, sequela
S34.02XS	Concussion and edema of sacral spinal cord, sequela
S34.101S	Unspecified injury to L1 level of lumbar spinal cord, sequela
S34.102S	Unspecified injury to L2 level of lumbar spinal cord, sequela
S34.103S	Unspecified injury to L3 level of lumbar spinal cord, sequela
S34.104S	Unspecified injury to L4 level of lumbar spinal cord, sequela
S34.105S	Unspecified injury to L5 level of lumbar spinal cord, sequela

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Code	Description
S34.109S	Unspecified injury to unspecified level of lumbar spinal cord, sequela
S34.111S	Complete lesion of L1 level of lumbar spinal cord, sequela
S34.112S	Complete lesion of L2 level of lumbar spinal cord, sequela
S34.113S	Complete lesion of L3 level of lumbar spinal cord, sequela
S34.114S	Complete lesion of L4 level of lumbar spinal cord, sequela
S34.115S	Complete lesion of L5 level of lumbar spinal cord, sequela
S34.119S	Complete lesion of unspecified level of lumbar spinal cord, sequela
S34.121S	Incomplete lesion of L1 level of lumbar spinal cord, sequela
S34.122S	Incomplete lesion of L2 level of lumbar spinal cord, sequela
S34.123S	Incomplete lesion of L3 level of lumbar spinal cord, sequela
S34.124S	Incomplete lesion of L4 level of lumbar spinal cord, sequela
S34.125S	Incomplete lesion of L5 level of lumbar spinal cord, sequela
S34.129S	Incomplete lesion of unspecified level of lumbar spinal cord, sequela
S34.131S	Complete lesion of sacral spinal cord, sequela
S34.132S	Incomplete lesion of sacral spinal cord, sequela
S34.139S	Unspecified injury to sacral spinal cord, sequela
S34.21XS	Injury of nerve root of lumbar spine, sequela
S34.22XS	Injury of nerve root of sacral spine, sequela
S34.3XXS	Injury of cauda equina, sequela
S34.4XXS	Injury of lumbosacral plexus, sequela
S34.5XXS	Injury of lumbar, sacral and pelvic sympathetic nerves, sequela
S34.6XXS	Injury of peripheral nerve(s) at abdomen, lower back and pelvis level, sequela
S34.8XXS	Injury of other nerves at abdomen, lower back and pelvis level, sequela
S34.9XXA	Injury of unspecified nerves at abdomen, lower back and pelvis level, initial encounter
S34.9XXS	Injury of unspecified nerves at abdomen, lower back and pelvis level, sequela
S35.00XS	Unspecified injury of abdominal aorta, sequela
S35.01XS	Minor laceration of abdominal aorta, sequela
S35.02XS	Major laceration of abdominal aorta, sequela

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Code	Description
S35.09XS	Other injury of abdominal aorta, sequela
S35.10XS	Unspecified injury of inferior vena cava, sequela
S35.11XS	Minor laceration of inferior vena cava, sequela
S35.12XS	Major laceration of inferior vena cava, sequela
S35.19XS	Other injury of inferior vena cava, sequela
S35.211S	Minor laceration of celiac artery, sequela
S35.212S	Major laceration of celiac artery, sequela
S35.218S	Other injury of celiac artery, sequela
S35.219S	Unspecified injury of celiac artery, sequela
S35.221S	Minor laceration of superior mesenteric artery, sequela
S35.222S	Major laceration of superior mesenteric artery, sequela
S35.228S	Other injury of superior mesenteric artery, sequela
S35.229S	Unspecified injury of superior mesenteric artery, sequela
S35.231S	Minor laceration of inferior mesenteric artery, sequela
S35.232S	Major laceration of inferior mesenteric artery, sequela
S35.238S	Other injury of inferior mesenteric artery, sequela
S35.239S	Unspecified injury of inferior mesenteric artery, sequela
S35.291S	Minor laceration of branches of celiac and mesenteric artery, sequela
S35.292S	Major laceration of branches of celiac and mesenteric artery, sequela
S35.298S	Other injury of branches of celiac and mesenteric artery, sequela
S35.299S	Unspecified injury of branches of celiac and mesenteric artery, sequela
S35.311S	Laceration of portal vein, sequela
S35.318S	Other specified injury of portal vein, sequela
S35.319S	Unspecified injury of portal vein, sequela
S35.321S	Laceration of splenic vein, sequela
S35.328S	Other specified injury of splenic vein, sequela
S35.329S	Unspecified injury of splenic vein, sequela
S35.331S	Laceration of superior mesenteric vein, sequela



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Code	Description
S35.338S	Other specified injury of superior mesenteric vein, sequela
S35.339S	Unspecified injury of superior mesenteric vein, sequela
S35.341S	Laceration of inferior mesenteric vein, sequela
S35.348S	Other specified injury of inferior mesenteric vein, sequela
S35.349S	Unspecified injury of inferior mesenteric vein, sequela
S35.401S	Unspecified injury of right renal artery, sequela
S35.402S	Unspecified injury of left renal artery, sequela
S35.403S	Unspecified injury of unspecified renal artery, sequela
S35.404S	Unspecified injury of right renal vein, sequela
S35.405S	Unspecified injury of left renal vein, sequela
S35.406S	Unspecified injury of unspecified renal vein, sequela
S35.411S	Laceration of right renal artery, sequela
S35.412S	Laceration of left renal artery, sequela
S35.413S	Laceration of unspecified renal artery, sequela
S35.414S	Laceration of right renal vein, sequela
S35.415S	Laceration of left renal vein, sequela
S35.416S	Laceration of unspecified renal vein, sequela
S35.491S	Other specified injury of right renal artery, sequela
S35.492S	Other specified injury of left renal artery, sequela
S35.493S	Other specified injury of unspecified renal artery, sequela
S35.494S	Other specified injury of right renal vein, sequela
S35.495S	Other specified injury of left renal vein, sequela
S35.496S	Other specified injury of unspecified renal vein, sequela
S35.50XS	Injury of unspecified iliac blood vessel(s), sequela
S35.511S	Injury of right iliac artery, sequela
S35.512S	Injury of left iliac artery, sequela
S35.513S	Injury of unspecified iliac artery, sequela
S35.514S	Injury of right iliac vein, sequela



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Code	Description
S35.515S	Injury of left iliac vein, sequela
S35.516S	Injury of unspecified iliac vein, sequela
S35.531S	Injury of right uterine artery, sequela
S35.532S	Injury of left uterine artery, sequela
S35.533S	Injury of unspecified uterine artery, sequela
S35.534S	Injury of right uterine vein, sequela
S35.535S	Injury of left uterine vein, sequela
S35.536S	Injury of unspecified uterine vein, sequela
S35.59XS	Injury of other iliac blood vessels, sequela
S35.8X1S	Laceration of other blood vessels at abdomen, lower back and pelvis level, sequela
S35.8X8S	Other specified injury of other blood vessels at abdomen, lower back and pelvis level, sequela
S35.8X9S	Unspecified injury of other blood vessels at abdomen, lower back and pelvis level, sequela
S35.90XS	Unspecified injury of unspecified blood vessel at abdomen, lower back and pelvis level, sequela
S35.91XS	Laceration of unspecified blood vessel at abdomen, lower back and pelvis level, sequela
S35.99XS	Other specified injury of unspecified blood vessel at abdomen, lower back and pelvis level, sequela
S36.00XS	Unspecified injury of spleen, sequela
S36.020S	Minor contusion of spleen, sequela
S36.021S	Major contusion of spleen, sequela
S36.029S	Unspecified contusion of spleen, sequela
S36.030S	Superficial (capsular) laceration of spleen, sequela
S36.031S	Moderate laceration of spleen, sequela
S36.032S	Major laceration of spleen, sequela
S36.039S	Unspecified laceration of spleen, sequela
S36.09XS	Other injury of spleen, sequela
S36.112S	Contusion of liver, sequela

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Code	Description
S36.113S	Laceration of liver, unspecified degree, sequela
S36.114S	Minor laceration of liver, sequela
S36.115S	Moderate laceration of liver, sequela
S36.116S	Major laceration of liver, sequela
S36.118S	Other injury of liver, sequela
S36.119S	Unspecified injury of liver, sequela
S36.122S	Contusion of gallbladder, sequela
S36.123S	Laceration of gallbladder, sequela
S36.128S	Other injury of gallbladder, sequela
S36.129S	Unspecified injury of gallbladder, sequela
S36.13XS	Injury of bile duct, sequela
S36.200S	Unspecified injury of head of pancreas, sequela
S36.201S	Unspecified injury of body of pancreas, sequela
S36.202S	Unspecified injury of tail of pancreas, sequela
S36.209S	Unspecified injury of unspecified part of pancreas, sequela
S36.220S	Contusion of head of pancreas, sequela
S36.221S	Contusion of body of pancreas, sequela
S36.222S	Contusion of tail of pancreas, sequela
S36.229S	Contusion of unspecified part of pancreas, sequela
S36.230S	Laceration of head of pancreas, unspecified degree, sequela
S36.231S	Laceration of body of pancreas, unspecified degree, sequela
S36.232S	Laceration of tail of pancreas, unspecified degree, sequela
S36.239S	Laceration of unspecified part of pancreas, unspecified degree, sequela
S36.240S	Minor laceration of head of pancreas, sequela
S36.241S	Minor laceration of body of pancreas, sequela
S36.242S	Minor laceration of tail of pancreas, sequela
S36.249S	Minor laceration of unspecified part of pancreas, sequela
S36.250S	Moderate laceration of head of pancreas, sequela



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Code	Description
S36.251S	Moderate laceration of body of pancreas, sequela
S36.252S	Moderate laceration of tail of pancreas, sequela
S36.259S	Moderate laceration of unspecified part of pancreas, sequela
S36.260S	Major laceration of head of pancreas, sequela
S36.261S	Major laceration of body of pancreas, sequela
S36.262S	Major laceration of tail of pancreas, sequela
S36.269S	Major laceration of unspecified part of pancreas, sequela
S36.290S	Other injury of head of pancreas, sequela
S36.291S	Other injury of body of pancreas, sequela
S36.292S	Other injury of tail of pancreas, sequela
S36.299S	Other injury of unspecified part of pancreas, sequela
S36.30XS	Unspecified injury of stomach, sequela
S36.32XS	Contusion of stomach, sequela
S36.33XS	Laceration of stomach, sequela
S36.39XS	Other injury of stomach, sequela
S36.400S	Unspecified injury of duodenum, sequela
S36.408S	Unspecified injury of other part of small intestine, sequela
S36.409S	Unspecified injury of unspecified part of small intestine, sequela
S36.410S	Primary blast injury of duodenum, sequela
S36.418S	Primary blast injury of other part of small intestine, sequela
S36.419S	Primary blast injury of unspecified part of small intestine, sequela
S36.420S	Contusion of duodenum, sequela
S36.428S	Contusion of other part of small intestine, sequela
S36.429S	Contusion of unspecified part of small intestine, sequela
S36.430S	Laceration of duodenum, sequela
S36.438S	Laceration of other part of small intestine, sequela
S36.439S	Laceration of unspecified part of small intestine, sequela
S36.490S	Other injury of duodenum, sequela



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S36.498S	Other injury of other part of small intestine, sequela
S36.499S	Other injury of unspecified part of small intestine, sequela
S36.500S	Unspecified injury of ascending [right] colon, sequela
S36.501S	Unspecified injury of transverse colon, sequela
S36.502S	Unspecified injury of descending [left] colon, sequela
S36.503S	Unspecified injury of sigmoid colon, sequela
S36.508S	Unspecified injury of other part of colon, sequela
S36.509S	Unspecified injury of unspecified part of colon, sequela
S36.510S	Primary blast injury of ascending [right] colon, sequela
S36.511S	Primary blast injury of transverse colon, sequela
S36.512S	Primary blast injury of descending [left] colon, sequela
S36.513S	Primary blast injury of sigmoid colon, sequela
S36.518S	Primary blast injury of other part of colon, sequela
S36.519S	Primary blast injury of unspecified part of colon, sequela
S36.520S	Contusion of ascending [right] colon, sequela
S36.521S	Contusion of transverse colon, sequela
S36.522S	Contusion of descending [left] colon, sequela
S36.523S	Contusion of sigmoid colon, sequela
S36.528S	Contusion of other part of colon, sequela
S36.529S	Contusion of unspecified part of colon, sequela
S36.530S	Laceration of ascending [right] colon, sequela
S36.531S	Laceration of transverse colon, sequela
S36.532S	Laceration of descending [left] colon, sequela
S36.533S	Laceration of sigmoid colon, sequela
S36.538S	Laceration of other part of colon, sequela
S36.539S	Laceration of unspecified part of colon, sequela
S36.590S	Other injury of ascending [right] colon, sequela
S36.591S	Other injury of transverse colon, sequela



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Code	Description
S36.592S	Other injury of descending [left] colon, sequela
S36.593S	Other injury of sigmoid colon, sequela
S36.598S	Other injury of other part of colon, sequela
S36.599S	Other injury of unspecified part of colon, sequela
S36.60XS	Unspecified injury of rectum, sequela
S36.61XS	Primary blast injury of rectum, sequela
S36.62XS	Contusion of rectum, sequela
S36.63XS	Laceration of rectum, sequela
S36.69XS	Other injury of rectum, sequela
S36.81XS	Injury of peritoneum, sequela
S36.892S	Contusion of other intra-abdominal organs, sequela
S36.893S	Laceration of other intra-abdominal organs, sequela
S36.898S	Other injury of other intra-abdominal organs, sequela
S36.899S	Unspecified injury of other intra-abdominal organs, sequela
S36.90XS	Unspecified injury of unspecified intra-abdominal organ, sequela
S36.92XS	Contusion of unspecified intra-abdominal organ, sequela
S36.93XS	Laceration of unspecified intra-abdominal organ, sequela
S36.99XS	Other injury of unspecified intra-abdominal organ, sequela
S37.001S	Unspecified injury of right kidney, sequela
S37.002S	Unspecified injury of left kidney, sequela
S37.009S	Unspecified injury of unspecified kidney, sequela
S37.011S	Minor contusion of right kidney, sequela
S37.012S	Minor contusion of left kidney, sequela
S37.019S	Minor contusion of unspecified kidney, sequela
S37.021S	Major contusion of right kidney, sequela
S37.022S	Major contusion of left kidney, sequela
S37.029S	Major contusion of unspecified kidney, sequela
S37.031S	Laceration of right kidney, unspecified degree, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S37.032S	Laceration of left kidney, unspecified degree, sequela
S37.039S	Laceration of unspecified kidney, unspecified degree, sequela
S37.041S	Minor laceration of right kidney, sequela
S37.042S	Minor laceration of left kidney, sequela
S37.049S	Minor laceration of unspecified kidney, sequela
S37.051S	Moderate laceration of right kidney, sequela
S37.052S	Moderate laceration of left kidney, sequela
S37.059S	Moderate laceration of unspecified kidney, sequela
S37.061S	Major laceration of right kidney, sequela
S37.062S	Major laceration of left kidney, sequela
S37.069S	Major laceration of unspecified kidney, sequela
S37.091S	Other injury of right kidney, sequela
S37.092S	Other injury of left kidney, sequela
S37.099S	Other injury of unspecified kidney, sequela
S37.10XS	Unspecified injury of ureter, sequela
S37.12XS	Contusion of ureter, sequela
S37.13XS	Laceration of ureter, sequela
S37.19XS	Other injury of ureter, sequela
S37.20XS	Unspecified injury of bladder, sequela
S37.22XS	Contusion of bladder, sequela
S37.23XS	Laceration of bladder, sequela
S37.29XS	Other injury of bladder, sequela
S37.30XS	Unspecified injury of urethra, sequela
S37.32XS	Contusion of urethra, sequela
S37.33XS	Laceration of urethra, sequela
S37.39XS	Other injury of urethra, sequela
S37.401S	Unspecified injury of ovary, unilateral, sequela
S37.402S	Unspecified injury of ovary, bilateral, sequela



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Code	Description
S37.409S	Unspecified injury of ovary, unspecified, sequela
S37.421S	Contusion of ovary, unilateral, sequela
S37.422S	Contusion of ovary, bilateral, sequela
S37.429S	Contusion of ovary, unspecified, sequela
S37.431S	Laceration of ovary, unilateral, sequela
S37.432S	Laceration of ovary, bilateral, sequela
S37.439S	Laceration of ovary, unspecified, sequela
S37.491S	Other injury of ovary, unilateral, sequela
S37.492S	Other injury of ovary, bilateral, sequela
S37.499S	Other injury of ovary, unspecified, sequela
S37.501S	Unspecified injury of fallopian tube, unilateral, sequela
S37.502S	Unspecified injury of fallopian tube, bilateral, sequela
S37.509S	Unspecified injury of fallopian tube, unspecified, sequela
S37.511S	Primary blast injury of fallopian tube, unilateral, sequela
S37.512S	Primary blast injury of fallopian tube, bilateral, sequela
S37.519S	Primary blast injury of fallopian tube, unspecified, sequela
S37.521S	Contusion of fallopian tube, unilateral, sequela
S37.522S	Contusion of fallopian tube, bilateral, sequela
S37.529S	Contusion of fallopian tube, unspecified, sequela
S37.531S	Laceration of fallopian tube, unilateral, sequela
S37.532S	Laceration of fallopian tube, bilateral, sequela
S37.539S	Laceration of fallopian tube, unspecified, sequela
S37.591S	Other injury of fallopian tube, unilateral, sequela
S37.592S	Other injury of fallopian tube, bilateral, sequela
S37.599S	Other injury of fallopian tube, unspecified, sequela
S37.60XS	Unspecified injury of uterus, sequela
S37.62XS	Contusion of uterus, sequela
S37.63XS	Laceration of uterus, sequela



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Code	Description
S37.69XS	Other injury of uterus, sequela
S37.812S	Contusion of adrenal gland, sequela
S37.813S	Laceration of adrenal gland, sequela
S37.818S	Other injury of adrenal gland, sequela
S37.819S	Unspecified injury of adrenal gland, sequela
S37.822S	Contusion of prostate, sequela
S37.823S	Laceration of prostate, sequela
S37.828S	Other injury of prostate, sequela
S37.829S	Unspecified injury of prostate, sequela
S37.892S	Contusion of other urinary and pelvic organ, sequela
S37.893S	Laceration of other urinary and pelvic organ, sequela
S37.898S	Other injury of other urinary and pelvic organ, sequela
S37.899S	Unspecified injury of other urinary and pelvic organ, sequela
S37.90XS	Unspecified injury of unspecified urinary and pelvic organ, sequela
S37.92XS	Contusion of unspecified urinary and pelvic organ, sequela
S37.93XS	Laceration of unspecified urinary and pelvic organ, sequela
S37.99XS	Other injury of unspecified urinary and pelvic organ, sequela
S38.001S	Crushing injury of unspecified external genital organs, male, sequela
S38.002S	Crushing injury of unspecified external genital organs, female, sequela
S38.01XS	Crushing injury of penis, sequela
S38.02XS	Crushing injury of scrotum and testis, sequela
S38.03XS	Crushing injury of vulva, sequela
S38.1XXS	Crushing injury of abdomen, lower back, and pelvis, sequela
S38.211S	Complete traumatic amputation of female external genital organs, sequela
S38.212S	Partial traumatic amputation of female external genital organs, sequela
S38.221S	Complete traumatic amputation of penis, sequela
S38.222S	Partial traumatic amputation of penis, sequela
S38.231S	Complete traumatic amputation of scrotum and testis, sequela



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Code	Description
S38.232S	Partial traumatic amputation of scrotum and testis, sequela
S38.3XXS	Transection (partial) of abdomen, sequela
S39.001S	Unspecified injury of muscle, fascia and tendon of abdomen, sequela
S39.002S	Unspecified injury of muscle, fascia and tendon of lower back, sequela
S39.003S	Unspecified injury of muscle, fascia and tendon of pelvis, sequela
S39.011A	Strain of muscle, fascia and tendon of abdomen, initial encounter
S39.011S	Strain of muscle, fascia and tendon of abdomen, sequela
S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
S39.012S	Strain of muscle, fascia and tendon of lower back, sequela
S39.013A	Strain of muscle, fascia and tendon of pelvis, initial encounter
S39.013S	Strain of muscle, fascia and tendon of pelvis, sequela
S39.021S	Laceration of muscle, fascia and tendon of abdomen, sequela
S39.022S	Laceration of muscle, fascia and tendon of lower back, sequela
S39.023S	Laceration of muscle, fascia and tendon of pelvis, sequela
S39.091S	Other injury of muscle, fascia and tendon of abdomen, sequela
S39.092S	Other injury of muscle, fascia and tendon of lower back, sequela
S39.093S	Other injury of muscle, fascia and tendon of pelvis, sequela
S39.81XS	Other specified injuries of abdomen, sequela
S39.82XS	Other specified injuries of lower back, sequela
S39.83XS	Other specified injuries of pelvis, sequela
S39.840S	Fracture of corpus cavernosum penis, sequela
S39.848S	Other specified injuries of external genitals, sequela
S39.91XS	Unspecified injury of abdomen, sequela
S39.92XS	Unspecified injury of lower back, sequela
S39.93XS	Unspecified injury of pelvis, sequela
S39.94XS	Unspecified injury of external genitals, sequela
S40.011S	Contusion of right shoulder, sequela
S40.012S	Contusion of left shoulder, sequela



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Code	Description
S40.019S	Contusion of unspecified shoulder, sequela
S40.021S	Contusion of right upper arm, sequela
S40.022S	Contusion of left upper arm, sequela
S40.029S	Contusion of unspecified upper arm, sequela
S40.211A	Abrasion of right shoulder, initial encounter
S40.211S	Abrasion of right shoulder, sequela
S40.212A	Abrasion of left shoulder, initial encounter
S40.212S	Abrasion of left shoulder, sequela
S40.219A	Abrasion of unspecified shoulder, initial encounter
S40.219S	Abrasion of unspecified shoulder, sequela
S40.221A	Blister (nonthermal) of right shoulder, initial encounter
S40.221S	Blister (nonthermal) of right shoulder, sequela
S40.222A	Blister (nonthermal) of left shoulder, initial encounter
S40.222S	Blister (nonthermal) of left shoulder, sequela
S40.229A	Blister (nonthermal) of unspecified shoulder, initial encounter
S40.229S	Blister (nonthermal) of unspecified shoulder, sequela
S40.241A	External constriction of right shoulder, initial encounter
S40.241S	External constriction of right shoulder, sequela
S40.242A	External constriction of left shoulder, initial encounter
S40.242S	External constriction of left shoulder, sequela
S40.249A	External constriction of unspecified shoulder, initial encounter
S40.249S	External constriction of unspecified shoulder, sequela
S40.251A	Superficial foreign body of right shoulder, initial encounter
S40.251S	Superficial foreign body of right shoulder, sequela
S40.252A	Superficial foreign body of left shoulder, initial encounter
S40.252S	Superficial foreign body of left shoulder, sequela
S40.259A	Superficial foreign body of unspecified shoulder, initial encounter
S40.259S	Superficial foreign body of unspecified shoulder, sequela



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Code	Description
S40.261A	Insect bite (nonvenomous) of right shoulder, initial encounter
S40.261S	Insect bite (nonvenomous) of right shoulder, sequela
S40.262A	Insect bite (nonvenomous) of left shoulder, initial encounter
S40.262S	Insect bite (nonvenomous) of left shoulder, sequela
S40.269A	Insect bite (nonvenomous) of unspecified shoulder, initial encounter
S40.269S	Insect bite (nonvenomous) of unspecified shoulder, sequela
S40.271A	Other superficial bite of right shoulder, initial encounter
S40.271S	Other superficial bite of right shoulder, sequela
S40.272A	Other superficial bite of left shoulder, initial encounter
S40.272S	Other superficial bite of left shoulder, sequela
S40.279A	Other superficial bite of unspecified shoulder, initial encounter
S40.279S	Other superficial bite of unspecified shoulder, sequela
S40.811A	Abrasion of right upper arm, initial encounter
S40.811S	Abrasion of right upper arm, sequela
S40.812A	Abrasion of left upper arm, initial encounter
S40.812S	Abrasion of left upper arm, sequela
S40.819A	Abrasion of unspecified upper arm, initial encounter
S40.819S	Abrasion of unspecified upper arm, sequela
S40.821A	Blister (nonthermal) of right upper arm, initial encounter
S40.821S	Blister (nonthermal) of right upper arm, sequela
S40.822A	Blister (nonthermal) of left upper arm, initial encounter
S40.822S	Blister (nonthermal) of left upper arm, sequela
S40.829A	Blister (nonthermal) of unspecified upper arm, initial encounter
S40.829S	Blister (nonthermal) of unspecified upper arm, sequela
S40.841A	External constriction of right upper arm, initial encounter
S40.841S	External constriction of right upper arm, sequela
S40.842A	External constriction of left upper arm, initial encounter
S40.842S	External constriction of left upper arm, sequela



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Code	Description
S40.849A	External constriction of unspecified upper arm, initial encounter
S40.849S	External constriction of unspecified upper arm, sequela
S40.851A	Superficial foreign body of right upper arm, initial encounter
S40.851S	Superficial foreign body of right upper arm, sequela
S40.852A	Superficial foreign body of left upper arm, initial encounter
S40.852S	Superficial foreign body of left upper arm, sequela
S40.859A	Superficial foreign body of unspecified upper arm, initial encounter
S40.859S	Superficial foreign body of unspecified upper arm, sequela
S40.861A	Insect bite (nonvenomous) of right upper arm, initial encounter
S40.861S	Insect bite (nonvenomous) of right upper arm, sequela
S40.862A	Insect bite (nonvenomous) of left upper arm, initial encounter
S40.862S	Insect bite (nonvenomous) of left upper arm, sequela
S40.869A	Insect bite (nonvenomous) of unspecified upper arm, initial encounter
S40.869S	Insect bite (nonvenomous) of unspecified upper arm, sequela
S40.871A	Other superficial bite of right upper arm, initial encounter
S40.871S	Other superficial bite of right upper arm, sequela
S40.872A	Other superficial bite of left upper arm, initial encounter
S40.872S	Other superficial bite of left upper arm, sequela
S40.879A	Other superficial bite of unspecified upper arm, initial encounter
S40.879S	Other superficial bite of unspecified upper arm, sequela
S40.911A	Unspecified superficial injury of right shoulder, initial encounter
S40.911S	Unspecified superficial injury of right shoulder, sequela
S40.912A	Unspecified superficial injury of left shoulder, initial encounter
S40.912S	Unspecified superficial injury of left shoulder, sequela
S40.919A	Unspecified superficial injury of unspecified shoulder, initial encounter
S40.919S	Unspecified superficial injury of unspecified shoulder, sequela
S40.921A	Unspecified superficial injury of right upper arm, initial encounter
S40.921S	Unspecified superficial injury of right upper arm, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S40.922A	Unspecified superficial injury of left upper arm, initial encounter
S40.922S	Unspecified superficial injury of left upper arm, sequela
S40.929A	Unspecified superficial injury of unspecified upper arm, initial encounter
S40.929S	Unspecified superficial injury of unspecified upper arm, sequela
S41.001S	Unspecified open wound of right shoulder, sequela
S41.002S	Unspecified open wound of left shoulder, sequela
S41.009A	Unspecified open wound of unspecified shoulder, initial encounter
S41.009S	Unspecified open wound of unspecified shoulder, sequela
S41.011S	Laceration without foreign body of right shoulder, sequela
S41.012S	Laceration without foreign body of left shoulder, sequela
S41.019S	Laceration without foreign body of unspecified shoulder, sequela
S41.021S	Laceration with foreign body of right shoulder, sequela
S41.022S	Laceration with foreign body of left shoulder, sequela
S41.029S	Laceration with foreign body of unspecified shoulder, sequela
S41.031S	Puncture wound without foreign body of right shoulder, sequela
S41.032S	Puncture wound without foreign body of left shoulder, sequela
S41.039S	Puncture wound without foreign body of unspecified shoulder, sequela
S41.041S	Puncture wound with foreign body of right shoulder, sequela
S41.042S	Puncture wound with foreign body of left shoulder, sequela
S41.049S	Puncture wound with foreign body of unspecified shoulder, sequela
S41.051S	Open bite of right shoulder, sequela
S41.052S	Open bite of left shoulder, sequela
S41.059S	Open bite of unspecified shoulder, sequela
S41.101S	Unspecified open wound of right upper arm, sequela
S41.102S	Unspecified open wound of left upper arm, sequela
S41.109A	Unspecified open wound of unspecified upper arm, initial encounter
S41.109S	Unspecified open wound of unspecified upper arm, sequela
S41.111S	Laceration without foreign body of right upper arm, sequela



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Code	Description
S41.112S	Laceration without foreign body of left upper arm, sequela
S41.119S	Laceration without foreign body of unspecified upper arm, sequela
S41.121S	Laceration with foreign body of right upper arm, sequela
S41.122S	Laceration with foreign body of left upper arm, sequela
S41.129S	Laceration with foreign body of unspecified upper arm, sequela
S41.131S	Puncture wound without foreign body of right upper arm, sequela
S41.132S	Puncture wound without foreign body of left upper arm, sequela
S41.139S	Puncture wound without foreign body of unspecified upper arm, sequela
S41.141S	Puncture wound with foreign body of right upper arm, sequela
S41.142S	Puncture wound with foreign body of left upper arm, sequela
S41.149S	Puncture wound with foreign body of unspecified upper arm, sequela
S41.151S	Open bite of right upper arm, sequela
S41.152S	Open bite of left upper arm, sequela
S41.159S	Open bite of unspecified upper arm, sequela
S42.001D	Fracture of unspecified part of right clavicle, subsequent encounter for fracture with routine healing
S42.001G	Fracture of unspecified part of right clavicle, subsequent encounter for fracture with delayed healing
S42.001S	Fracture of unspecified part of right clavicle, sequela
S42.002D	Fracture of unspecified part of left clavicle, subsequent encounter for fracture with routine healing
S42.002G	Fracture of unspecified part of left clavicle, subsequent encounter for fracture with delayed healing
S42.002S	Fracture of unspecified part of left clavicle, sequela
S42.009D	Fracture of unspecified part of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.009G	Fracture of unspecified part of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.009S	Fracture of unspecified part of unspecified clavicle, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.011D	Anterior displaced fracture of sternal end of right clavicle, subsequent encounter for fracture with routine healing
S42.011G	Anterior displaced fracture of sternal end of right clavicle, subsequent encounter for fracture with delayed healing
S42.011S	Anterior displaced fracture of sternal end of right clavicle, sequela
S42.012D	Anterior displaced fracture of sternal end of left clavicle, subsequent encounter for fracture with routine healing
S42.012G	Anterior displaced fracture of sternal end of left clavicle, subsequent encounter for fracture with delayed healing
S42.012S	Anterior displaced fracture of sternal end of left clavicle, sequela
S42.013D	Anterior displaced fracture of sternal end of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.013G	Anterior displaced fracture of sternal end of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.013S	Anterior displaced fracture of sternal end of unspecified clavicle, sequela
S42.014D	Posterior displaced fracture of sternal end of right clavicle, subsequent encounter for fracture with routine healing
S42.014G	Posterior displaced fracture of sternal end of right clavicle, subsequent encounter for fracture with delayed healing
S42.014S	Posterior displaced fracture of sternal end of right clavicle, sequela
S42.015D	Posterior displaced fracture of sternal end of left clavicle, subsequent encounter for fracture with routine healing
S42.015G	Posterior displaced fracture of sternal end of left clavicle, subsequent encounter for fracture with delayed healing
S42.015S	Posterior displaced fracture of sternal end of left clavicle, sequela
S42.016D	Posterior displaced fracture of sternal end of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.016G	Posterior displaced fracture of sternal end of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.016S	Posterior displaced fracture of sternal end of unspecified clavicle, sequela
S42.017D	Nondisplaced fracture of sternal end of right clavicle, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.017G	Nondisplaced fracture of sternal end of right clavicle, subsequent encounter for fracture with delayed healing
S42.017S	Nondisplaced fracture of sternal end of right clavicle, sequela
S42.018D	Nondisplaced fracture of sternal end of left clavicle, subsequent encounter for fracture with routine healing
S42.018G	Nondisplaced fracture of sternal end of left clavicle, subsequent encounter for fracture with delayed healing
S42.018S	Nondisplaced fracture of sternal end of left clavicle, sequela
S42.019D	Nondisplaced fracture of sternal end of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.019G	Nondisplaced fracture of sternal end of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.019S	Nondisplaced fracture of sternal end of unspecified clavicle, sequela
S42.021D	Displaced fracture of shaft of right clavicle, subsequent encounter for fracture with routine healing
S42.021G	Displaced fracture of shaft of right clavicle, subsequent encounter for fracture with delayed healing
S42.021S	Displaced fracture of shaft of right clavicle, sequela
S42.022D	Displaced fracture of shaft of left clavicle, subsequent encounter for fracture with routine healing
S42.022G	Displaced fracture of shaft of left clavicle, subsequent encounter for fracture with delayed healing
S42.022S	Displaced fracture of shaft of left clavicle, sequela
S42.023D	Displaced fracture of shaft of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.023G	Displaced fracture of shaft of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.023S	Displaced fracture of shaft of unspecified clavicle, sequela
S42.024D	Nondisplaced fracture of shaft of right clavicle, subsequent encounter for fracture with routine healing
S42.024G	Nondisplaced fracture of shaft of right clavicle, subsequent encounter for fracture with delayed healing



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Code	Description
S42.024S	Nondisplaced fracture of shaft of right clavicle, sequela
S42.025D	Nondisplaced fracture of shaft of left clavicle, subsequent encounter for fracture with routine healing
S42.025G	Nondisplaced fracture of shaft of left clavicle, subsequent encounter for fracture with delayed healing
S42.025S	Nondisplaced fracture of shaft of left clavicle, sequela
S42.026D	Nondisplaced fracture of shaft of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.026G	Nondisplaced fracture of shaft of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.026S	Nondisplaced fracture of shaft of unspecified clavicle, sequela
S42.031D	Displaced fracture of lateral end of right clavicle, subsequent encounter for fracture with routine healing
S42.031G	Displaced fracture of lateral end of right clavicle, subsequent encounter for fracture with delayed healing
S42.031S	Displaced fracture of lateral end of right clavicle, sequela
S42.032D	Displaced fracture of lateral end of left clavicle, subsequent encounter for fracture with routine healing
S42.032G	Displaced fracture of lateral end of left clavicle, subsequent encounter for fracture with delayed healing
S42.032S	Displaced fracture of lateral end of left clavicle, sequela
S42.033D	Displaced fracture of lateral end of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.033G	Displaced fracture of lateral end of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.033S	Displaced fracture of lateral end of unspecified clavicle, sequela
S42.034D	Nondisplaced fracture of lateral end of right clavicle, subsequent encounter for fracture with routine healing
S42.034G	Nondisplaced fracture of lateral end of right clavicle, subsequent encounter for fracture with delayed healing
S42.034S	Nondisplaced fracture of lateral end of right clavicle, sequela



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Code	Description
S42.035D	Nondisplaced fracture of lateral end of left clavicle, subsequent encounter for fracture with routine healing
S42.035G	Nondisplaced fracture of lateral end of left clavicle, subsequent encounter for fracture with delayed healing
S42.035S	Nondisplaced fracture of lateral end of left clavicle, sequela
S42.036D	Nondisplaced fracture of lateral end of unspecified clavicle, subsequent encounter for fracture with routine healing
S42.036G	Nondisplaced fracture of lateral end of unspecified clavicle, subsequent encounter for fracture with delayed healing
S42.036S	Nondisplaced fracture of lateral end of unspecified clavicle, sequela
S42.101D	Fracture of unspecified part of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.101G	Fracture of unspecified part of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.101S	Fracture of unspecified part of scapula, right shoulder, sequela
S42.102D	Fracture of unspecified part of scapula, left shoulder, subsequent encounter for fracture with routine healing
S42.102G	Fracture of unspecified part of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.102S	Fracture of unspecified part of scapula, left shoulder, sequela
S42.109D	Fracture of unspecified part of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.109G	Fracture of unspecified part of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.109S	Fracture of unspecified part of scapula, unspecified shoulder, sequela
S42.111D	Displaced fracture of body of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.111G	Displaced fracture of body of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.111S	Displaced fracture of body of scapula, right shoulder, sequela
S42.112D	Displaced fracture of body of scapula, left shoulder, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.112G	Displaced fracture of body of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.112S	Displaced fracture of body of scapula, left shoulder, sequela
S42.113D	Displaced fracture of body of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.113G	Displaced fracture of body of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.113S	Displaced fracture of body of scapula, unspecified shoulder, sequela
S42.114D	Nondisplaced fracture of body of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.114G	Nondisplaced fracture of body of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.114S	Nondisplaced fracture of body of scapula, right shoulder, sequela
S42.115D	Nondisplaced fracture of body of scapula, left shoulder, subsequent encounter for fracture with routine healing
S42.115G	Nondisplaced fracture of body of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.115S	Nondisplaced fracture of body of scapula, left shoulder, sequela
S42.116D	Nondisplaced fracture of body of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.116G	Nondisplaced fracture of body of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.116S	Nondisplaced fracture of body of scapula, unspecified shoulder, sequela
S42.121D	Displaced fracture of acromial process, right shoulder, subsequent encounter for fracture with routine healing
S42.121G	Displaced fracture of acromial process, right shoulder, subsequent encounter for fracture with delayed healing
S42.121S	Displaced fracture of acromial process, right shoulder, sequela
S42.122D	Displaced fracture of acromial process, left shoulder, subsequent encounter for fracture with routine healing
S42.122G	Displaced fracture of acromial process, left shoulder, subsequent encounter for fracture with delayed healing



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

Code	Description
S42.122S	Displaced fracture of acromial process, left shoulder, sequela
S42.123D	Displaced fracture of acromial process, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.123G	Displaced fracture of acromial process, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.123S	Displaced fracture of acromial process, unspecified shoulder, sequela
S42.124D	Nondisplaced fracture of acromial process, right shoulder, subsequent encounter for fracture with routine healing
S42.124G	Nondisplaced fracture of acromial process, right shoulder, subsequent encounter for fracture with delayed healing
S42.124S	Nondisplaced fracture of acromial process, right shoulder, sequela
S42.125D	Nondisplaced fracture of acromial process, left shoulder, subsequent encounter for fracture with routine healing
S42.125G	Nondisplaced fracture of acromial process, left shoulder, subsequent encounter for fracture with delayed healing
S42.125S	Nondisplaced fracture of acromial process, left shoulder, sequela
S42.126D	Nondisplaced fracture of acromial process, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.126G	Nondisplaced fracture of acromial process, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.126S	Nondisplaced fracture of acromial process, unspecified shoulder, sequela
S42.131D	Displaced fracture of coracoid process, right shoulder, subsequent encounter for fracture with routine healing
S42.131G	Displaced fracture of coracoid process, right shoulder, subsequent encounter for fracture with delayed healing
S42.131S	Displaced fracture of coracoid process, right shoulder, sequela
S42.132D	Displaced fracture of coracoid process, left shoulder, subsequent encounter for fracture with routine healing
S42.132G	Displaced fracture of coracoid process, left shoulder, subsequent encounter for fracture with delayed healing
S42.132S	Displaced fracture of coracoid process, left shoulder, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.133D	Displaced fracture of coracoid process, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.133G	Displaced fracture of coracoid process, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.133S	Displaced fracture of coracoid process, unspecified shoulder, sequela
S42.134D	Nondisplaced fracture of coracoid process, right shoulder, subsequent encounter for fracture with routine healing
S42.134G	Nondisplaced fracture of coracoid process, right shoulder, subsequent encounter for fracture with delayed healing
S42.134S	Nondisplaced fracture of coracoid process, right shoulder, sequela
S42.135D	Nondisplaced fracture of coracoid process, left shoulder, subsequent encounter for fracture with routine healing
S42.135G	Nondisplaced fracture of coracoid process, left shoulder, subsequent encounter for fracture with delayed healing
S42.135S	Nondisplaced fracture of coracoid process, left shoulder, sequela
S42.136D	Nondisplaced fracture of coracoid process, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.136G	Nondisplaced fracture of coracoid process, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.136S	Nondisplaced fracture of coracoid process, unspecified shoulder, sequela
S42.141D	Displaced fracture of glenoid cavity of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.141G	Displaced fracture of glenoid cavity of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.141S	Displaced fracture of glenoid cavity of scapula, right shoulder, sequela
S42.142D	Displaced fracture of glenoid cavity of scapula, left shoulder, subsequent encounter for fracture with routine healing
S42.142G	Displaced fracture of glenoid cavity of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.142S	Displaced fracture of glenoid cavity of scapula, left shoulder, sequela
S42.143D	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S42.143G	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.143S	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, sequela
S42.144D	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.144G	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.144S	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, sequela
S42.145D	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, subsequent encounter for fracture with routine healing
S42.145G	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.145S	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, sequela
S42.146D	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.146G	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.146S	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, sequela
S42.151D	Displaced fracture of neck of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.151G	Displaced fracture of neck of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.151S	Displaced fracture of neck of scapula, right shoulder, sequela
S42.152D	Displaced fracture of neck of scapula, left shoulder, subsequent encounter for fracture with routine healing
S42.152G	Displaced fracture of neck of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.152S	Displaced fracture of neck of scapula, left shoulder, sequela
S42.153D	Displaced fracture of neck of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.153G	Displaced fracture of neck of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S42.153S	Displaced fracture of neck of scapula, unspecified shoulder, sequela
S42.154D	Nondisplaced fracture of neck of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.154G	Nondisplaced fracture of neck of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.154S	Nondisplaced fracture of neck of scapula, right shoulder, sequela
S42.155D	Nondisplaced fracture of neck of scapula, left shoulder, subsequent encounter for fracture with routine healing
S42.155G	Nondisplaced fracture of neck of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.155S	Nondisplaced fracture of neck of scapula, left shoulder, sequela
S42.156D	Nondisplaced fracture of neck of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.156G	Nondisplaced fracture of neck of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.156S	Nondisplaced fracture of neck of scapula, unspecified shoulder, sequela
S42.191D	Fracture of other part of scapula, right shoulder, subsequent encounter for fracture with routine healing
S42.191G	Fracture of other part of scapula, right shoulder, subsequent encounter for fracture with delayed healing
S42.191S	Fracture of other part of scapula, right shoulder, sequela
S42.192D	Fracture of other part of scapula, left shoulder, subsequent encounter for fracture with routine healing
S42.192G	Fracture of other part of scapula, left shoulder, subsequent encounter for fracture with delayed healing
S42.192S	Fracture of other part of scapula, left shoulder, sequela
S42.199D	Fracture of other part of scapula, unspecified shoulder, subsequent encounter for fracture with routine healing
S42.199G	Fracture of other part of scapula, unspecified shoulder, subsequent encounter for fracture with delayed healing
S42.199S	Fracture of other part of scapula, unspecified shoulder, sequela



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

Code	Description
S42.201D	Unspecified fracture of upper end of right humerus, subsequent encounter for fracture with routine healing
S42.201G	Unspecified fracture of upper end of right humerus, subsequent encounter for fracture with delayed healing
S42.201S	Unspecified fracture of upper end of right humerus, sequela
S42.202D	Unspecified fracture of upper end of left humerus, subsequent encounter for fracture with routine healing
S42.202G	Unspecified fracture of upper end of left humerus, subsequent encounter for fracture with delayed healing
S42.202S	Unspecified fracture of upper end of left humerus, sequela
S42.209D	Unspecified fracture of upper end of unspecified humerus, subsequent encounter for fracture with routine healing
S42.209G	Unspecified fracture of upper end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.209S	Unspecified fracture of upper end of unspecified humerus, sequela
S42.211D	Unspecified displaced fracture of surgical neck of right humerus, subsequent encounter for fracture with routine healing
S42.211G	Unspecified displaced fracture of surgical neck of right humerus, subsequent encounter for fracture with delayed healing
S42.211S	Unspecified displaced fracture of surgical neck of right humerus, sequela
S42.212D	Unspecified displaced fracture of surgical neck of left humerus, subsequent encounter for fracture with routine healing
S42.212G	Unspecified displaced fracture of surgical neck of left humerus, subsequent encounter for fracture with delayed healing
S42.212S	Unspecified displaced fracture of surgical neck of left humerus, sequela
S42.213D	Unspecified displaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with routine healing
S42.213G	Unspecified displaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.213S	Unspecified displaced fracture of surgical neck of unspecified humerus, sequela
S42.214D	Unspecified nondisplaced fracture of surgical neck of right humerus, subsequent encounter for fracture with routine healing



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

Code	Description
S42.214G	Unspecified nondisplaced fracture of surgical neck of right humerus, subsequent encounter for fracture with delayed healing
S42.214S	Unspecified nondisplaced fracture of surgical neck of right humerus, sequela
S42.215D	Unspecified nondisplaced fracture of surgical neck of left humerus, subsequent encounter for fracture with routine healing
S42.215G	Unspecified nondisplaced fracture of surgical neck of left humerus, subsequent encounter for fracture with delayed healing
S42.215S	Unspecified nondisplaced fracture of surgical neck of left humerus, sequela
S42.216D	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with routine healing
S42.216G	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.216S	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, sequela
S42.221D	2-part displaced fracture of surgical neck of right humerus, subsequent encounter for fracture with routine healing
S42.221G	2-part displaced fracture of surgical neck of right humerus, subsequent encounter for fracture with delayed healing
S42.221S	2-part displaced fracture of surgical neck of right humerus, sequela
S42.222D	2-part displaced fracture of surgical neck of left humerus, subsequent encounter for fracture with routine healing
S42.222G	2-part displaced fracture of surgical neck of left humerus, subsequent encounter for fracture with delayed healing
S42.222S	2-part displaced fracture of surgical neck of left humerus, sequela
S42.223D	2-part displaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with routine healing
S42.223G	2-part displaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.223S	2-part displaced fracture of surgical neck of unspecified humerus, sequela
S42.224D	2-part nondisplaced fracture of surgical neck of right humerus, subsequent encounter for fracture with routine healing
S42.224G	2-part nondisplaced fracture of surgical neck of right humerus, subsequent encounter for fracture with delayed healing



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Code	Description
S42.224S	2-part nondisplaced fracture of surgical neck of right humerus, sequela
S42.225D	2-part nondisplaced fracture of surgical neck of left humerus, subsequent encounter for fracture with routine healing
S42.225G	2-part nondisplaced fracture of surgical neck of left humerus, subsequent encounter for fracture with delayed healing
S42.225S	2-part nondisplaced fracture of surgical neck of left humerus, sequela
S42.226D	2-part nondisplaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with routine healing
S42.226G	2-part nondisplaced fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.226S	2-part nondisplaced fracture of surgical neck of unspecified humerus, sequela
S42.231D	3-part fracture of surgical neck of right humerus, subsequent encounter for fracture with routine healing
S42.231G	3-part fracture of surgical neck of right humerus, subsequent encounter for fracture with delayed healing
S42.231S	3-part fracture of surgical neck of right humerus, sequela
S42.232D	3-part fracture of surgical neck of left humerus, subsequent encounter for fracture with routine healing
S42.232G	3-part fracture of surgical neck of left humerus, subsequent encounter for fracture with delayed healing
S42.232S	3-part fracture of surgical neck of left humerus, sequela
S42.239D	3-part fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with routine healing
S42.239G	3-part fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.239S	3-part fracture of surgical neck of unspecified humerus, sequela
S42.241D	4-part fracture of surgical neck of right humerus, subsequent encounter for fracture with routine healing
S42.241G	4-part fracture of surgical neck of right humerus, subsequent encounter for fracture with delayed healing
S42.241S	4-part fracture of surgical neck of right humerus, sequela



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Code	Description
S42.242D	4-part fracture of surgical neck of left humerus, subsequent encounter for fracture with routine healing
S42.242G	4-part fracture of surgical neck of left humerus, subsequent encounter for fracture with delayed healing
S42.242S	4-part fracture of surgical neck of left humerus, sequela
S42.249D	4-part fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with routine healing
S42.249G	4-part fracture of surgical neck of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.249S	4-part fracture of surgical neck of unspecified humerus, sequela
S42.251D	Displaced fracture of greater tuberosity of right humerus, subsequent encounter for fracture with routine healing
S42.251G	Displaced fracture of greater tuberosity of right humerus, subsequent encounter for fracture with delayed healing
S42.251S	Displaced fracture of greater tuberosity of right humerus, sequela
S42.252D	Displaced fracture of greater tuberosity of left humerus, subsequent encounter for fracture with routine healing
S42.252G	Displaced fracture of greater tuberosity of left humerus, subsequent encounter for fracture with delayed healing
S42.252S	Displaced fracture of greater tuberosity of left humerus, sequela
S42.253D	Displaced fracture of greater tuberosity of unspecified humerus, subsequent encounter for fracture with routine healing
S42.253G	Displaced fracture of greater tuberosity of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.253S	Displaced fracture of greater tuberosity of unspecified humerus, sequela
S42.254D	Nondisplaced fracture of greater tuberosity of right humerus, subsequent encounter for fracture with routine healing
S42.254G	Nondisplaced fracture of greater tuberosity of right humerus, subsequent encounter for fracture with delayed healing
S42.254S	Nondisplaced fracture of greater tuberosity of right humerus, sequela
S42.255D	Nondisplaced fracture of greater tuberosity of left humerus, subsequent encounter for fracture with routine healing



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

Code	Description
S42.255G	Nondisplaced fracture of greater tuberosity of left humerus, subsequent encounter for fracture with delayed healing
S42.255S	Nondisplaced fracture of greater tuberosity of left humerus, sequela
S42.256D	Nondisplaced fracture of greater tuberosity of unspecified humerus, subsequent encounter for fracture with routine healing
S42.256G	Nondisplaced fracture of greater tuberosity of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.256S	Nondisplaced fracture of greater tuberosity of unspecified humerus, sequela
S42.261D	Displaced fracture of lesser tuberosity of right humerus, subsequent encounter for fracture with routine healing
S42.261G	Displaced fracture of lesser tuberosity of right humerus, subsequent encounter for fracture with delayed healing
S42.261S	Displaced fracture of lesser tuberosity of right humerus, sequela
S42.262D	Displaced fracture of lesser tuberosity of left humerus, subsequent encounter for fracture with routine healing
S42.262G	Displaced fracture of lesser tuberosity of left humerus, subsequent encounter for fracture with delayed healing
S42.262S	Displaced fracture of lesser tuberosity of left humerus, sequela
S42.263D	Displaced fracture of lesser tuberosity of unspecified humerus, subsequent encounter for fracture with routine healing
S42.263G	Displaced fracture of lesser tuberosity of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.263S	Displaced fracture of lesser tuberosity of unspecified humerus, sequela
S42.264D	Nondisplaced fracture of lesser tuberosity of right humerus, subsequent encounter for fracture with routine healing
S42.264G	Nondisplaced fracture of lesser tuberosity of right humerus, subsequent encounter for fracture with delayed healing
S42.264S	Nondisplaced fracture of lesser tuberosity of right humerus, sequela
S42.265D	Nondisplaced fracture of lesser tuberosity of left humerus, subsequent encounter for fracture with routine healing
S42.265G	Nondisplaced fracture of lesser tuberosity of left humerus, subsequent encounter for fracture with delayed healing



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S42.265S	Nondisplaced fracture of lesser tuberosity of left humerus, sequela
S42.266D	Nondisplaced fracture of lesser tuberosity of unspecified humerus, subsequent encounter for fracture with routine healing
S42.266G	Nondisplaced fracture of lesser tuberosity of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.266S	Nondisplaced fracture of lesser tuberosity of unspecified humerus, sequela
S42.271D	Torus fracture of upper end of right humerus, subsequent encounter for fracture with routine healing
S42.271G	Torus fracture of upper end of right humerus, subsequent encounter for fracture with delayed healing
S42.271S	Torus fracture of upper end of right humerus, sequela
S42.272D	Torus fracture of upper end of left humerus, subsequent encounter for fracture with routine healing
S42.272G	Torus fracture of upper end of left humerus, subsequent encounter for fracture with delayed healing
S42.272S	Torus fracture of upper end of left humerus, sequela
S42.279D	Torus fracture of upper end of unspecified humerus, subsequent encounter for fracture with routine healing
S42.279G	Torus fracture of upper end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.279S	Torus fracture of upper end of unspecified humerus, sequela
S42.291D	Other displaced fracture of upper end of right humerus, subsequent encounter for fracture with routine healing
S42.291G	Other displaced fracture of upper end of right humerus, subsequent encounter for fracture with delayed healing
S42.291S	Other displaced fracture of upper end of right humerus, sequela
S42.292D	Other displaced fracture of upper end of left humerus, subsequent encounter for fracture with routine healing
S42.292G	Other displaced fracture of upper end of left humerus, subsequent encounter for fracture with delayed healing
S42.292S	Other displaced fracture of upper end of left humerus, sequela



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Code	Description
S42.293D	Other displaced fracture of upper end of unspecified humerus, subsequent encounter for fracture with routine healing
S42.293G	Other displaced fracture of upper end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.293S	Other displaced fracture of upper end of unspecified humerus, sequela
S42.294D	Other nondisplaced fracture of upper end of right humerus, subsequent encounter for fracture with routine healing
S42.294G	Other nondisplaced fracture of upper end of right humerus, subsequent encounter for fracture with delayed healing
S42.294S	Other nondisplaced fracture of upper end of right humerus, sequela
S42.295D	Other nondisplaced fracture of upper end of left humerus, subsequent encounter for fracture with routine healing
S42.295G	Other nondisplaced fracture of upper end of left humerus, subsequent encounter for fracture with delayed healing
S42.295S	Other nondisplaced fracture of upper end of left humerus, sequela
S42.296D	Other nondisplaced fracture of upper end of unspecified humerus, subsequent encounter for fracture with routine healing
S42.296G	Other nondisplaced fracture of upper end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.296S	Other nondisplaced fracture of upper end of unspecified humerus, sequela
S42.301D	Unspecified fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.301G	Unspecified fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.301S	Unspecified fracture of shaft of humerus, right arm, sequela
S42.302D	Unspecified fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.302G	Unspecified fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.302S	Unspecified fracture of shaft of humerus, left arm, sequela
S42.309D	Unspecified fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.309G	Unspecified fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.309S	Unspecified fracture of shaft of humerus, unspecified arm, sequela
S42.311D	Greenstick fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.311G	Greenstick fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.311S	Greenstick fracture of shaft of humerus, right arm, sequela
S42.312D	Greenstick fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.312G	Greenstick fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.312S	Greenstick fracture of shaft of humerus, left arm, sequela
S42.319D	Greenstick fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.319G	Greenstick fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.319S	Greenstick fracture of shaft of humerus, unspecified arm, sequela
S42.321D	Displaced transverse fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.321G	Displaced transverse fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.321S	Displaced transverse fracture of shaft of humerus, right arm, sequela
S42.322D	Displaced transverse fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.322G	Displaced transverse fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.322S	Displaced transverse fracture of shaft of humerus, left arm, sequela
S42.323D	Displaced transverse fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.323G	Displaced transverse fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing



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

Code	Description
S42.323S	Displaced transverse fracture of shaft of humerus, unspecified arm, sequela
S42.324D	Nondisplaced transverse fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.324G	Nondisplaced transverse fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.324S	Nondisplaced transverse fracture of shaft of humerus, right arm, sequela
S42.325D	Nondisplaced transverse fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.325G	Nondisplaced transverse fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.325S	Nondisplaced transverse fracture of shaft of humerus, left arm, sequela
S42.326D	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.326G	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.326S	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, sequela
S42.331D	Displaced oblique fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.331G	Displaced oblique fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.331S	Displaced oblique fracture of shaft of humerus, right arm, sequela
S42.332D	Displaced oblique fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.332G	Displaced oblique fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.332S	Displaced oblique fracture of shaft of humerus, left arm, sequela
S42.333D	Displaced oblique fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.333G	Displaced oblique fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.333S	Displaced oblique fracture of shaft of humerus, unspecified arm, sequela



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

Code	Description
S42.334D	Nondisplaced oblique fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.334G	Nondisplaced oblique fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.334S	Nondisplaced oblique fracture of shaft of humerus, right arm, sequela
S42.335D	Nondisplaced oblique fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.335G	Nondisplaced oblique fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.335S	Nondisplaced oblique fracture of shaft of humerus, left arm, sequela
S42.336D	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.336G	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.336S	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, sequela
S42.341D	Displaced spiral fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.341G	Displaced spiral fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.341S	Displaced spiral fracture of shaft of humerus, right arm, sequela
S42.342D	Displaced spiral fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.342G	Displaced spiral fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.342S	Displaced spiral fracture of shaft of humerus, left arm, sequela
S42.343D	Displaced spiral fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.343G	Displaced spiral fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.343S	Displaced spiral fracture of shaft of humerus, unspecified arm, sequela
S42.344D	Nondisplaced spiral fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing



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

Code	Description
S42.344G	Nondisplaced spiral fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.344S	Nondisplaced spiral fracture of shaft of humerus, right arm, sequela
S42.345D	Nondisplaced spiral fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.345G	Nondisplaced spiral fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.345S	Nondisplaced spiral fracture of shaft of humerus, left arm, sequela
S42.346D	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.346G	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.346S	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, sequela
S42.351D	Displaced comminuted fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.351G	Displaced comminuted fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.351S	Displaced comminuted fracture of shaft of humerus, right arm, sequela
S42.352D	Displaced comminuted fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.352G	Displaced comminuted fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.352S	Displaced comminuted fracture of shaft of humerus, left arm, sequela
S42.353D	Displaced comminuted fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.353G	Displaced comminuted fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.353S	Displaced comminuted fracture of shaft of humerus, unspecified arm, sequela
S42.354D	Nondisplaced comminuted fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.354G	Nondisplaced comminuted fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing



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

Code	Description
S42.354S	Nondisplaced comminuted fracture of shaft of humerus, right arm, sequela
S42.355D	Nondisplaced comminuted fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.355G	Nondisplaced comminuted fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.355S	Nondisplaced comminuted fracture of shaft of humerus, left arm, sequela
S42.356D	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.356G	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.356S	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, sequela
S42.361D	Displaced segmental fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.361G	Displaced segmental fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.361S	Displaced segmental fracture of shaft of humerus, right arm, sequela
S42.362D	Displaced segmental fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.362G	Displaced segmental fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.362S	Displaced segmental fracture of shaft of humerus, left arm, sequela
S42.363D	Displaced segmental fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.363G	Displaced segmental fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.363S	Displaced segmental fracture of shaft of humerus, unspecified arm, sequela
S42.364D	Nondisplaced segmental fracture of shaft of humerus, right arm, subsequent encounter for fracture with routine healing
S42.364G	Nondisplaced segmental fracture of shaft of humerus, right arm, subsequent encounter for fracture with delayed healing
S42.364S	Nondisplaced segmental fracture of shaft of humerus, right arm, sequela



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

Code	Description
S42.365D	Nondisplaced segmental fracture of shaft of humerus, left arm, subsequent encounter for fracture with routine healing
S42.365G	Nondisplaced segmental fracture of shaft of humerus, left arm, subsequent encounter for fracture with delayed healing
S42.365S	Nondisplaced segmental fracture of shaft of humerus, left arm, sequela
S42.366D	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S42.366G	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S42.366S	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, sequela
S42.391D	Other fracture of shaft of right humerus, subsequent encounter for fracture with routine healing
S42.391G	Other fracture of shaft of right humerus, subsequent encounter for fracture with delayed healing
S42.391S	Other fracture of shaft of right humerus, sequela
S42.392D	Other fracture of shaft of left humerus, subsequent encounter for fracture with routine healing
S42.392G	Other fracture of shaft of left humerus, subsequent encounter for fracture with delayed healing
S42.392S	Other fracture of shaft of left humerus, sequela
S42.399D	Other fracture of shaft of unspecified humerus, subsequent encounter for fracture with routine healing
S42.399G	Other fracture of shaft of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.399S	Other fracture of shaft of unspecified humerus, sequela
S42.401D	Unspecified fracture of lower end of right humerus, subsequent encounter for fracture with routine healing
S42.401G	Unspecified fracture of lower end of right humerus, subsequent encounter for fracture with delayed healing
S42.401S	Unspecified fracture of lower end of right humerus, sequela
S42.402D	Unspecified fracture of lower end of left humerus, subsequent encounter for fracture with routine healing



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

Code	Description
S42.402G	Unspecified fracture of lower end of left humerus, subsequent encounter for fracture with delayed healing
S42.402S	Unspecified fracture of lower end of left humerus, sequela
S42.409D	Unspecified fracture of lower end of unspecified humerus, subsequent encounter for fracture with routine healing
S42.409G	Unspecified fracture of lower end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.409S	Unspecified fracture of lower end of unspecified humerus, sequela
S42.411D	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with routine healing
S42.411G	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with delayed healing
S42.411S	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, sequela
S42.412D	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with routine healing
S42.412G	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with delayed healing
S42.412S	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, sequela
S42.413D	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with routine healing
S42.413G	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.413S	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, sequela
S42.414D	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with routine healing
S42.414G	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with delayed healing
S42.414S	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, sequela



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

Code	Description
S42.415D	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with routine healing
S42.415G	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with delayed healing
S42.415S	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, sequela
S42.416D	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with routine healing
S42.416G	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.416S	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, sequela
S42.421D	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with routine healing
S42.421G	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with delayed healing
S42.421S	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, sequela
S42.422D	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with routine healing
S42.422G	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with delayed healing
S42.422S	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, sequela
S42.423D	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with routine healing
S42.423G	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.423S	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, sequela
S42.424D	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with routine healing



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

Code	Description
S42.424G	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with delayed healing
S42.424S	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, sequela
S42.425D	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with routine healing
S42.425G	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, subsequent encounter for fracture with delayed healing
S42.425S	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, sequela
S42.426D	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with routine healing
S42.426G	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.426S	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, sequela
S42.431D	Displaced fracture (avulsion) of lateral epicondyle of right humerus, subsequent encounter for fracture with routine healing
S42.431G	Displaced fracture (avulsion) of lateral epicondyle of right humerus, subsequent encounter for fracture with delayed healing
S42.431S	Displaced fracture (avulsion) of lateral epicondyle of right humerus, sequela
S42.432D	Displaced fracture (avulsion) of lateral epicondyle of left humerus, subsequent encounter for fracture with routine healing
S42.432G	Displaced fracture (avulsion) of lateral epicondyle of left humerus, subsequent encounter for fracture with delayed healing
S42.432S	Displaced fracture (avulsion) of lateral epicondyle of left humerus, sequela
S42.433D	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.433G	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.433S	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, sequela
S42.434D	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, subsequent encounter for fracture with routine healing



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

Code	Description
S42.434G	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, subsequent encounter for fracture with delayed healing
S42.434S	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, sequela
S42.435D	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, subsequent encounter for fracture with routine healing
S42.435G	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, subsequent encounter for fracture with delayed healing
S42.435S	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, sequela
S42.436D	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.436G	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.436S	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, sequela
S42.441D	Displaced fracture (avulsion) of medial epicondyle of right humerus, subsequent encounter for fracture with routine healing
S42.441G	Displaced fracture (avulsion) of medial epicondyle of right humerus, subsequent encounter for fracture with delayed healing
S42.441S	Displaced fracture (avulsion) of medial epicondyle of right humerus, sequela
S42.442D	Displaced fracture (avulsion) of medial epicondyle of left humerus, subsequent encounter for fracture with routine healing
S42.442G	Displaced fracture (avulsion) of medial epicondyle of left humerus, subsequent encounter for fracture with delayed healing
S42.442S	Displaced fracture (avulsion) of medial epicondyle of left humerus, sequela
S42.443D	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.443G	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.443S	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, sequela
S42.444D	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, subsequent encounter for fracture with routine healing
S42.444G	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, subsequent encounter for fracture with delayed healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S42.444S	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, sequela
S42.445D	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, subsequent encounter for fracture with routine healing
S42.445G	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, subsequent encounter for fracture with delayed healing
S42.445S	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, sequela
S42.446D	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.446G	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.446S	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, sequela
S42.447D	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, subsequent encounter for fracture with routine healing
S42.447G	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, subsequent encounter for fracture with delayed healing
S42.447S	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, sequela
S42.448D	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, subsequent encounter for fracture with routine healing
S42.448G	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, subsequent encounter for fracture with delayed healing
S42.448S	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, sequela
S42.449D	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.449G	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.449S	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, sequela
S42.451D	Displaced fracture of lateral condyle of right humerus, subsequent encounter for fracture with routine healing
S42.451G	Displaced fracture of lateral condyle of right humerus, subsequent encounter for fracture with delayed healing
S42.451S	Displaced fracture of lateral condyle of right humerus, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S42.452D	Displaced fracture of lateral condyle of left humerus, subsequent encounter for fracture with routine healing
S42.452G	Displaced fracture of lateral condyle of left humerus, subsequent encounter for fracture with delayed healing
S42.452S	Displaced fracture of lateral condyle of left humerus, sequela
S42.453D	Displaced fracture of lateral condyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.453G	Displaced fracture of lateral condyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.453S	Displaced fracture of lateral condyle of unspecified humerus, sequela
S42.454D	Nondisplaced fracture of lateral condyle of right humerus, subsequent encounter for fracture with routine healing
S42.454G	Nondisplaced fracture of lateral condyle of right humerus, subsequent encounter for fracture with delayed healing
S42.454S	Nondisplaced fracture of lateral condyle of right humerus, sequela
S42.455D	Nondisplaced fracture of lateral condyle of left humerus, subsequent encounter for fracture with routine healing
S42.455G	Nondisplaced fracture of lateral condyle of left humerus, subsequent encounter for fracture with delayed healing
S42.455S	Nondisplaced fracture of lateral condyle of left humerus, sequela
S42.456D	Nondisplaced fracture of lateral condyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.456G	Nondisplaced fracture of lateral condyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.456S	Nondisplaced fracture of lateral condyle of unspecified humerus, sequela
S42.461D	Displaced fracture of medial condyle of right humerus, subsequent encounter for fracture with routine healing
S42.461G	Displaced fracture of medial condyle of right humerus, subsequent encounter for fracture with delayed healing
S42.461S	Displaced fracture of medial condyle of right humerus, sequela
S42.462D	Displaced fracture of medial condyle of left humerus, subsequent encounter for fracture with routine healing



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

Code	Description
S42.462G	Displaced fracture of medial condyle of left humerus, subsequent encounter for fracture with delayed healing
S42.462S	Displaced fracture of medial condyle of left humerus, sequela
S42.463D	Displaced fracture of medial condyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.463G	Displaced fracture of medial condyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.463S	Displaced fracture of medial condyle of unspecified humerus, sequela
S42.464D	Nondisplaced fracture of medial condyle of right humerus, subsequent encounter for fracture with routine healing
S42.464G	Nondisplaced fracture of medial condyle of right humerus, subsequent encounter for fracture with delayed healing
S42.464S	Nondisplaced fracture of medial condyle of right humerus, sequela
S42.465D	Nondisplaced fracture of medial condyle of left humerus, subsequent encounter for fracture with routine healing
S42.465G	Nondisplaced fracture of medial condyle of left humerus, subsequent encounter for fracture with delayed healing
S42.465S	Nondisplaced fracture of medial condyle of left humerus, sequela
S42.466D	Nondisplaced fracture of medial condyle of unspecified humerus, subsequent encounter for fracture with routine healing
S42.466G	Nondisplaced fracture of medial condyle of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.466S	Nondisplaced fracture of medial condyle of unspecified humerus, sequela
S42.471D	Displaced transcondylar fracture of right humerus, subsequent encounter for fracture with routine healing
S42.471G	Displaced transcondylar fracture of right humerus, subsequent encounter for fracture with delayed healing
S42.471S	Displaced transcondylar fracture of right humerus, sequela
S42.472D	Displaced transcondylar fracture of left humerus, subsequent encounter for fracture with routine healing
S42.472G	Displaced transcondylar fracture of left humerus, subsequent encounter for fracture with delayed healing



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

Code	Description
S42.472S	Displaced transcondylar fracture of left humerus, sequela
S42.473D	Displaced transcondylar fracture of unspecified humerus, subsequent encounter for fracture with routine healing
S42.473G	Displaced transcondylar fracture of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.473S	Displaced transcondylar fracture of unspecified humerus, sequela
S42.474D	Nondisplaced transcondylar fracture of right humerus, subsequent encounter for fracture with routine healing
S42.474G	Nondisplaced transcondylar fracture of right humerus, subsequent encounter for fracture with delayed healing
S42.474S	Nondisplaced transcondylar fracture of right humerus, sequela
S42.475D	Nondisplaced transcondylar fracture of left humerus, subsequent encounter for fracture with routine healing
S42.475G	Nondisplaced transcondylar fracture of left humerus, subsequent encounter for fracture with delayed healing
S42.475S	Nondisplaced transcondylar fracture of left humerus, sequela
S42.476D	Nondisplaced transcondylar fracture of unspecified humerus, subsequent encounter for fracture with routine healing
S42.476G	Nondisplaced transcondylar fracture of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.476S	Nondisplaced transcondylar fracture of unspecified humerus, sequela
S42.481D	Torus fracture of lower end of right humerus, subsequent encounter for fracture with routine healing
S42.481G	Torus fracture of lower end of right humerus, subsequent encounter for fracture with delayed healing
S42.481S	Torus fracture of lower end of right humerus, sequela
S42.482D	Torus fracture of lower end of left humerus, subsequent encounter for fracture with routine healing
S42.482G	Torus fracture of lower end of left humerus, subsequent encounter for fracture with delayed healing
S42.482S	Torus fracture of lower end of left humerus, sequela



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

Code	Description
S42.489D	Torus fracture of lower end of unspecified humerus, subsequent encounter for fracture with routine healing
S42.489G	Torus fracture of lower end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.489S	Torus fracture of lower end of unspecified humerus, sequela
S42.491D	Other displaced fracture of lower end of right humerus, subsequent encounter for fracture with routine healing
S42.491G	Other displaced fracture of lower end of right humerus, subsequent encounter for fracture with delayed healing
S42.491S	Other displaced fracture of lower end of right humerus, sequela
S42.492D	Other displaced fracture of lower end of left humerus, subsequent encounter for fracture with routine healing
S42.492G	Other displaced fracture of lower end of left humerus, subsequent encounter for fracture with delayed healing
S42.492S	Other displaced fracture of lower end of left humerus, sequela
S42.493D	Other displaced fracture of lower end of unspecified humerus, subsequent encounter for fracture with routine healing
S42.493G	Other displaced fracture of lower end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.493S	Other displaced fracture of lower end of unspecified humerus, sequela
S42.494D	Other nondisplaced fracture of lower end of right humerus, subsequent encounter for fracture with routine healing
S42.494G	Other nondisplaced fracture of lower end of right humerus, subsequent encounter for fracture with delayed healing
S42.494S	Other nondisplaced fracture of lower end of right humerus, sequela
S42.495D	Other nondisplaced fracture of lower end of left humerus, subsequent encounter for fracture with routine healing
S42.495G	Other nondisplaced fracture of lower end of left humerus, subsequent encounter for fracture with delayed healing
S42.495S	Other nondisplaced fracture of lower end of left humerus, sequela
S42.496D	Other nondisplaced fracture of lower end of unspecified humerus, subsequent encounter for fracture with routine healing



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

Code	Description
S42.496G	Other nondisplaced fracture of lower end of unspecified humerus, subsequent encounter for fracture with delayed healing
S42.496S	Other nondisplaced fracture of lower end of unspecified humerus, sequela
S42.90XD	Fracture of unspecified shoulder girdle, part unspecified, subsequent encounter for fracture with routine healing
S42.90XG	Fracture of unspecified shoulder girdle, part unspecified, subsequent encounter for fracture with delayed healing
S42.90XS	Fracture of unspecified shoulder girdle, part unspecified, sequela
S42.91XD	Fracture of right shoulder girdle, part unspecified, subsequent encounter for fracture with routine healing
S42.91XG	Fracture of right shoulder girdle, part unspecified, subsequent encounter for fracture with delayed healing
S42.91XS	Fracture of right shoulder girdle, part unspecified, sequela
S42.92XD	Fracture of left shoulder girdle, part unspecified, subsequent encounter for fracture with routine healing
S42.92XG	Fracture of left shoulder girdle, part unspecified, subsequent encounter for fracture with delayed healing
S42.92XS	Fracture of left shoulder girdle, part unspecified, sequela
S43.001A	Unspecified subluxation of right shoulder joint, initial encounter
S43.001S	Unspecified subluxation of right shoulder joint, sequela
S43.002A	Unspecified subluxation of left shoulder joint, initial encounter
S43.002S	Unspecified subluxation of left shoulder joint, sequela
S43.003A	Unspecified subluxation of unspecified shoulder joint, initial encounter
S43.003S	Unspecified subluxation of unspecified shoulder joint, sequela
S43.004A	Unspecified dislocation of right shoulder joint, initial encounter
S43.004S	Unspecified dislocation of right shoulder joint, sequela
S43.005A	Unspecified dislocation of left shoulder joint, initial encounter
S43.005S	Unspecified dislocation of left shoulder joint, sequela
S43.006A	Unspecified dislocation of unspecified shoulder joint, initial encounter
S43.006S	Unspecified dislocation of unspecified shoulder joint, sequela



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

Code	Description
S43.011A	Anterior subluxation of right humerus, initial encounter
S43.011S	Anterior subluxation of right humerus, sequela
S43.012A	Anterior subluxation of left humerus, initial encounter
S43.012S	Anterior subluxation of left humerus, sequela
S43.013A	Anterior subluxation of unspecified humerus, initial encounter
S43.013S	Anterior subluxation of unspecified humerus, sequela
S43.014A	Anterior dislocation of right humerus, initial encounter
S43.014S	Anterior dislocation of right humerus, sequela
S43.015A	Anterior dislocation of left humerus, initial encounter
S43.015S	Anterior dislocation of left humerus, sequela
S43.016A	Anterior dislocation of unspecified humerus, initial encounter
S43.016S	Anterior dislocation of unspecified humerus, sequela
S43.021A	Posterior subluxation of right humerus, initial encounter
S43.021S	Posterior subluxation of right humerus, sequela
S43.022A	Posterior subluxation of left humerus, initial encounter
S43.022S	Posterior subluxation of left humerus, sequela
S43.023A	Posterior subluxation of unspecified humerus, initial encounter
S43.023S	Posterior subluxation of unspecified humerus, sequela
S43.024A	Posterior dislocation of right humerus, initial encounter
S43.024S	Posterior dislocation of right humerus, sequela
S43.025A	Posterior dislocation of left humerus, initial encounter
S43.025S	Posterior dislocation of left humerus, sequela
S43.026A	Posterior dislocation of unspecified humerus, initial encounter
S43.026S	Posterior dislocation of unspecified humerus, sequela
S43.031A	Inferior subluxation of right humerus, initial encounter
S43.031S	Inferior subluxation of right humerus, sequela
S43.032A	Inferior subluxation of left humerus, initial encounter
S43.032S	Inferior subluxation of left humerus, sequela



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

Code	Description
S43.033A	Inferior subluxation of unspecified humerus, initial encounter
S43.033S	Inferior subluxation of unspecified humerus, sequela
S43.034A	Inferior dislocation of right humerus, initial encounter
S43.034S	Inferior dislocation of right humerus, sequela
S43.035A	Inferior dislocation of left humerus, initial encounter
S43.035S	Inferior dislocation of left humerus, sequela
S43.036A	Inferior dislocation of unspecified humerus, initial encounter
S43.036S	Inferior dislocation of unspecified humerus, sequela
S43.081A	Other subluxation of right shoulder joint, initial encounter
S43.081S	Other subluxation of right shoulder joint, sequela
S43.082A	Other subluxation of left shoulder joint, initial encounter
S43.082S	Other subluxation of left shoulder joint, sequela
S43.083A	Other subluxation of unspecified shoulder joint, initial encounter
S43.083S	Other subluxation of unspecified shoulder joint, sequela
S43.084A	Other dislocation of right shoulder joint, initial encounter
S43.084S	Other dislocation of right shoulder joint, sequela
S43.085A	Other dislocation of left shoulder joint, initial encounter
S43.085S	Other dislocation of left shoulder joint, sequela
S43.086A	Other dislocation of unspecified shoulder joint, initial encounter
S43.086S	Other dislocation of unspecified shoulder joint, sequela
S43.101A	Unspecified dislocation of right acromioclavicular joint, initial encounter
S43.101S	Unspecified dislocation of right acromioclavicular joint, sequela
S43.102A	Unspecified dislocation of left acromioclavicular joint, initial encounter
S43.102S	Unspecified dislocation of left acromioclavicular joint, sequela
S43.109A	Unspecified dislocation of unspecified acromioclavicular joint, initial encounter
S43.109S	Unspecified dislocation of unspecified acromioclavicular joint, sequela
S43.111A	Subluxation of right acromioclavicular joint, initial encounter
S43.111S	Subluxation of right acromioclavicular joint, sequela



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

Code	Description
S43.112A	Subluxation of left acromioclavicular joint, initial encounter
S43.112S	Subluxation of left acromioclavicular joint, sequela
S43.119A	Subluxation of unspecified acromioclavicular joint, initial encounter
S43.119S	Subluxation of unspecified acromioclavicular joint, sequela
S43.121A	Dislocation of right acromioclavicular joint, 100%-200% displacement, initial encounter
S43.121S	Dislocation of right acromioclavicular joint, 100%-200% displacement, sequela
S43.122A	Dislocation of left acromioclavicular joint, 100%-200% displacement, initial encounter
S43.122S	Dislocation of left acromioclavicular joint, 100%-200% displacement, sequela
S43.129A	Dislocation of unspecified acromioclavicular joint, 100%-200% displacement, initial encounter
S43.129S	Dislocation of unspecified acromioclavicular joint, 100%-200% displacement, sequela
S43.131A	Dislocation of right acromioclavicular joint, greater than 200% displacement, initial encounter
S43.131S	Dislocation of right acromioclavicular joint, greater than 200% displacement, sequela
S43.132A	Dislocation of left acromioclavicular joint, greater than 200% displacement, initial encounter
S43.132S	Dislocation of left acromioclavicular joint, greater than 200% displacement, sequela
S43.139A	Dislocation of unspecified acromioclavicular joint, greater than 200% displacement, initial encounter
S43.139S	Dislocation of unspecified acromioclavicular joint, greater than 200% displacement, sequela
S43.141A	Inferior dislocation of right acromioclavicular joint, initial encounter
S43.141S	Inferior dislocation of right acromioclavicular joint, sequela
S43.142A	Inferior dislocation of left acromioclavicular joint, initial encounter
S43.142S	Inferior dislocation of left acromioclavicular joint, sequela
S43.149A	Inferior dislocation of unspecified acromioclavicular joint, initial encounter
S43.149S	Inferior dislocation of unspecified acromioclavicular joint, sequela

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***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S43.151A	Posterior dislocation of right acromioclavicular joint, initial encounter
S43.151S	Posterior dislocation of right acromioclavicular joint, sequela
S43.152A	Posterior dislocation of left acromioclavicular joint, initial encounter
S43.152S	Posterior dislocation of left acromioclavicular joint, sequela
S43.159A	Posterior dislocation of unspecified acromioclavicular joint, initial encounter
S43.159S	Posterior dislocation of unspecified acromioclavicular joint, sequela
S43.201A	Unspecified subluxation of right sternoclavicular joint, initial encounter
S43.201S	Unspecified subluxation of right sternoclavicular joint, sequela
S43.202A	Unspecified subluxation of left sternoclavicular joint, initial encounter
S43.202S	Unspecified subluxation of left sternoclavicular joint, sequela
S43.203A	Unspecified subluxation of unspecified sternoclavicular joint, initial encounter
S43.203S	Unspecified subluxation of unspecified sternoclavicular joint, sequela
S43.204A	Unspecified dislocation of right sternoclavicular joint, initial encounter
S43.204S	Unspecified dislocation of right sternoclavicular joint, sequela
S43.205A	Unspecified dislocation of left sternoclavicular joint, initial encounter
S43.205S	Unspecified dislocation of left sternoclavicular joint, sequela
S43.206A	Unspecified dislocation of unspecified sternoclavicular joint, initial encounter
S43.206S	Unspecified dislocation of unspecified sternoclavicular joint, sequela
S43.211A	Anterior subluxation of right sternoclavicular joint, initial encounter
S43.211S	Anterior subluxation of right sternoclavicular joint, sequela
S43.212A	Anterior subluxation of left sternoclavicular joint, initial encounter
S43.212S	Anterior subluxation of left sternoclavicular joint, sequela
S43.213A	Anterior subluxation of unspecified sternoclavicular joint, initial encounter
S43.213S	Anterior subluxation of unspecified sternoclavicular joint, sequela
S43.214A	Anterior dislocation of right sternoclavicular joint, initial encounter
S43.214S	Anterior dislocation of right sternoclavicular joint, sequela
S43.215A	Anterior dislocation of left sternoclavicular joint, initial encounter
S43.215S	Anterior dislocation of left sternoclavicular joint, sequela

NCD 190.15

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

Code	Description
S43.216A	Anterior dislocation of unspecified sternoclavicular joint, initial encounter
S43.216S	Anterior dislocation of unspecified sternoclavicular joint, sequela
S43.221A	Posterior subluxation of right sternoclavicular joint, initial encounter
S43.221S	Posterior subluxation of right sternoclavicular joint, sequela
S43.222A	Posterior subluxation of left sternoclavicular joint, initial encounter
S43.222S	Posterior subluxation of left sternoclavicular joint, sequela
S43.223A	Posterior subluxation of unspecified sternoclavicular joint, initial encounter
S43.223S	Posterior subluxation of unspecified sternoclavicular joint, sequela
S43.224A	Posterior dislocation of right sternoclavicular joint, initial encounter
S43.224S	Posterior dislocation of right sternoclavicular joint, sequela
S43.225A	Posterior dislocation of left sternoclavicular joint, initial encounter
S43.225S	Posterior dislocation of left sternoclavicular joint, sequela
S43.226A	Posterior dislocation of unspecified sternoclavicular joint, initial encounter
S43.226S	Posterior dislocation of unspecified sternoclavicular joint, sequela
S43.301A	Subluxation of unspecified parts of right shoulder girdle, initial encounter
S43.301S	Subluxation of unspecified parts of right shoulder girdle, sequela
S43.302A	Subluxation of unspecified parts of left shoulder girdle, initial encounter
S43.302S	Subluxation of unspecified parts of left shoulder girdle, sequela
S43.303A	Subluxation of unspecified parts of unspecified shoulder girdle, initial encounter
S43.303S	Subluxation of unspecified parts of unspecified shoulder girdle, sequela
S43.304A	Dislocation of unspecified parts of right shoulder girdle, initial encounter
S43.304S	Dislocation of unspecified parts of right shoulder girdle, sequela
S43.305A	Dislocation of unspecified parts of left shoulder girdle, initial encounter
S43.305S	Dislocation of unspecified parts of left shoulder girdle, sequela
S43.306A	Dislocation of unspecified parts of unspecified shoulder girdle, initial encounter
S43.306S	Dislocation of unspecified parts of unspecified shoulder girdle, sequela
S43.311A	Subluxation of right scapula, initial encounter
S43.311S	Subluxation of right scapula, sequela



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

Code	Description
S43.312A	Subluxation of left scapula, initial encounter
S43.312S	Subluxation of left scapula, sequela
S43.313A	Subluxation of unspecified scapula, initial encounter
S43.313S	Subluxation of unspecified scapula, sequela
S43.314A	Dislocation of right scapula, initial encounter
S43.314S	Dislocation of right scapula, sequela
S43.315A	Dislocation of left scapula, initial encounter
S43.315S	Dislocation of left scapula, sequela
S43.316A	Dislocation of unspecified scapula, initial encounter
S43.316S	Dislocation of unspecified scapula, sequela
S43.391A	Subluxation of other parts of right shoulder girdle, initial encounter
S43.391S	Subluxation of other parts of right shoulder girdle, sequela
S43.392A	Subluxation of other parts of left shoulder girdle, initial encounter
S43.392S	Subluxation of other parts of left shoulder girdle, sequela
S43.393A	Subluxation of other parts of unspecified shoulder girdle, initial encounter
S43.393S	Subluxation of other parts of unspecified shoulder girdle, sequela
S43.394A	Dislocation of other parts of right shoulder girdle, initial encounter
S43.394S	Dislocation of other parts of right shoulder girdle, sequela
S43.395A	Dislocation of other parts of left shoulder girdle, initial encounter
S43.395S	Dislocation of other parts of left shoulder girdle, sequela
S43.396A	Dislocation of other parts of unspecified shoulder girdle, initial encounter
S43.396S	Dislocation of other parts of unspecified shoulder girdle, sequela
S43.401A	Unspecified sprain of right shoulder joint, initial encounter
S43.401S	Unspecified sprain of right shoulder joint, sequela
S43.402A	Unspecified sprain of left shoulder joint, initial encounter
S43.402S	Unspecified sprain of left shoulder joint, sequela
S43.409A	Unspecified sprain of unspecified shoulder joint, initial encounter
S43.409S	Unspecified sprain of unspecified shoulder joint, sequela



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

Code	Description
S43.411A	Sprain of right coracohumeral (ligament), initial encounter
S43.411S	Sprain of right coracohumeral (ligament), sequela
S43.412A	Sprain of left coracohumeral (ligament), initial encounter
S43.412S	Sprain of left coracohumeral (ligament), sequela
S43.419A	Sprain of unspecified coracohumeral (ligament), initial encounter
S43.419S	Sprain of unspecified coracohumeral (ligament), sequela
S43.421A	Sprain of right rotator cuff capsule, initial encounter
S43.421S	Sprain of right rotator cuff capsule, sequela
S43.422A	Sprain of left rotator cuff capsule, initial encounter
S43.422S	Sprain of left rotator cuff capsule, sequela
S43.429A	Sprain of unspecified rotator cuff capsule, initial encounter
S43.429S	Sprain of unspecified rotator cuff capsule, sequela
S43.431A	Superior glenoid labrum lesion of right shoulder, initial encounter
S43.431S	Superior glenoid labrum lesion of right shoulder, sequela
S43.432A	Superior glenoid labrum lesion of left shoulder, initial encounter
S43.432S	Superior glenoid labrum lesion of left shoulder, sequela
S43.439A	Superior glenoid labrum lesion of unspecified shoulder, initial encounter
S43.439S	Superior glenoid labrum lesion of unspecified shoulder, sequela
S43.491A	Other sprain of right shoulder joint, initial encounter
S43.491S	Other sprain of right shoulder joint, sequela
S43.492A	Other sprain of left shoulder joint, initial encounter
S43.492S	Other sprain of left shoulder joint, sequela
S43.499A	Other sprain of unspecified shoulder joint, initial encounter
S43.499S	Other sprain of unspecified shoulder joint, sequela
S43.50XA	Sprain of unspecified acromioclavicular joint, initial encounter
S43.50XS	Sprain of unspecified acromioclavicular joint, sequela
S43.51XA	Sprain of right acromioclavicular joint, initial encounter
S43.51XS	Sprain of right acromioclavicular joint, sequela



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

Code	Description
S43.52XA	Sprain of left acromioclavicular joint, initial encounter
S43.52XS	Sprain of left acromioclavicular joint, sequela
S43.60XA	Sprain of unspecified sternoclavicular joint, initial encounter
S43.60XS	Sprain of unspecified sternoclavicular joint, sequela
S43.61XA	Sprain of right sternoclavicular joint, initial encounter
S43.61XS	Sprain of right sternoclavicular joint, sequela
S43.62XA	Sprain of left sternoclavicular joint, initial encounter
S43.62XS	Sprain of left sternoclavicular joint, sequela
S43.80XA	Sprain of other specified parts of unspecified shoulder girdle, initial encounter
S43.80XS	Sprain of other specified parts of unspecified shoulder girdle, sequela
S43.81XA	Sprain of other specified parts of right shoulder girdle, initial encounter
S43.81XS	Sprain of other specified parts of right shoulder girdle, sequela
S43.82XA	Sprain of other specified parts of left shoulder girdle, initial encounter
S43.82XS	Sprain of other specified parts of left shoulder girdle, sequela
S43.90XA	Sprain of unspecified parts of unspecified shoulder girdle, initial encounter
S43.90XS	Sprain of unspecified parts of unspecified shoulder girdle, sequela
S43.91XA	Sprain of unspecified parts of right shoulder girdle, initial encounter
S43.91XS	Sprain of unspecified parts of right shoulder girdle, sequela
S43.92XA	Sprain of unspecified parts of left shoulder girdle, initial encounter
S43.92XS	Sprain of unspecified parts of left shoulder girdle, sequela
S44.00XA	Injury of ulnar nerve at upper arm level, unspecified arm, initial encounter
S44.00XS	Injury of ulnar nerve at upper arm level, unspecified arm, sequela
S44.01XA	Injury of ulnar nerve at upper arm level, right arm, initial encounter
S44.01XS	Injury of ulnar nerve at upper arm level, right arm, sequela
S44.02XA	Injury of ulnar nerve at upper arm level, left arm, initial encounter
S44.02XS	Injury of ulnar nerve at upper arm level, left arm, sequela
S44.10XA	Injury of median nerve at upper arm level, unspecified arm, initial encounter
S44.10XS	Injury of median nerve at upper arm level, unspecified arm, sequela



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

Code	Description
S44.11XA	Injury of median nerve at upper arm level, right arm, initial encounter
S44.11XS	Injury of median nerve at upper arm level, right arm, sequela
S44.12XA	Injury of median nerve at upper arm level, left arm, initial encounter
S44.12XS	Injury of median nerve at upper arm level, left arm, sequela
S44.20XA	Injury of radial nerve at upper arm level, unspecified arm, initial encounter
S44.20XS	Injury of radial nerve at upper arm level, unspecified arm, sequela
S44.21XA	Injury of radial nerve at upper arm level, right arm, initial encounter
S44.21XS	Injury of radial nerve at upper arm level, right arm, sequela
S44.22XA	Injury of radial nerve at upper arm level, left arm, initial encounter
S44.22XS	Injury of radial nerve at upper arm level, left arm, sequela
S44.30XA	Injury of axillary nerve, unspecified arm, initial encounter
S44.30XS	Injury of axillary nerve, unspecified arm, sequela
S44.31XA	Injury of axillary nerve, right arm, initial encounter
S44.31XS	Injury of axillary nerve, right arm, sequela
S44.32XA	Injury of axillary nerve, left arm, initial encounter
S44.32XS	Injury of axillary nerve, left arm, sequela
S44.40XA	Injury of musculocutaneous nerve, unspecified arm, initial encounter
S44.40XS	Injury of musculocutaneous nerve, unspecified arm, sequela
S44.41XA	Injury of musculocutaneous nerve, right arm, initial encounter
S44.41XS	Injury of musculocutaneous nerve, right arm, sequela
S44.42XA	Injury of musculocutaneous nerve, left arm, initial encounter
S44.42XS	Injury of musculocutaneous nerve, left arm, sequela
S44.50XA	Injury of cutaneous sensory nerve at shoulder and upper arm level, unspecified arm, initial encounter
S44.50XS	Injury of cutaneous sensory nerve at shoulder and upper arm level, unspecified arm, sequela
S44.51XA	Injury of cutaneous sensory nerve at shoulder and upper arm level, right arm, initial encounter
S44.51XS	Injury of cutaneous sensory nerve at shoulder and upper arm level, right arm, sequela

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

Code	Description
S44.52XA	Injury of cutaneous sensory nerve at shoulder and upper arm level, left arm, initial encounter
S44.52XS	Injury of cutaneous sensory nerve at shoulder and upper arm level, left arm, sequela
S44.8X1A	Injury of other nerves at shoulder and upper arm level, right arm, initial encounter
S44.8X1S	Injury of other nerves at shoulder and upper arm level, right arm, sequela
S44.8X2A	Injury of other nerves at shoulder and upper arm level, left arm, initial encounter
S44.8X2S	Injury of other nerves at shoulder and upper arm level, left arm, sequela
S44.8X9A	Injury of other nerves at shoulder and upper arm level, unspecified arm, initial encounter
S44.8X9S	Injury of other nerves at shoulder and upper arm level, unspecified arm, sequela
S44.90XA	Injury of unspecified nerve at shoulder and upper arm level, unspecified arm, initial encounter
S44.90XS	Injury of unspecified nerve at shoulder and upper arm level, unspecified arm, sequela
S44.91XA	Injury of unspecified nerve at shoulder and upper arm level, right arm, initial encounter
S44.91XS	Injury of unspecified nerve at shoulder and upper arm level, right arm, sequela
S44.92XA	Injury of unspecified nerve at shoulder and upper arm level, left arm, initial encounter
S44.92XS	Injury of unspecified nerve at shoulder and upper arm level, left arm, sequela
S45.001S	Unspecified injury of axillary artery, right side, sequela
S45.002S	Unspecified injury of axillary artery, left side, sequela
S45.009S	Unspecified injury of axillary artery, unspecified side, sequela
S45.011S	Laceration of axillary artery, right side, sequela
S45.012S	Laceration of axillary artery, left side, sequela
S45.019S	Laceration of axillary artery, unspecified side, sequela
S45.091S	Other specified injury of axillary artery, right side, sequela
S45.092S	Other specified injury of axillary artery, left side, sequela
S45.099S	Other specified injury of axillary artery, unspecified side, sequela



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

Code	Description
S45.101S	Unspecified injury of brachial artery, right side, sequela
S45.102S	Unspecified injury of brachial artery, left side, sequela
S45.109S	Unspecified injury of brachial artery, unspecified side, sequela
S45.111S	Laceration of brachial artery, right side, sequela
S45.112S	Laceration of brachial artery, left side, sequela
S45.119S	Laceration of brachial artery, unspecified side, sequela
S45.191S	Other specified injury of brachial artery, right side, sequela
S45.192S	Other specified injury of brachial artery, left side, sequela
S45.199S	Other specified injury of brachial artery, unspecified side, sequela
S45.201S	Unspecified injury of axillary or brachial vein, right side, sequela
S45.202S	Unspecified injury of axillary or brachial vein, left side, sequela
S45.209S	Unspecified injury of axillary or brachial vein, unspecified side, sequela
S45.211S	Laceration of axillary or brachial vein, right side, sequela
S45.212S	Laceration of axillary or brachial vein, left side, sequela
S45.219S	Laceration of axillary or brachial vein, unspecified side, sequela
S45.291S	Other specified injury of axillary or brachial vein, right side, sequela
S45.292S	Other specified injury of axillary or brachial vein, left side, sequela
S45.299S	Other specified injury of axillary or brachial vein, unspecified side, sequela
S45.301S	Unspecified injury of superficial vein at shoulder and upper arm level, right arm, sequela
S45.302S	Unspecified injury of superficial vein at shoulder and upper arm level, left arm, sequela
S45.309S	Unspecified injury of superficial vein at shoulder and upper arm level, unspecified arm, sequela
S45.311S	Laceration of superficial vein at shoulder and upper arm level, right arm, sequela
S45.312S	Laceration of superficial vein at shoulder and upper arm level, left arm, sequela
S45.319S	Laceration of superficial vein at shoulder and upper arm level, unspecified arm, sequela
S45.391S	Other specified injury of superficial vein at shoulder and upper arm level, right arm, sequela



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

Code	Description
S45.392S	Other specified injury of superficial vein at shoulder and upper arm level, left arm, sequela
S45.399S	Other specified injury of superficial vein at shoulder and upper arm level, unspecified arm, sequela
S45.801S	Unspecified injury of other specified blood vessels at shoulder and upper arm level, right arm, sequela
S45.802S	Unspecified injury of other specified blood vessels at shoulder and upper arm level, left arm, sequela
S45.809S	Unspecified injury of other specified blood vessels at shoulder and upper arm level, unspecified arm, sequela
S45.811S	Laceration of other specified blood vessels at shoulder and upper arm level, right arm, sequela
S45.812S	Laceration of other specified blood vessels at shoulder and upper arm level, left arm, sequela
S45.819S	Laceration of other specified blood vessels at shoulder and upper arm level, unspecified arm, sequela
S45.891S	Other specified injury of other specified blood vessels at shoulder and upper arm level, right arm, sequela
S45.892S	Other specified injury of other specified blood vessels at shoulder and upper arm level, left arm, sequela
S45.899S	Other specified injury of other specified blood vessels at shoulder and upper arm level, unspecified arm, sequela
S45.901S	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, right arm, sequela
S45.902S	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, left arm, sequela
S45.909S	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, unspecified arm, sequela
S45.911S	Laceration of unspecified blood vessel at shoulder and upper arm level, right arm, sequela
S45.912S	Laceration of unspecified blood vessel at shoulder and upper arm level, left arm, sequela



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

Code	Description
S45.919S	Laceration of unspecified blood vessel at shoulder and upper arm level, unspecified arm, sequela
S45.991S	Other specified injury of unspecified blood vessel at shoulder and upper arm level, right arm, sequela
S45.992S	Other specified injury of unspecified blood vessel at shoulder and upper arm level, left arm, sequela
S45.999S	Other specified injury of unspecified blood vessel at shoulder and upper arm level, unspecified arm, sequela
S46.001S	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, sequela
S46.002S	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, sequela
S46.009S	Unspecified injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, sequela
S46.011A	Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, initial encounter
S46.011S	Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder, sequela
S46.012A	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter
S46.012S	Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, sequela
S46.019A	Strain of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, initial encounter
S46.019S	Strain of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, sequela
S46.021S	Laceration of muscle(s) and tendon(s) of the rotator cuff of right shoulder, sequela
S46.022S	Laceration of muscle(s) and tendon(s) of the rotator cuff of left shoulder, sequela
S46.029S	Laceration of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, sequela
S46.091S	Other injury of muscle(s) and tendon(s) of the rotator cuff of right shoulder, sequela
S46.092S	Other injury of muscle(s) and tendon(s) of the rotator cuff of left shoulder, sequela
S46.099S	Other injury of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder, sequela



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

Code	Description
S46.101S	Unspecified injury of muscle, fascia and tendon of long head of biceps, right arm, sequela
S46.102S	Unspecified injury of muscle, fascia and tendon of long head of biceps, left arm, sequela
S46.109S	Unspecified injury of muscle, fascia and tendon of long head of biceps, unspecified arm, sequela
S46.111A	Strain of muscle, fascia and tendon of long head of biceps, right arm, initial encounter
S46.111S	Strain of muscle, fascia and tendon of long head of biceps, right arm, sequela
S46.112A	Strain of muscle, fascia and tendon of long head of biceps, left arm, initial encounter
S46.112S	Strain of muscle, fascia and tendon of long head of biceps, left arm, sequela
S46.119A	Strain of muscle, fascia and tendon of long head of biceps, unspecified arm, initial encounter
S46.119S	Strain of muscle, fascia and tendon of long head of biceps, unspecified arm, sequela
S46.121S	Laceration of muscle, fascia and tendon of long head of biceps, right arm, sequela
S46.122S	Laceration of muscle, fascia and tendon of long head of biceps, left arm, sequela
S46.129S	Laceration of muscle, fascia and tendon of long head of biceps, unspecified arm, sequela
S46.191S	Other injury of muscle, fascia and tendon of long head of biceps, right arm, sequela
S46.192S	Other injury of muscle, fascia and tendon of long head of biceps, left arm, sequela
S46.199S	Other injury of muscle, fascia and tendon of long head of biceps, unspecified arm, sequela
S46.201S	Unspecified injury of muscle, fascia and tendon of other parts of biceps, right arm, sequela
S46.202S	Unspecified injury of muscle, fascia and tendon of other parts of biceps, left arm, sequela
S46.209S	Unspecified injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, sequela
S46.211A	Strain of muscle, fascia and tendon of other parts of biceps, right arm, initial encounter
S46.211S	Strain of muscle, fascia and tendon of other parts of biceps, right arm, sequela

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

Code	Description
S46.212A	Strain of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter
S46.212S	Strain of muscle, fascia and tendon of other parts of biceps, left arm, sequela
S46.219A	Strain of muscle, fascia and tendon of other parts of biceps, unspecified arm, initial encounter
S46.219S	Strain of muscle, fascia and tendon of other parts of biceps, unspecified arm, sequela
S46.221S	Laceration of muscle, fascia and tendon of other parts of biceps, right arm, sequela
S46.222S	Laceration of muscle, fascia and tendon of other parts of biceps, left arm, sequela
S46.229S	Laceration of muscle, fascia and tendon of other parts of biceps, unspecified arm, sequela
S46.291S	Other injury of muscle, fascia and tendon of other parts of biceps, right arm, sequela
S46.292S	Other injury of muscle, fascia and tendon of other parts of biceps, left arm, sequela
S46.299S	Other injury of muscle, fascia and tendon of other parts of biceps, unspecified arm, sequela
S46.301S	Unspecified injury of muscle, fascia and tendon of triceps, right arm, sequela
S46.302S	Unspecified injury of muscle, fascia and tendon of triceps, left arm, sequela
S46.309S	Unspecified injury of muscle, fascia and tendon of triceps, unspecified arm, sequela
S46.311A	Strain of muscle, fascia and tendon of triceps, right arm, initial encounter
S46.311S	Strain of muscle, fascia and tendon of triceps, right arm, sequela
S46.312A	Strain of muscle, fascia and tendon of triceps, left arm, initial encounter
S46.312S	Strain of muscle, fascia and tendon of triceps, left arm, sequela
S46.319A	Strain of muscle, fascia and tendon of triceps, unspecified arm, initial encounter
S46.319S	Strain of muscle, fascia and tendon of triceps, unspecified arm, sequela
S46.321S	Laceration of muscle, fascia and tendon of triceps, right arm, sequela
S46.322S	Laceration of muscle, fascia and tendon of triceps, left arm, sequela
S46.329S	Laceration of muscle, fascia and tendon of triceps, unspecified arm, sequela
S46.391S	Other injury of muscle, fascia and tendon of triceps, right arm, sequela
S46.392S	Other injury of muscle, fascia and tendon of triceps, left arm, sequela



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

Code	Description
S46.399S	Other injury of muscle, fascia and tendon of triceps, unspecified arm, sequela
S46.801S	Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, sequela
S46.802S	Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, sequela
S46.809S	Unspecified injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, sequela
S46.811A	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, initial encounter
S46.811S	Strain of other muscles, fascia and tendons at shoulder and upper arm level, right arm, sequela
S46.812A	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter
S46.812S	Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, sequela
S46.819A	Strain of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, initial encounter
S46.819S	Strain of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, sequela
S46.821S	Laceration of other muscles, fascia and tendons at shoulder and upper arm level, right arm, sequela
S46.822S	Laceration of other muscles, fascia and tendons at shoulder and upper arm level, left arm, sequela
S46.829S	Laceration of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, sequela
S46.891S	Other injury of other muscles, fascia and tendons at shoulder and upper arm level, right arm, sequela
S46.892S	Other injury of other muscles, fascia and tendons at shoulder and upper arm level, left arm, sequela
S46.899S	Other injury of other muscles, fascia and tendons at shoulder and upper arm level, unspecified arm, sequela
S46.901S	Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, sequela



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

Code	Description
S46.902S	Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, sequela
S46.909S	Unspecified injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, sequela
S46.911A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
S46.911S	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, sequela
S46.912A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
S46.912S	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, sequela
S46.919A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, initial encounter
S46.919S	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, sequela
S46.921S	Laceration of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, sequela
S46.922S	Laceration of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, sequela
S46.929S	Laceration of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, sequela
S46.991S	Other injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, sequela
S46.992S	Other injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, sequela
S46.999S	Other injury of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, sequela
S47.1XXS	Crushing injury of right shoulder and upper arm, sequela
S47.2XXS	Crushing injury of left shoulder and upper arm, sequela
S47.9XXS	Crushing injury of shoulder and upper arm, unspecified arm, sequela
S48.011S	Complete traumatic amputation at right shoulder joint, sequela
S48.012S	Complete traumatic amputation at left shoulder joint, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S48.019S	Complete traumatic amputation at unspecified shoulder joint, sequela
S48.021S	Partial traumatic amputation at right shoulder joint, sequela
S48.022S	Partial traumatic amputation at left shoulder joint, sequela
S48.029S	Partial traumatic amputation at unspecified shoulder joint, sequela
S48.111S	Complete traumatic amputation at level between right shoulder and elbow, sequela
S48.112S	Complete traumatic amputation at level between left shoulder and elbow, sequela
S48.119S	Complete traumatic amputation at level between unspecified shoulder and elbow, sequela
S48.121S	Partial traumatic amputation at level between right shoulder and elbow, sequela
S48.122S	Partial traumatic amputation at level between left shoulder and elbow, sequela
S48.129S	Partial traumatic amputation at level between unspecified shoulder and elbow, sequela
S48.911S	Complete traumatic amputation of right shoulder and upper arm, level unspecified, sequela
S48.912S	Complete traumatic amputation of left shoulder and upper arm, level unspecified, sequela
S48.919S	Complete traumatic amputation of unspecified shoulder and upper arm, level unspecified, sequela
S48.921S	Partial traumatic amputation of right shoulder and upper arm, level unspecified, sequela
S48.922S	Partial traumatic amputation of left shoulder and upper arm, level unspecified, sequela
S48.929S	Partial traumatic amputation of unspecified shoulder and upper arm, level unspecified, sequela
S49.001D	Unspecified physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.001G	Unspecified physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.001S	Unspecified physeal fracture of upper end of humerus, right arm, sequela
S49.002D	Unspecified physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with routine healing



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

Code	Description
S49.002G	Unspecified physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.002S	Unspecified physeal fracture of upper end of humerus, left arm, sequela
S49.009D	Unspecified physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.009G	Unspecified physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.009S	Unspecified physeal fracture of upper end of humerus, unspecified arm, sequela
S49.011D	Salter-Harris Type I physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.011G	Salter-Harris Type I physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.011S	Salter-Harris Type I physeal fracture of upper end of humerus, right arm, sequela
S49.012D	Salter-Harris Type I physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.012G	Salter-Harris Type I physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.012S	Salter-Harris Type I physeal fracture of upper end of humerus, left arm, sequela
S49.019D	Salter-Harris Type I physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.019G	Salter-Harris Type I physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.019S	Salter-Harris Type I physeal fracture of upper end of humerus, unspecified arm, sequela
S49.021D	Salter-Harris Type II physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.021G	Salter-Harris Type II physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.021S	Salter-Harris Type II physeal fracture of upper end of humerus, right arm, sequela
S49.022D	Salter-Harris Type II physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.022G	Salter-Harris Type II physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with delayed healing

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

Code	Description
S49.022S	Salter-Harris Type II physeal fracture of upper end of humerus, left arm, sequela
S49.029D	Salter-Harris Type II physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.029G	Salter-Harris Type II physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.029S	Salter-Harris Type II physeal fracture of upper end of humerus, unspecified arm, sequela
S49.031D	Salter-Harris Type III physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.031G	Salter-Harris Type III physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.031S	Salter-Harris Type III physeal fracture of upper end of humerus, right arm, sequela
S49.032D	Salter-Harris Type III physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.032G	Salter-Harris Type III physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.032S	Salter-Harris Type III physeal fracture of upper end of humerus, left arm, sequela
S49.039D	Salter-Harris Type III physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.039G	Salter-Harris Type III physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.039S	Salter-Harris Type III physeal fracture of upper end of humerus, unspecified arm, sequela
S49.041D	Salter-Harris Type IV physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.041G	Salter-Harris Type IV physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.041S	Salter-Harris Type IV physeal fracture of upper end of humerus, right arm, sequela
S49.042D	Salter-Harris Type IV physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.042G	Salter-Harris Type IV physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.042S	Salter-Harris Type IV physeal fracture of upper end of humerus, left arm, sequela

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

Code	Description
S49.049D	Salter-Harris Type IV physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.049G	Salter-Harris Type IV physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.049S	Salter-Harris Type IV physeal fracture of upper end of humerus, unspecified arm, sequela
S49.091D	Other physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.091G	Other physeal fracture of upper end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.091S	Other physeal fracture of upper end of humerus, right arm, sequela
S49.092D	Other physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.092G	Other physeal fracture of upper end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.092S	Other physeal fracture of upper end of humerus, left arm, sequela
S49.099D	Other physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.099G	Other physeal fracture of upper end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.099S	Other physeal fracture of upper end of humerus, unspecified arm, sequela
S49.101D	Unspecified physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.101G	Unspecified physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.101S	Unspecified physeal fracture of lower end of humerus, right arm, sequela
S49.102D	Unspecified physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.102G	Unspecified physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.102S	Unspecified physeal fracture of lower end of humerus, left arm, sequela
S49.109D	Unspecified physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with routine healing

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S49.109G	Unspecified physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.109S	Unspecified physeal fracture of lower end of humerus, unspecified arm, sequela
S49.111D	Salter-Harris Type I physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.111G	Salter-Harris Type I physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.111S	Salter-Harris Type I physeal fracture of lower end of humerus, right arm, sequela
S49.112D	Salter-Harris Type I physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.112G	Salter-Harris Type I physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.112S	Salter-Harris Type I physeal fracture of lower end of humerus, left arm, sequela
S49.119D	Salter-Harris Type I physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.119G	Salter-Harris Type I physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.119S	Salter-Harris Type I physeal fracture of lower end of humerus, unspecified arm, sequela
S49.121D	Salter-Harris Type II physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.121G	Salter-Harris Type II physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.121S	Salter-Harris Type II physeal fracture of lower end of humerus, right arm, sequela
S49.122D	Salter-Harris Type II physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.122G	Salter-Harris Type II physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.122S	Salter-Harris Type II physeal fracture of lower end of humerus, left arm, sequela
S49.129D	Salter-Harris Type II physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.129G	Salter-Harris Type II physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing

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

Code	Description
S49.129S	Salter-Harris Type II physeal fracture of lower end of humerus, unspecified arm, sequela
S49.131D	Salter-Harris Type III physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.131G	Salter-Harris Type III physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.131S	Salter-Harris Type III physeal fracture of lower end of humerus, right arm, sequela
S49.132D	Salter-Harris Type III physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.132G	Salter-Harris Type III physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.132S	Salter-Harris Type III physeal fracture of lower end of humerus, left arm, sequela
S49.139D	Salter-Harris Type III physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.139G	Salter-Harris Type III physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.139S	Salter-Harris Type III physeal fracture of lower end of humerus, unspecified arm, sequela
S49.141D	Salter-Harris Type IV physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.141G	Salter-Harris Type IV physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.141S	Salter-Harris Type IV physeal fracture of lower end of humerus, right arm, sequela
S49.142D	Salter-Harris Type IV physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.142G	Salter-Harris Type IV physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.142S	Salter-Harris Type IV physeal fracture of lower end of humerus, left arm, sequela
S49.149D	Salter-Harris Type IV physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.149G	Salter-Harris Type IV physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing



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

Code	Description
S49.149S	Salter-Harris Type IV physeal fracture of lower end of humerus, unspecified arm, sequela
S49.191D	Other physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with routine healing
S49.191G	Other physeal fracture of lower end of humerus, right arm, subsequent encounter for fracture with delayed healing
S49.191S	Other physeal fracture of lower end of humerus, right arm, sequela
S49.192D	Other physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with routine healing
S49.192G	Other physeal fracture of lower end of humerus, left arm, subsequent encounter for fracture with delayed healing
S49.192S	Other physeal fracture of lower end of humerus, left arm, sequela
S49.199D	Other physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with routine healing
S49.199G	Other physeal fracture of lower end of humerus, unspecified arm, subsequent encounter for fracture with delayed healing
S49.199S	Other physeal fracture of lower end of humerus, unspecified arm, sequela
S49.80XS	Other specified injuries of shoulder and upper arm, unspecified arm, sequela
S49.81XS	Other specified injuries of right shoulder and upper arm, sequela
S49.82XS	Other specified injuries of left shoulder and upper arm, sequela
S49.90XS	Unspecified injury of shoulder and upper arm, unspecified arm, sequela
S49.91XS	Unspecified injury of right shoulder and upper arm, sequela
S49.92XS	Unspecified injury of left shoulder and upper arm, sequela
S50.00XS	Contusion of unspecified elbow, sequela
S50.01XS	Contusion of right elbow, sequela
S50.02XS	Contusion of left elbow, sequela
S50.10XS	Contusion of unspecified forearm, sequela
S50.11XS	Contusion of right forearm, sequela
S50.12XS	Contusion of left forearm, sequela
S50.311A	Abrasion of right elbow, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S50.311S	Abrasion of right elbow, sequela
S50.312A	Abrasion of left elbow, initial encounter
S50.312S	Abrasion of left elbow, sequela
S50.319A	Abrasion of unspecified elbow, initial encounter
S50.319S	Abrasion of unspecified elbow, sequela
S50.321A	Blister (nonthermal) of right elbow, initial encounter
S50.321S	Blister (nonthermal) of right elbow, sequela
S50.322A	Blister (nonthermal) of left elbow, initial encounter
S50.322S	Blister (nonthermal) of left elbow, sequela
S50.329A	Blister (nonthermal) of unspecified elbow, initial encounter
S50.329S	Blister (nonthermal) of unspecified elbow, sequela
S50.341A	External constriction of right elbow, initial encounter
S50.341S	External constriction of right elbow, sequela
S50.342A	External constriction of left elbow, initial encounter
S50.342S	External constriction of left elbow, sequela
S50.349A	External constriction of unspecified elbow, initial encounter
S50.349S	External constriction of unspecified elbow, sequela
S50.351A	Superficial foreign body of right elbow, initial encounter
S50.351S	Superficial foreign body of right elbow, sequela
S50.352A	Superficial foreign body of left elbow, initial encounter
S50.352S	Superficial foreign body of left elbow, sequela
S50.359A	Superficial foreign body of unspecified elbow, initial encounter
S50.359S	Superficial foreign body of unspecified elbow, sequela
S50.361A	Insect bite (nonvenomous) of right elbow, initial encounter
S50.361S	Insect bite (nonvenomous) of right elbow, sequela
S50.362A	Insect bite (nonvenomous) of left elbow, initial encounter
S50.362S	Insect bite (nonvenomous) of left elbow, sequela
S50.369A	Insect bite (nonvenomous) of unspecified elbow, initial encounter



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

Code	Description
S50.369S	Insect bite (nonvenomous) of unspecified elbow, sequela
S50.371A	Other superficial bite of right elbow, initial encounter
S50.371S	Other superficial bite of right elbow, sequela
S50.372A	Other superficial bite of left elbow, initial encounter
S50.372S	Other superficial bite of left elbow, sequela
S50.379A	Other superficial bite of unspecified elbow, initial encounter
S50.379S	Other superficial bite of unspecified elbow, sequela
S50.811A	Abrasion of right forearm, initial encounter
S50.811S	Abrasion of right forearm, sequela
S50.812A	Abrasion of left forearm, initial encounter
S50.812S	Abrasion of left forearm, sequela
S50.819A	Abrasion of unspecified forearm, initial encounter
S50.819S	Abrasion of unspecified forearm, sequela
S50.821A	Blister (nonthermal) of right forearm, initial encounter
S50.821S	Blister (nonthermal) of right forearm, sequela
S50.822A	Blister (nonthermal) of left forearm, initial encounter
S50.822S	Blister (nonthermal) of left forearm, sequela
S50.829A	Blister (nonthermal) of unspecified forearm, initial encounter
S50.829S	Blister (nonthermal) of unspecified forearm, sequela
S50.841A	External constriction of right forearm, initial encounter
S50.841S	External constriction of right forearm, sequela
S50.842A	External constriction of left forearm, initial encounter
S50.842S	External constriction of left forearm, sequela
S50.849A	External constriction of unspecified forearm, initial encounter
S50.849S	External constriction of unspecified forearm, sequela
S50.851A	Superficial foreign body of right forearm, initial encounter
S50.851S	Superficial foreign body of right forearm, sequela
S50.852A	Superficial foreign body of left forearm, initial encounter



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Code	Description
S50.852S	Superficial foreign body of left forearm, sequela
S50.859A	Superficial foreign body of unspecified forearm, initial encounter
S50.859S	Superficial foreign body of unspecified forearm, sequela
S50.861A	Insect bite (nonvenomous) of right forearm, initial encounter
S50.861S	Insect bite (nonvenomous) of right forearm, sequela
S50.862A	Insect bite (nonvenomous) of left forearm, initial encounter
S50.862S	Insect bite (nonvenomous) of left forearm, sequela
S50.869A	Insect bite (nonvenomous) of unspecified forearm, initial encounter
S50.869S	Insect bite (nonvenomous) of unspecified forearm, sequela
S50.871A	Other superficial bite of right forearm, initial encounter
S50.871S	Other superficial bite of right forearm, sequela
S50.872A	Other superficial bite of left forearm, initial encounter
S50.872S	Other superficial bite of left forearm, sequela
S50.879A	Other superficial bite of unspecified forearm, initial encounter
S50.879S	Other superficial bite of unspecified forearm, sequela
S50.901A	Unspecified superficial injury of right elbow, initial encounter
S50.901S	Unspecified superficial injury of right elbow, sequela
S50.902A	Unspecified superficial injury of left elbow, initial encounter
S50.902S	Unspecified superficial injury of left elbow, sequela
S50.909A	Unspecified superficial injury of unspecified elbow, initial encounter
S50.909S	Unspecified superficial injury of unspecified elbow, sequela
S50.911A	Unspecified superficial injury of right forearm, initial encounter
S50.911S	Unspecified superficial injury of right forearm, sequela
S50.912A	Unspecified superficial injury of left forearm, initial encounter
S50.912S	Unspecified superficial injury of left forearm, sequela
S50.919A	Unspecified superficial injury of unspecified forearm, initial encounter
S50.919S	Unspecified superficial injury of unspecified forearm, sequela
S51.001S	Unspecified open wound of right elbow, sequela



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Code	Description
S51.002S	Unspecified open wound of left elbow, sequela
S51.009A	Unspecified open wound of unspecified elbow, initial encounter
S51.009S	Unspecified open wound of unspecified elbow, sequela
S51.011S	Laceration without foreign body of right elbow, sequela
S51.012S	Laceration without foreign body of left elbow, sequela
S51.019S	Laceration without foreign body of unspecified elbow, sequela
S51.021S	Laceration with foreign body of right elbow, sequela
S51.022S	Laceration with foreign body of left elbow, sequela
S51.029S	Laceration with foreign body of unspecified elbow, sequela
S51.031S	Puncture wound without foreign body of right elbow, sequela
S51.032S	Puncture wound without foreign body of left elbow, sequela
S51.039S	Puncture wound without foreign body of unspecified elbow, sequela
S51.041S	Puncture wound with foreign body of right elbow, sequela
S51.042S	Puncture wound with foreign body of left elbow, sequela
S51.049S	Puncture wound with foreign body of unspecified elbow, sequela
S51.051S	Open bite, right elbow, sequela
S51.052S	Open bite, left elbow, sequela
S51.059S	Open bite, unspecified elbow, sequela
S51.801S	Unspecified open wound of right forearm, sequela
S51.802S	Unspecified open wound of left forearm, sequela
S51.809S	Unspecified open wound of unspecified forearm, sequela
S51.811S	Laceration without foreign body of right forearm, sequela
S51.812S	Laceration without foreign body of left forearm, sequela
S51.819S	Laceration without foreign body of unspecified forearm, sequela
S51.821S	Laceration with foreign body of right forearm, sequela
S51.822S	Laceration with foreign body of left forearm, sequela
S51.829S	Laceration with foreign body of unspecified forearm, sequela
S51.831S	Puncture wound without foreign body of right forearm, sequela



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Code	Description
S51.832S	Puncture wound without foreign body of left forearm, sequela
S51.839S	Puncture wound without foreign body of unspecified forearm, sequela
S51.841S	Puncture wound with foreign body of right forearm, sequela
S51.842S	Puncture wound with foreign body of left forearm, sequela
S51.849S	Puncture wound with foreign body of unspecified forearm, sequela
S51.851S	Open bite of right forearm, sequela
S51.852S	Open bite of left forearm, sequela
S51.859S	Open bite of unspecified forearm, sequela
S52.001D	Unspecified fracture of upper end of right ulna, subsequent encounter for closed fracture with routine healing
S52.001E	Unspecified fracture of upper end of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.001F	Unspecified fracture of upper end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.001G	Unspecified fracture of upper end of right ulna, subsequent encounter for closed fracture with delayed healing
S52.001H	Unspecified fracture of upper end of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.001J	Unspecified fracture of upper end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.001S	Unspecified fracture of upper end of right ulna, sequela
S52.002D	Unspecified fracture of upper end of left ulna, subsequent encounter for closed fracture with routine healing
S52.002E	Unspecified fracture of upper end of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.002F	Unspecified fracture of upper end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.002G	Unspecified fracture of upper end of left ulna, subsequent encounter for closed fracture with delayed healing
S52.002H	Unspecified fracture of upper end of left ulna, subsequent encounter for open fracture type I or II with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.002J	Unspecified fracture of upper end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.002S	Unspecified fracture of upper end of left ulna, sequela
S52.009D	Unspecified fracture of upper end of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.009E	Unspecified fracture of upper end of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.009F	Unspecified fracture of upper end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.009G	Unspecified fracture of upper end of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.009H	Unspecified fracture of upper end of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.009J	Unspecified fracture of upper end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.009S	Unspecified fracture of upper end of unspecified ulna, sequela
S52.011D	Torus fracture of upper end of right ulna, subsequent encounter for fracture with routine healing
S52.011G	Torus fracture of upper end of right ulna, subsequent encounter for fracture with delayed healing
S52.011S	Torus fracture of upper end of right ulna, sequela
S52.012D	Torus fracture of upper end of left ulna, subsequent encounter for fracture with routine healing
S52.012G	Torus fracture of upper end of left ulna, subsequent encounter for fracture with delayed healing
S52.012S	Torus fracture of upper end of left ulna, sequela
S52.019D	Torus fracture of upper end of unspecified ulna, subsequent encounter for fracture with routine healing
S52.019G	Torus fracture of upper end of unspecified ulna, subsequent encounter for fracture with delayed healing
S52.019S	Torus fracture of upper end of unspecified ulna, sequela
S52.021D	Displaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.021E	Displaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.021F	Displaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.021G	Displaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for closed fracture with delayed healing
S52.021H	Displaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.021J	Displaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.021S	Displaced fracture of olecranon process without intraarticular extension of right ulna, sequela
S52.022D	Displaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for closed fracture with routine healing
S52.022E	Displaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.022F	Displaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.022G	Displaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for closed fracture with delayed healing
S52.022H	Displaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.022J	Displaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.022S	Displaced fracture of olecranon process without intraarticular extension of left ulna, sequela
S52.023D	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.023E	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.023F	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.023G	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.023H	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.023J	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.023S	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, sequela
S52.024D	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for closed fracture with routine healing
S52.024E	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.024F	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.024G	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for closed fracture with delayed healing
S52.024H	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.024J	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.024S	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, sequela
S52.025D	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for closed fracture with routine healing
S52.025E	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.025F	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.025G	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for closed fracture with delayed healing
S52.025H	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.025J	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.025S	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, sequela
S52.026D	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.026E	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.026F	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.026G	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.026H	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.026J	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.026S	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, sequela
S52.031D	Displaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for closed fracture with routine healing
S52.031E	Displaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.031F	Displaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.031G	Displaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for closed fracture with delayed healing
S52.031H	Displaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.031J	Displaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.031S	Displaced fracture of olecranon process with intraarticular extension of right ulna, sequela
S52.032D	Displaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for closed fracture with routine healing
S52.032E	Displaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.032F	Displaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.032G	Displaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for closed fracture with delayed healing
S52.032H	Displaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.032J	Displaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.032S	Displaced fracture of olecranon process with intraarticular extension of left ulna, sequela
S52.033D	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.033E	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.033F	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.033G	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.033H	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.033J	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.033S	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, sequela
S52.034D	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for closed fracture with routine healing
S52.034E	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.034F	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.034G	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for closed fracture with delayed healing
S52.034H	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.034J	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.034S	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, sequela
S52.035D	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for closed fracture with routine healing
S52.035E	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.035F	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.035G	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for closed fracture with delayed healing
S52.035H	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.035J	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.035S	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, sequela
S52.036D	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.036E	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.036F	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.036G	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.036H	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.036J	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.036S	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, sequela
S52.041D	Displaced fracture of coronoid process of right ulna, subsequent encounter for closed fracture with routine healing
S52.041E	Displaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.041F	Displaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.041G	Displaced fracture of coronoid process of right ulna, subsequent encounter for closed fracture with delayed healing
S52.041H	Displaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.041J	Displaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing



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

Code	Description
S52.041S	Displaced fracture of coronoid process of right ulna, sequela
S52.042D	Displaced fracture of coronoid process of left ulna, subsequent encounter for closed fracture with routine healing
S52.042E	Displaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.042F	Displaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.042G	Displaced fracture of coronoid process of left ulna, subsequent encounter for closed fracture with delayed healing
S52.042H	Displaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.042J	Displaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.042S	Displaced fracture of coronoid process of left ulna, sequela
S52.043D	Displaced fracture of coronoid process of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.043E	Displaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.043F	Displaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.043G	Displaced fracture of coronoid process of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.043H	Displaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.043J	Displaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.043S	Displaced fracture of coronoid process of unspecified ulna, sequela
S52.044D	Nondisplaced fracture of coronoid process of right ulna, subsequent encounter for closed fracture with routine healing
S52.044E	Nondisplaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.044F	Nondisplaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S52.044G	Nondisplaced fracture of coronoid process of right ulna, subsequent encounter for closed fracture with delayed healing
S52.044H	Nondisplaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.044J	Nondisplaced fracture of coronoid process of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.044S	Nondisplaced fracture of coronoid process of right ulna, sequela
S52.045D	Nondisplaced fracture of coronoid process of left ulna, subsequent encounter for closed fracture with routine healing
S52.045E	Nondisplaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.045F	Nondisplaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.045G	Nondisplaced fracture of coronoid process of left ulna, subsequent encounter for closed fracture with delayed healing
S52.045H	Nondisplaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.045J	Nondisplaced fracture of coronoid process of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.045S	Nondisplaced fracture of coronoid process of left ulna, sequela
S52.046D	Nondisplaced fracture of coronoid process of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.046E	Nondisplaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.046F	Nondisplaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.046G	Nondisplaced fracture of coronoid process of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.046H	Nondisplaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.046J	Nondisplaced fracture of coronoid process of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.046S	Nondisplaced fracture of coronoid process of unspecified ulna, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.091D	Other fracture of upper end of right ulna, subsequent encounter for closed fracture with routine healing
S52.091E	Other fracture of upper end of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.091F	Other fracture of upper end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.091G	Other fracture of upper end of right ulna, subsequent encounter for closed fracture with delayed healing
S52.091H	Other fracture of upper end of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.091J	Other fracture of upper end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.091S	Other fracture of upper end of right ulna, sequela
S52.092D	Other fracture of upper end of left ulna, subsequent encounter for closed fracture with routine healing
S52.092E	Other fracture of upper end of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.092F	Other fracture of upper end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.092G	Other fracture of upper end of left ulna, subsequent encounter for closed fracture with delayed healing
S52.092H	Other fracture of upper end of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.092J	Other fracture of upper end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.092S	Other fracture of upper end of left ulna, sequela
S52.099D	Other fracture of upper end of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.099E	Other fracture of upper end of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.099F	Other fracture of upper end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.099G	Other fracture of upper end of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.099H	Other fracture of upper end of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.099J	Other fracture of upper end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.099S	Other fracture of upper end of unspecified ulna, sequela
S52.101D	Unspecified fracture of upper end of right radius, subsequent encounter for closed fracture with routine healing
S52.101E	Unspecified fracture of upper end of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.101F	Unspecified fracture of upper end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.101G	Unspecified fracture of upper end of right radius, subsequent encounter for closed fracture with delayed healing
S52.101H	Unspecified fracture of upper end of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.101J	Unspecified fracture of upper end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.101S	Unspecified fracture of upper end of right radius, sequela
S52.102D	Unspecified fracture of upper end of left radius, subsequent encounter for closed fracture with routine healing
S52.102E	Unspecified fracture of upper end of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.102F	Unspecified fracture of upper end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.102G	Unspecified fracture of upper end of left radius, subsequent encounter for closed fracture with delayed healing
S52.102H	Unspecified fracture of upper end of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.102J	Unspecified fracture of upper end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.102S	Unspecified fracture of upper end of left radius, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.109D	Unspecified fracture of upper end of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.109E	Unspecified fracture of upper end of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.109F	Unspecified fracture of upper end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.109G	Unspecified fracture of upper end of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.109H	Unspecified fracture of upper end of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.109J	Unspecified fracture of upper end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.109S	Unspecified fracture of upper end of unspecified radius, sequela
S52.111D	Torus fracture of upper end of right radius, subsequent encounter for fracture with routine healing
S52.111G	Torus fracture of upper end of right radius, subsequent encounter for fracture with delayed healing
S52.111S	Torus fracture of upper end of right radius, sequela
S52.112D	Torus fracture of upper end of left radius, subsequent encounter for fracture with routine healing
S52.112G	Torus fracture of upper end of left radius, subsequent encounter for fracture with delayed healing
S52.112S	Torus fracture of upper end of left radius, sequela
S52.119D	Torus fracture of upper end of unspecified radius, subsequent encounter for fracture with routine healing
S52.119G	Torus fracture of upper end of unspecified radius, subsequent encounter for fracture with delayed healing
S52.119S	Torus fracture of upper end of unspecified radius, sequela
S52.121D	Displaced fracture of head of right radius, subsequent encounter for closed fracture with routine healing
S52.121E	Displaced fracture of head of right radius, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.121F	Displaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.121G	Displaced fracture of head of right radius, subsequent encounter for closed fracture with delayed healing
S52.121H	Displaced fracture of head of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.121J	Displaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.121S	Displaced fracture of head of right radius, sequela
S52.122D	Displaced fracture of head of left radius, subsequent encounter for closed fracture with routine healing
S52.122E	Displaced fracture of head of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.122F	Displaced fracture of head of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.122G	Displaced fracture of head of left radius, subsequent encounter for closed fracture with delayed healing
S52.122H	Displaced fracture of head of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.122J	Displaced fracture of head of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.122S	Displaced fracture of head of left radius, sequela
S52.123D	Displaced fracture of head of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.123E	Displaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.123F	Displaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.123G	Displaced fracture of head of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.123H	Displaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.123J	Displaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.123S	Displaced fracture of head of unspecified radius, sequela
S52.124D	Nondisplaced fracture of head of right radius, subsequent encounter for closed fracture with routine healing
S52.124E	Nondisplaced fracture of head of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.124F	Nondisplaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.124G	Nondisplaced fracture of head of right radius, subsequent encounter for closed fracture with delayed healing
S52.124H	Nondisplaced fracture of head of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.124J	Nondisplaced fracture of head of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.124S	Nondisplaced fracture of head of right radius, sequela
S52.125D	Nondisplaced fracture of head of left radius, subsequent encounter for closed fracture with routine healing
S52.125E	Nondisplaced fracture of head of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.125F	Nondisplaced fracture of head of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.125G	Nondisplaced fracture of head of left radius, subsequent encounter for closed fracture with delayed healing
S52.125H	Nondisplaced fracture of head of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.125J	Nondisplaced fracture of head of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.125S	Nondisplaced fracture of head of left radius, sequela
S52.126D	Nondisplaced fracture of head of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.126E	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.126F	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.126G	Nondisplaced fracture of head of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.126H	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.126J	Nondisplaced fracture of head of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.126S	Nondisplaced fracture of head of unspecified radius, sequela
S52.131D	Displaced fracture of neck of right radius, subsequent encounter for closed fracture with routine healing
S52.131E	Displaced fracture of neck of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.131F	Displaced fracture of neck of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.131G	Displaced fracture of neck of right radius, subsequent encounter for closed fracture with delayed healing
S52.131H	Displaced fracture of neck of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.131J	Displaced fracture of neck of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.131S	Displaced fracture of neck of right radius, sequela
S52.132D	Displaced fracture of neck of left radius, subsequent encounter for closed fracture with routine healing
S52.132E	Displaced fracture of neck of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.132F	Displaced fracture of neck of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.132G	Displaced fracture of neck of left radius, subsequent encounter for closed fracture with delayed healing
S52.132H	Displaced fracture of neck of left radius, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.132J	Displaced fracture of neck of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.132S	Displaced fracture of neck of left radius, sequela
S52.133D	Displaced fracture of neck of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.133E	Displaced fracture of neck of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.133F	Displaced fracture of neck of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.133G	Displaced fracture of neck of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.133H	Displaced fracture of neck of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.133J	Displaced fracture of neck of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.133S	Displaced fracture of neck of unspecified radius, sequela
S52.134D	Nondisplaced fracture of neck of right radius, subsequent encounter for closed fracture with routine healing
S52.134E	Nondisplaced fracture of neck of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.134F	Nondisplaced fracture of neck of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.134G	Nondisplaced fracture of neck of right radius, subsequent encounter for closed fracture with delayed healing
S52.134H	Nondisplaced fracture of neck of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.134J	Nondisplaced fracture of neck of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.134S	Nondisplaced fracture of neck of right radius, sequela
S52.135D	Nondisplaced fracture of neck of left radius, subsequent encounter for closed fracture with routine healing
S52.135E	Nondisplaced fracture of neck of left radius, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.135F	Nondisplaced fracture of neck of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.135G	Nondisplaced fracture of neck of left radius, subsequent encounter for closed fracture with delayed healing
S52.135H	Nondisplaced fracture of neck of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.135J	Nondisplaced fracture of neck of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.135S	Nondisplaced fracture of neck of left radius, sequela
S52.136D	Nondisplaced fracture of neck of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.136E	Nondisplaced fracture of neck of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.136F	Nondisplaced fracture of neck of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.136G	Nondisplaced fracture of neck of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.136H	Nondisplaced fracture of neck of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.136J	Nondisplaced fracture of neck of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.136S	Nondisplaced fracture of neck of unspecified radius, sequela
S52.181D	Other fracture of upper end of right radius, subsequent encounter for closed fracture with routine healing
S52.181E	Other fracture of upper end of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.181F	Other fracture of upper end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.181G	Other fracture of upper end of right radius, subsequent encounter for closed fracture with delayed healing
S52.181H	Other fracture of upper end of right radius, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.181J	Other fracture of upper end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.181S	Other fracture of upper end of right radius, sequela
S52.182D	Other fracture of upper end of left radius, subsequent encounter for closed fracture with routine healing
S52.182E	Other fracture of upper end of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.182F	Other fracture of upper end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.182G	Other fracture of upper end of left radius, subsequent encounter for closed fracture with delayed healing
S52.182H	Other fracture of upper end of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.182J	Other fracture of upper end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.182S	Other fracture of upper end of left radius, sequela
S52.189D	Other fracture of upper end of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.189E	Other fracture of upper end of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.189F	Other fracture of upper end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.189G	Other fracture of upper end of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.189H	Other fracture of upper end of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.189J	Other fracture of upper end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.189S	Other fracture of upper end of unspecified radius, sequela
S52.201D	Unspecified fracture of shaft of right ulna, subsequent encounter for closed fracture with routine healing
S52.201E	Unspecified fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.201F	Unspecified fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.201G	Unspecified fracture of shaft of right ulna, subsequent encounter for closed fracture with delayed healing
S52.201H	Unspecified fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.201J	Unspecified fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.201S	Unspecified fracture of shaft of right ulna, sequela
S52.202D	Unspecified fracture of shaft of left ulna, subsequent encounter for closed fracture with routine healing
S52.202E	Unspecified fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.202F	Unspecified fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.202G	Unspecified fracture of shaft of left ulna, subsequent encounter for closed fracture with delayed healing
S52.202H	Unspecified fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.202J	Unspecified fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.202S	Unspecified fracture of shaft of left ulna, sequela
S52.209D	Unspecified fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.209E	Unspecified fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.209F	Unspecified fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.209G	Unspecified fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.209H	Unspecified fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.209J	Unspecified fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.209S	Unspecified fracture of shaft of unspecified ulna, sequela
S52.211D	Greenstick fracture of shaft of right ulna, subsequent encounter for fracture with routine healing
S52.211G	Greenstick fracture of shaft of right ulna, subsequent encounter for fracture with delayed healing
S52.211S	Greenstick fracture of shaft of right ulna, sequela
S52.212D	Greenstick fracture of shaft of left ulna, subsequent encounter for fracture with routine healing
S52.212G	Greenstick fracture of shaft of left ulna, subsequent encounter for fracture with delayed healing
S52.212S	Greenstick fracture of shaft of left ulna, sequela
S52.219D	Greenstick fracture of shaft of unspecified ulna, subsequent encounter for fracture with routine healing
S52.219G	Greenstick fracture of shaft of unspecified ulna, subsequent encounter for fracture with delayed healing
S52.219S	Greenstick fracture of shaft of unspecified ulna, sequela
S52.221D	Displaced transverse fracture of shaft of right ulna, subsequent encounter for closed fracture with routine healing
S52.221E	Displaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.221F	Displaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.221G	Displaced transverse fracture of shaft of right ulna, subsequent encounter for closed fracture with delayed healing
S52.221H	Displaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.221J	Displaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.221S	Displaced transverse fracture of shaft of right ulna, sequela
S52.222D	Displaced transverse fracture of shaft of left ulna, subsequent encounter for closed fracture with routine healing

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***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S52.222E	Displaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.222F	Displaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.222G	Displaced transverse fracture of shaft of left ulna, subsequent encounter for closed fracture with delayed healing
S52.222H	Displaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.222J	Displaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.222S	Displaced transverse fracture of shaft of left ulna, sequela
S52.223D	Displaced transverse fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.223E	Displaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.223F	Displaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.223G	Displaced transverse fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.223H	Displaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.223J	Displaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.223S	Displaced transverse fracture of shaft of unspecified ulna, sequela
S52.224D	Non-displaced transverse fracture of shaft of right ulna, subsequent encounter for closed fracture with routine healing
S52.224E	Non-displaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.224F	Non-displaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.224G	Non-displaced transverse fracture of shaft of right ulna, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.224H	Nondisplaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.224J	Nondisplaced transverse fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.224S	Nondisplaced transverse fracture of shaft of right ulna, sequela
S52.225D	Nondisplaced transverse fracture of shaft of left ulna, subsequent encounter for closed fracture with routine healing
S52.225E	Nondisplaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.225F	Nondisplaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.225G	Nondisplaced transverse fracture of shaft of left ulna, subsequent encounter for closed fracture with delayed healing
S52.225H	Nondisplaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.225J	Nondisplaced transverse fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.225S	Nondisplaced transverse fracture of shaft of left ulna, sequela
S52.226D	Nondisplaced transverse fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.226E	Nondisplaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.226F	Nondisplaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.226G	Nondisplaced transverse fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.226H	Nondisplaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.226J	Nondisplaced transverse fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.226S	Nondisplaced transverse fracture of shaft of unspecified ulna, sequela
S52.231D	Displaced oblique fracture of shaft of right ulna, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.231E	Displaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.231F	Displaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.231G	Displaced oblique fracture of shaft of right ulna, subsequent encounter for closed fracture with delayed healing
S52.231H	Displaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.231J	Displaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.231S	Displaced oblique fracture of shaft of right ulna, sequela
S52.232D	Displaced oblique fracture of shaft of left ulna, subsequent encounter for closed fracture with routine healing
S52.232E	Displaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.232F	Displaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.232G	Displaced oblique fracture of shaft of left ulna, subsequent encounter for closed fracture with delayed healing
S52.232H	Displaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.232J	Displaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.232S	Displaced oblique fracture of shaft of left ulna, sequela
S52.233D	Displaced oblique fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.233E	Displaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.233F	Displaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.233G	Displaced oblique fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.233H	Displaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.233J	Displaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.233S	Displaced oblique fracture of shaft of unspecified ulna, sequela
S52.234D	Nondisplaced oblique fracture of shaft of right ulna, subsequent encounter for closed fracture with routine healing
S52.234E	Nondisplaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.234F	Nondisplaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.234G	Nondisplaced oblique fracture of shaft of right ulna, subsequent encounter for closed fracture with delayed healing
S52.234H	Nondisplaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.234J	Nondisplaced oblique fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.234S	Nondisplaced oblique fracture of shaft of right ulna, sequela
S52.235D	Nondisplaced oblique fracture of shaft of left ulna, subsequent encounter for closed fracture with routine healing
S52.235E	Nondisplaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.235F	Nondisplaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.235G	Nondisplaced oblique fracture of shaft of left ulna, subsequent encounter for closed fracture with delayed healing
S52.235H	Nondisplaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.235J	Nondisplaced oblique fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.235S	Nondisplaced oblique fracture of shaft of left ulna, sequela
S52.236D	Nondisplaced oblique fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.236E	Nondisplaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.236F	Nondisplaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.236G	Nondisplaced oblique fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.236H	Nondisplaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.236J	Nondisplaced oblique fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.236S	Nondisplaced oblique fracture of shaft of unspecified ulna, sequela
S52.241D	Displaced spiral fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with routine healing
S52.241E	Displaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.241F	Displaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.241G	Displaced spiral fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with delayed healing
S52.241H	Displaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.241J	Displaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.241S	Displaced spiral fracture of shaft of ulna, right arm, sequela
S52.242D	Displaced spiral fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with routine healing
S52.242E	Displaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.242F	Displaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.242G	Displaced spiral fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.242H	Displaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.242J	Displaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.242S	Displaced spiral fracture of shaft of ulna, left arm, sequela
S52.243D	Displaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.243E	Displaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.243F	Displaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.243G	Displaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.243H	Displaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.243J	Displaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.243S	Displaced spiral fracture of shaft of ulna, unspecified arm, sequela
S52.244D	Nondisplaced spiral fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with routine healing
S52.244E	Nondisplaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.244F	Nondisplaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.244G	Nondisplaced spiral fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with delayed healing
S52.244H	Nondisplaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.244J	Nondisplaced spiral fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.244S	Nondisplaced spiral fracture of shaft of ulna, right arm, sequela
S52.245D	Nondisplaced spiral fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.245E	Nondisplaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.245F	Nondisplaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.245G	Nondisplaced spiral fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with delayed healing
S52.245H	Nondisplaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.245J	Nondisplaced spiral fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.245S	Nondisplaced spiral fracture of shaft of ulna, left arm, sequela
S52.246D	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.246E	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.246F	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.246G	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.246H	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.246J	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.246S	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, sequela
S52.251D	Displaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with routine healing
S52.251E	Displaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.251F	Displaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.251G	Displaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.251H	Displaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.251J	Displaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.251S	Displaced comminuted fracture of shaft of ulna, right arm, sequela
S52.252D	Displaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with routine healing
S52.252E	Displaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.252F	Displaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.252G	Displaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with delayed healing
S52.252H	Displaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.252J	Displaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.252S	Displaced comminuted fracture of shaft of ulna, left arm, sequela
S52.253D	Displaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.253E	Displaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.253F	Displaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.253G	Displaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.253H	Displaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.253J	Displaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.253S	Displaced comminuted fracture of shaft of ulna, unspecified arm, sequela
S52.254D	Nondisplaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.254E	Nondisplaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.254F	Nondisplaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.254G	Nondisplaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with delayed healing
S52.254H	Nondisplaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.254J	Nondisplaced comminuted fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.254S	Nondisplaced comminuted fracture of shaft of ulna, right arm, sequela
S52.255D	Nondisplaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with routine healing
S52.255E	Nondisplaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.255F	Nondisplaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.255G	Nondisplaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with delayed healing
S52.255H	Nondisplaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.255J	Nondisplaced comminuted fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.255S	Nondisplaced comminuted fracture of shaft of ulna, left arm, sequela
S52.256D	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.256E	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.256F	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.256G	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.256H	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.256J	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.256S	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, sequela
S52.261D	Displaced segmental fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with routine healing
S52.261E	Displaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.261F	Displaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.261G	Displaced segmental fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with delayed healing
S52.261H	Displaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.261J	Displaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.261S	Displaced segmental fracture of shaft of ulna, right arm, sequela
S52.262D	Displaced segmental fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with routine healing
S52.262E	Displaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.262F	Displaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.262G	Displaced segmental fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with delayed healing
S52.262H	Displaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.262J	Displaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.262S	Displaced segmental fracture of shaft of ulna, left arm, sequela
S52.263D	Displaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.263E	Displaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.263F	Displaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.263G	Displaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.263H	Displaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.263J	Displaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.263S	Displaced segmental fracture of shaft of ulna, unspecified arm, sequela
S52.264D	Nondisplaced segmental fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with routine healing
S52.264E	Nondisplaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.264F	Nondisplaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.264G	Nondisplaced segmental fracture of shaft of ulna, right arm, subsequent encounter for closed fracture with delayed healing
S52.264H	Nondisplaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.264J	Nondisplaced segmental fracture of shaft of ulna, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.264S	Nondisplaced segmental fracture of shaft of ulna, right arm, sequela
S52.265D	Nondisplaced segmental fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with routine healing
S52.265E	Nondisplaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.265F	Nondisplaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.265G	Nondisplaced segmental fracture of shaft of ulna, left arm, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.265H	Nondisplaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.265J	Nondisplaced segmental fracture of shaft of ulna, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.265S	Nondisplaced segmental fracture of shaft of ulna, left arm, sequela
S52.266D	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.266E	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.266F	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.266G	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.266H	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.266J	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.266S	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, sequela
S52.271D	Monteggia's fracture of right ulna, subsequent encounter for closed fracture with routine healing
S52.271E	Monteggia's fracture of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.271F	Monteggia's fracture of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.271G	Monteggia's fracture of right ulna, subsequent encounter for closed fracture with delayed healing
S52.271H	Monteggia's fracture of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.271J	Monteggia's fracture of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.271S	Monteggia's fracture of right ulna, sequela
S52.272D	Monteggia's fracture of left ulna, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.272E	Monteggia's fracture of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.272F	Monteggia's fracture of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.272G	Monteggia's fracture of left ulna, subsequent encounter for closed fracture with delayed healing
S52.272H	Monteggia's fracture of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.272J	Monteggia's fracture of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.272S	Monteggia's fracture of left ulna, sequela
S52.279D	Monteggia's fracture of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.279E	Monteggia's fracture of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.279F	Monteggia's fracture of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.279G	Monteggia's fracture of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.279H	Monteggia's fracture of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.279J	Monteggia's fracture of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.279S	Monteggia's fracture of unspecified ulna, sequela
S52.281D	Bent bone of right ulna, subsequent encounter for closed fracture with routine healing
S52.281E	Bent bone of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.281F	Bent bone of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.281G	Bent bone of right ulna, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.281H	Bent bone of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.281J	Bent bone of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.281S	Bent bone of right ulna, sequela
S52.282D	Bent bone of left ulna, subsequent encounter for closed fracture with routine healing
S52.282E	Bent bone of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.282F	Bent bone of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.282G	Bent bone of left ulna, subsequent encounter for closed fracture with delayed healing
S52.282H	Bent bone of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.282J	Bent bone of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.282S	Bent bone of left ulna, sequela
S52.283D	Bent bone of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.283E	Bent bone of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.283F	Bent bone of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.283G	Bent bone of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.283H	Bent bone of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.283J	Bent bone of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.283S	Bent bone of unspecified ulna, sequela
S52.291D	Other fracture of shaft of right ulna, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.291E	Other fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.291F	Other fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.291G	Other fracture of shaft of right ulna, subsequent encounter for closed fracture with delayed healing
S52.291H	Other fracture of shaft of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.291J	Other fracture of shaft of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.291S	Other fracture of shaft of right ulna, sequela
S52.292D	Other fracture of shaft of left ulna, subsequent encounter for closed fracture with routine healing
S52.292E	Other fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.292F	Other fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.292G	Other fracture of shaft of left ulna, subsequent encounter for closed fracture with delayed healing
S52.292H	Other fracture of shaft of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.292J	Other fracture of shaft of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.292S	Other fracture of shaft of left ulna, sequela
S52.299D	Other fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.299E	Other fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.299F	Other fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.299G	Other fracture of shaft of unspecified ulna, subsequent encounter for closed fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.299H	Other fracture of shaft of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.299J	Other fracture of shaft of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.299S	Other fracture of shaft of unspecified ulna, sequela
S52.301D	Unspecified fracture of shaft of right radius, subsequent encounter for closed fracture with routine healing
S52.301E	Unspecified fracture of shaft of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.301F	Unspecified fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.301G	Unspecified fracture of shaft of right radius, subsequent encounter for closed fracture with delayed healing
S52.301H	Unspecified fracture of shaft of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.301J	Unspecified fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.301S	Unspecified fracture of shaft of right radius, sequela
S52.302D	Unspecified fracture of shaft of left radius, subsequent encounter for closed fracture with routine healing
S52.302E	Unspecified fracture of shaft of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.302F	Unspecified fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.302G	Unspecified fracture of shaft of left radius, subsequent encounter for closed fracture with delayed healing
S52.302H	Unspecified fracture of shaft of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.302J	Unspecified fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.302S	Unspecified fracture of shaft of left radius, sequela
S52.309D	Unspecified fracture of shaft of unspecified radius, subsequent encounter for closed fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.309E	Unspecified fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.309F	Unspecified fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.309G	Unspecified fracture of shaft of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.309H	Unspecified fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.309J	Unspecified fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.309S	Unspecified fracture of shaft of unspecified radius, sequela
S52.311D	Greenstick fracture of shaft of radius, right arm, subsequent encounter for fracture with routine healing
S52.311G	Greenstick fracture of shaft of radius, right arm, subsequent encounter for fracture with delayed healing
S52.311S	Greenstick fracture of shaft of radius, right arm, sequela
S52.312D	Greenstick fracture of shaft of radius, left arm, subsequent encounter for fracture with routine healing
S52.312G	Greenstick fracture of shaft of radius, left arm, subsequent encounter for fracture with delayed healing
S52.312S	Greenstick fracture of shaft of radius, left arm, sequela
S52.319D	Greenstick fracture of shaft of radius, unspecified arm, subsequent encounter for fracture with routine healing
S52.319G	Greenstick fracture of shaft of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S52.319S	Greenstick fracture of shaft of radius, unspecified arm, sequela
S52.321D	Displaced transverse fracture of shaft of right radius, subsequent encounter for closed fracture with routine healing
S52.321E	Displaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.321F	Displaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.321G	Displaced transverse fracture of shaft of right radius, subsequent encounter for closed fracture with delayed healing
S52.321H	Displaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.321J	Displaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.321S	Displaced transverse fracture of shaft of right radius, sequela
S52.322D	Displaced transverse fracture of shaft of left radius, subsequent encounter for closed fracture with routine healing
S52.322E	Displaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.322F	Displaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.322G	Displaced transverse fracture of shaft of left radius, subsequent encounter for closed fracture with delayed healing
S52.322H	Displaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.322J	Displaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.322S	Displaced transverse fracture of shaft of left radius, sequela
S52.323D	Displaced transverse fracture of shaft of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.323E	Displaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.323F	Displaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.323G	Displaced transverse fracture of shaft of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.323H	Displaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.323J	Displaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.323S	Displaced transverse fracture of shaft of unspecified radius, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.324D	Nondisplaced transverse fracture of shaft of right radius, subsequent encounter for closed fracture with routine healing
S52.324E	Nondisplaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.324F	Nondisplaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.324G	Nondisplaced transverse fracture of shaft of right radius, subsequent encounter for closed fracture with delayed healing
S52.324H	Nondisplaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.324J	Nondisplaced transverse fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.324S	Nondisplaced transverse fracture of shaft of right radius, sequela
S52.325D	Nondisplaced transverse fracture of shaft of left radius, subsequent encounter for closed fracture with routine healing
S52.325E	Nondisplaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.325F	Nondisplaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.325G	Nondisplaced transverse fracture of shaft of left radius, subsequent encounter for closed fracture with delayed healing
S52.325H	Nondisplaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.325J	Nondisplaced transverse fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.325S	Nondisplaced transverse fracture of shaft of left radius, sequela
S52.326D	Nondisplaced transverse fracture of shaft of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.326E	Nondisplaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.326F	Nondisplaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.326G	Nondisplaced transverse fracture of shaft of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.326H	Nondisplaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.326J	Nondisplaced transverse fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.326S	Nondisplaced transverse fracture of shaft of unspecified radius, sequela
S52.331D	Displaced oblique fracture of shaft of right radius, subsequent encounter for closed fracture with routine healing
S52.331E	Displaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.331F	Displaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.331G	Displaced oblique fracture of shaft of right radius, subsequent encounter for closed fracture with delayed healing
S52.331H	Displaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.331J	Displaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.331S	Displaced oblique fracture of shaft of right radius, sequela
S52.332D	Displaced oblique fracture of shaft of left radius, subsequent encounter for closed fracture with routine healing
S52.332E	Displaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.332F	Displaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.332G	Displaced oblique fracture of shaft of left radius, subsequent encounter for closed fracture with delayed healing
S52.332H	Displaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.332J	Displaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.332S	Displaced oblique fracture of shaft of left radius, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S52.333D	Displaced oblique fracture of shaft of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.333E	Displaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.333F	Displaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.333G	Displaced oblique fracture of shaft of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.333H	Displaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.333J	Displaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.333S	Displaced oblique fracture of shaft of unspecified radius, sequela
S52.334D	Nondisplaced oblique fracture of shaft of right radius, subsequent encounter for closed fracture with routine healing
S52.334E	Nondisplaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.334F	Nondisplaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.334G	Nondisplaced oblique fracture of shaft of right radius, subsequent encounter for closed fracture with delayed healing
S52.334H	Nondisplaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.334J	Nondisplaced oblique fracture of shaft of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.334S	Nondisplaced oblique fracture of shaft of right radius, sequela
S52.335D	Nondisplaced oblique fracture of shaft of left radius, subsequent encounter for closed fracture with routine healing
S52.335E	Nondisplaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.335F	Nondisplaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S52.335G	Nondisplaced oblique fracture of shaft of left radius, subsequent encounter for closed fracture with delayed healing
S52.335H	Nondisplaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.335J	Nondisplaced oblique fracture of shaft of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.335S	Nondisplaced oblique fracture of shaft of left radius, sequela
S52.336D	Nondisplaced oblique fracture of shaft of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.336E	Nondisplaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.336F	Nondisplaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.336G	Nondisplaced oblique fracture of shaft of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.336H	Nondisplaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.336J	Nondisplaced oblique fracture of shaft of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.336S	Nondisplaced oblique fracture of shaft of unspecified radius, sequela
S52.341D	Displaced spiral fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing
S52.341E	Displaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.341F	Displaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.341G	Displaced spiral fracture of shaft of radius, right arm, subsequent encounter for closed fracture with delayed healing
S52.341H	Displaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.341J	Displaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.341S	Displaced spiral fracture of shaft of radius, right arm, sequela



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

Code	Description
S52.342D	Displaced spiral fracture of shaft of radius, left arm, subsequent encounter for closed fracture with routine healing
S52.342E	Displaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.342F	Displaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.342G	Displaced spiral fracture of shaft of radius, left arm, subsequent encounter for closed fracture with delayed healing
S52.342H	Displaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.342J	Displaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.342S	Displaced spiral fracture of shaft of radius, left arm, sequela
S52.343D	Displaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.343E	Displaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.343F	Displaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.343G	Displaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.343H	Displaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.343J	Displaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.343S	Displaced spiral fracture of shaft of radius, unspecified arm, sequela
S52.344D	Nondisplaced spiral fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing
S52.344E	Nondisplaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.344F	Nondisplaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.344G	Nondisplaced spiral fracture of shaft of radius, right arm, subsequent encounter for closed fracture with delayed healing
S52.344H	Nondisplaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.344J	Nondisplaced spiral fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.344S	Nondisplaced spiral fracture of shaft of radius, right arm, sequela
S52.345D	Nondisplaced spiral fracture of shaft of radius, left arm, subsequent encounter for closed fracture with routine healing
S52.345E	Nondisplaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.345F	Nondisplaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.345G	Nondisplaced spiral fracture of shaft of radius, left arm, subsequent encounter for closed fracture with delayed healing
S52.345H	Nondisplaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.345J	Nondisplaced spiral fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.345S	Nondisplaced spiral fracture of shaft of radius, left arm, sequela
S52.346D	Nondisplaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.346E	Nondisplaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.346F	Nondisplaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.346G	Nondisplaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.346H	Nondisplaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.346J	Nondisplaced spiral fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.346S	Nondisplaced spiral fracture of shaft of radius, unspecified arm, sequela



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

Code	Description
S52.351D	Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing
S52.351E	Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.351F	Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.351G	Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for closed fracture with delayed healing
S52.351H	Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.351J	Displaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.351S	Displaced comminuted fracture of shaft of radius, right arm, sequela
S52.352D	Displaced comminuted fracture of shaft of radius, left arm, subsequent encounter for closed fracture with routine healing
S52.352E	Displaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.352F	Displaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.352G	Displaced comminuted fracture of shaft of radius, left arm, subsequent encounter for closed fracture with delayed healing
S52.352H	Displaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.352J	Displaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.352S	Displaced comminuted fracture of shaft of radius, left arm, sequela
S52.353D	Displaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.353E	Displaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.353F	Displaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.353G	Displaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.353H	Displaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.353J	Displaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.353S	Displaced comminuted fracture of shaft of radius, unspecified arm, sequela
S52.354D	Nondisplaced comminuted fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing
S52.354E	Nondisplaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.354F	Nondisplaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.354G	Nondisplaced comminuted fracture of shaft of radius, right arm, subsequent encounter for closed fracture with delayed healing
S52.354H	Nondisplaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.354J	Nondisplaced comminuted fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.354S	Nondisplaced comminuted fracture of shaft of radius, right arm, sequela
S52.355D	Nondisplaced comminuted fracture of shaft of radius, left arm, subsequent encounter for closed fracture with routine healing
S52.355E	Nondisplaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.355F	Nondisplaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.355G	Nondisplaced comminuted fracture of shaft of radius, left arm, subsequent encounter for closed fracture with delayed healing
S52.355H	Nondisplaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.355J	Nondisplaced comminuted fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.355S	Nondisplaced comminuted fracture of shaft of radius, left arm, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.356D	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.356E	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.356F	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.356G	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.356H	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.356J	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.356S	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, sequela
S52.361D	Displaced segmental fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing
S52.361E	Displaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.361F	Displaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.361G	Displaced segmental fracture of shaft of radius, right arm, subsequent encounter for closed fracture with delayed healing
S52.361H	Displaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.361J	Displaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.361S	Displaced segmental fracture of shaft of radius, right arm, sequela
S52.362D	Displaced segmental fracture of shaft of radius, left arm, subsequent encounter for closed fracture with routine healing
S52.362E	Displaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.362F	Displaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S52.362G	Displaced segmental fracture of shaft of radius, left arm, subsequent encounter for closed fracture with delayed healing
S52.362H	Displaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.362J	Displaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.362S	Displaced segmental fracture of shaft of radius, left arm, sequela
S52.363D	Displaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.363E	Displaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.363F	Displaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.363G	Displaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.363H	Displaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.363J	Displaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.363S	Displaced segmental fracture of shaft of radius, unspecified arm, sequela
S52.364D	Nondisplaced segmental fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing
S52.364E	Nondisplaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.364F	Nondisplaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.364G	Nondisplaced segmental fracture of shaft of radius, right arm, subsequent encounter for closed fracture with delayed healing
S52.364H	Nondisplaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.364J	Nondisplaced segmental fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.364S	Nondisplaced segmental fracture of shaft of radius, right arm, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.365D	Nondisplaced segmental fracture of shaft of radius, left arm, subsequent encounter for closed fracture with routine healing
S52.365E	Nondisplaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.365F	Nondisplaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.365G	Nondisplaced segmental fracture of shaft of radius, left arm, subsequent encounter for closed fracture with delayed healing
S52.365H	Nondisplaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.365J	Nondisplaced segmental fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.365S	Nondisplaced segmental fracture of shaft of radius, left arm, sequela
S52.366D	Nondisplaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.366E	Nondisplaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.366F	Nondisplaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.366G	Nondisplaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.366H	Nondisplaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.366J	Nondisplaced segmental fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.366S	Nondisplaced segmental fracture of shaft of radius, unspecified arm, sequela
S52.371D	Galeazzi's fracture of right radius, subsequent encounter for closed fracture with routine healing
S52.371E	Galeazzi's fracture of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.371F	Galeazzi's fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.371G	Galeazzi's fracture of right radius, subsequent encounter for closed fracture with delayed healing
S52.371H	Galeazzi's fracture of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.371J	Galeazzi's fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.371S	Galeazzi's fracture of right radius, sequela
S52.372D	Galeazzi's fracture of left radius, subsequent encounter for closed fracture with routine healing
S52.372E	Galeazzi's fracture of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.372F	Galeazzi's fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.372G	Galeazzi's fracture of left radius, subsequent encounter for closed fracture with delayed healing
S52.372H	Galeazzi's fracture of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.372J	Galeazzi's fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.372S	Galeazzi's fracture of left radius, sequela
S52.379D	Galeazzi's fracture of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.379E	Galeazzi's fracture of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.379F	Galeazzi's fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.379G	Galeazzi's fracture of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.379H	Galeazzi's fracture of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.379J	Galeazzi's fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.379S	Galeazzi's fracture of unspecified radius, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.381D	Bent bone of right radius, subsequent encounter for closed fracture with routine healing
S52.381E	Bent bone of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.381F	Bent bone of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.381G	Bent bone of right radius, subsequent encounter for closed fracture with delayed healing
S52.381H	Bent bone of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.381J	Bent bone of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.381S	Bent bone of right radius, sequela
S52.382D	Bent bone of left radius, subsequent encounter for closed fracture with routine healing
S52.382E	Bent bone of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.382F	Bent bone of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.382G	Bent bone of left radius, subsequent encounter for closed fracture with delayed healing
S52.382H	Bent bone of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.382J	Bent bone of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.382S	Bent bone of left radius, sequela
S52.389D	Bent bone of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.389E	Bent bone of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.389F	Bent bone of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.389G	Bent bone of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.389H	Bent bone of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.389J	Bent bone of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.389S	Bent bone of unspecified radius, sequela
S52.391D	Other fracture of shaft of radius, right arm, subsequent encounter for closed fracture with routine healing
S52.391E	Other fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with routine healing
S52.391F	Other fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.391G	Other fracture of shaft of radius, right arm, subsequent encounter for closed fracture with delayed healing
S52.391H	Other fracture of shaft of radius, right arm, subsequent encounter for open fracture type I or II with delayed healing
S52.391J	Other fracture of shaft of radius, right arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.391S	Other fracture of shaft of radius, right arm, sequela
S52.392D	Other fracture of shaft of radius, left arm, subsequent encounter for closed fracture with routine healing
S52.392E	Other fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with routine healing
S52.392F	Other fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.392G	Other fracture of shaft of radius, left arm, subsequent encounter for closed fracture with delayed healing
S52.392H	Other fracture of shaft of radius, left arm, subsequent encounter for open fracture type I or II with delayed healing
S52.392J	Other fracture of shaft of radius, left arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.392S	Other fracture of shaft of radius, left arm, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.399D	Other fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with routine healing
S52.399E	Other fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with routine healing
S52.399F	Other fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.399G	Other fracture of shaft of radius, unspecified arm, subsequent encounter for closed fracture with delayed healing
S52.399H	Other fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type I or II with delayed healing
S52.399J	Other fracture of shaft of radius, unspecified arm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.399S	Other fracture of shaft of radius, unspecified arm, sequela
S52.501D	Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with routine healing
S52.501E	Unspecified fracture of the lower end of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.501F	Unspecified fracture of the lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.501G	Unspecified fracture of the lower end of right radius, subsequent encounter for closed fracture with delayed healing
S52.501H	Unspecified fracture of the lower end of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.501J	Unspecified fracture of the lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.501S	Unspecified fracture of the lower end of right radius, sequela
S52.502D	Unspecified fracture of the lower end of left radius, subsequent encounter for closed fracture with routine healing
S52.502E	Unspecified fracture of the lower end of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.502F	Unspecified fracture of the lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S52.502G	Unspecified fracture of the lower end of left radius, subsequent encounter for closed fracture with delayed healing
S52.502H	Unspecified fracture of the lower end of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.502J	Unspecified fracture of the lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.502S	Unspecified fracture of the lower end of left radius, sequela
S52.509D	Unspecified fracture of the lower end of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.509E	Unspecified fracture of the lower end of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.509F	Unspecified fracture of the lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.509G	Unspecified fracture of the lower end of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.509H	Unspecified fracture of the lower end of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.509J	Unspecified fracture of the lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.509S	Unspecified fracture of the lower end of unspecified radius, sequela
S52.511D	Displaced fracture of right radial styloid process, subsequent encounter for closed fracture with routine healing
S52.511E	Displaced fracture of right radial styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.511F	Displaced fracture of right radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.511G	Displaced fracture of right radial styloid process, subsequent encounter for closed fracture with delayed healing
S52.511H	Displaced fracture of right radial styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.511J	Displaced fracture of right radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.511S	Displaced fracture of right radial styloid process, sequela



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

Code	Description
S52.512D	Displaced fracture of left radial styloid process, subsequent encounter for closed fracture with routine healing
S52.512E	Displaced fracture of left radial styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.512F	Displaced fracture of left radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.512G	Displaced fracture of left radial styloid process, subsequent encounter for closed fracture with delayed healing
S52.512H	Displaced fracture of left radial styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.512J	Displaced fracture of left radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.512S	Displaced fracture of left radial styloid process, sequela
S52.513D	Displaced fracture of unspecified radial styloid process, subsequent encounter for closed fracture with routine healing
S52.513E	Displaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.513F	Displaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.513G	Displaced fracture of unspecified radial styloid process, subsequent encounter for closed fracture with delayed healing
S52.513H	Displaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.513J	Displaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.513S	Displaced fracture of unspecified radial styloid process, sequela
S52.514D	Non-displaced fracture of right radial styloid process, subsequent encounter for closed fracture with routine healing
S52.514E	Non-displaced fracture of right radial styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.514F	Non-displaced fracture of right radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S52.514G	Nondisplaced fracture of right radial styloid process, subsequent encounter for closed fracture with delayed healing
S52.514H	Nondisplaced fracture of right radial styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.514J	Nondisplaced fracture of right radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.514S	Nondisplaced fracture of right radial styloid process, sequela
S52.515D	Nondisplaced fracture of left radial styloid process, subsequent encounter for closed fracture with routine healing
S52.515E	Nondisplaced fracture of left radial styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.515F	Nondisplaced fracture of left radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.515G	Nondisplaced fracture of left radial styloid process, subsequent encounter for closed fracture with delayed healing
S52.515H	Nondisplaced fracture of left radial styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.515J	Nondisplaced fracture of left radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.515S	Nondisplaced fracture of left radial styloid process, sequela
S52.516D	Nondisplaced fracture of unspecified radial styloid process, subsequent encounter for closed fracture with routine healing
S52.516E	Nondisplaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.516F	Nondisplaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.516G	Nondisplaced fracture of unspecified radial styloid process, subsequent encounter for closed fracture with delayed healing
S52.516H	Nondisplaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.516J	Nondisplaced fracture of unspecified radial styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.516S	Nondisplaced fracture of unspecified radial styloid process, sequela



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

Code	Description
S52.521D	Torus fracture of lower end of right radius, subsequent encounter for fracture with routine healing
S52.521G	Torus fracture of lower end of right radius, subsequent encounter for fracture with delayed healing
S52.521S	Torus fracture of lower end of right radius, sequela
S52.522D	Torus fracture of lower end of left radius, subsequent encounter for fracture with routine healing
S52.522G	Torus fracture of lower end of left radius, subsequent encounter for fracture with delayed healing
S52.522S	Torus fracture of lower end of left radius, sequela
S52.529D	Torus fracture of lower end of unspecified radius, subsequent encounter for fracture with routine healing
S52.529G	Torus fracture of lower end of unspecified radius, subsequent encounter for fracture with delayed healing
S52.529S	Torus fracture of lower end of unspecified radius, sequela
S52.531D	Colles' fracture of right radius, subsequent encounter for closed fracture with routine healing
S52.531E	Colles' fracture of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.531F	Colles' fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.531G	Colles' fracture of right radius, subsequent encounter for closed fracture with delayed healing
S52.531H	Colles' fracture of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.531J	Colles' fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.531S	Colles' fracture of right radius, sequela
S52.532D	Colles' fracture of left radius, subsequent encounter for closed fracture with routine healing
S52.532E	Colles' fracture of left radius, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.532F	Colles' fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.532G	Colles' fracture of left radius, subsequent encounter for closed fracture with delayed healing
S52.532H	Colles' fracture of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.532J	Colles' fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.532S	Colles' fracture of left radius, sequela
S52.539D	Colles' fracture of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.539E	Colles' fracture of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.539F	Colles' fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.539G	Colles' fracture of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.539H	Colles' fracture of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.539J	Colles' fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.539S	Colles' fracture of unspecified radius, sequela
S52.541D	Smith's fracture of right radius, subsequent encounter for closed fracture with routine healing
S52.541E	Smith's fracture of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.541F	Smith's fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.541G	Smith's fracture of right radius, subsequent encounter for closed fracture with delayed healing
S52.541H	Smith's fracture of right radius, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.541J	Smith's fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.541S	Smith's fracture of right radius, sequela
S52.542D	Smith's fracture of left radius, subsequent encounter for closed fracture with routine healing
S52.542E	Smith's fracture of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.542F	Smith's fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.542G	Smith's fracture of left radius, subsequent encounter for closed fracture with delayed healing
S52.542H	Smith's fracture of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.542J	Smith's fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.542S	Smith's fracture of left radius, sequela
S52.549D	Smith's fracture of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.549E	Smith's fracture of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.549F	Smith's fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.549G	Smith's fracture of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.549H	Smith's fracture of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.549J	Smith's fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.549S	Smith's fracture of unspecified radius, sequela
S52.551D	Other extraarticular fracture of lower end of right radius, subsequent encounter for closed fracture with routine healing
S52.551E	Other extraarticular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.551F	Other extraarticular fracture of lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.551G	Other extraarticular fracture of lower end of right radius, subsequent encounter for closed fracture with delayed healing
S52.551H	Other extraarticular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.551J	Other extraarticular fracture of lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.551S	Other extraarticular fracture of lower end of right radius, sequela
S52.552D	Other extraarticular fracture of lower end of left radius, subsequent encounter for closed fracture with routine healing
S52.552E	Other extraarticular fracture of lower end of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.552F	Other extraarticular fracture of lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.552G	Other extraarticular fracture of lower end of left radius, subsequent encounter for closed fracture with delayed healing
S52.552H	Other extraarticular fracture of lower end of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.552J	Other extraarticular fracture of lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.552S	Other extraarticular fracture of lower end of left radius, sequela
S52.559D	Other extraarticular fracture of lower end of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.559E	Other extraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.559F	Other extraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.559G	Other extraarticular fracture of lower end of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.559H	Other extraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.559J	Other extraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.559S	Other extraarticular fracture of lower end of unspecified radius, sequela
S52.561D	Barton's fracture of right radius, subsequent encounter for closed fracture with routine healing
S52.561E	Barton's fracture of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.561F	Barton's fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.561G	Barton's fracture of right radius, subsequent encounter for closed fracture with delayed healing
S52.561H	Barton's fracture of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.561J	Barton's fracture of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.561S	Barton's fracture of right radius, sequela
S52.562D	Barton's fracture of left radius, subsequent encounter for closed fracture with routine healing
S52.562E	Barton's fracture of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.562F	Barton's fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.562G	Barton's fracture of left radius, subsequent encounter for closed fracture with delayed healing
S52.562H	Barton's fracture of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.562J	Barton's fracture of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.562S	Barton's fracture of left radius, sequela
S52.569D	Barton's fracture of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.569E	Barton's fracture of unspecified radius, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.569F	Barton's fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.569G	Barton's fracture of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.569H	Barton's fracture of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.569J	Barton's fracture of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.569S	Barton's fracture of unspecified radius, sequela
S52.571D	Other intraarticular fracture of lower end of right radius, subsequent encounter for closed fracture with routine healing
S52.571E	Other intraarticular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.571F	Other intraarticular fracture of lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.571G	Other intraarticular fracture of lower end of right radius, subsequent encounter for closed fracture with delayed healing
S52.571H	Other intraarticular fracture of lower end of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.571J	Other intraarticular fracture of lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.571S	Other intraarticular fracture of lower end of right radius, sequela
S52.572D	Other intraarticular fracture of lower end of left radius, subsequent encounter for closed fracture with routine healing
S52.572E	Other intraarticular fracture of lower end of left radius, subsequent encounter for open fracture type I or II with routine healing
S52.572F	Other intraarticular fracture of lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.572G	Other intraarticular fracture of lower end of left radius, subsequent encounter for closed fracture with delayed healing
S52.572H	Other intraarticular fracture of lower end of left radius, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.572J	Other intraarticular fracture of lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.572S	Other intraarticular fracture of lower end of left radius, sequela
S52.579D	Other intraarticular fracture of lower end of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.579E	Other intraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.579F	Other intraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.579G	Other intraarticular fracture of lower end of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.579H	Other intraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.579J	Other intraarticular fracture of lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.579S	Other intraarticular fracture of lower end of unspecified radius, sequela
S52.591D	Other fractures of lower end of right radius, subsequent encounter for closed fracture with routine healing
S52.591E	Other fractures of lower end of right radius, subsequent encounter for open fracture type I or II with routine healing
S52.591F	Other fractures of lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.591G	Other fractures of lower end of right radius, subsequent encounter for closed fracture with delayed healing
S52.591H	Other fractures of lower end of right radius, subsequent encounter for open fracture type I or II with delayed healing
S52.591J	Other fractures of lower end of right radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.591S	Other fractures of lower end of right radius, sequela
S52.592D	Other fractures of lower end of left radius, subsequent encounter for closed fracture with routine healing
S52.592E	Other fractures of lower end of left radius, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.592F	Other fractures of lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.592G	Other fractures of lower end of left radius, subsequent encounter for closed fracture with delayed healing
S52.592H	Other fractures of lower end of left radius, subsequent encounter for open fracture type I or II with delayed healing
S52.592J	Other fractures of lower end of left radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.592S	Other fractures of lower end of left radius, sequela
S52.599D	Other fractures of lower end of unspecified radius, subsequent encounter for closed fracture with routine healing
S52.599E	Other fractures of lower end of unspecified radius, subsequent encounter for open fracture type I or II with routine healing
S52.599F	Other fractures of lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.599G	Other fractures of lower end of unspecified radius, subsequent encounter for closed fracture with delayed healing
S52.599H	Other fractures of lower end of unspecified radius, subsequent encounter for open fracture type I or II with delayed healing
S52.599J	Other fractures of lower end of unspecified radius, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.599S	Other fractures of lower end of unspecified radius, sequela
S52.601D	Unspecified fracture of lower end of right ulna, subsequent encounter for closed fracture with routine healing
S52.601E	Unspecified fracture of lower end of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.601F	Unspecified fracture of lower end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.601G	Unspecified fracture of lower end of right ulna, subsequent encounter for closed fracture with delayed healing
S52.601H	Unspecified fracture of lower end of right ulna, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.601J	Unspecified fracture of lower end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.601S	Unspecified fracture of lower end of right ulna, sequela
S52.602D	Unspecified fracture of lower end of left ulna, subsequent encounter for closed fracture with routine healing
S52.602E	Unspecified fracture of lower end of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.602F	Unspecified fracture of lower end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.602G	Unspecified fracture of lower end of left ulna, subsequent encounter for closed fracture with delayed healing
S52.602H	Unspecified fracture of lower end of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.602J	Unspecified fracture of lower end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.602S	Unspecified fracture of lower end of left ulna, sequela
S52.609D	Unspecified fracture of lower end of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.609E	Unspecified fracture of lower end of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.609F	Unspecified fracture of lower end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.609G	Unspecified fracture of lower end of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.609H	Unspecified fracture of lower end of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.609J	Unspecified fracture of lower end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.609S	Unspecified fracture of lower end of unspecified ulna, sequela
S52.611D	Displaced fracture of right ulna styloid process, subsequent encounter for closed fracture with routine healing
S52.611E	Displaced fracture of right ulna styloid process, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.611F	Displaced fracture of right ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.611G	Displaced fracture of right ulna styloid process, subsequent encounter for closed fracture with delayed healing
S52.611H	Displaced fracture of right ulna styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.611J	Displaced fracture of right ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.611S	Displaced fracture of right ulna styloid process, sequela
S52.612D	Displaced fracture of left ulna styloid process, subsequent encounter for closed fracture with routine healing
S52.612E	Displaced fracture of left ulna styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.612F	Displaced fracture of left ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.612G	Displaced fracture of left ulna styloid process, subsequent encounter for closed fracture with delayed healing
S52.612H	Displaced fracture of left ulna styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.612J	Displaced fracture of left ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.612S	Displaced fracture of left ulna styloid process, sequela
S52.613D	Displaced fracture of unspecified ulna styloid process, subsequent encounter for closed fracture with routine healing
S52.613E	Displaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.613F	Displaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.613G	Displaced fracture of unspecified ulna styloid process, subsequent encounter for closed fracture with delayed healing
S52.613H	Displaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S52.613J	Displaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.613S	Displaced fracture of unspecified ulna styloid process, sequela
S52.614D	Nondisplaced fracture of right ulna styloid process, subsequent encounter for closed fracture with routine healing
S52.614E	Nondisplaced fracture of right ulna styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.614F	Nondisplaced fracture of right ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.614G	Nondisplaced fracture of right ulna styloid process, subsequent encounter for closed fracture with delayed healing
S52.614H	Nondisplaced fracture of right ulna styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.614J	Nondisplaced fracture of right ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.614S	Nondisplaced fracture of right ulna styloid process, sequela
S52.615D	Nondisplaced fracture of left ulna styloid process, subsequent encounter for closed fracture with routine healing
S52.615E	Nondisplaced fracture of left ulna styloid process, subsequent encounter for open fracture type I or II with routine healing
S52.615F	Nondisplaced fracture of left ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.615G	Nondisplaced fracture of left ulna styloid process, subsequent encounter for closed fracture with delayed healing
S52.615H	Nondisplaced fracture of left ulna styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.615J	Nondisplaced fracture of left ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.615S	Nondisplaced fracture of left ulna styloid process, sequela
S52.616D	Nondisplaced fracture of unspecified ulna styloid process, subsequent encounter for closed fracture with routine healing
S52.616E	Nondisplaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S52.616F	Nondisplaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.616G	Nondisplaced fracture of unspecified ulna styloid process, subsequent encounter for closed fracture with delayed healing
S52.616H	Nondisplaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type I or II with delayed healing
S52.616J	Nondisplaced fracture of unspecified ulna styloid process, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.616S	Nondisplaced fracture of unspecified ulna styloid process, sequela
S52.621D	Torus fracture of lower end of right ulna, subsequent encounter for fracture with routine healing
S52.621G	Torus fracture of lower end of right ulna, subsequent encounter for fracture with delayed healing
S52.621S	Torus fracture of lower end of right ulna, sequela
S52.622D	Torus fracture of lower end of left ulna, subsequent encounter for fracture with routine healing
S52.622G	Torus fracture of lower end of left ulna, subsequent encounter for fracture with delayed healing
S52.622S	Torus fracture of lower end of left ulna, sequela
S52.629D	Torus fracture of lower end of unspecified ulna, subsequent encounter for fracture with routine healing
S52.629G	Torus fracture of lower end of unspecified ulna, subsequent encounter for fracture with delayed healing
S52.629S	Torus fracture of lower end of unspecified ulna, sequela
S52.691D	Other fracture of lower end of right ulna, subsequent encounter for closed fracture with routine healing
S52.691E	Other fracture of lower end of right ulna, subsequent encounter for open fracture type I or II with routine healing
S52.691F	Other fracture of lower end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.691G	Other fracture of lower end of right ulna, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.691H	Other fracture of lower end of right ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.691J	Other fracture of lower end of right ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.691S	Other fracture of lower end of right ulna, sequela
S52.692D	Other fracture of lower end of left ulna, subsequent encounter for closed fracture with routine healing
S52.692E	Other fracture of lower end of left ulna, subsequent encounter for open fracture type I or II with routine healing
S52.692F	Other fracture of lower end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.692G	Other fracture of lower end of left ulna, subsequent encounter for closed fracture with delayed healing
S52.692H	Other fracture of lower end of left ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.692J	Other fracture of lower end of left ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.692S	Other fracture of lower end of left ulna, sequela
S52.699D	Other fracture of lower end of unspecified ulna, subsequent encounter for closed fracture with routine healing
S52.699E	Other fracture of lower end of unspecified ulna, subsequent encounter for open fracture type I or II with routine healing
S52.699F	Other fracture of lower end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.699G	Other fracture of lower end of unspecified ulna, subsequent encounter for closed fracture with delayed healing
S52.699H	Other fracture of lower end of unspecified ulna, subsequent encounter for open fracture type I or II with delayed healing
S52.699J	Other fracture of lower end of unspecified ulna, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.699S	Other fracture of lower end of unspecified ulna, sequela
S52.90XD	Unspecified fracture of unspecified forearm, subsequent encounter for closed fracture with routine healing



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

Code	Description
S52.90XE	Unspecified fracture of unspecified forearm, subsequent encounter for open fracture type I or II with routine healing
S52.90XF	Unspecified fracture of unspecified forearm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.90XG	Unspecified fracture of unspecified forearm, subsequent encounter for closed fracture with delayed healing
S52.90XH	Unspecified fracture of unspecified forearm, subsequent encounter for open fracture type I or II with delayed healing
S52.90XJ	Unspecified fracture of unspecified forearm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.90XS	Unspecified fracture of unspecified forearm, sequela
S52.91XD	Unspecified fracture of right forearm, subsequent encounter for closed fracture with routine healing
S52.91XE	Unspecified fracture of right forearm, subsequent encounter for open fracture type I or II with routine healing
S52.91XF	Unspecified fracture of right forearm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.91XG	Unspecified fracture of right forearm, subsequent encounter for closed fracture with delayed healing
S52.91XH	Unspecified fracture of right forearm, subsequent encounter for open fracture type I or II with delayed healing
S52.91XJ	Unspecified fracture of right forearm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.91XS	Unspecified fracture of right forearm, sequela
S52.92XD	Unspecified fracture of left forearm, subsequent encounter for closed fracture with routine healing
S52.92XE	Unspecified fracture of left forearm, subsequent encounter for open fracture type I or II with routine healing
S52.92XF	Unspecified fracture of left forearm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S52.92XG	Unspecified fracture of left forearm, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S52.92XH	Unspecified fracture of left forearm, subsequent encounter for open fracture type I or II with delayed healing
S52.92XJ	Unspecified fracture of left forearm, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S52.92XS	Unspecified fracture of left forearm, sequela
S53.001A	Unspecified subluxation of right radial head, initial encounter
S53.001S	Unspecified subluxation of right radial head, sequela
S53.002A	Unspecified subluxation of left radial head, initial encounter
S53.002S	Unspecified subluxation of left radial head, sequela
S53.003A	Unspecified subluxation of unspecified radial head, initial encounter
S53.003S	Unspecified subluxation of unspecified radial head, sequela
S53.004A	Unspecified dislocation of right radial head, initial encounter
S53.004S	Unspecified dislocation of right radial head, sequela
S53.005A	Unspecified dislocation of left radial head, initial encounter
S53.005S	Unspecified dislocation of left radial head, sequela
S53.006A	Unspecified dislocation of unspecified radial head, initial encounter
S53.006S	Unspecified dislocation of unspecified radial head, sequela
S53.011A	Anterior subluxation of right radial head, initial encounter
S53.011S	Anterior subluxation of right radial head, sequela
S53.012A	Anterior subluxation of left radial head, initial encounter
S53.012S	Anterior subluxation of left radial head, sequela
S53.013A	Anterior subluxation of unspecified radial head, initial encounter
S53.013S	Anterior subluxation of unspecified radial head, sequela
S53.014A	Anterior dislocation of right radial head, initial encounter
S53.014S	Anterior dislocation of right radial head, sequela
S53.015A	Anterior dislocation of left radial head, initial encounter
S53.015S	Anterior dislocation of left radial head, sequela
S53.016A	Anterior dislocation of unspecified radial head, initial encounter
S53.016S	Anterior dislocation of unspecified radial head, sequela



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

Code	Description
S53.021A	Posterior subluxation of right radial head, initial encounter
S53.021S	Posterior subluxation of right radial head, sequela
S53.022A	Posterior subluxation of left radial head, initial encounter
S53.022S	Posterior subluxation of left radial head, sequela
S53.023A	Posterior subluxation of unspecified radial head, initial encounter
S53.023S	Posterior subluxation of unspecified radial head, sequela
S53.024A	Posterior dislocation of right radial head, initial encounter
S53.024S	Posterior dislocation of right radial head, sequela
S53.025A	Posterior dislocation of left radial head, initial encounter
S53.025S	Posterior dislocation of left radial head, sequela
S53.026A	Posterior dislocation of unspecified radial head, initial encounter
S53.026S	Posterior dislocation of unspecified radial head, sequela
S53.031A	Nursemaid's elbow, right elbow, initial encounter
S53.031S	Nursemaid's elbow, right elbow, sequela
S53.032A	Nursemaid's elbow, left elbow, initial encounter
S53.032S	Nursemaid's elbow, left elbow, sequela
S53.033A	Nursemaid's elbow, unspecified elbow, initial encounter
S53.033S	Nursemaid's elbow, unspecified elbow, sequela
S53.091A	Other subluxation of right radial head, initial encounter
S53.091S	Other subluxation of right radial head, sequela
S53.092A	Other subluxation of left radial head, initial encounter
S53.092S	Other subluxation of left radial head, sequela
S53.093A	Other subluxation of unspecified radial head, initial encounter
S53.093S	Other subluxation of unspecified radial head, sequela
S53.094A	Other dislocation of right radial head, initial encounter
S53.094S	Other dislocation of right radial head, sequela
S53.095A	Other dislocation of left radial head, initial encounter
S53.095S	Other dislocation of left radial head, sequela



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

Code	Description
S53.096A	Other dislocation of unspecified radial head, initial encounter
S53.096S	Other dislocation of unspecified radial head, sequela
S53.101A	Unspecified subluxation of right ulnohumeral joint, initial encounter
S53.101S	Unspecified subluxation of right ulnohumeral joint, sequela
S53.102A	Unspecified subluxation of left ulnohumeral joint, initial encounter
S53.102S	Unspecified subluxation of left ulnohumeral joint, sequela
S53.103A	Unspecified subluxation of unspecified ulnohumeral joint, initial encounter
S53.103S	Unspecified subluxation of unspecified ulnohumeral joint, sequela
S53.104A	Unspecified dislocation of right ulnohumeral joint, initial encounter
S53.104S	Unspecified dislocation of right ulnohumeral joint, sequela
S53.105A	Unspecified dislocation of left ulnohumeral joint, initial encounter
S53.105S	Unspecified dislocation of left ulnohumeral joint, sequela
S53.106A	Unspecified dislocation of unspecified ulnohumeral joint, initial encounter
S53.106S	Unspecified dislocation of unspecified ulnohumeral joint, sequela
S53.111A	Anterior subluxation of right ulnohumeral joint, initial encounter
S53.111S	Anterior subluxation of right ulnohumeral joint, sequela
S53.112A	Anterior subluxation of left ulnohumeral joint, initial encounter
S53.112S	Anterior subluxation of left ulnohumeral joint, sequela
S53.113A	Anterior subluxation of unspecified ulnohumeral joint, initial encounter
S53.113S	Anterior subluxation of unspecified ulnohumeral joint, sequela
S53.114A	Anterior dislocation of right ulnohumeral joint, initial encounter
S53.114S	Anterior dislocation of right ulnohumeral joint, sequela
S53.115A	Anterior dislocation of left ulnohumeral joint, initial encounter
S53.115S	Anterior dislocation of left ulnohumeral joint, sequela
S53.116A	Anterior dislocation of unspecified ulnohumeral joint, initial encounter
S53.116S	Anterior dislocation of unspecified ulnohumeral joint, sequela
S53.121A	Posterior subluxation of right ulnohumeral joint, initial encounter
S53.121S	Posterior subluxation of right ulnohumeral joint, sequela



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

Code	Description
S53.122A	Posterior subluxation of left ulnohumeral joint, initial encounter
S53.122S	Posterior subluxation of left ulnohumeral joint, sequela
S53.123A	Posterior subluxation of unspecified ulnohumeral joint, initial encounter
S53.123S	Posterior subluxation of unspecified ulnohumeral joint, sequela
S53.124A	Posterior dislocation of right ulnohumeral joint, initial encounter
S53.124S	Posterior dislocation of right ulnohumeral joint, sequela
S53.125A	Posterior dislocation of left ulnohumeral joint, initial encounter
S53.125S	Posterior dislocation of left ulnohumeral joint, sequela
S53.126A	Posterior dislocation of unspecified ulnohumeral joint, initial encounter
S53.126S	Posterior dislocation of unspecified ulnohumeral joint, sequela
S53.131A	Medial subluxation of right ulnohumeral joint, initial encounter
S53.131S	Medial subluxation of right ulnohumeral joint, sequela
S53.132A	Medial subluxation of left ulnohumeral joint, initial encounter
S53.132S	Medial subluxation of left ulnohumeral joint, sequela
S53.133A	Medial subluxation of unspecified ulnohumeral joint, initial encounter
S53.133S	Medial subluxation of unspecified ulnohumeral joint, sequela
S53.134A	Medial dislocation of right ulnohumeral joint, initial encounter
S53.134S	Medial dislocation of right ulnohumeral joint, sequela
S53.135A	Medial dislocation of left ulnohumeral joint, initial encounter
S53.135S	Medial dislocation of left ulnohumeral joint, sequela
S53.136A	Medial dislocation of unspecified ulnohumeral joint, initial encounter
S53.136S	Medial dislocation of unspecified ulnohumeral joint, sequela
S53.141A	Lateral subluxation of right ulnohumeral joint, initial encounter
S53.141S	Lateral subluxation of right ulnohumeral joint, sequela
S53.142A	Lateral subluxation of left ulnohumeral joint, initial encounter
S53.142S	Lateral subluxation of left ulnohumeral joint, sequela
S53.143A	Lateral subluxation of unspecified ulnohumeral joint, initial encounter
S53.143S	Lateral subluxation of unspecified ulnohumeral joint, sequela



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

Code	Description
S53.144A	Lateral dislocation of right ulnohumeral joint, initial encounter
S53.144S	Lateral dislocation of right ulnohumeral joint, sequela
S53.145A	Lateral dislocation of left ulnohumeral joint, initial encounter
S53.145S	Lateral dislocation of left ulnohumeral joint, sequela
S53.146A	Lateral dislocation of unspecified ulnohumeral joint, initial encounter
S53.146S	Lateral dislocation of unspecified ulnohumeral joint, sequela
S53.191A	Other subluxation of right ulnohumeral joint, initial encounter
S53.191S	Other subluxation of right ulnohumeral joint, sequela
S53.192A	Other subluxation of left ulnohumeral joint, initial encounter
S53.192S	Other subluxation of left ulnohumeral joint, sequela
S53.193A	Other subluxation of unspecified ulnohumeral joint, initial encounter
S53.193S	Other subluxation of unspecified ulnohumeral joint, sequela
S53.194A	Other dislocation of right ulnohumeral joint, initial encounter
S53.194S	Other dislocation of right ulnohumeral joint, sequela
S53.195A	Other dislocation of left ulnohumeral joint, initial encounter
S53.195S	Other dislocation of left ulnohumeral joint, sequela
S53.196A	Other dislocation of unspecified ulnohumeral joint, initial encounter
S53.196S	Other dislocation of unspecified ulnohumeral joint, sequela
S53.20XA	Traumatic rupture of unspecified radial collateral ligament, initial encounter
S53.20XS	Traumatic rupture of unspecified radial collateral ligament, sequela
S53.21XA	Traumatic rupture of right radial collateral ligament, initial encounter
S53.21XS	Traumatic rupture of right radial collateral ligament, sequela
S53.22XA	Traumatic rupture of left radial collateral ligament, initial encounter
S53.22XS	Traumatic rupture of left radial collateral ligament, sequela
S53.30XA	Traumatic rupture of unspecified ulnar collateral ligament, initial encounter
S53.30XS	Traumatic rupture of unspecified ulnar collateral ligament, sequela
S53.31XA	Traumatic rupture of right ulnar collateral ligament, initial encounter
S53.31XS	Traumatic rupture of right ulnar collateral ligament, sequela



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

Code	Description
S53.32XA	Traumatic rupture of left ulnar collateral ligament, initial encounter
S53.32XS	Traumatic rupture of left ulnar collateral ligament, sequela
S53.401A	Unspecified sprain of right elbow, initial encounter
S53.401S	Unspecified sprain of right elbow, sequela
S53.402A	Unspecified sprain of left elbow, initial encounter
S53.402S	Unspecified sprain of left elbow, sequela
S53.409A	Unspecified sprain of unspecified elbow, initial encounter
S53.409S	Unspecified sprain of unspecified elbow, sequela
S53.411A	Radiohumeral (joint) sprain of right elbow, initial encounter
S53.411S	Radiohumeral (joint) sprain of right elbow, sequela
S53.412A	Radiohumeral (joint) sprain of left elbow, initial encounter
S53.412S	Radiohumeral (joint) sprain of left elbow, sequela
S53.419A	Radiohumeral (joint) sprain of unspecified elbow, initial encounter
S53.419S	Radiohumeral (joint) sprain of unspecified elbow, sequela
S53.421A	Ulnohumeral (joint) sprain of right elbow, initial encounter
S53.421S	Ulnohumeral (joint) sprain of right elbow, sequela
S53.422A	Ulnohumeral (joint) sprain of left elbow, initial encounter
S53.422S	Ulnohumeral (joint) sprain of left elbow, sequela
S53.429A	Ulnohumeral (joint) sprain of unspecified elbow, initial encounter
S53.429S	Ulnohumeral (joint) sprain of unspecified elbow, sequela
S53.431A	Radial collateral ligament sprain of right elbow, initial encounter
S53.431S	Radial collateral ligament sprain of right elbow, sequela
S53.432A	Radial collateral ligament sprain of left elbow, initial encounter
S53.432S	Radial collateral ligament sprain of left elbow, sequela
S53.439A	Radial collateral ligament sprain of unspecified elbow, initial encounter
S53.439S	Radial collateral ligament sprain of unspecified elbow, sequela
S53.441A	Ulnar collateral ligament sprain of right elbow, initial encounter
S53.441S	Ulnar collateral ligament sprain of right elbow, sequela



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

Code	Description
S53.442A	Ulnar collateral ligament sprain of left elbow, initial encounter
S53.442S	Ulnar collateral ligament sprain of left elbow, sequela
S53.449A	Ulnar collateral ligament sprain of unspecified elbow, initial encounter
S53.449S	Ulnar collateral ligament sprain of unspecified elbow, sequela
S53.491A	Other sprain of right elbow, initial encounter
S53.491S	Other sprain of right elbow, sequela
S53.492A	Other sprain of left elbow, initial encounter
S53.492S	Other sprain of left elbow, sequela
S53.499A	Other sprain of unspecified elbow, initial encounter
S53.499S	Other sprain of unspecified elbow, sequela
S54.00XA	Injury of ulnar nerve at forearm level, unspecified arm, initial encounter
S54.00XS	Injury of ulnar nerve at forearm level, unspecified arm, sequela
S54.01XA	Injury of ulnar nerve at forearm level, right arm, initial encounter
S54.01XS	Injury of ulnar nerve at forearm level, right arm, sequela
S54.02XA	Injury of ulnar nerve at forearm level, left arm, initial encounter
S54.02XS	Injury of ulnar nerve at forearm level, left arm, sequela
S54.10XA	Injury of median nerve at forearm level, unspecified arm, initial encounter
S54.10XS	Injury of median nerve at forearm level, unspecified arm, sequela
S54.11XA	Injury of median nerve at forearm level, right arm, initial encounter
S54.11XS	Injury of median nerve at forearm level, right arm, sequela
S54.12XA	Injury of median nerve at forearm level, left arm, initial encounter
S54.12XS	Injury of median nerve at forearm level, left arm, sequela
S54.20XA	Injury of radial nerve at forearm level, unspecified arm, initial encounter
S54.20XS	Injury of radial nerve at forearm level, unspecified arm, sequela
S54.21XA	Injury of radial nerve at forearm level, right arm, initial encounter
S54.21XS	Injury of radial nerve at forearm level, right arm, sequela
S54.22XA	Injury of radial nerve at forearm level, left arm, initial encounter
S54.22XS	Injury of radial nerve at forearm level, left arm, sequela



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

Code	Description
S54.30XA	Injury of cutaneous sensory nerve at forearm level, unspecified arm, initial encounter
S54.30XS	Injury of cutaneous sensory nerve at forearm level, unspecified arm, sequela
S54.31XA	Injury of cutaneous sensory nerve at forearm level, right arm, initial encounter
S54.31XS	Injury of cutaneous sensory nerve at forearm level, right arm, sequela
S54.32XA	Injury of cutaneous sensory nerve at forearm level, left arm, initial encounter
S54.32XS	Injury of cutaneous sensory nerve at forearm level, left arm, sequela
S54.8X1A	Injury of other nerves at forearm level, right arm, initial encounter
S54.8X1S	Injury of other nerves at forearm level, right arm, sequela
S54.8X2A	Injury of other nerves at forearm level, left arm, initial encounter
S54.8X2S	Injury of other nerves at forearm level, left arm, sequela
S54.8X9A	Injury of other nerves at forearm level, unspecified arm, initial encounter
S54.8X9S	Injury of other nerves at forearm level, unspecified arm, sequela
S54.90XA	Injury of unspecified nerve at forearm level, unspecified arm, initial encounter
S54.90XS	Injury of unspecified nerve at forearm level, unspecified arm, sequela
S54.91XA	Injury of unspecified nerve at forearm level, right arm, initial encounter
S54.91XS	Injury of unspecified nerve at forearm level, right arm, sequela
S54.92XA	Injury of unspecified nerve at forearm level, left arm, initial encounter
S54.92XS	Injury of unspecified nerve at forearm level, left arm, sequela
S55.001S	Unspecified injury of ulnar artery at forearm level, right arm, sequela
S55.002S	Unspecified injury of ulnar artery at forearm level, left arm, sequela
S55.009S	Unspecified injury of ulnar artery at forearm level, unspecified arm, sequela
S55.011S	Laceration of ulnar artery at forearm level, right arm, sequela
S55.012S	Laceration of ulnar artery at forearm level, left arm, sequela
S55.019S	Laceration of ulnar artery at forearm level, unspecified arm, sequela
S55.091S	Other specified injury of ulnar artery at forearm level, right arm, sequela
S55.092S	Other specified injury of ulnar artery at forearm level, left arm, sequela
S55.099S	Other specified injury of ulnar artery at forearm level, unspecified arm, sequela
S55.101S	Unspecified injury of radial artery at forearm level, right arm, sequela

NCD 190.15

*July 2021 Changes
ICD-10-CM Version – Red

Fu Associates, Ltd.

July 2021



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

Code	Description
S55.102S	Unspecified injury of radial artery at forearm level, left arm, sequela
S55.109S	Unspecified injury of radial artery at forearm level, unspecified arm, sequela
S55.111S	Laceration of radial artery at forearm level, right arm, sequela
S55.112S	Laceration of radial artery at forearm level, left arm, sequela
S55.119S	Laceration of radial artery at forearm level, unspecified arm, sequela
S55.191S	Other specified injury of radial artery at forearm level, right arm, sequela
S55.192S	Other specified injury of radial artery at forearm level, left arm, sequela
S55.199S	Other specified injury of radial artery at forearm level, unspecified arm, sequela
S55.201S	Unspecified injury of vein at forearm level, right arm, sequela
S55.202S	Unspecified injury of vein at forearm level, left arm, sequela
S55.209S	Unspecified injury of vein at forearm level, unspecified arm, sequela
S55.211S	Laceration of vein at forearm level, right arm, sequela
S55.212S	Laceration of vein at forearm level, left arm, sequela
S55.219S	Laceration of vein at forearm level, unspecified arm, sequela
S55.291S	Other specified injury of vein at forearm level, right arm, sequela
S55.292S	Other specified injury of vein at forearm level, left arm, sequela
S55.299S	Other specified injury of vein at forearm level, unspecified arm, sequela
S55.801S	Unspecified injury of other blood vessels at forearm level, right arm, sequela
S55.802S	Unspecified injury of other blood vessels at forearm level, left arm, sequela
S55.809S	Unspecified injury of other blood vessels at forearm level, unspecified arm, sequela
S55.811S	Laceration of other blood vessels at forearm level, right arm, sequela
S55.812S	Laceration of other blood vessels at forearm level, left arm, sequela
S55.819S	Laceration of other blood vessels at forearm level, unspecified arm, sequela
S55.891S	Other specified injury of other blood vessels at forearm level, right arm, sequela
S55.892S	Other specified injury of other blood vessels at forearm level, left arm, sequela
S55.899S	Other specified injury of other blood vessels at forearm level, unspecified arm, sequela
S55.901S	Unspecified injury of unspecified blood vessel at forearm level, right arm, sequela
S55.902S	Unspecified injury of unspecified blood vessel at forearm level, left arm, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S55.909S	Unspecified injury of unspecified blood vessel at forearm level, unspecified arm, sequela
S55.911S	Laceration of unspecified blood vessel at forearm level, right arm, sequela
S55.912S	Laceration of unspecified blood vessel at forearm level, left arm, sequela
S55.919S	Laceration of unspecified blood vessel at forearm level, unspecified arm, sequela
S55.991S	Other specified injury of unspecified blood vessel at forearm level, right arm, sequela
S55.992S	Other specified injury of unspecified blood vessel at forearm level, left arm, sequela
S55.999S	Other specified injury of unspecified blood vessel at forearm level, unspecified arm, sequela
S56.001S	Unspecified injury of flexor muscle, fascia and tendon of right thumb at forearm level, sequela
S56.002S	Unspecified injury of flexor muscle, fascia and tendon of left thumb at forearm level, sequela
S56.009S	Unspecified injury of flexor muscle, fascia and tendon of unspecified thumb at forearm level, sequela
S56.011A	Strain of flexor muscle, fascia and tendon of right thumb at forearm level, initial encounter
S56.011S	Strain of flexor muscle, fascia and tendon of right thumb at forearm level, sequela
S56.012A	Strain of flexor muscle, fascia and tendon of left thumb at forearm level, initial encounter
S56.012S	Strain of flexor muscle, fascia and tendon of left thumb at forearm level, sequela
S56.019A	Strain of flexor muscle, fascia and tendon of unspecified thumb at forearm level, initial encounter
S56.019S	Strain of flexor muscle, fascia and tendon of unspecified thumb at forearm level, sequela
S56.021S	Laceration of flexor muscle, fascia and tendon of right thumb at forearm level, sequela
S56.022S	Laceration of flexor muscle, fascia and tendon of left thumb at forearm level, sequela
S56.029S	Laceration of flexor muscle, fascia and tendon of unspecified thumb at forearm level, sequela



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

Code	Description
S56.091S	Other injury of flexor muscle, fascia and tendon of right thumb at forearm level, sequela
S56.092S	Other injury of flexor muscle, fascia and tendon of left thumb at forearm level, sequela
S56.099S	Other injury of flexor muscle, fascia and tendon of unspecified thumb at forearm level, sequela
S56.101S	Unspecified injury of flexor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.102S	Unspecified injury of flexor muscle, fascia and tendon of left index finger at forearm level, sequela
S56.103S	Unspecified injury of flexor muscle, fascia and tendon of right middle finger at forearm level, sequela
S56.104S	Unspecified injury of flexor muscle, fascia and tendon of left middle finger at forearm level, sequela
S56.105S	Unspecified injury of flexor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.106S	Unspecified injury of flexor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.107S	Unspecified injury of flexor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.108S	Unspecified injury of flexor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.109S	Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, sequela
S56.111A	Strain of flexor muscle, fascia and tendon of right index finger at forearm level, initial encounter
S56.111S	Strain of flexor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.112A	Strain of flexor muscle, fascia and tendon of left index finger at forearm level, initial encounter
S56.112S	Strain of flexor muscle, fascia and tendon of left index finger at forearm level, sequela



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

Code	Description
S56.113A	Strain of flexor muscle, fascia and tendon of right middle finger at forearm level, initial encounter
S56.113S	Strain of flexor muscle, fascia and tendon of right middle finger at forearm level, sequela
S56.114A	Strain of flexor muscle, fascia and tendon of left middle finger at forearm level, initial encounter
S56.114S	Strain of flexor muscle, fascia and tendon of left middle finger at forearm level, sequela
S56.115A	Strain of flexor muscle, fascia and tendon of right ring finger at forearm level, initial encounter
S56.115S	Strain of flexor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.116A	Strain of flexor muscle, fascia and tendon of left ring finger at forearm level, initial encounter
S56.116S	Strain of flexor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.117A	Strain of flexor muscle, fascia and tendon of right little finger at forearm level, initial encounter
S56.117S	Strain of flexor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.118A	Strain of flexor muscle, fascia and tendon of left little finger at forearm level, initial encounter
S56.118S	Strain of flexor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.119A	Strain of flexor muscle, fascia and tendon of finger of unspecified finger at forearm level, initial encounter
S56.119S	Strain of flexor muscle, fascia and tendon of finger of unspecified finger at forearm level, sequela
S56.121S	Laceration of flexor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.122S	Laceration of flexor muscle, fascia and tendon of left index finger at forearm level, sequela
S56.123S	Laceration of flexor muscle, fascia and tendon of right middle finger at forearm level, sequela



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

Code	Description
S56.124S	Laceration of flexor muscle, fascia and tendon of left middle finger at forearm level, sequela
S56.125S	Laceration of flexor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.126S	Laceration of flexor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.127S	Laceration of flexor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.128S	Laceration of flexor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.129S	Laceration of flexor muscle, fascia and tendon of unspecified finger at forearm level, sequela
S56.191S	Other injury of flexor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.192S	Other injury of flexor muscle, fascia and tendon of left index finger at forearm level, sequela
S56.193S	Other injury of flexor muscle, fascia and tendon of right middle finger at forearm level, sequela
S56.194S	Other injury of flexor muscle, fascia and tendon of left middle finger at forearm level, sequela
S56.195S	Other injury of flexor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.196S	Other injury of flexor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.197S	Other injury of flexor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.198S	Other injury of flexor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.199S	Other injury of flexor muscle, fascia and tendon of unspecified finger at forearm level, sequela
S56.201S	Unspecified injury of other flexor muscle, fascia and tendon at forearm level, right arm, sequela



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

Code	Description
S56.202S	Unspecified injury of other flexor muscle, fascia and tendon at forearm level, left arm, sequela
S56.209S	Unspecified injury of other flexor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.211A	Strain of other flexor muscle, fascia and tendon at forearm level, right arm, initial encounter
S56.211S	Strain of other flexor muscle, fascia and tendon at forearm level, right arm, sequela
S56.212A	Strain of other flexor muscle, fascia and tendon at forearm level, left arm, initial encounter
S56.212S	Strain of other flexor muscle, fascia and tendon at forearm level, left arm, sequela
S56.219A	Strain of other flexor muscle, fascia and tendon at forearm level, unspecified arm, initial encounter
S56.219S	Strain of other flexor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.221S	Laceration of other flexor muscle, fascia and tendon at forearm level, right arm, sequela
S56.222S	Laceration of other flexor muscle, fascia and tendon at forearm level, left arm, sequela
S56.229S	Laceration of other flexor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.291S	Other injury of other flexor muscle, fascia and tendon at forearm level, right arm, sequela
S56.292S	Other injury of other flexor muscle, fascia and tendon at forearm level, left arm, sequela
S56.299S	Other injury of other flexor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.301S	Unspecified injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, sequela
S56.302S	Unspecified injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, sequela
S56.309S	Unspecified injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, sequela



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

Code	Description
S56.311A	Strain of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, initial encounter
S56.311S	Strain of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, sequela
S56.312A	Strain of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, initial encounter
S56.312S	Strain of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, sequela
S56.319A	Strain of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, initial encounter
S56.319S	Strain of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, sequela
S56.321S	Laceration of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, sequela
S56.322S	Laceration of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, sequela
S56.329S	Laceration of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, sequela
S56.391S	Other injury of extensor or abductor muscles, fascia and tendons of right thumb at forearm level, sequela
S56.392S	Other injury of extensor or abductor muscles, fascia and tendons of left thumb at forearm level, sequela
S56.399S	Other injury of extensor or abductor muscles, fascia and tendons of unspecified thumb at forearm level, sequela
S56.401S	Unspecified injury of extensor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.402S	Unspecified injury of extensor muscle, fascia and tendon of left index finger at forearm level, sequela
S56.403S	Unspecified injury of extensor muscle, fascia and tendon of right middle finger at forearm level, sequela
S56.404S	Unspecified injury of extensor muscle, fascia and tendon of left middle finger at forearm level, sequela



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

Code	Description
S56.405S	Unspecified injury of extensor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.406S	Unspecified injury of extensor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.407S	Unspecified injury of extensor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.408S	Unspecified injury of extensor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.409S	Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, sequela
S56.411A	Strain of extensor muscle, fascia and tendon of right index finger at forearm level, initial encounter
S56.411S	Strain of extensor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.412A	Strain of extensor muscle, fascia and tendon of left index finger at forearm level, initial encounter
S56.412S	Strain of extensor muscle, fascia and tendon of left index finger at forearm level, sequela
S56.413A	Strain of extensor muscle, fascia and tendon of right middle finger at forearm level, initial encounter
S56.413S	Strain of extensor muscle, fascia and tendon of right middle finger at forearm level, sequela
S56.414A	Strain of extensor muscle, fascia and tendon of left middle finger at forearm level, initial encounter
S56.414S	Strain of extensor muscle, fascia and tendon of left middle finger at forearm level, sequela
S56.415A	Strain of extensor muscle, fascia and tendon of right ring finger at forearm level, initial encounter
S56.415S	Strain of extensor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.416A	Strain of extensor muscle, fascia and tendon of left ring finger at forearm level, initial encounter



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

Code	Description
S56.416S	Strain of extensor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.417A	Strain of extensor muscle, fascia and tendon of right little finger at forearm level, initial encounter
S56.417S	Strain of extensor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.418A	Strain of extensor muscle, fascia and tendon of left little finger at forearm level, initial encounter
S56.418S	Strain of extensor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.419A	Strain of extensor muscle, fascia and tendon of finger, unspecified finger at forearm level, initial encounter
S56.419S	Strain of extensor muscle, fascia and tendon of finger, unspecified finger at forearm level, sequela
S56.421S	Laceration of extensor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.422S	Laceration of extensor muscle, fascia and tendon of left index finger at forearm level, sequela
S56.423S	Laceration of extensor muscle, fascia and tendon of right middle finger at forearm level, sequela
S56.424S	Laceration of extensor muscle, fascia and tendon of left middle finger at forearm level, sequela
S56.425S	Laceration of extensor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.426S	Laceration of extensor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.427S	Laceration of extensor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.428S	Laceration of extensor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.429S	Laceration of extensor muscle, fascia and tendon of unspecified finger at forearm level, sequela



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

Code	Description
S56.491S	Other injury of extensor muscle, fascia and tendon of right index finger at forearm level, sequela
S56.492S	Other injury of extensor muscle, fascia and tendon of left index finger at forearm level, sequela
S56.493S	Other injury of extensor muscle, fascia and tendon of right middle finger at forearm level, sequela
S56.494S	Other injury of extensor muscle, fascia and tendon of left middle finger at forearm level, sequela
S56.495S	Other injury of extensor muscle, fascia and tendon of right ring finger at forearm level, sequela
S56.496S	Other injury of extensor muscle, fascia and tendon of left ring finger at forearm level, sequela
S56.497S	Other injury of extensor muscle, fascia and tendon of right little finger at forearm level, sequela
S56.498S	Other injury of extensor muscle, fascia and tendon of left little finger at forearm level, sequela
S56.499S	Other injury of extensor muscle, fascia and tendon of unspecified finger at forearm level, sequela
S56.501S	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, right arm, sequela
S56.502S	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, left arm, sequela
S56.509S	Unspecified injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.511A	Strain of other extensor muscle, fascia and tendon at forearm level, right arm, initial encounter
S56.511S	Strain of other extensor muscle, fascia and tendon at forearm level, right arm, sequela
S56.512A	Strain of other extensor muscle, fascia and tendon at forearm level, left arm, initial encounter
S56.512S	Strain of other extensor muscle, fascia and tendon at forearm level, left arm, sequela



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

Code	Description
S56.519A	Strain of other extensor muscle, fascia and tendon at forearm level, unspecified arm, initial encounter
S56.519S	Strain of other extensor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.521S	Laceration of other extensor muscle, fascia and tendon at forearm level, right arm, sequela
S56.522S	Laceration of other extensor muscle, fascia and tendon at forearm level, left arm, sequela
S56.529S	Laceration of other extensor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.591S	Other injury of other extensor muscle, fascia and tendon at forearm level, right arm, sequela
S56.592S	Other injury of other extensor muscle, fascia and tendon at forearm level, left arm, sequela
S56.599S	Other injury of other extensor muscle, fascia and tendon at forearm level, unspecified arm, sequela
S56.801S	Unspecified injury of other muscles, fascia and tendons at forearm level, right arm, sequela
S56.802S	Unspecified injury of other muscles, fascia and tendons at forearm level, left arm, sequela
S56.809S	Unspecified injury of other muscles, fascia and tendons at forearm level, unspecified arm, sequela
S56.811A	Strain of other muscles, fascia and tendons at forearm level, right arm, initial encounter
S56.811S	Strain of other muscles, fascia and tendons at forearm level, right arm, sequela
S56.812A	Strain of other muscles, fascia and tendons at forearm level, left arm, initial encounter
S56.812S	Strain of other muscles, fascia and tendons at forearm level, left arm, sequela
S56.819A	Strain of other muscles, fascia and tendons at forearm level, unspecified arm, initial encounter
S56.819S	Strain of other muscles, fascia and tendons at forearm level, unspecified arm, sequela
S56.821S	Laceration of other muscles, fascia and tendons at forearm level, right arm, sequela



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

Code	Description
S56.822S	Laceration of other muscles, fascia and tendons at forearm level, left arm, sequela
S56.829S	Laceration of other muscles, fascia and tendons at forearm level, unspecified arm, sequela
S56.891S	Other injury of other muscles, fascia and tendons at forearm level, right arm, sequela
S56.892S	Other injury of other muscles, fascia and tendons at forearm level, left arm, sequela
S56.899S	Other injury of other muscles, fascia and tendons at forearm level, unspecified arm, sequela
S56.901S	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, right arm, sequela
S56.902S	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, left arm, sequela
S56.909S	Unspecified injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, sequela
S56.911A	Strain of unspecified muscles, fascia and tendons at forearm level, right arm, initial encounter
S56.911S	Strain of unspecified muscles, fascia and tendons at forearm level, right arm, sequela
S56.912A	Strain of unspecified muscles, fascia and tendons at forearm level, left arm, initial encounter
S56.912S	Strain of unspecified muscles, fascia and tendons at forearm level, left arm, sequela
S56.919A	Strain of unspecified muscles, fascia and tendons at forearm level, unspecified arm, initial encounter
S56.919S	Strain of unspecified muscles, fascia and tendons at forearm level, unspecified arm, sequela
S56.921S	Laceration of unspecified muscles, fascia and tendons at forearm level, right arm, sequela
S56.922S	Laceration of unspecified muscles, fascia and tendons at forearm level, left arm, sequela
S56.929S	Laceration of unspecified muscles, fascia and tendons at forearm level, unspecified arm, sequela
S56.991S	Other injury of unspecified muscles, fascia and tendons at forearm level, right arm, sequela



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

Code	Description
S56.992S	Other injury of unspecified muscles, fascia and tendons at forearm level, left arm, sequela
S56.999S	Other injury of unspecified muscles, fascia and tendons at forearm level, unspecified arm, sequela
S57.00XS	Crushing injury of unspecified elbow, sequela
S57.01XS	Crushing injury of right elbow, sequela
S57.02XS	Crushing injury of left elbow, sequela
S57.80XS	Crushing injury of unspecified forearm, sequela
S57.81XS	Crushing injury of right forearm, sequela
S57.82XS	Crushing injury of left forearm, sequela
S58.011S	Complete traumatic amputation at elbow level, right arm, sequela
S58.012S	Complete traumatic amputation at elbow level, left arm, sequela
S58.019S	Complete traumatic amputation at elbow level, unspecified arm, sequela
S58.021S	Partial traumatic amputation at elbow level, right arm, sequela
S58.022S	Partial traumatic amputation at elbow level, left arm, sequela
S58.029S	Partial traumatic amputation at elbow level, unspecified arm, sequela
S58.111S	Complete traumatic amputation at level between elbow and wrist, right arm, sequela
S58.112S	Complete traumatic amputation at level between elbow and wrist, left arm, sequela
S58.119S	Complete traumatic amputation at level between elbow and wrist, unspecified arm, sequela
S58.121S	Partial traumatic amputation at level between elbow and wrist, right arm, sequela
S58.122S	Partial traumatic amputation at level between elbow and wrist, left arm, sequela
S58.129S	Partial traumatic amputation at level between elbow and wrist, unspecified arm, sequela
S58.911S	Complete traumatic amputation of right forearm, level unspecified, sequela
S58.912S	Complete traumatic amputation of left forearm, level unspecified, sequela
S58.919S	Complete traumatic amputation of unspecified forearm, level unspecified, sequela
S58.921S	Partial traumatic amputation of right forearm, level unspecified, sequela
S58.922S	Partial traumatic amputation of left forearm, level unspecified, sequela
S58.929S	Partial traumatic amputation of unspecified forearm, level unspecified, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S59.001D	Unspecified physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with routine healing
S59.001G	Unspecified physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with delayed healing
S59.001S	Unspecified physeal fracture of lower end of ulna, right arm, sequela
S59.002D	Unspecified physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with routine healing
S59.002G	Unspecified physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with delayed healing
S59.002S	Unspecified physeal fracture of lower end of ulna, left arm, sequela
S59.009D	Unspecified physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with routine healing
S59.009G	Unspecified physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with delayed healing
S59.009S	Unspecified physeal fracture of lower end of ulna, unspecified arm, sequela
S59.011D	Salter-Harris Type I physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with routine healing
S59.011G	Salter-Harris Type I physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with delayed healing
S59.011S	Salter-Harris Type I physeal fracture of lower end of ulna, right arm, sequela
S59.012D	Salter-Harris Type I physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with routine healing
S59.012G	Salter-Harris Type I physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with delayed healing
S59.012S	Salter-Harris Type I physeal fracture of lower end of ulna, left arm, sequela
S59.019D	Salter-Harris Type I physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with routine healing
S59.019G	Salter-Harris Type I physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with delayed healing
S59.019S	Salter-Harris Type I physeal fracture of lower end of ulna, unspecified arm, sequela
S59.021D	Salter-Harris Type II physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with routine healing



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

Code	Description
S59.021G	Salter-Harris Type II physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with delayed healing
S59.021S	Salter-Harris Type II physeal fracture of lower end of ulna, right arm, sequela
S59.022D	Salter-Harris Type II physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with routine healing
S59.022G	Salter-Harris Type II physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with delayed healing
S59.022S	Salter-Harris Type II physeal fracture of lower end of ulna, left arm, sequela
S59.029D	Salter-Harris Type II physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with routine healing
S59.029G	Salter-Harris Type II physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with delayed healing
S59.029S	Salter-Harris Type II physeal fracture of lower end of ulna, unspecified arm, sequela
S59.031D	Salter-Harris Type III physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with routine healing
S59.031G	Salter-Harris Type III physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with delayed healing
S59.031S	Salter-Harris Type III physeal fracture of lower end of ulna, right arm, sequela
S59.032D	Salter-Harris Type III physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with routine healing
S59.032G	Salter-Harris Type III physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with delayed healing
S59.032S	Salter-Harris Type III physeal fracture of lower end of ulna, left arm, sequela
S59.039D	Salter-Harris Type III physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with routine healing
S59.039G	Salter-Harris Type III physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with delayed healing
S59.039S	Salter-Harris Type III physeal fracture of lower end of ulna, unspecified arm, sequela
S59.041D	Salter-Harris Type IV physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with routine healing
S59.041G	Salter-Harris Type IV physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with delayed healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S59.041S	Salter-Harris Type IV physeal fracture of lower end of ulna, right arm, sequela
S59.042D	Salter-Harris Type IV physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with routine healing
S59.042G	Salter-Harris Type IV physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with delayed healing
S59.042S	Salter-Harris Type IV physeal fracture of lower end of ulna, left arm, sequela
S59.049D	Salter-Harris Type IV physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with routine healing
S59.049G	Salter-Harris Type IV physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with delayed healing
S59.049S	Salter-Harris Type IV physeal fracture of lower end of ulna, unspecified arm, sequela
S59.091D	Other physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with routine healing
S59.091G	Other physeal fracture of lower end of ulna, right arm, subsequent encounter for fracture with delayed healing
S59.091S	Other physeal fracture of lower end of ulna, right arm, sequela
S59.092D	Other physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with routine healing
S59.092G	Other physeal fracture of lower end of ulna, left arm, subsequent encounter for fracture with delayed healing
S59.092S	Other physeal fracture of lower end of ulna, left arm, sequela
S59.099D	Other physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with routine healing
S59.099G	Other physeal fracture of lower end of ulna, unspecified arm, subsequent encounter for fracture with delayed healing
S59.099S	Other physeal fracture of lower end of ulna, unspecified arm, sequela
S59.101D	Unspecified physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with routine healing
S59.101G	Unspecified physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.101S	Unspecified physeal fracture of upper end of radius, right arm, sequela



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

Code	Description
S59.102D	Unspecified physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with routine healing
S59.102G	Unspecified physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.102S	Unspecified physeal fracture of upper end of radius, left arm, sequela
S59.109D	Unspecified physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.109G	Unspecified physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.109S	Unspecified physeal fracture of upper end of radius, unspecified arm, sequela
S59.111D	Salter-Harris Type I physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with routine healing
S59.111G	Salter-Harris Type I physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.111S	Salter-Harris Type I physeal fracture of upper end of radius, right arm, sequela
S59.112D	Salter-Harris Type I physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with routine healing
S59.112G	Salter-Harris Type I physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.112S	Salter-Harris Type I physeal fracture of upper end of radius, left arm, sequela
S59.119D	Salter-Harris Type I physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.119G	Salter-Harris Type I physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.119S	Salter-Harris Type I physeal fracture of upper end of radius, unspecified arm, sequela
S59.121D	Salter-Harris Type II physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with routine healing
S59.121G	Salter-Harris Type II physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.121S	Salter-Harris Type II physeal fracture of upper end of radius, right arm, sequela
S59.122D	Salter-Harris Type II physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with routine healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S59.122G	Salter-Harris Type II physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.122S	Salter-Harris Type II physeal fracture of upper end of radius, left arm, sequela
S59.129D	Salter-Harris Type II physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.129G	Salter-Harris Type II physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.129S	Salter-Harris Type II physeal fracture of upper end of radius, unspecified arm, sequela
S59.131D	Salter-Harris Type III physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with routine healing
S59.131G	Salter-Harris Type III physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.131S	Salter-Harris Type III physeal fracture of upper end of radius, right arm, sequela
S59.132D	Salter-Harris Type III physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with routine healing
S59.132G	Salter-Harris Type III physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.132S	Salter-Harris Type III physeal fracture of upper end of radius, left arm, sequela
S59.139D	Salter-Harris Type III physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.139G	Salter-Harris Type III physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.139S	Salter-Harris Type III physeal fracture of upper end of radius, unspecified arm, sequela
S59.141D	Salter-Harris Type IV physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with routine healing
S59.141G	Salter-Harris Type IV physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.141S	Salter-Harris Type IV physeal fracture of upper end of radius, right arm, sequela
S59.142D	Salter-Harris Type IV physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with routine healing



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

Code	Description
S59.142G	Salter-Harris Type IV physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.142S	Salter-Harris Type IV physeal fracture of upper end of radius, left arm, sequela
S59.149D	Salter-Harris Type IV physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.149G	Salter-Harris Type IV physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.149S	Salter-Harris Type IV physeal fracture of upper end of radius, unspecified arm, sequela
S59.191D	Other physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with routine healing
S59.191G	Other physeal fracture of upper end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.191S	Other physeal fracture of upper end of radius, right arm, sequela
S59.192D	Other physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with routine healing
S59.192G	Other physeal fracture of upper end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.192S	Other physeal fracture of upper end of radius, left arm, sequela
S59.199D	Other physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.199G	Other physeal fracture of upper end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.199S	Other physeal fracture of upper end of radius, unspecified arm, sequela
S59.201D	Unspecified physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with routine healing
S59.201G	Unspecified physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.201S	Unspecified physeal fracture of lower end of radius, right arm, sequela
S59.202D	Unspecified physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with routine healing
S59.202G	Unspecified physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with delayed healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S59.202S	Unspecified physeal fracture of lower end of radius, left arm, sequela
S59.209D	Unspecified physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.209G	Unspecified physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.209S	Unspecified physeal fracture of lower end of radius, unspecified arm, sequela
S59.211D	Salter-Harris Type I physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with routine healing
S59.211G	Salter-Harris Type I physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.211S	Salter-Harris Type I physeal fracture of lower end of radius, right arm, sequela
S59.212D	Salter-Harris Type I physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with routine healing
S59.212G	Salter-Harris Type I physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.212S	Salter-Harris Type I physeal fracture of lower end of radius, left arm, sequela
S59.219D	Salter-Harris Type I physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.219G	Salter-Harris Type I physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.219S	Salter-Harris Type I physeal fracture of lower end of radius, unspecified arm, sequela
S59.221D	Salter-Harris Type II physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with routine healing
S59.221G	Salter-Harris Type II physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.221S	Salter-Harris Type II physeal fracture of lower end of radius, right arm, sequela
S59.222D	Salter-Harris Type II physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with routine healing
S59.222G	Salter-Harris Type II physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.222S	Salter-Harris Type II physeal fracture of lower end of radius, left arm, sequela



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

Code	Description
S59.229D	Salter-Harris Type II physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.229G	Salter-Harris Type II physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.229S	Salter-Harris Type II physeal fracture of lower end of radius, unspecified arm, sequela
S59.231D	Salter-Harris Type III physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with routine healing
S59.231G	Salter-Harris Type III physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.231S	Salter-Harris Type III physeal fracture of lower end of radius, right arm, sequela
S59.232D	Salter-Harris Type III physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with routine healing
S59.232G	Salter-Harris Type III physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.232S	Salter-Harris Type III physeal fracture of lower end of radius, left arm, sequela
S59.239D	Salter-Harris Type III physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.239G	Salter-Harris Type III physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.239S	Salter-Harris Type III physeal fracture of lower end of radius, unspecified arm, sequela
S59.241D	Salter-Harris Type IV physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with routine healing
S59.241G	Salter-Harris Type IV physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.241S	Salter-Harris Type IV physeal fracture of lower end of radius, right arm, sequela
S59.242D	Salter-Harris Type IV physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with routine healing
S59.242G	Salter-Harris Type IV physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.242S	Salter-Harris Type IV physeal fracture of lower end of radius, left arm, sequela



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

Code	Description
S59.249D	Salter-Harris Type IV physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.249G	Salter-Harris Type IV physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.249S	Salter-Harris Type IV physeal fracture of lower end of radius, unspecified arm, sequela
S59.291D	Other physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with routine healing
S59.291G	Other physeal fracture of lower end of radius, right arm, subsequent encounter for fracture with delayed healing
S59.291S	Other physeal fracture of lower end of radius, right arm, sequela
S59.292D	Other physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with routine healing
S59.292G	Other physeal fracture of lower end of radius, left arm, subsequent encounter for fracture with delayed healing
S59.292S	Other physeal fracture of lower end of radius, left arm, sequela
S59.299D	Other physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with routine healing
S59.299G	Other physeal fracture of lower end of radius, unspecified arm, subsequent encounter for fracture with delayed healing
S59.299S	Other physeal fracture of lower end of radius, unspecified arm, sequela
S59.801S	Other specified injuries of right elbow, sequela
S59.802S	Other specified injuries of left elbow, sequela
S59.809S	Other specified injuries of unspecified elbow, sequela
S59.811S	Other specified injuries right forearm, sequela
S59.812S	Other specified injuries left forearm, sequela
S59.819S	Other specified injuries unspecified forearm, sequela
S59.901S	Unspecified injury of right elbow, sequela
S59.902S	Unspecified injury of left elbow, sequela
S59.909S	Unspecified injury of unspecified elbow, sequela
S59.911S	Unspecified injury of right forearm, sequela



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

Code	Description
S59.912S	Unspecified injury of left forearm, sequela
S59.919S	Unspecified injury of unspecified forearm, sequela
S60.00XS	Contusion of unspecified finger without damage to nail, sequela
S60.011S	Contusion of right thumb without damage to nail, sequela
S60.012S	Contusion of left thumb without damage to nail, sequela
S60.019S	Contusion of unspecified thumb without damage to nail, sequela
S60.021S	Contusion of right index finger without damage to nail, sequela
S60.022S	Contusion of left index finger without damage to nail, sequela
S60.029S	Contusion of unspecified index finger without damage to nail, sequela
S60.031S	Contusion of right middle finger without damage to nail, sequela
S60.032S	Contusion of left middle finger without damage to nail, sequela
S60.039S	Contusion of unspecified middle finger without damage to nail, sequela
S60.041S	Contusion of right ring finger without damage to nail, sequela
S60.042S	Contusion of left ring finger without damage to nail, sequela
S60.049S	Contusion of unspecified ring finger without damage to nail, sequela
S60.051S	Contusion of right little finger without damage to nail, sequela
S60.052S	Contusion of left little finger without damage to nail, sequela
S60.059S	Contusion of unspecified little finger without damage to nail, sequela
S60.10XS	Contusion of unspecified finger with damage to nail, sequela
S60.111S	Contusion of right thumb with damage to nail, sequela
S60.112S	Contusion of left thumb with damage to nail, sequela
S60.119S	Contusion of unspecified thumb with damage to nail, sequela
S60.121S	Contusion of right index finger with damage to nail, sequela
S60.122S	Contusion of left index finger with damage to nail, sequela
S60.129S	Contusion of unspecified index finger with damage to nail, sequela
S60.131S	Contusion of right middle finger with damage to nail, sequela
S60.132S	Contusion of left middle finger with damage to nail, sequela
S60.139S	Contusion of unspecified middle finger with damage to nail, sequela



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

Code	Description
S60.141S	Contusion of right ring finger with damage to nail, sequela
S60.142S	Contusion of left ring finger with damage to nail, sequela
S60.149S	Contusion of unspecified ring finger with damage to nail, sequela
S60.151S	Contusion of right little finger with damage to nail, sequela
S60.152S	Contusion of left little finger with damage to nail, sequela
S60.159S	Contusion of unspecified little finger with damage to nail, sequela
S60.211S	Contusion of right wrist, sequela
S60.212S	Contusion of left wrist, sequela
S60.219S	Contusion of unspecified wrist, sequela
S60.221S	Contusion of right hand, sequela
S60.222S	Contusion of left hand, sequela
S60.229S	Contusion of unspecified hand, sequela
S60.311A	Abrasion of right thumb, initial encounter
S60.311S	Abrasion of right thumb, sequela
S60.312A	Abrasion of left thumb, initial encounter
S60.312S	Abrasion of left thumb, sequela
S60.319A	Abrasion of unspecified thumb, initial encounter
S60.319S	Abrasion of unspecified thumb, sequela
S60.321A	Blister (nonthermal) of right thumb, initial encounter
S60.321S	Blister (nonthermal) of right thumb, sequela
S60.322A	Blister (nonthermal) of left thumb, initial encounter
S60.322S	Blister (nonthermal) of left thumb, sequela
S60.329A	Blister (nonthermal) of unspecified thumb, initial encounter
S60.329S	Blister (nonthermal) of unspecified thumb, sequela
S60.341A	External constriction of right thumb, initial encounter
S60.341S	External constriction of right thumb, sequela
S60.342A	External constriction of left thumb, initial encounter
S60.342S	External constriction of left thumb, sequela



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

Code	Description
S60.349A	External constriction of unspecified thumb, initial encounter
S60.349S	External constriction of unspecified thumb, sequela
S60.351A	Superficial foreign body of right thumb, initial encounter
S60.351S	Superficial foreign body of right thumb, sequela
S60.352A	Superficial foreign body of left thumb, initial encounter
S60.352S	Superficial foreign body of left thumb, sequela
S60.359A	Superficial foreign body of unspecified thumb, initial encounter
S60.359S	Superficial foreign body of unspecified thumb, sequela
S60.361A	Insect bite (nonvenomous) of right thumb, initial encounter
S60.361S	Insect bite (nonvenomous) of right thumb, sequela
S60.362A	Insect bite (nonvenomous) of left thumb, initial encounter
S60.362S	Insect bite (nonvenomous) of left thumb, sequela
S60.369A	Insect bite (nonvenomous) of unspecified thumb, initial encounter
S60.369S	Insect bite (nonvenomous) of unspecified thumb, sequela
S60.371A	Other superficial bite of right thumb, initial encounter
S60.371S	Other superficial bite of right thumb, sequela
S60.372A	Other superficial bite of left thumb, initial encounter
S60.372S	Other superficial bite of left thumb, sequela
S60.379A	Other superficial bite of unspecified thumb, initial encounter
S60.379S	Other superficial bite of unspecified thumb, sequela
S60.391A	Other superficial injuries of right thumb, initial encounter
S60.391S	Other superficial injuries of right thumb, sequela
S60.392A	Other superficial injuries of left thumb, initial encounter
S60.392S	Other superficial injuries of left thumb, sequela
S60.399A	Other superficial injuries of unspecified thumb, initial encounter
S60.399S	Other superficial injuries of unspecified thumb, sequela
S60.410A	Abrasion of right index finger, initial encounter
S60.410S	Abrasion of right index finger, sequela



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

Code	Description
S60.411A	Abrasion of left index finger, initial encounter
S60.411S	Abrasion of left index finger, sequela
S60.412A	Abrasion of right middle finger, initial encounter
S60.412S	Abrasion of right middle finger, sequela
S60.413A	Abrasion of left middle finger, initial encounter
S60.413S	Abrasion of left middle finger, sequela
S60.414A	Abrasion of right ring finger, initial encounter
S60.414S	Abrasion of right ring finger, sequela
S60.415A	Abrasion of left ring finger, initial encounter
S60.415S	Abrasion of left ring finger, sequela
S60.416A	Abrasion of right little finger, initial encounter
S60.416S	Abrasion of right little finger, sequela
S60.417A	Abrasion of left little finger, initial encounter
S60.417S	Abrasion of left little finger, sequela
S60.418A	Abrasion of other finger, initial encounter
S60.418S	Abrasion of other finger, sequela
S60.419A	Abrasion of unspecified finger, initial encounter
S60.419S	Abrasion of unspecified finger, sequela
S60.420A	Blister (nonthermal) of right index finger, initial encounter
S60.420S	Blister (nonthermal) of right index finger, sequela
S60.421A	Blister (nonthermal) of left index finger, initial encounter
S60.421S	Blister (nonthermal) of left index finger, sequela
S60.422A	Blister (nonthermal) of right middle finger, initial encounter
S60.422S	Blister (nonthermal) of right middle finger, sequela
S60.423A	Blister (nonthermal) of left middle finger, initial encounter
S60.423S	Blister (nonthermal) of left middle finger, sequela
S60.424A	Blister (nonthermal) of right ring finger, initial encounter
S60.424S	Blister (nonthermal) of right ring finger, sequela



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

Code	Description
S60.425A	Blister (nonthermal) of left ring finger, initial encounter
S60.425S	Blister (nonthermal) of left ring finger, sequela
S60.426A	Blister (nonthermal) of right little finger, initial encounter
S60.426S	Blister (nonthermal) of right little finger, sequela
S60.427A	Blister (nonthermal) of left little finger, initial encounter
S60.427S	Blister (nonthermal) of left little finger, sequela
S60.428A	Blister (nonthermal) of other finger, initial encounter
S60.428S	Blister (nonthermal) of other finger, sequela
S60.429A	Blister (nonthermal) of unspecified finger, initial encounter
S60.429S	Blister (nonthermal) of unspecified finger, sequela
S60.440A	External constriction of right index finger, initial encounter
S60.440S	External constriction of right index finger, sequela
S60.441A	External constriction of left index finger, initial encounter
S60.441S	External constriction of left index finger, sequela
S60.442A	External constriction of right middle finger, initial encounter
S60.442S	External constriction of right middle finger, sequela
S60.443A	External constriction of left middle finger, initial encounter
S60.443S	External constriction of left middle finger, sequela
S60.444A	External constriction of right ring finger, initial encounter
S60.444S	External constriction of right ring finger, sequela
S60.445A	External constriction of left ring finger, initial encounter
S60.445S	External constriction of left ring finger, sequela
S60.446A	External constriction of right little finger, initial encounter
S60.446S	External constriction of right little finger, sequela
S60.447A	External constriction of left little finger, initial encounter
S60.447S	External constriction of left little finger, sequela
S60.448A	External constriction of other finger, initial encounter
S60.448S	External constriction of other finger, sequela



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

Code	Description
S60.449A	External constriction of unspecified finger, initial encounter
S60.449S	External constriction of unspecified finger, sequela
S60.450A	Superficial foreign body of right index finger, initial encounter
S60.450S	Superficial foreign body of right index finger, sequela
S60.451A	Superficial foreign body of left index finger, initial encounter
S60.451S	Superficial foreign body of left index finger, sequela
S60.452A	Superficial foreign body of right middle finger, initial encounter
S60.452S	Superficial foreign body of right middle finger, sequela
S60.453A	Superficial foreign body of left middle finger, initial encounter
S60.453S	Superficial foreign body of left middle finger, sequela
S60.454A	Superficial foreign body of right ring finger, initial encounter
S60.454S	Superficial foreign body of right ring finger, sequela
S60.455A	Superficial foreign body of left ring finger, initial encounter
S60.455S	Superficial foreign body of left ring finger, sequela
S60.456A	Superficial foreign body of right little finger, initial encounter
S60.456S	Superficial foreign body of right little finger, sequela
S60.457A	Superficial foreign body of left little finger, initial encounter
S60.457S	Superficial foreign body of left little finger, sequela
S60.458A	Superficial foreign body of other finger, initial encounter
S60.458S	Superficial foreign body of other finger, sequela
S60.459A	Superficial foreign body of unspecified finger, initial encounter
S60.459S	Superficial foreign body of unspecified finger, sequela
S60.460A	Insect bite (nonvenomous) of right index finger, initial encounter
S60.460S	Insect bite (nonvenomous) of right index finger, sequela
S60.461A	Insect bite (nonvenomous) of left index finger, initial encounter
S60.461S	Insect bite (nonvenomous) of left index finger, sequela
S60.462A	Insect bite (nonvenomous) of right middle finger, initial encounter
S60.462S	Insect bite (nonvenomous) of right middle finger, sequela



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

Code	Description
S60.463A	Insect bite (nonvenomous) of left middle finger, initial encounter
S60.463S	Insect bite (nonvenomous) of left middle finger, sequela
S60.464A	Insect bite (nonvenomous) of right ring finger, initial encounter
S60.464S	Insect bite (nonvenomous) of right ring finger, sequela
S60.465A	Insect bite (nonvenomous) of left ring finger, initial encounter
S60.465S	Insect bite (nonvenomous) of left ring finger, sequela
S60.466A	Insect bite (nonvenomous) of right little finger, initial encounter
S60.466S	Insect bite (nonvenomous) of right little finger, sequela
S60.467A	Insect bite (nonvenomous) of left little finger, initial encounter
S60.467S	Insect bite (nonvenomous) of left little finger, sequela
S60.468A	Insect bite (nonvenomous) of other finger, initial encounter
S60.468S	Insect bite (nonvenomous) of other finger, sequela
S60.469A	Insect bite (nonvenomous) of unspecified finger, initial encounter
S60.469S	Insect bite (nonvenomous) of unspecified finger, sequela
S60.470A	Other superficial bite of right index finger, initial encounter
S60.470S	Other superficial bite of right index finger, sequela
S60.471A	Other superficial bite of left index finger, initial encounter
S60.471S	Other superficial bite of left index finger, sequela
S60.472A	Other superficial bite of right middle finger, initial encounter
S60.472S	Other superficial bite of right middle finger, sequela
S60.473A	Other superficial bite of left middle finger, initial encounter
S60.473S	Other superficial bite of left middle finger, sequela
S60.474A	Other superficial bite of right ring finger, initial encounter
S60.474S	Other superficial bite of right ring finger, sequela
S60.475A	Other superficial bite of left ring finger, initial encounter
S60.475S	Other superficial bite of left ring finger, sequela
S60.476A	Other superficial bite of right little finger, initial encounter
S60.476S	Other superficial bite of right little finger, sequela



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

Code	Description
S60.477A	Other superficial bite of left little finger, initial encounter
S60.477S	Other superficial bite of left little finger, sequela
S60.478A	Other superficial bite of other finger, initial encounter
S60.478S	Other superficial bite of other finger, sequela
S60.479A	Other superficial bite of unspecified finger, initial encounter
S60.479S	Other superficial bite of unspecified finger, sequela
S60.511A	Abrasion of right hand, initial encounter
S60.511S	Abrasion of right hand, sequela
S60.512A	Abrasion of left hand, initial encounter
S60.512S	Abrasion of left hand, sequela
S60.519A	Abrasion of unspecified hand, initial encounter
S60.519S	Abrasion of unspecified hand, sequela
S60.521A	Blister (nonthermal) of right hand, initial encounter
S60.521S	Blister (nonthermal) of right hand, sequela
S60.522A	Blister (nonthermal) of left hand, initial encounter
S60.522S	Blister (nonthermal) of left hand, sequela
S60.529A	Blister (nonthermal) of unspecified hand, initial encounter
S60.529S	Blister (nonthermal) of unspecified hand, sequela
S60.541A	External constriction of right hand, initial encounter
S60.541S	External constriction of right hand, sequela
S60.542A	External constriction of left hand, initial encounter
S60.542S	External constriction of left hand, sequela
S60.549A	External constriction of unspecified hand, initial encounter
S60.549S	External constriction of unspecified hand, sequela
S60.551A	Superficial foreign body of right hand, initial encounter
S60.551S	Superficial foreign body of right hand, sequela
S60.552A	Superficial foreign body of left hand, initial encounter
S60.552S	Superficial foreign body of left hand, sequela



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

Code	Description
S60.559A	Superficial foreign body of unspecified hand, initial encounter
S60.559S	Superficial foreign body of unspecified hand, sequela
S60.561A	Insect bite (nonvenomous) of right hand, initial encounter
S60.561S	Insect bite (nonvenomous) of right hand, sequela
S60.562A	Insect bite (nonvenomous) of left hand, initial encounter
S60.562S	Insect bite (nonvenomous) of left hand, sequela
S60.569A	Insect bite (nonvenomous) of unspecified hand, initial encounter
S60.569S	Insect bite (nonvenomous) of unspecified hand, sequela
S60.571A	Other superficial bite of hand of right hand, initial encounter
S60.571S	Other superficial bite of hand of right hand, sequela
S60.572A	Other superficial bite of hand of left hand, initial encounter
S60.572S	Other superficial bite of hand of left hand, sequela
S60.579A	Other superficial bite of hand of unspecified hand, initial encounter
S60.579S	Other superficial bite of hand of unspecified hand, sequela
S60.811A	Abrasion of right wrist, initial encounter
S60.811S	Abrasion of right wrist, sequela
S60.812A	Abrasion of left wrist, initial encounter
S60.812S	Abrasion of left wrist, sequela
S60.819A	Abrasion of unspecified wrist, initial encounter
S60.819S	Abrasion of unspecified wrist, sequela
S60.821A	Blister (nonthermal) of right wrist, initial encounter
S60.821S	Blister (nonthermal) of right wrist, sequela
S60.822A	Blister (nonthermal) of left wrist, initial encounter
S60.822S	Blister (nonthermal) of left wrist, sequela
S60.829A	Blister (nonthermal) of unspecified wrist, initial encounter
S60.829S	Blister (nonthermal) of unspecified wrist, sequela
S60.841A	External constriction of right wrist, initial encounter
S60.841S	External constriction of right wrist, sequela



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Code	Description
S60.842A	External constriction of left wrist, initial encounter
S60.842S	External constriction of left wrist, sequela
S60.849A	External constriction of unspecified wrist, initial encounter
S60.849S	External constriction of unspecified wrist, sequela
S60.851A	Superficial foreign body of right wrist, initial encounter
S60.851S	Superficial foreign body of right wrist, sequela
S60.852A	Superficial foreign body of left wrist, initial encounter
S60.852S	Superficial foreign body of left wrist, sequela
S60.859A	Superficial foreign body of unspecified wrist, initial encounter
S60.859S	Superficial foreign body of unspecified wrist, sequela
S60.861A	Insect bite (nonvenomous) of right wrist, initial encounter
S60.861S	Insect bite (nonvenomous) of right wrist, sequela
S60.862A	Insect bite (nonvenomous) of left wrist, initial encounter
S60.862S	Insect bite (nonvenomous) of left wrist, sequela
S60.869A	Insect bite (nonvenomous) of unspecified wrist, initial encounter
S60.869S	Insect bite (nonvenomous) of unspecified wrist, sequela
S60.871A	Other superficial bite of right wrist, initial encounter
S60.871S	Other superficial bite of right wrist, sequela
S60.872A	Other superficial bite of left wrist, initial encounter
S60.872S	Other superficial bite of left wrist, sequela
S60.879A	Other superficial bite of unspecified wrist, initial encounter
S60.879S	Other superficial bite of unspecified wrist, sequela
S60.911A	Unspecified superficial injury of right wrist, initial encounter
S60.911S	Unspecified superficial injury of right wrist, sequela
S60.912A	Unspecified superficial injury of left wrist, initial encounter
S60.912S	Unspecified superficial injury of left wrist, sequela
S60.919A	Unspecified superficial injury of unspecified wrist, initial encounter
S60.919S	Unspecified superficial injury of unspecified wrist, sequela



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

Code	Description
S60.921A	Unspecified superficial injury of right hand, initial encounter
S60.921S	Unspecified superficial injury of right hand, sequela
S60.922A	Unspecified superficial injury of left hand, initial encounter
S60.922S	Unspecified superficial injury of left hand, sequela
S60.929A	Unspecified superficial injury of unspecified hand, initial encounter
S60.929S	Unspecified superficial injury of unspecified hand, sequela
S60.931A	Unspecified superficial injury of right thumb, initial encounter
S60.931S	Unspecified superficial injury of right thumb, sequela
S60.932A	Unspecified superficial injury of left thumb, initial encounter
S60.932S	Unspecified superficial injury of left thumb, sequela
S60.939A	Unspecified superficial injury of unspecified thumb, initial encounter
S60.939S	Unspecified superficial injury of unspecified thumb, sequela
S60.940A	Unspecified superficial injury of right index finger, initial encounter
S60.940S	Unspecified superficial injury of right index finger, sequela
S60.941A	Unspecified superficial injury of left index finger, initial encounter
S60.941S	Unspecified superficial injury of left index finger, sequela
S60.942A	Unspecified superficial injury of right middle finger, initial encounter
S60.942S	Unspecified superficial injury of right middle finger, sequela
S60.943A	Unspecified superficial injury of left middle finger, initial encounter
S60.943S	Unspecified superficial injury of left middle finger, sequela
S60.944A	Unspecified superficial injury of right ring finger, initial encounter
S60.944S	Unspecified superficial injury of right ring finger, sequela
S60.945A	Unspecified superficial injury of left ring finger, initial encounter
S60.945S	Unspecified superficial injury of left ring finger, sequela
S60.946A	Unspecified superficial injury of right little finger, initial encounter
S60.946S	Unspecified superficial injury of right little finger, sequela
S60.947A	Unspecified superficial injury of left little finger, initial encounter
S60.947S	Unspecified superficial injury of left little finger, sequela



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

Code	Description
S60.948A	Unspecified superficial injury of other finger, initial encounter
S60.948S	Unspecified superficial injury of other finger, sequela
S60.949A	Unspecified superficial injury of unspecified finger, initial encounter
S60.949S	Unspecified superficial injury of unspecified finger, sequela
S61.001S	Unspecified open wound of right thumb without damage to nail, sequela
S61.002S	Unspecified open wound of left thumb without damage to nail, sequela
S61.009A	Unspecified open wound of unspecified thumb without damage to nail, initial encounter
S61.009S	Unspecified open wound of unspecified thumb without damage to nail, sequela
S61.011S	Laceration without foreign body of right thumb without damage to nail, sequela
S61.012S	Laceration without foreign body of left thumb without damage to nail, sequela
S61.019S	Laceration without foreign body of unspecified thumb without damage to nail, sequela
S61.021S	Laceration with foreign body of right thumb without damage to nail, sequela
S61.022S	Laceration with foreign body of left thumb without damage to nail, sequela
S61.029S	Laceration with foreign body of unspecified thumb without damage to nail, sequela
S61.031S	Puncture wound without foreign body of right thumb without damage to nail, sequela
S61.032S	Puncture wound without foreign body of left thumb without damage to nail, sequela
S61.039S	Puncture wound without foreign body of unspecified thumb without damage to nail, sequela
S61.041S	Puncture wound with foreign body of right thumb without damage to nail, sequela
S61.042S	Puncture wound with foreign body of left thumb without damage to nail, sequela
S61.049S	Puncture wound with foreign body of unspecified thumb without damage to nail, sequela
S61.051S	Open bite of right thumb without damage to nail, sequela
S61.052S	Open bite of left thumb without damage to nail, sequela
S61.059S	Open bite of unspecified thumb without damage to nail, sequela
S61.101S	Unspecified open wound of right thumb with damage to nail, sequela
S61.102S	Unspecified open wound of left thumb with damage to nail, sequela

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Code	Description
S61.109S	Unspecified open wound of unspecified thumb with damage to nail, sequela
S61.111S	Laceration without foreign body of right thumb with damage to nail, sequela
S61.112S	Laceration without foreign body of left thumb with damage to nail, sequela
S61.119S	Laceration without foreign body of unspecified thumb with damage to nail, sequela
S61.121S	Laceration with foreign body of right thumb with damage to nail, sequela
S61.122S	Laceration with foreign body of left thumb with damage to nail, sequela
S61.129S	Laceration with foreign body of unspecified thumb with damage to nail, sequela
S61.131S	Puncture wound without foreign body of right thumb with damage to nail, sequela
S61.132S	Puncture wound without foreign body of left thumb with damage to nail, sequela
S61.139S	Puncture wound without foreign body of unspecified thumb with damage to nail, sequela
S61.141S	Puncture wound with foreign body of right thumb with damage to nail, sequela
S61.142S	Puncture wound with foreign body of left thumb with damage to nail, sequela
S61.149S	Puncture wound with foreign body of unspecified thumb with damage to nail, sequela
S61.151S	Open bite of right thumb with damage to nail, sequela
S61.152S	Open bite of left thumb with damage to nail, sequela
S61.159S	Open bite of unspecified thumb with damage to nail, sequela
S61.200S	Unspecified open wound of right index finger without damage to nail, sequela
S61.201S	Unspecified open wound of left index finger without damage to nail, sequela
S61.202S	Unspecified open wound of right middle finger without damage to nail, sequela
S61.203S	Unspecified open wound of left middle finger without damage to nail, sequela
S61.204S	Unspecified open wound of right ring finger without damage to nail, sequela
S61.205S	Unspecified open wound of left ring finger without damage to nail, sequela
S61.206S	Unspecified open wound of right little finger without damage to nail, sequela
S61.207S	Unspecified open wound of left little finger without damage to nail, sequela
S61.208S	Unspecified open wound of other finger without damage to nail, sequela
S61.209A	Unspecified open wound of unspecified finger without damage to nail, initial encounter



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Code	Description
S61.209S	Unspecified open wound of unspecified finger without damage to nail, sequela
S61.210S	Laceration without foreign body of right index finger without damage to nail, sequela
S61.211S	Laceration without foreign body of left index finger without damage to nail, sequela
S61.212S	Laceration without foreign body of right middle finger without damage to nail, sequela
S61.213S	Laceration without foreign body of left middle finger without damage to nail, sequela
S61.214S	Laceration without foreign body of right ring finger without damage to nail, sequela
S61.215S	Laceration without foreign body of left ring finger without damage to nail, sequela
S61.216S	Laceration without foreign body of right little finger without damage to nail, sequela
S61.217S	Laceration without foreign body of left little finger without damage to nail, sequela
S61.218S	Laceration without foreign body of other finger without damage to nail, sequela
S61.219S	Laceration without foreign body of unspecified finger without damage to nail, sequela
S61.220S	Laceration with foreign body of right index finger without damage to nail, sequela
S61.221S	Laceration with foreign body of left index finger without damage to nail, sequela
S61.222S	Laceration with foreign body of right middle finger without damage to nail, sequela
S61.223S	Laceration with foreign body of left middle finger without damage to nail, sequela
S61.224S	Laceration with foreign body of right ring finger without damage to nail, sequela
S61.225S	Laceration with foreign body of left ring finger without damage to nail, sequela
S61.226S	Laceration with foreign body of right little finger without damage to nail, sequela
S61.227S	Laceration with foreign body of left little finger without damage to nail, sequela
S61.228S	Laceration with foreign body of other finger without damage to nail, sequela
S61.229S	Laceration with foreign body of unspecified finger without damage to nail, sequela
S61.230S	Puncture wound without foreign body of right index finger without damage to nail, sequela
S61.231S	Puncture wound without foreign body of left index finger without damage to nail, sequela
S61.232S	Puncture wound without foreign body of right middle finger without damage to nail, sequela



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S61.233S	Puncture wound without foreign body of left middle finger without damage to nail, sequela
S61.234S	Puncture wound without foreign body of right ring finger without damage to nail, sequela
S61.235S	Puncture wound without foreign body of left ring finger without damage to nail, sequela
S61.236S	Puncture wound without foreign body of right little finger without damage to nail, sequela
S61.237S	Puncture wound without foreign body of left little finger without damage to nail, sequela
S61.238S	Puncture wound without foreign body of other finger without damage to nail, sequela
S61.239S	Puncture wound without foreign body of unspecified finger without damage to nail, sequela
S61.240S	Puncture wound with foreign body of right index finger without damage to nail, sequela
S61.241S	Puncture wound with foreign body of left index finger without damage to nail, sequela
S61.242S	Puncture wound with foreign body of right middle finger without damage to nail, sequela
S61.243S	Puncture wound with foreign body of left middle finger without damage to nail, sequela
S61.244S	Puncture wound with foreign body of right ring finger without damage to nail, sequela
S61.245S	Puncture wound with foreign body of left ring finger without damage to nail, sequela
S61.246S	Puncture wound with foreign body of right little finger without damage to nail, sequela
S61.247S	Puncture wound with foreign body of left little finger without damage to nail, sequela
S61.248S	Puncture wound with foreign body of other finger without damage to nail, sequela
S61.249S	Puncture wound with foreign body of unspecified finger without damage to nail, sequela
S61.250S	Open bite of right index finger without damage to nail, sequela
S61.251S	Open bite of left index finger without damage to nail, sequela

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Code	Description
S61.252S	Open bite of right middle finger without damage to nail, sequela
S61.253S	Open bite of left middle finger without damage to nail, sequela
S61.254S	Open bite of right ring finger without damage to nail, sequela
S61.255S	Open bite of left ring finger without damage to nail, sequela
S61.256S	Open bite of right little finger without damage to nail, sequela
S61.257S	Open bite of left little finger without damage to nail, sequela
S61.258S	Open bite of other finger without damage to nail, sequela
S61.259S	Open bite of unspecified finger without damage to nail, sequela
S61.300S	Unspecified open wound of right index finger with damage to nail, sequela
S61.301S	Unspecified open wound of left index finger with damage to nail, sequela
S61.302S	Unspecified open wound of right middle finger with damage to nail, sequela
S61.303S	Unspecified open wound of left middle finger with damage to nail, sequela
S61.304S	Unspecified open wound of right ring finger with damage to nail, sequela
S61.305S	Unspecified open wound of left ring finger with damage to nail, sequela
S61.306S	Unspecified open wound of right little finger with damage to nail, sequela
S61.307S	Unspecified open wound of left little finger with damage to nail, sequela
S61.308S	Unspecified open wound of other finger with damage to nail, sequela
S61.309S	Unspecified open wound of unspecified finger with damage to nail, sequela
S61.310S	Laceration without foreign body of right index finger with damage to nail, sequela
S61.311S	Laceration without foreign body of left index finger with damage to nail, sequela
S61.312S	Laceration without foreign body of right middle finger with damage to nail, sequela
S61.313S	Laceration without foreign body of left middle finger with damage to nail, sequela
S61.314S	Laceration without foreign body of right ring finger with damage to nail, sequela
S61.315S	Laceration without foreign body of left ring finger with damage to nail, sequela
S61.316S	Laceration without foreign body of right little finger with damage to nail, sequela
S61.317S	Laceration without foreign body of left little finger with damage to nail, sequela
S61.318S	Laceration without foreign body of other finger with damage to nail, sequela
S61.319S	Laceration without foreign body of unspecified finger with damage to nail, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S61.320S	Laceration with foreign body of right index finger with damage to nail, sequela
S61.321S	Laceration with foreign body of left index finger with damage to nail, sequela
S61.322S	Laceration with foreign body of right middle finger with damage to nail, sequela
S61.323S	Laceration with foreign body of left middle finger with damage to nail, sequela
S61.324S	Laceration with foreign body of right ring finger with damage to nail, sequela
S61.325S	Laceration with foreign body of left ring finger with damage to nail, sequela
S61.326S	Laceration with foreign body of right little finger with damage to nail, sequela
S61.327S	Laceration with foreign body of left little finger with damage to nail, sequela
S61.328S	Laceration with foreign body of other finger with damage to nail, sequela
S61.329S	Laceration with foreign body of unspecified finger with damage to nail, sequela
S61.330S	Puncture wound without foreign body of right index finger with damage to nail, sequela
S61.331S	Puncture wound without foreign body of left index finger with damage to nail, sequela
S61.332S	Puncture wound without foreign body of right middle finger with damage to nail, sequela
S61.333S	Puncture wound without foreign body of left middle finger with damage to nail, sequela
S61.334S	Puncture wound without foreign body of right ring finger with damage to nail, sequela
S61.335S	Puncture wound without foreign body of left ring finger with damage to nail, sequela
S61.336S	Puncture wound without foreign body of right little finger with damage to nail, sequela
S61.337S	Puncture wound without foreign body of left little finger with damage to nail, sequela
S61.338S	Puncture wound without foreign body of other finger with damage to nail, sequela
S61.339S	Puncture wound without foreign body of unspecified finger with damage to nail, sequela
S61.340S	Puncture wound with foreign body of right index finger with damage to nail, sequela
S61.341S	Puncture wound with foreign body of left index finger with damage to nail, sequela
S61.342S	Puncture wound with foreign body of right middle finger with damage to nail, sequela

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Code	Description
S61.343S	Puncture wound with foreign body of left middle finger with damage to nail, sequela
S61.344S	Puncture wound with foreign body of right ring finger with damage to nail, sequela
S61.345S	Puncture wound with foreign body of left ring finger with damage to nail, sequela
S61.346S	Puncture wound with foreign body of right little finger with damage to nail, sequela
S61.347S	Puncture wound with foreign body of left little finger with damage to nail, sequela
S61.348S	Puncture wound with foreign body of other finger with damage to nail, sequela
S61.349S	Puncture wound with foreign body of unspecified finger with damage to nail, sequela
S61.350S	Open bite of right index finger with damage to nail, sequela
S61.351S	Open bite of left index finger with damage to nail, sequela
S61.352S	Open bite of right middle finger with damage to nail, sequela
S61.353S	Open bite of left middle finger with damage to nail, sequela
S61.354S	Open bite of right ring finger with damage to nail, sequela
S61.355S	Open bite of left ring finger with damage to nail, sequela
S61.356S	Open bite of right little finger with damage to nail, sequela
S61.357S	Open bite of left little finger with damage to nail, sequela
S61.358S	Open bite of other finger with damage to nail, sequela
S61.359S	Open bite of unspecified finger with damage to nail, sequela
S61.401S	Unspecified open wound of right hand, sequela
S61.402S	Unspecified open wound of left hand, sequela
S61.409A	Unspecified open wound of unspecified hand, initial encounter
S61.409S	Unspecified open wound of unspecified hand, sequela
S61.411S	Laceration without foreign body of right hand, sequela
S61.412S	Laceration without foreign body of left hand, sequela
S61.419S	Laceration without foreign body of unspecified hand, sequela
S61.421S	Laceration with foreign body of right hand, sequela
S61.422S	Laceration with foreign body of left hand, sequela
S61.429S	Laceration with foreign body of unspecified hand, sequela
S61.431S	Puncture wound without foreign body of right hand, sequela

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Code	Description
S61.432S	Puncture wound without foreign body of left hand, sequela
S61.439S	Puncture wound without foreign body of unspecified hand, sequela
S61.441S	Puncture wound with foreign body of right hand, sequela
S61.442S	Puncture wound with foreign body of left hand, sequela
S61.449S	Puncture wound with foreign body of unspecified hand, sequela
S61.451S	Open bite of right hand, sequela
S61.452S	Open bite of left hand, sequela
S61.459S	Open bite of unspecified hand, sequela
S61.501S	Unspecified open wound of right wrist, sequela
S61.502S	Unspecified open wound of left wrist, sequela
S61.509A	Unspecified open wound of unspecified wrist, initial encounter
S61.509S	Unspecified open wound of unspecified wrist, sequela
S61.511S	Laceration without foreign body of right wrist, sequela
S61.512S	Laceration without foreign body of left wrist, sequela
S61.519S	Laceration without foreign body of unspecified wrist, sequela
S61.521S	Laceration with foreign body of right wrist, sequela
S61.522S	Laceration with foreign body of left wrist, sequela
S61.529S	Laceration with foreign body of unspecified wrist, sequela
S61.531S	Puncture wound without foreign body of right wrist, sequela
S61.532S	Puncture wound without foreign body of left wrist, sequela
S61.539S	Puncture wound without foreign body of unspecified wrist, sequela
S61.541S	Puncture wound with foreign body of right wrist, sequela
S61.542S	Puncture wound with foreign body of left wrist, sequela
S61.549S	Puncture wound with foreign body of unspecified wrist, sequela
S61.551S	Open bite of right wrist, sequela
S61.552S	Open bite of left wrist, sequela
S61.559S	Open bite of unspecified wrist, sequela
S62.001D	Unspecified fracture of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S62.001G	Unspecified fracture of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with delayed healing
S62.001S	Unspecified fracture of navicular [scaphoid] bone of right wrist, sequela
S62.002D	Unspecified fracture of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with routine healing
S62.002G	Unspecified fracture of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with delayed healing
S62.002S	Unspecified fracture of navicular [scaphoid] bone of left wrist, sequela
S62.009D	Unspecified fracture of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing
S62.009G	Unspecified fracture of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with delayed healing
S62.009S	Unspecified fracture of navicular [scaphoid] bone of unspecified wrist, sequela
S62.011D	Displaced fracture of distal pole of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with routine healing
S62.011G	Displaced fracture of distal pole of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with delayed healing
S62.011S	Displaced fracture of distal pole of navicular [scaphoid] bone of right wrist, sequela
S62.012D	Displaced fracture of distal pole of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with routine healing
S62.012G	Displaced fracture of distal pole of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with delayed healing
S62.012S	Displaced fracture of distal pole of navicular [scaphoid] bone of left wrist, sequela
S62.013D	Displaced fracture of distal pole of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing
S62.013G	Displaced fracture of distal pole of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with delayed healing
S62.013S	Displaced fracture of distal pole of navicular [scaphoid] bone of unspecified wrist, sequela
S62.014D	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with routine healing
S62.014G	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with delayed healing

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S62.014S	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of right wrist, sequela
S62.015D	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with routine healing
S62.015G	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with delayed healing
S62.015S	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of left wrist, sequela
S62.016D	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing
S62.016G	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with delayed healing
S62.016S	Nondisplaced fracture of distal pole of navicular [scaphoid] bone of unspecified wrist, sequela
S62.021D	Displaced fracture of middle third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with routine healing
S62.021G	Displaced fracture of middle third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with delayed healing
S62.021S	Displaced fracture of middle third of navicular [scaphoid] bone of right wrist, sequela
S62.022D	Displaced fracture of middle third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with routine healing
S62.022G	Displaced fracture of middle third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with delayed healing
S62.022S	Displaced fracture of middle third of navicular [scaphoid] bone of left wrist, sequela
S62.023D	Displaced fracture of middle third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing
S62.023G	Displaced fracture of middle third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with delayed healing
S62.023S	Displaced fracture of middle third of navicular [scaphoid] bone of unspecified wrist, sequela
S62.024D	Nondisplaced fracture of middle third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with routine healing



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

Code	Description
S62.024G	Nondisplaced fracture of middle third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with delayed healing
S62.024S	Nondisplaced fracture of middle third of navicular [scaphoid] bone of right wrist, sequela
S62.025D	Nondisplaced fracture of middle third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with routine healing
S62.025G	Nondisplaced fracture of middle third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with delayed healing
S62.025S	Nondisplaced fracture of middle third of navicular [scaphoid] bone of left wrist, sequela
S62.026D	Nondisplaced fracture of middle third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing
S62.026G	Nondisplaced fracture of middle third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with delayed healing
S62.026S	Nondisplaced fracture of middle third of navicular [scaphoid] bone of unspecified wrist, sequela
S62.031D	Displaced fracture of proximal third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with routine healing
S62.031G	Displaced fracture of proximal third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with delayed healing
S62.031S	Displaced fracture of proximal third of navicular [scaphoid] bone of right wrist, sequela
S62.032D	Displaced fracture of proximal third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with routine healing
S62.032G	Displaced fracture of proximal third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with delayed healing
S62.032S	Displaced fracture of proximal third of navicular [scaphoid] bone of left wrist, sequela
S62.033D	Displaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing
S62.033G	Displaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.033S	Displaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist, sequela
S62.034D	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with routine healing
S62.034G	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of right wrist, subsequent encounter for fracture with delayed healing
S62.034S	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of right wrist, sequela
S62.035D	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with routine healing
S62.035G	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of left wrist, subsequent encounter for fracture with delayed healing
S62.035S	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of left wrist, sequela
S62.036D	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with routine healing
S62.036G	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist, subsequent encounter for fracture with delayed healing
S62.036S	Nondisplaced fracture of proximal third of navicular [scaphoid] bone of unspecified wrist, sequela
S62.101D	Fracture of unspecified carpal bone, right wrist, subsequent encounter for fracture with routine healing
S62.101G	Fracture of unspecified carpal bone, right wrist, subsequent encounter for fracture with delayed healing
S62.101S	Fracture of unspecified carpal bone, right wrist, sequela
S62.102D	Fracture of unspecified carpal bone, left wrist, subsequent encounter for fracture with routine healing
S62.102G	Fracture of unspecified carpal bone, left wrist, subsequent encounter for fracture with delayed healing
S62.102S	Fracture of unspecified carpal bone, left wrist, sequela
S62.109D	Fracture of unspecified carpal bone, unspecified wrist, subsequent encounter for fracture with routine healing



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

Code	Description
S62.109G	Fracture of unspecified carpal bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.109S	Fracture of unspecified carpal bone, unspecified wrist, sequela
S62.111D	Displaced fracture of triquetrum [cuneiform] bone, right wrist, subsequent encounter for fracture with routine healing
S62.111G	Displaced fracture of triquetrum [cuneiform] bone, right wrist, subsequent encounter for fracture with delayed healing
S62.111S	Displaced fracture of triquetrum [cuneiform] bone, right wrist, sequela
S62.112D	Displaced fracture of triquetrum [cuneiform] bone, left wrist, subsequent encounter for fracture with routine healing
S62.112G	Displaced fracture of triquetrum [cuneiform] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.112S	Displaced fracture of triquetrum [cuneiform] bone, left wrist, sequela
S62.113D	Displaced fracture of triquetrum [cuneiform] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.113G	Displaced fracture of triquetrum [cuneiform] bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.113S	Displaced fracture of triquetrum [cuneiform] bone, unspecified wrist, sequela
S62.114D	Nondisplaced fracture of triquetrum [cuneiform] bone, right wrist, subsequent encounter for fracture with routine healing
S62.114G	Nondisplaced fracture of triquetrum [cuneiform] bone, right wrist, subsequent encounter for fracture with delayed healing
S62.114S	Nondisplaced fracture of triquetrum [cuneiform] bone, right wrist, sequela
S62.115D	Nondisplaced fracture of triquetrum [cuneiform] bone, left wrist, subsequent encounter for fracture with routine healing
S62.115G	Nondisplaced fracture of triquetrum [cuneiform] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.115S	Nondisplaced fracture of triquetrum [cuneiform] bone, left wrist, sequela
S62.116D	Nondisplaced fracture of triquetrum [cuneiform] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.116G	Nondisplaced fracture of triquetrum [cuneiform] bone, unspecified wrist, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.116S	Nondisplaced fracture of triquetrum [cuneiform] bone, unspecified wrist, sequela
S62.121D	Displaced fracture of lunate [semilunar], right wrist, subsequent encounter for fracture with routine healing
S62.121G	Displaced fracture of lunate [semilunar], right wrist, subsequent encounter for fracture with delayed healing
S62.121S	Displaced fracture of lunate [semilunar], right wrist, sequela
S62.122D	Displaced fracture of lunate [semilunar], left wrist, subsequent encounter for fracture with routine healing
S62.122G	Displaced fracture of lunate [semilunar], left wrist, subsequent encounter for fracture with delayed healing
S62.122S	Displaced fracture of lunate [semilunar], left wrist, sequela
S62.123D	Displaced fracture of lunate [semilunar], unspecified wrist, subsequent encounter for fracture with routine healing
S62.123G	Displaced fracture of lunate [semilunar], unspecified wrist, subsequent encounter for fracture with delayed healing
S62.123S	Displaced fracture of lunate [semilunar], unspecified wrist, sequela
S62.124D	Nondisplaced fracture of lunate [semilunar], right wrist, subsequent encounter for fracture with routine healing
S62.124G	Nondisplaced fracture of lunate [semilunar], right wrist, subsequent encounter for fracture with delayed healing
S62.124S	Nondisplaced fracture of lunate [semilunar], right wrist, sequela
S62.125D	Nondisplaced fracture of lunate [semilunar], left wrist, subsequent encounter for fracture with routine healing
S62.125G	Nondisplaced fracture of lunate [semilunar], left wrist, subsequent encounter for fracture with delayed healing
S62.125S	Nondisplaced fracture of lunate [semilunar], left wrist, sequela
S62.126D	Nondisplaced fracture of lunate [semilunar], unspecified wrist, subsequent encounter for fracture with routine healing
S62.126G	Nondisplaced fracture of lunate [semilunar], unspecified wrist, subsequent encounter for fracture with delayed healing
S62.126S	Nondisplaced fracture of lunate [semilunar], unspecified wrist, sequela



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

Code	Description
S62.131D	Displaced fracture of capitate [os magnum] bone, right wrist, subsequent encounter for fracture with routine healing
S62.131G	Displaced fracture of capitate [os magnum] bone, right wrist, subsequent encounter for fracture with delayed healing
S62.131S	Displaced fracture of capitate [os magnum] bone, right wrist, sequela
S62.132D	Displaced fracture of capitate [os magnum] bone, left wrist, subsequent encounter for fracture with routine healing
S62.132G	Displaced fracture of capitate [os magnum] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.132S	Displaced fracture of capitate [os magnum] bone, left wrist, sequela
S62.133D	Displaced fracture of capitate [os magnum] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.133G	Displaced fracture of capitate [os magnum] bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.133S	Displaced fracture of capitate [os magnum] bone, unspecified wrist, sequela
S62.134D	Nondisplaced fracture of capitate [os magnum] bone, right wrist, subsequent encounter for fracture with routine healing
S62.134G	Nondisplaced fracture of capitate [os magnum] bone, right wrist, subsequent encounter for fracture with delayed healing
S62.134S	Nondisplaced fracture of capitate [os magnum] bone, right wrist, sequela
S62.135D	Nondisplaced fracture of capitate [os magnum] bone, left wrist, subsequent encounter for fracture with routine healing
S62.135G	Nondisplaced fracture of capitate [os magnum] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.135S	Nondisplaced fracture of capitate [os magnum] bone, left wrist, sequela
S62.136D	Nondisplaced fracture of capitate [os magnum] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.136G	Nondisplaced fracture of capitate [os magnum] bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.136S	Nondisplaced fracture of capitate [os magnum] bone, unspecified wrist, sequela
S62.141D	Displaced fracture of body of hamate [unciform] bone, right wrist, subsequent encounter for fracture with routine healing



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

Code	Description
S62.141G	Displaced fracture of body of hamate [unciform] bone, right wrist, subsequent encounter for fracture with delayed healing
S62.141S	Displaced fracture of body of hamate [unciform] bone, right wrist, sequela
S62.142D	Displaced fracture of body of hamate [unciform] bone, left wrist, subsequent encounter for fracture with routine healing
S62.142G	Displaced fracture of body of hamate [unciform] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.142S	Displaced fracture of body of hamate [unciform] bone, left wrist, sequela
S62.143D	Displaced fracture of body of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.143G	Displaced fracture of body of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.143S	Displaced fracture of body of hamate [unciform] bone, unspecified wrist, sequela
S62.144D	Nondisplaced fracture of body of hamate [unciform] bone, right wrist, subsequent encounter for fracture with routine healing
S62.144G	Nondisplaced fracture of body of hamate [unciform] bone, right wrist, subsequent encounter for fracture with delayed healing
S62.144S	Nondisplaced fracture of body of hamate [unciform] bone, right wrist, sequela
S62.145D	Nondisplaced fracture of body of hamate [unciform] bone, left wrist, subsequent encounter for fracture with routine healing
S62.145G	Nondisplaced fracture of body of hamate [unciform] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.145S	Nondisplaced fracture of body of hamate [unciform] bone, left wrist, sequela
S62.146D	Nondisplaced fracture of body of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.146G	Nondisplaced fracture of body of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.146S	Nondisplaced fracture of body of hamate [unciform] bone, unspecified wrist, sequela
S62.151D	Displaced fracture of hook process of hamate [unciform] bone, right wrist, subsequent encounter for fracture with routine healing
S62.151G	Displaced fracture of hook process of hamate [unciform] bone, right wrist, subsequent encounter for fracture with delayed healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S62.151S	Displaced fracture of hook process of hamate [unciform] bone, right wrist, sequela
S62.152D	Displaced fracture of hook process of hamate [unciform] bone, left wrist, subsequent encounter for fracture with routine healing
S62.152G	Displaced fracture of hook process of hamate [unciform] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.152S	Displaced fracture of hook process of hamate [unciform] bone, left wrist, sequela
S62.153D	Displaced fracture of hook process of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.153G	Displaced fracture of hook process of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.153S	Displaced fracture of hook process of hamate [unciform] bone, unspecified wrist, sequela
S62.154D	Nondisplaced fracture of hook process of hamate [unciform] bone, right wrist, subsequent encounter for fracture with routine healing
S62.154G	Nondisplaced fracture of hook process of hamate [unciform] bone, right wrist, subsequent encounter for fracture with delayed healing
S62.154S	Nondisplaced fracture of hook process of hamate [unciform] bone, right wrist, sequela
S62.155D	Nondisplaced fracture of hook process of hamate [unciform] bone, left wrist, subsequent encounter for fracture with routine healing
S62.155G	Nondisplaced fracture of hook process of hamate [unciform] bone, left wrist, subsequent encounter for fracture with delayed healing
S62.155S	Nondisplaced fracture of hook process of hamate [unciform] bone, left wrist, sequela
S62.156D	Nondisplaced fracture of hook process of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with routine healing
S62.156G	Nondisplaced fracture of hook process of hamate [unciform] bone, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.156S	Nondisplaced fracture of hook process of hamate [unciform] bone, unspecified wrist, sequela
S62.161D	Displaced fracture of pisiform, right wrist, subsequent encounter for fracture with routine healing



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

Code	Description
S62.161G	Displaced fracture of pisiform, right wrist, subsequent encounter for fracture with delayed healing
S62.161S	Displaced fracture of pisiform, right wrist, sequela
S62.162D	Displaced fracture of pisiform, left wrist, subsequent encounter for fracture with routine healing
S62.162G	Displaced fracture of pisiform, left wrist, subsequent encounter for fracture with delayed healing
S62.162S	Displaced fracture of pisiform, left wrist, sequela
S62.163D	Displaced fracture of pisiform, unspecified wrist, subsequent encounter for fracture with routine healing
S62.163G	Displaced fracture of pisiform, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.163S	Displaced fracture of pisiform, unspecified wrist, sequela
S62.164D	Nondisplaced fracture of pisiform, right wrist, subsequent encounter for fracture with routine healing
S62.164G	Nondisplaced fracture of pisiform, right wrist, subsequent encounter for fracture with delayed healing
S62.164S	Nondisplaced fracture of pisiform, right wrist, sequela
S62.165D	Nondisplaced fracture of pisiform, left wrist, subsequent encounter for fracture with routine healing
S62.165G	Nondisplaced fracture of pisiform, left wrist, subsequent encounter for fracture with delayed healing
S62.165S	Nondisplaced fracture of pisiform, left wrist, sequela
S62.166D	Nondisplaced fracture of pisiform, unspecified wrist, subsequent encounter for fracture with routine healing
S62.166G	Nondisplaced fracture of pisiform, unspecified wrist, subsequent encounter for fracture with delayed healing
S62.166S	Nondisplaced fracture of pisiform, unspecified wrist, sequela
S62.171D	Displaced fracture of trapezium [larger multangular], right wrist, subsequent encounter for fracture with routine healing
S62.171G	Displaced fracture of trapezium [larger multangular], right wrist, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.171S	Displaced fracture of trapezium [larger multangular], right wrist, sequela
S62.172D	Displaced fracture of trapezium [larger multangular], left wrist, subsequent encounter for fracture with routine healing
S62.172G	Displaced fracture of trapezium [larger multangular], left wrist, subsequent encounter for fracture with delayed healing
S62.172S	Displaced fracture of trapezium [larger multangular], left wrist, sequela
S62.173D	Displaced fracture of trapezium [larger multangular], unspecified wrist, subsequent encounter for fracture with routine healing
S62.173G	Displaced fracture of trapezium [larger multangular], unspecified wrist, subsequent encounter for fracture with delayed healing
S62.173S	Displaced fracture of trapezium [larger multangular], unspecified wrist, sequela
S62.174D	Nondisplaced fracture of trapezium [larger multangular], right wrist, subsequent encounter for fracture with routine healing
S62.174G	Nondisplaced fracture of trapezium [larger multangular], right wrist, subsequent encounter for fracture with delayed healing
S62.174S	Nondisplaced fracture of trapezium [larger multangular], right wrist, sequela
S62.175D	Nondisplaced fracture of trapezium [larger multangular], left wrist, subsequent encounter for fracture with routine healing
S62.175G	Nondisplaced fracture of trapezium [larger multangular], left wrist, subsequent encounter for fracture with delayed healing
S62.175S	Nondisplaced fracture of trapezium [larger multangular], left wrist, sequela
S62.176D	Nondisplaced fracture of trapezium [larger multangular], unspecified wrist, subsequent encounter for fracture with routine healing
S62.176G	Nondisplaced fracture of trapezium [larger multangular], unspecified wrist, subsequent encounter for fracture with delayed healing
S62.176S	Nondisplaced fracture of trapezium [larger multangular], unspecified wrist, sequela
S62.181D	Displaced fracture of trapezoid [smaller multangular], right wrist, subsequent encounter for fracture with routine healing
S62.181G	Displaced fracture of trapezoid [smaller multangular], right wrist, subsequent encounter for fracture with delayed healing
S62.181S	Displaced fracture of trapezoid [smaller multangular], right wrist, sequela



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

Code	Description
S62.182D	Displaced fracture of trapezoid [smaller multangular], left wrist, subsequent encounter for fracture with routine healing
S62.182G	Displaced fracture of trapezoid [smaller multangular], left wrist, subsequent encounter for fracture with delayed healing
S62.182S	Displaced fracture of trapezoid [smaller multangular], left wrist, sequela
S62.183D	Displaced fracture of trapezoid [smaller multangular], unspecified wrist, subsequent encounter for fracture with routine healing
S62.183G	Displaced fracture of trapezoid [smaller multangular], unspecified wrist, subsequent encounter for fracture with delayed healing
S62.183S	Displaced fracture of trapezoid [smaller multangular], unspecified wrist, sequela
S62.184D	Nondisplaced fracture of trapezoid [smaller multangular], right wrist, subsequent encounter for fracture with routine healing
S62.184G	Nondisplaced fracture of trapezoid [smaller multangular], right wrist, subsequent encounter for fracture with delayed healing
S62.184S	Nondisplaced fracture of trapezoid [smaller multangular], right wrist, sequela
S62.185D	Nondisplaced fracture of trapezoid [smaller multangular], left wrist, subsequent encounter for fracture with routine healing
S62.185G	Nondisplaced fracture of trapezoid [smaller multangular], left wrist, subsequent encounter for fracture with delayed healing
S62.185S	Nondisplaced fracture of trapezoid [smaller multangular], left wrist, sequela
S62.186D	Nondisplaced fracture of trapezoid [smaller multangular], unspecified wrist, subsequent encounter for fracture with routine healing
S62.186G	Nondisplaced fracture of trapezoid [smaller multangular], unspecified wrist, subsequent encounter for fracture with delayed healing
S62.186S	Nondisplaced fracture of trapezoid [smaller multangular], unspecified wrist, sequela
S62.201D	Unspecified fracture of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.201G	Unspecified fracture of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.201S	Unspecified fracture of first metacarpal bone, right hand, sequela
S62.202D	Unspecified fracture of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing



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

Code	Description
S62.202G	Unspecified fracture of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.202S	Unspecified fracture of first metacarpal bone, left hand, sequela
S62.209D	Unspecified fracture of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing
S62.209G	Unspecified fracture of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing
S62.209S	Unspecified fracture of first metacarpal bone, unspecified hand, sequela
S62.211D	Bennett's fracture, right hand, subsequent encounter for fracture with routine healing
S62.211G	Bennett's fracture, right hand, subsequent encounter for fracture with delayed healing
S62.211S	Bennett's fracture, right hand, sequela
S62.212D	Bennett's fracture, left hand, subsequent encounter for fracture with routine healing
S62.212G	Bennett's fracture, left hand, subsequent encounter for fracture with delayed healing
S62.212S	Bennett's fracture, left hand, sequela
S62.213D	Bennett's fracture, unspecified hand, subsequent encounter for fracture with routine healing
S62.213G	Bennett's fracture, unspecified hand, subsequent encounter for fracture with delayed healing
S62.213S	Bennett's fracture, unspecified hand, sequela
S62.221D	Displaced Rolando's fracture, right hand, subsequent encounter for fracture with routine healing
S62.221G	Displaced Rolando's fracture, right hand, subsequent encounter for fracture with delayed healing
S62.221S	Displaced Rolando's fracture, right hand, sequela
S62.222D	Displaced Rolando's fracture, left hand, subsequent encounter for fracture with routine healing
S62.222G	Displaced Rolando's fracture, left hand, subsequent encounter for fracture with delayed healing
S62.222S	Displaced Rolando's fracture, left hand, sequela



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

Code	Description
S62.223D	Displaced Rolando's fracture, unspecified hand, subsequent encounter for fracture with routine healing
S62.223G	Displaced Rolando's fracture, unspecified hand, subsequent encounter for fracture with delayed healing
S62.223S	Displaced Rolando's fracture, unspecified hand, sequela
S62.224D	Nondisplaced Rolando's fracture, right hand, subsequent encounter for fracture with routine healing
S62.224G	Nondisplaced Rolando's fracture, right hand, subsequent encounter for fracture with delayed healing
S62.224S	Nondisplaced Rolando's fracture, right hand, sequela
S62.225D	Nondisplaced Rolando's fracture, left hand, subsequent encounter for fracture with routine healing
S62.225G	Nondisplaced Rolando's fracture, left hand, subsequent encounter for fracture with delayed healing
S62.225S	Nondisplaced Rolando's fracture, left hand, sequela
S62.226D	Nondisplaced Rolando's fracture, unspecified hand, subsequent encounter for fracture with routine healing
S62.226G	Nondisplaced Rolando's fracture, unspecified hand, subsequent encounter for fracture with delayed healing
S62.226S	Nondisplaced Rolando's fracture, unspecified hand, sequela
S62.231D	Other displaced fracture of base of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.231G	Other displaced fracture of base of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.231S	Other displaced fracture of base of first metacarpal bone, right hand, sequela
S62.232D	Other displaced fracture of base of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.232G	Other displaced fracture of base of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.232S	Other displaced fracture of base of first metacarpal bone, left hand, sequela
S62.233D	Other displaced fracture of base of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing



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

Code	Description
S62.233G	Other displaced fracture of base of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing
S62.233S	Other displaced fracture of base of first metacarpal bone, unspecified hand, sequela
S62.234D	Other nondisplaced fracture of base of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.234G	Other nondisplaced fracture of base of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.234S	Other nondisplaced fracture of base of first metacarpal bone, right hand, sequela
S62.235D	Other nondisplaced fracture of base of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.235G	Other nondisplaced fracture of base of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.235S	Other nondisplaced fracture of base of first metacarpal bone, left hand, sequela
S62.236D	Other nondisplaced fracture of base of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing
S62.236G	Other nondisplaced fracture of base of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing
S62.236S	Other nondisplaced fracture of base of first metacarpal bone, unspecified hand, sequela
S62.241D	Displaced fracture of shaft of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.241G	Displaced fracture of shaft of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.241S	Displaced fracture of shaft of first metacarpal bone, right hand, sequela
S62.242D	Displaced fracture of shaft of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.242G	Displaced fracture of shaft of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.242S	Displaced fracture of shaft of first metacarpal bone, left hand, sequela
S62.243D	Displaced fracture of shaft of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing
S62.243G	Displaced fracture of shaft of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S62.243S	Displaced fracture of shaft of first metacarpal bone, unspecified hand, sequela
S62.244D	Nondisplaced fracture of shaft of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.244G	Nondisplaced fracture of shaft of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.244S	Nondisplaced fracture of shaft of first metacarpal bone, right hand, sequela
S62.245D	Nondisplaced fracture of shaft of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.245G	Nondisplaced fracture of shaft of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.245S	Nondisplaced fracture of shaft of first metacarpal bone, left hand, sequela
S62.246D	Nondisplaced fracture of shaft of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing
S62.246G	Nondisplaced fracture of shaft of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing
S62.246S	Nondisplaced fracture of shaft of first metacarpal bone, unspecified hand, sequela
S62.251D	Displaced fracture of neck of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.251G	Displaced fracture of neck of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.251S	Displaced fracture of neck of first metacarpal bone, right hand, sequela
S62.252D	Displaced fracture of neck of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.252G	Displaced fracture of neck of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.252S	Displaced fracture of neck of first metacarpal bone, left hand, sequela
S62.253D	Displaced fracture of neck of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing
S62.253G	Displaced fracture of neck of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing
S62.253S	Displaced fracture of neck of first metacarpal bone, unspecified hand, sequela



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

Code	Description
S62.254D	Nondisplaced fracture of neck of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.254G	Nondisplaced fracture of neck of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.254S	Nondisplaced fracture of neck of first metacarpal bone, right hand, sequela
S62.255D	Nondisplaced fracture of neck of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.255G	Nondisplaced fracture of neck of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.255S	Nondisplaced fracture of neck of first metacarpal bone, left hand, sequela
S62.256D	Nondisplaced fracture of neck of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing
S62.256G	Nondisplaced fracture of neck of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing
S62.256S	Nondisplaced fracture of neck of first metacarpal bone, unspecified hand, sequela
S62.291D	Other fracture of first metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.291G	Other fracture of first metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.291S	Other fracture of first metacarpal bone, right hand, sequela
S62.292D	Other fracture of first metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.292G	Other fracture of first metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.292S	Other fracture of first metacarpal bone, left hand, sequela
S62.299D	Other fracture of first metacarpal bone, unspecified hand, subsequent encounter for fracture with routine healing
S62.299G	Other fracture of first metacarpal bone, unspecified hand, subsequent encounter for fracture with delayed healing
S62.299S	Other fracture of first metacarpal bone, unspecified hand, sequela
S62.300D	Unspecified fracture of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing



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

Code	Description
S62.300G	Unspecified fracture of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.300S	Unspecified fracture of second metacarpal bone, right hand, sequela
S62.301D	Unspecified fracture of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.301G	Unspecified fracture of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.301S	Unspecified fracture of second metacarpal bone, left hand, sequela
S62.302D	Unspecified fracture of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.302G	Unspecified fracture of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.302S	Unspecified fracture of third metacarpal bone, right hand, sequela
S62.303D	Unspecified fracture of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.303G	Unspecified fracture of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.303S	Unspecified fracture of third metacarpal bone, left hand, sequela
S62.304D	Unspecified fracture of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.304G	Unspecified fracture of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.304S	Unspecified fracture of fourth metacarpal bone, right hand, sequela
S62.305D	Unspecified fracture of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.305G	Unspecified fracture of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.305S	Unspecified fracture of fourth metacarpal bone, left hand, sequela
S62.306D	Unspecified fracture of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.306G	Unspecified fracture of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.306S	Unspecified fracture of fifth metacarpal bone, right hand, sequela
S62.307D	Unspecified fracture of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.307G	Unspecified fracture of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.307S	Unspecified fracture of fifth metacarpal bone, left hand, sequela
S62.308D	Unspecified fracture of other metacarpal bone, subsequent encounter for fracture with routine healing
S62.308G	Unspecified fracture of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.308S	Unspecified fracture of other metacarpal bone, sequela
S62.309D	Unspecified fracture of unspecified metacarpal bone, subsequent encounter for fracture with routine healing
S62.309G	Unspecified fracture of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.309S	Unspecified fracture of unspecified metacarpal bone, sequela
S62.310D	Displaced fracture of base of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.310G	Displaced fracture of base of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.310S	Displaced fracture of base of second metacarpal bone, right hand, sequela
S62.311D	Displaced fracture of base of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.311G	Displaced fracture of base of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.311S	Displaced fracture of base of second metacarpal bone, left hand, sequela
S62.312D	Displaced fracture of base of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.312G	Displaced fracture of base of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.312S	Displaced fracture of base of third metacarpal bone, right hand, sequela



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

Code	Description
S62.313D	Displaced fracture of base of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.313G	Displaced fracture of base of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.313S	Displaced fracture of base of third metacarpal bone, left hand, sequela
S62.314D	Displaced fracture of base of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.314G	Displaced fracture of base of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.314S	Displaced fracture of base of fourth metacarpal bone, right hand, sequela
S62.315D	Displaced fracture of base of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.315G	Displaced fracture of base of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.315S	Displaced fracture of base of fourth metacarpal bone, left hand, sequela
S62.316D	Displaced fracture of base of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.316G	Displaced fracture of base of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.316S	Displaced fracture of base of fifth metacarpal bone, right hand, sequela
S62.317D	Displaced fracture of base of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.317G	Displaced fracture of base of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.317S	Displaced fracture of base of fifth metacarpal bone, left hand, sequela
S62.318D	Displaced fracture of base of other metacarpal bone, subsequent encounter for fracture with routine healing
S62.318G	Displaced fracture of base of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.318S	Displaced fracture of base of other metacarpal bone, sequela
S62.319D	Displaced fracture of base of unspecified metacarpal bone, subsequent encounter for fracture with routine healing



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

Code	Description
S62.319G	Displaced fracture of base of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.319S	Displaced fracture of base of unspecified metacarpal bone, sequela
S62.320D	Displaced fracture of shaft of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.320G	Displaced fracture of shaft of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.320S	Displaced fracture of shaft of second metacarpal bone, right hand, sequela
S62.321D	Displaced fracture of shaft of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.321G	Displaced fracture of shaft of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.321S	Displaced fracture of shaft of second metacarpal bone, left hand, sequela
S62.322D	Displaced fracture of shaft of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.322G	Displaced fracture of shaft of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.322S	Displaced fracture of shaft of third metacarpal bone, right hand, sequela
S62.323D	Displaced fracture of shaft of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.323G	Displaced fracture of shaft of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.323S	Displaced fracture of shaft of third metacarpal bone, left hand, sequela
S62.324D	Displaced fracture of shaft of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.324G	Displaced fracture of shaft of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.324S	Displaced fracture of shaft of fourth metacarpal bone, right hand, sequela
S62.325D	Displaced fracture of shaft of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.325G	Displaced fracture of shaft of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.325S	Displaced fracture of shaft of fourth metacarpal bone, left hand, sequela
S62.326D	Displaced fracture of shaft of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.326G	Displaced fracture of shaft of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.326S	Displaced fracture of shaft of fifth metacarpal bone, right hand, sequela
S62.327D	Displaced fracture of shaft of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.327G	Displaced fracture of shaft of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.327S	Displaced fracture of shaft of fifth metacarpal bone, left hand, sequela
S62.328D	Displaced fracture of shaft of other metacarpal bone, subsequent encounter for fracture with routine healing
S62.328G	Displaced fracture of shaft of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.328S	Displaced fracture of shaft of other metacarpal bone, sequela
S62.329D	Displaced fracture of shaft of unspecified metacarpal bone, subsequent encounter for fracture with routine healing
S62.329G	Displaced fracture of shaft of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.329S	Displaced fracture of shaft of unspecified metacarpal bone, sequela
S62.330D	Displaced fracture of neck of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.330G	Displaced fracture of neck of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.330S	Displaced fracture of neck of second metacarpal bone, right hand, sequela
S62.331D	Displaced fracture of neck of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.331G	Displaced fracture of neck of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.331S	Displaced fracture of neck of second metacarpal bone, left hand, sequela



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

Code	Description
S62.332D	Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.332G	Displaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.332S	Displaced fracture of neck of third metacarpal bone, right hand, sequela
S62.333D	Displaced fracture of neck of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.333G	Displaced fracture of neck of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.333S	Displaced fracture of neck of third metacarpal bone, left hand, sequela
S62.334D	Displaced fracture of neck of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.334G	Displaced fracture of neck of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.334S	Displaced fracture of neck of fourth metacarpal bone, right hand, sequela
S62.335D	Displaced fracture of neck of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.335G	Displaced fracture of neck of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.335S	Displaced fracture of neck of fourth metacarpal bone, left hand, sequela
S62.336D	Displaced fracture of neck of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.336G	Displaced fracture of neck of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.336S	Displaced fracture of neck of fifth metacarpal bone, right hand, sequela
S62.337D	Displaced fracture of neck of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.337G	Displaced fracture of neck of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.337S	Displaced fracture of neck of fifth metacarpal bone, left hand, sequela
S62.338D	Displaced fracture of neck of other metacarpal bone, subsequent encounter for fracture with routine healing



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

Code	Description
S62.338G	Displaced fracture of neck of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.338S	Displaced fracture of neck of other metacarpal bone, sequela
S62.339D	Displaced fracture of neck of unspecified metacarpal bone, subsequent encounter for fracture with routine healing
S62.339G	Displaced fracture of neck of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.339S	Displaced fracture of neck of unspecified metacarpal bone, sequela
S62.340D	Nondisplaced fracture of base of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.340G	Nondisplaced fracture of base of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.340S	Nondisplaced fracture of base of second metacarpal bone, right hand, sequela
S62.341D	Nondisplaced fracture of base of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.341G	Nondisplaced fracture of base of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.341S	Nondisplaced fracture of base of second metacarpal bone, left hand, sequela
S62.342D	Nondisplaced fracture of base of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.342G	Nondisplaced fracture of base of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.342S	Nondisplaced fracture of base of third metacarpal bone, right hand, sequela
S62.343D	Nondisplaced fracture of base of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.343G	Nondisplaced fracture of base of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.343S	Nondisplaced fracture of base of third metacarpal bone, left hand, sequela
S62.344D	Nondisplaced fracture of base of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.344G	Nondisplaced fracture of base of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.344S	Nondisplaced fracture of base of fourth metacarpal bone, right hand, sequela
S62.345D	Nondisplaced fracture of base of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.345G	Nondisplaced fracture of base of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.345S	Nondisplaced fracture of base of fourth metacarpal bone, left hand, sequela
S62.346D	Nondisplaced fracture of base of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.346G	Nondisplaced fracture of base of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.346S	Nondisplaced fracture of base of fifth metacarpal bone, right hand, sequela
S62.347D	Nondisplaced fracture of base of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.347G	Nondisplaced fracture of base of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.347S	Nondisplaced fracture of base of fifth metacarpal bone, left hand, sequela
S62.348D	Nondisplaced fracture of base of other metacarpal bone, subsequent encounter for fracture with routine healing
S62.348G	Nondisplaced fracture of base of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.348S	Nondisplaced fracture of base of other metacarpal bone, sequela
S62.349D	Nondisplaced fracture of base of unspecified metacarpal bone, subsequent encounter for fracture with routine healing
S62.349G	Nondisplaced fracture of base of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.349S	Nondisplaced fracture of base of unspecified metacarpal bone, sequela
S62.350D	Nondisplaced fracture of shaft of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.350G	Nondisplaced fracture of shaft of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.350S	Nondisplaced fracture of shaft of second metacarpal bone, right hand, sequela



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

Code	Description
S62.351D	Nondisplaced fracture of shaft of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.351G	Nondisplaced fracture of shaft of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.351S	Nondisplaced fracture of shaft of second metacarpal bone, left hand, sequela
S62.352D	Nondisplaced fracture of shaft of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.352G	Nondisplaced fracture of shaft of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.352S	Nondisplaced fracture of shaft of third metacarpal bone, right hand, sequela
S62.353D	Nondisplaced fracture of shaft of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.353G	Nondisplaced fracture of shaft of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.353S	Nondisplaced fracture of shaft of third metacarpal bone, left hand, sequela
S62.354D	Nondisplaced fracture of shaft of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.354G	Nondisplaced fracture of shaft of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.354S	Nondisplaced fracture of shaft of fourth metacarpal bone, right hand, sequela
S62.355D	Nondisplaced fracture of shaft of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.355G	Nondisplaced fracture of shaft of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.355S	Nondisplaced fracture of shaft of fourth metacarpal bone, left hand, sequela
S62.356D	Nondisplaced fracture of shaft of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.356G	Nondisplaced fracture of shaft of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.356S	Nondisplaced fracture of shaft of fifth metacarpal bone, right hand, sequela
S62.357D	Nondisplaced fracture of shaft of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing



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

Code	Description
S62.357G	Nondisplaced fracture of shaft of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.357S	Nondisplaced fracture of shaft of fifth metacarpal bone, left hand, sequela
S62.358D	Nondisplaced fracture of shaft of other metacarpal bone, subsequent encounter for fracture with routine healing
S62.358G	Nondisplaced fracture of shaft of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.358S	Nondisplaced fracture of shaft of other metacarpal bone, sequela
S62.359D	Nondisplaced fracture of shaft of unspecified metacarpal bone, subsequent encounter for fracture with routine healing
S62.359G	Nondisplaced fracture of shaft of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.359S	Nondisplaced fracture of shaft of unspecified metacarpal bone, sequela
S62.360D	Nondisplaced fracture of neck of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.360G	Nondisplaced fracture of neck of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.360S	Nondisplaced fracture of neck of second metacarpal bone, right hand, sequela
S62.361D	Nondisplaced fracture of neck of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.361G	Nondisplaced fracture of neck of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.361S	Nondisplaced fracture of neck of second metacarpal bone, left hand, sequela
S62.362D	Nondisplaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.362G	Nondisplaced fracture of neck of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.362S	Nondisplaced fracture of neck of third metacarpal bone, right hand, sequela
S62.363D	Nondisplaced fracture of neck of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.363G	Nondisplaced fracture of neck of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.363S	Nondisplaced fracture of neck of third metacarpal bone, left hand, sequela
S62.364D	Nondisplaced fracture of neck of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.364G	Nondisplaced fracture of neck of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.364S	Nondisplaced fracture of neck of fourth metacarpal bone, right hand, sequela
S62.365D	Nondisplaced fracture of neck of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.365G	Nondisplaced fracture of neck of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.365S	Nondisplaced fracture of neck of fourth metacarpal bone, left hand, sequela
S62.366D	Nondisplaced fracture of neck of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.366G	Nondisplaced fracture of neck of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.366S	Nondisplaced fracture of neck of fifth metacarpal bone, right hand, sequela
S62.367D	Nondisplaced fracture of neck of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.367G	Nondisplaced fracture of neck of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.367S	Nondisplaced fracture of neck of fifth metacarpal bone, left hand, sequela
S62.368D	Nondisplaced fracture of neck of other metacarpal bone, subsequent encounter for fracture with routine healing
S62.368G	Nondisplaced fracture of neck of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.368S	Nondisplaced fracture of neck of other metacarpal bone, sequela
S62.369D	Nondisplaced fracture of neck of unspecified metacarpal bone, subsequent encounter for fracture with routine healing
S62.369G	Nondisplaced fracture of neck of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.369S	Nondisplaced fracture of neck of unspecified metacarpal bone, sequela



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

Code	Description
S62.390D	Other fracture of second metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.390G	Other fracture of second metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.390S	Other fracture of second metacarpal bone, right hand, sequela
S62.391D	Other fracture of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.391G	Other fracture of second metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.391S	Other fracture of second metacarpal bone, left hand, sequela
S62.392D	Other fracture of third metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.392G	Other fracture of third metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.392S	Other fracture of third metacarpal bone, right hand, sequela
S62.393D	Other fracture of third metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.393G	Other fracture of third metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.393S	Other fracture of third metacarpal bone, left hand, sequela
S62.394D	Other fracture of fourth metacarpal bone, right hand, subsequent encounter for fracture with routine healing
S62.394G	Other fracture of fourth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.394S	Other fracture of fourth metacarpal bone, right hand, sequela
S62.395D	Other fracture of fourth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.395G	Other fracture of fourth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.395S	Other fracture of fourth metacarpal bone, left hand, sequela
S62.396D	Other fracture of fifth metacarpal bone, right hand, subsequent encounter for fracture with routine healing



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

Code	Description
S62.396G	Other fracture of fifth metacarpal bone, right hand, subsequent encounter for fracture with delayed healing
S62.396S	Other fracture of fifth metacarpal bone, right hand, sequela
S62.397D	Other fracture of fifth metacarpal bone, left hand, subsequent encounter for fracture with routine healing
S62.397G	Other fracture of fifth metacarpal bone, left hand, subsequent encounter for fracture with delayed healing
S62.397S	Other fracture of fifth metacarpal bone, left hand, sequela
S62.398D	Other fracture of other metacarpal bone, subsequent encounter for fracture with routine healing
S62.398G	Other fracture of other metacarpal bone, subsequent encounter for fracture with delayed healing
S62.398S	Other fracture of other metacarpal bone, sequela
S62.399D	Other fracture of unspecified metacarpal bone, subsequent encounter for fracture with routine healing
S62.399G	Other fracture of unspecified metacarpal bone, subsequent encounter for fracture with delayed healing
S62.399S	Other fracture of unspecified metacarpal bone, sequela
S62.501D	Fracture of unspecified phalanx of right thumb, subsequent encounter for fracture with routine healing
S62.501G	Fracture of unspecified phalanx of right thumb, subsequent encounter for fracture with delayed healing
S62.501S	Fracture of unspecified phalanx of right thumb, sequela
S62.502D	Fracture of unspecified phalanx of left thumb, subsequent encounter for fracture with routine healing
S62.502G	Fracture of unspecified phalanx of left thumb, subsequent encounter for fracture with delayed healing
S62.502S	Fracture of unspecified phalanx of left thumb, sequela
S62.509D	Fracture of unspecified phalanx of unspecified thumb, subsequent encounter for fracture with routine healing
S62.509G	Fracture of unspecified phalanx of unspecified thumb, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.509S	Fracture of unspecified phalanx of unspecified thumb, sequela
S62.511D	Displaced fracture of proximal phalanx of right thumb, subsequent encounter for fracture with routine healing
S62.511G	Displaced fracture of proximal phalanx of right thumb, subsequent encounter for fracture with delayed healing
S62.511S	Displaced fracture of proximal phalanx of right thumb, sequela
S62.512D	Displaced fracture of proximal phalanx of left thumb, subsequent encounter for fracture with routine healing
S62.512G	Displaced fracture of proximal phalanx of left thumb, subsequent encounter for fracture with delayed healing
S62.512S	Displaced fracture of proximal phalanx of left thumb, sequela
S62.513D	Displaced fracture of proximal phalanx of unspecified thumb, subsequent encounter for fracture with routine healing
S62.513G	Displaced fracture of proximal phalanx of unspecified thumb, subsequent encounter for fracture with delayed healing
S62.513S	Displaced fracture of proximal phalanx of unspecified thumb, sequela
S62.514D	Nondisplaced fracture of proximal phalanx of right thumb, subsequent encounter for fracture with routine healing
S62.514G	Nondisplaced fracture of proximal phalanx of right thumb, subsequent encounter for fracture with delayed healing
S62.514S	Nondisplaced fracture of proximal phalanx of right thumb, sequela
S62.515D	Nondisplaced fracture of proximal phalanx of left thumb, subsequent encounter for fracture with routine healing
S62.515G	Nondisplaced fracture of proximal phalanx of left thumb, subsequent encounter for fracture with delayed healing
S62.515S	Nondisplaced fracture of proximal phalanx of left thumb, sequela
S62.516D	Nondisplaced fracture of proximal phalanx of unspecified thumb, subsequent encounter for fracture with routine healing
S62.516G	Nondisplaced fracture of proximal phalanx of unspecified thumb, subsequent encounter for fracture with delayed healing
S62.516S	Nondisplaced fracture of proximal phalanx of unspecified thumb, sequela



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

Code	Description
S62.521D	Displaced fracture of distal phalanx of right thumb, subsequent encounter for fracture with routine healing
S62.521G	Displaced fracture of distal phalanx of right thumb, subsequent encounter for fracture with delayed healing
S62.521S	Displaced fracture of distal phalanx of right thumb, sequela
S62.522D	Displaced fracture of distal phalanx of left thumb, subsequent encounter for fracture with routine healing
S62.522G	Displaced fracture of distal phalanx of left thumb, subsequent encounter for fracture with delayed healing
S62.522S	Displaced fracture of distal phalanx of left thumb, sequela
S62.523D	Displaced fracture of distal phalanx of unspecified thumb, subsequent encounter for fracture with routine healing
S62.523G	Displaced fracture of distal phalanx of unspecified thumb, subsequent encounter for fracture with delayed healing
S62.523S	Displaced fracture of distal phalanx of unspecified thumb, sequela
S62.524D	Nondisplaced fracture of distal phalanx of right thumb, subsequent encounter for fracture with routine healing
S62.524G	Nondisplaced fracture of distal phalanx of right thumb, subsequent encounter for fracture with delayed healing
S62.524S	Nondisplaced fracture of distal phalanx of right thumb, sequela
S62.525D	Nondisplaced fracture of distal phalanx of left thumb, subsequent encounter for fracture with routine healing
S62.525G	Nondisplaced fracture of distal phalanx of left thumb, subsequent encounter for fracture with delayed healing
S62.525S	Nondisplaced fracture of distal phalanx of left thumb, sequela
S62.526D	Nondisplaced fracture of distal phalanx of unspecified thumb, subsequent encounter for fracture with routine healing
S62.526G	Nondisplaced fracture of distal phalanx of unspecified thumb, subsequent encounter for fracture with delayed healing
S62.526S	Nondisplaced fracture of distal phalanx of unspecified thumb, sequela
S62.600D	Fracture of unspecified phalanx of right index finger, subsequent encounter for fracture with routine healing



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

Code	Description
S62.600G	Fracture of unspecified phalanx of right index finger, subsequent encounter for fracture with delayed healing
S62.600S	Fracture of unspecified phalanx of right index finger, sequela
S62.601D	Fracture of unspecified phalanx of left index finger, subsequent encounter for fracture with routine healing
S62.601G	Fracture of unspecified phalanx of left index finger, subsequent encounter for fracture with delayed healing
S62.601S	Fracture of unspecified phalanx of left index finger, sequela
S62.602D	Fracture of unspecified phalanx of right middle finger, subsequent encounter for fracture with routine healing
S62.602G	Fracture of unspecified phalanx of right middle finger, subsequent encounter for fracture with delayed healing
S62.602S	Fracture of unspecified phalanx of right middle finger, sequela
S62.603D	Fracture of unspecified phalanx of left middle finger, subsequent encounter for fracture with routine healing
S62.603G	Fracture of unspecified phalanx of left middle finger, subsequent encounter for fracture with delayed healing
S62.603S	Fracture of unspecified phalanx of left middle finger, sequela
S62.604D	Fracture of unspecified phalanx of right ring finger, subsequent encounter for fracture with routine healing
S62.604G	Fracture of unspecified phalanx of right ring finger, subsequent encounter for fracture with delayed healing
S62.604S	Fracture of unspecified phalanx of right ring finger, sequela
S62.605D	Fracture of unspecified phalanx of left ring finger, subsequent encounter for fracture with routine healing
S62.605G	Fracture of unspecified phalanx of left ring finger, subsequent encounter for fracture with delayed healing
S62.605S	Fracture of unspecified phalanx of left ring finger, sequela
S62.606D	Fracture of unspecified phalanx of right little finger, subsequent encounter for fracture with routine healing
S62.606G	Fracture of unspecified phalanx of right little finger, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.606S	Fracture of unspecified phalanx of right little finger, sequela
S62.607D	Fracture of unspecified phalanx of left little finger, subsequent encounter for fracture with routine healing
S62.607G	Fracture of unspecified phalanx of left little finger, subsequent encounter for fracture with delayed healing
S62.607S	Fracture of unspecified phalanx of left little finger, sequela
S62.608D	Fracture of unspecified phalanx of other finger, subsequent encounter for fracture with routine healing
S62.608G	Fracture of unspecified phalanx of other finger, subsequent encounter for fracture with delayed healing
S62.608S	Fracture of unspecified phalanx of other finger, sequela
S62.609D	Fracture of unspecified phalanx of unspecified finger, subsequent encounter for fracture with routine healing
S62.609G	Fracture of unspecified phalanx of unspecified finger, subsequent encounter for fracture with delayed healing
S62.609S	Fracture of unspecified phalanx of unspecified finger, sequela
S62.610D	Displaced fracture of proximal phalanx of right index finger, subsequent encounter for fracture with routine healing
S62.610G	Displaced fracture of proximal phalanx of right index finger, subsequent encounter for fracture with delayed healing
S62.610S	Displaced fracture of proximal phalanx of right index finger, sequela
S62.611D	Displaced fracture of proximal phalanx of left index finger, subsequent encounter for fracture with routine healing
S62.611G	Displaced fracture of proximal phalanx of left index finger, subsequent encounter for fracture with delayed healing
S62.611S	Displaced fracture of proximal phalanx of left index finger, sequela
S62.612D	Displaced fracture of proximal phalanx of right middle finger, subsequent encounter for fracture with routine healing
S62.612G	Displaced fracture of proximal phalanx of right middle finger, subsequent encounter for fracture with delayed healing
S62.612S	Displaced fracture of proximal phalanx of right middle finger, sequela



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

Code	Description
S62.613D	Displaced fracture of proximal phalanx of left middle finger, subsequent encounter for fracture with routine healing
S62.613G	Displaced fracture of proximal phalanx of left middle finger, subsequent encounter for fracture with delayed healing
S62.613S	Displaced fracture of proximal phalanx of left middle finger, sequela
S62.614D	Displaced fracture of proximal phalanx of right ring finger, subsequent encounter for fracture with routine healing
S62.614G	Displaced fracture of proximal phalanx of right ring finger, subsequent encounter for fracture with delayed healing
S62.614S	Displaced fracture of proximal phalanx of right ring finger, sequela
S62.615D	Displaced fracture of proximal phalanx of left ring finger, subsequent encounter for fracture with routine healing
S62.615G	Displaced fracture of proximal phalanx of left ring finger, subsequent encounter for fracture with delayed healing
S62.615S	Displaced fracture of proximal phalanx of left ring finger, sequela
S62.616D	Displaced fracture of proximal phalanx of right little finger, subsequent encounter for fracture with routine healing
S62.616G	Displaced fracture of proximal phalanx of right little finger, subsequent encounter for fracture with delayed healing
S62.616S	Displaced fracture of proximal phalanx of right little finger, sequela
S62.617D	Displaced fracture of proximal phalanx of left little finger, subsequent encounter for fracture with routine healing
S62.617G	Displaced fracture of proximal phalanx of left little finger, subsequent encounter for fracture with delayed healing
S62.617S	Displaced fracture of proximal phalanx of left little finger, sequela
S62.618D	Displaced fracture of proximal phalanx of other finger, subsequent encounter for fracture with routine healing
S62.618G	Displaced fracture of proximal phalanx of other finger, subsequent encounter for fracture with delayed healing
S62.618S	Displaced fracture of proximal phalanx of other finger, sequela
S62.619D	Displaced fracture of proximal phalanx of unspecified finger, subsequent encounter for fracture with routine healing



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

Code	Description
S62.619G	Displaced fracture of proximal phalanx of unspecified finger, subsequent encounter for fracture with delayed healing
S62.619S	Displaced fracture of proximal phalanx of unspecified finger, sequela
S62.620D	Displaced fracture of middle phalanx of right index finger, subsequent encounter for fracture with routine healing
S62.620G	Displaced fracture of middle phalanx of right index finger, subsequent encounter for fracture with delayed healing
S62.620S	Displaced fracture of middle phalanx of right index finger, sequela
S62.621D	Displaced fracture of middle phalanx of left index finger, subsequent encounter for fracture with routine healing
S62.621G	Displaced fracture of middle phalanx of left index finger, subsequent encounter for fracture with delayed healing
S62.621S	Displaced fracture of middle phalanx of left index finger, sequela
S62.622D	Displaced fracture of middle phalanx of right middle finger, subsequent encounter for fracture with routine healing
S62.622G	Displaced fracture of middle phalanx of right middle finger, subsequent encounter for fracture with delayed healing
S62.622S	Displaced fracture of middle phalanx of right middle finger, sequela
S62.623D	Displaced fracture of middle phalanx of left middle finger, subsequent encounter for fracture with routine healing
S62.623G	Displaced fracture of middle phalanx of left middle finger, subsequent encounter for fracture with delayed healing
S62.623S	Displaced fracture of middle phalanx of left middle finger, sequela
S62.624D	Displaced fracture of middle phalanx of right ring finger, subsequent encounter for fracture with routine healing
S62.624G	Displaced fracture of middle phalanx of right ring finger, subsequent encounter for fracture with delayed healing
S62.624S	Displaced fracture of middle phalanx of right ring finger, sequela
S62.625D	Displaced fracture of middle phalanx of left ring finger, subsequent encounter for fracture with routine healing
S62.625G	Displaced fracture of middle phalanx of left ring finger, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.625S	Displaced fracture of middle phalanx of left ring finger, sequela
S62.626D	Displaced fracture of middle phalanx of right little finger, subsequent encounter for fracture with routine healing
S62.626G	Displaced fracture of middle phalanx of right little finger, subsequent encounter for fracture with delayed healing
S62.626S	Displaced fracture of middle phalanx of right little finger, sequela
S62.627D	Displaced fracture of middle phalanx of left little finger, subsequent encounter for fracture with routine healing
S62.627G	Displaced fracture of middle phalanx of left little finger, subsequent encounter for fracture with delayed healing
S62.627S	Displaced fracture of middle phalanx of left little finger, sequela
S62.628D	Displaced fracture of middle phalanx of other finger, subsequent encounter for fracture with routine healing
S62.628G	Displaced fracture of middle phalanx of other finger, subsequent encounter for fracture with delayed healing
S62.628S	Displaced fracture of middle phalanx of other finger, sequela
S62.629D	Displaced fracture of middle phalanx of unspecified finger, subsequent encounter for fracture with routine healing
S62.629G	Displaced fracture of middle phalanx of unspecified finger, subsequent encounter for fracture with delayed healing
S62.629S	Displaced fracture of middle phalanx of unspecified finger, sequela
S62.630D	Displaced fracture of distal phalanx of right index finger, subsequent encounter for fracture with routine healing
S62.630G	Displaced fracture of distal phalanx of right index finger, subsequent encounter for fracture with delayed healing
S62.630S	Displaced fracture of distal phalanx of right index finger, sequela
S62.631D	Displaced fracture of distal phalanx of left index finger, subsequent encounter for fracture with routine healing
S62.631G	Displaced fracture of distal phalanx of left index finger, subsequent encounter for fracture with delayed healing
S62.631S	Displaced fracture of distal phalanx of left index finger, sequela



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

Code	Description
S62.632D	Displaced fracture of distal phalanx of right middle finger, subsequent encounter for fracture with routine healing
S62.632G	Displaced fracture of distal phalanx of right middle finger, subsequent encounter for fracture with delayed healing
S62.632S	Displaced fracture of distal phalanx of right middle finger, sequela
S62.633D	Displaced fracture of distal phalanx of left middle finger, subsequent encounter for fracture with routine healing
S62.633G	Displaced fracture of distal phalanx of left middle finger, subsequent encounter for fracture with delayed healing
S62.633S	Displaced fracture of distal phalanx of left middle finger, sequela
S62.634D	Displaced fracture of distal phalanx of right ring finger, subsequent encounter for fracture with routine healing
S62.634G	Displaced fracture of distal phalanx of right ring finger, subsequent encounter for fracture with delayed healing
S62.634S	Displaced fracture of distal phalanx of right ring finger, sequela
S62.635D	Displaced fracture of distal phalanx of left ring finger, subsequent encounter for fracture with routine healing
S62.635G	Displaced fracture of distal phalanx of left ring finger, subsequent encounter for fracture with delayed healing
S62.635S	Displaced fracture of distal phalanx of left ring finger, sequela
S62.636D	Displaced fracture of distal phalanx of right little finger, subsequent encounter for fracture with routine healing
S62.636G	Displaced fracture of distal phalanx of right little finger, subsequent encounter for fracture with delayed healing
S62.636S	Displaced fracture of distal phalanx of right little finger, sequela
S62.637D	Displaced fracture of distal phalanx of left little finger, subsequent encounter for fracture with routine healing
S62.637G	Displaced fracture of distal phalanx of left little finger, subsequent encounter for fracture with delayed healing
S62.637S	Displaced fracture of distal phalanx of left little finger, sequela
S62.638D	Displaced fracture of distal phalanx of other finger, subsequent encounter for fracture with routine healing



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

Code	Description
S62.638G	Displaced fracture of distal phalanx of other finger, subsequent encounter for fracture with delayed healing
S62.638S	Displaced fracture of distal phalanx of other finger, sequela
S62.639D	Displaced fracture of distal phalanx of unspecified finger, subsequent encounter for fracture with routine healing
S62.639G	Displaced fracture of distal phalanx of unspecified finger, subsequent encounter for fracture with delayed healing
S62.639S	Displaced fracture of distal phalanx of unspecified finger, sequela
S62.640D	Nondisplaced fracture of proximal phalanx of right index finger, subsequent encounter for fracture with routine healing
S62.640G	Nondisplaced fracture of proximal phalanx of right index finger, subsequent encounter for fracture with delayed healing
S62.640S	Nondisplaced fracture of proximal phalanx of right index finger, sequela
S62.641D	Nondisplaced fracture of proximal phalanx of left index finger, subsequent encounter for fracture with routine healing
S62.641G	Nondisplaced fracture of proximal phalanx of left index finger, subsequent encounter for fracture with delayed healing
S62.641S	Nondisplaced fracture of proximal phalanx of left index finger, sequela
S62.642D	Nondisplaced fracture of proximal phalanx of right middle finger, subsequent encounter for fracture with routine healing
S62.642G	Nondisplaced fracture of proximal phalanx of right middle finger, subsequent encounter for fracture with delayed healing
S62.642S	Nondisplaced fracture of proximal phalanx of right middle finger, sequela
S62.643D	Nondisplaced fracture of proximal phalanx of left middle finger, subsequent encounter for fracture with routine healing
S62.643G	Nondisplaced fracture of proximal phalanx of left middle finger, subsequent encounter for fracture with delayed healing
S62.643S	Nondisplaced fracture of proximal phalanx of left middle finger, sequela
S62.644D	Nondisplaced fracture of proximal phalanx of right ring finger, subsequent encounter for fracture with routine healing
S62.644G	Nondisplaced fracture of proximal phalanx of right ring finger, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.644S	Nondisplaced fracture of proximal phalanx of right ring finger, sequela
S62.645D	Nondisplaced fracture of proximal phalanx of left ring finger, subsequent encounter for fracture with routine healing
S62.645G	Nondisplaced fracture of proximal phalanx of left ring finger, subsequent encounter for fracture with delayed healing
S62.645S	Nondisplaced fracture of proximal phalanx of left ring finger, sequela
S62.646D	Nondisplaced fracture of proximal phalanx of right little finger, subsequent encounter for fracture with routine healing
S62.646G	Nondisplaced fracture of proximal phalanx of right little finger, subsequent encounter for fracture with delayed healing
S62.646S	Nondisplaced fracture of proximal phalanx of right little finger, sequela
S62.647D	Nondisplaced fracture of proximal phalanx of left little finger, subsequent encounter for fracture with routine healing
S62.647G	Nondisplaced fracture of proximal phalanx of left little finger, subsequent encounter for fracture with delayed healing
S62.647S	Nondisplaced fracture of proximal phalanx of left little finger, sequela
S62.648D	Nondisplaced fracture of proximal phalanx of other finger, subsequent encounter for fracture with routine healing
S62.648G	Nondisplaced fracture of proximal phalanx of other finger, subsequent encounter for fracture with delayed healing
S62.648S	Nondisplaced fracture of proximal phalanx of other finger, sequela
S62.649D	Nondisplaced fracture of proximal phalanx of unspecified finger, subsequent encounter for fracture with routine healing
S62.649G	Nondisplaced fracture of proximal phalanx of unspecified finger, subsequent encounter for fracture with delayed healing
S62.649S	Nondisplaced fracture of proximal phalanx of unspecified finger, sequela
S62.650D	Nondisplaced fracture of middle phalanx of right index finger, subsequent encounter for fracture with routine healing
S62.650G	Nondisplaced fracture of middle phalanx of right index finger, subsequent encounter for fracture with delayed healing
S62.650S	Nondisplaced fracture of middle phalanx of right index finger, sequela



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

Code	Description
S62.651D	Nondisplaced fracture of middle phalanx of left index finger, subsequent encounter for fracture with routine healing
S62.651G	Nondisplaced fracture of middle phalanx of left index finger, subsequent encounter for fracture with delayed healing
S62.651S	Nondisplaced fracture of middle phalanx of left index finger, sequela
S62.652D	Nondisplaced fracture of middle phalanx of right middle finger, subsequent encounter for fracture with routine healing
S62.652G	Nondisplaced fracture of middle phalanx of right middle finger, subsequent encounter for fracture with delayed healing
S62.652S	Nondisplaced fracture of middle phalanx of right middle finger, sequela
S62.653D	Nondisplaced fracture of middle phalanx of left middle finger, subsequent encounter for fracture with routine healing
S62.653G	Nondisplaced fracture of middle phalanx of left middle finger, subsequent encounter for fracture with delayed healing
S62.653S	Nondisplaced fracture of middle phalanx of left middle finger, sequela
S62.654D	Nondisplaced fracture of middle phalanx of right ring finger, subsequent encounter for fracture with routine healing
S62.654G	Nondisplaced fracture of middle phalanx of right ring finger, subsequent encounter for fracture with delayed healing
S62.654S	Nondisplaced fracture of middle phalanx of right ring finger, sequela
S62.655D	Nondisplaced fracture of middle phalanx of left ring finger, subsequent encounter for fracture with routine healing
S62.655G	Nondisplaced fracture of middle phalanx of left ring finger, subsequent encounter for fracture with delayed healing
S62.655S	Nondisplaced fracture of middle phalanx of left ring finger, sequela
S62.656D	Nondisplaced fracture of middle phalanx of right little finger, subsequent encounter for fracture with routine healing
S62.656G	Nondisplaced fracture of middle phalanx of right little finger, subsequent encounter for fracture with delayed healing
S62.656S	Nondisplaced fracture of middle phalanx of right little finger, sequela
S62.657D	Nondisplaced fracture of middle phalanx of left little finger, subsequent encounter for fracture with routine healing



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

Code	Description
S62.657G	Nondisplaced fracture of middle phalanx of left little finger, subsequent encounter for fracture with delayed healing
S62.657S	Nondisplaced fracture of middle phalanx of left little finger, sequela
S62.658D	Nondisplaced fracture of middle phalanx of other finger, subsequent encounter for fracture with routine healing
S62.658G	Nondisplaced fracture of middle phalanx of other finger, subsequent encounter for fracture with delayed healing
S62.658S	Nondisplaced fracture of middle phalanx of other finger, sequela
S62.659D	Nondisplaced fracture of middle phalanx of unspecified finger, subsequent encounter for fracture with routine healing
S62.659G	Nondisplaced fracture of middle phalanx of unspecified finger, subsequent encounter for fracture with delayed healing
S62.659S	Nondisplaced fracture of middle phalanx of unspecified finger, sequela
S62.660D	Nondisplaced fracture of distal phalanx of right index finger, subsequent encounter for fracture with routine healing
S62.660G	Nondisplaced fracture of distal phalanx of right index finger, subsequent encounter for fracture with delayed healing
S62.660S	Nondisplaced fracture of distal phalanx of right index finger, sequela
S62.661D	Nondisplaced fracture of distal phalanx of left index finger, subsequent encounter for fracture with routine healing
S62.661G	Nondisplaced fracture of distal phalanx of left index finger, subsequent encounter for fracture with delayed healing
S62.661S	Nondisplaced fracture of distal phalanx of left index finger, sequela
S62.662D	Nondisplaced fracture of distal phalanx of right middle finger, subsequent encounter for fracture with routine healing
S62.662G	Nondisplaced fracture of distal phalanx of right middle finger, subsequent encounter for fracture with delayed healing
S62.662S	Nondisplaced fracture of distal phalanx of right middle finger, sequela
S62.663D	Nondisplaced fracture of distal phalanx of left middle finger, subsequent encounter for fracture with routine healing
S62.663G	Nondisplaced fracture of distal phalanx of left middle finger, subsequent encounter for fracture with delayed healing



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

Code	Description
S62.663S	Nondisplaced fracture of distal phalanx of left middle finger, sequela
S62.664D	Nondisplaced fracture of distal phalanx of right ring finger, subsequent encounter for fracture with routine healing
S62.664G	Nondisplaced fracture of distal phalanx of right ring finger, subsequent encounter for fracture with delayed healing
S62.664S	Nondisplaced fracture of distal phalanx of right ring finger, sequela
S62.665D	Nondisplaced fracture of distal phalanx of left ring finger, subsequent encounter for fracture with routine healing
S62.665G	Nondisplaced fracture of distal phalanx of left ring finger, subsequent encounter for fracture with delayed healing
S62.665S	Nondisplaced fracture of distal phalanx of left ring finger, sequela
S62.666D	Nondisplaced fracture of distal phalanx of right little finger, subsequent encounter for fracture with routine healing
S62.666G	Nondisplaced fracture of distal phalanx of right little finger, subsequent encounter for fracture with delayed healing
S62.666S	Nondisplaced fracture of distal phalanx of right little finger, sequela
S62.667D	Nondisplaced fracture of distal phalanx of left little finger, subsequent encounter for fracture with routine healing
S62.667G	Nondisplaced fracture of distal phalanx of left little finger, subsequent encounter for fracture with delayed healing
S62.667S	Nondisplaced fracture of distal phalanx of left little finger, sequela
S62.668D	Nondisplaced fracture of distal phalanx of other finger, subsequent encounter for fracture with routine healing
S62.668G	Nondisplaced fracture of distal phalanx of other finger, subsequent encounter for fracture with delayed healing
S62.668S	Nondisplaced fracture of distal phalanx of other finger, sequela
S62.669D	Nondisplaced fracture of distal phalanx of unspecified finger, subsequent encounter for fracture with routine healing
S62.669G	Nondisplaced fracture of distal phalanx of unspecified finger, subsequent encounter for fracture with delayed healing
S62.669S	Nondisplaced fracture of distal phalanx of unspecified finger, sequela



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

Code	Description
S62.90XD	Unspecified fracture of unspecified wrist and hand, subsequent encounter for fracture with routine healing
S62.90XG	Unspecified fracture of unspecified wrist and hand, subsequent encounter for fracture with delayed healing
S62.90XS	Unspecified fracture of unspecified wrist and hand, sequela
S62.91XD	Unspecified fracture of right wrist and hand, subsequent encounter for fracture with routine healing
S62.91XG	Unspecified fracture of right wrist and hand, subsequent encounter for fracture with delayed healing
S62.91XS	Unspecified fracture of right wrist and hand, sequela
S62.92XD	Unspecified fracture of left wrist and hand, subsequent encounter for fracture with routine healing
S62.92XG	Unspecified fracture of left wrist and hand, subsequent encounter for fracture with delayed healing
S62.92XS	Unspecified fracture of left wrist and hand, sequela
S63.001A	Unspecified subluxation of right wrist and hand, initial encounter
S63.001S	Unspecified subluxation of right wrist and hand, sequela
S63.002A	Unspecified subluxation of left wrist and hand, initial encounter
S63.002S	Unspecified subluxation of left wrist and hand, sequela
S63.003A	Unspecified subluxation of unspecified wrist and hand, initial encounter
S63.003S	Unspecified subluxation of unspecified wrist and hand, sequela
S63.004A	Unspecified dislocation of right wrist and hand, initial encounter
S63.004S	Unspecified dislocation of right wrist and hand, sequela
S63.005A	Unspecified dislocation of left wrist and hand, initial encounter
S63.005S	Unspecified dislocation of left wrist and hand, sequela
S63.006A	Unspecified dislocation of unspecified wrist and hand, initial encounter
S63.006S	Unspecified dislocation of unspecified wrist and hand, sequela
S63.011A	Subluxation of distal radioulnar joint of right wrist, initial encounter
S63.011S	Subluxation of distal radioulnar joint of right wrist, sequela
S63.012A	Subluxation of distal radioulnar joint of left wrist, initial encounter



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

Code	Description
S63.012S	Subluxation of distal radioulnar joint of left wrist, sequela
S63.013A	Subluxation of distal radioulnar joint of unspecified wrist, initial encounter
S63.013S	Subluxation of distal radioulnar joint of unspecified wrist, sequela
S63.014A	Dislocation of distal radioulnar joint of right wrist, initial encounter
S63.014S	Dislocation of distal radioulnar joint of right wrist, sequela
S63.015A	Dislocation of distal radioulnar joint of left wrist, initial encounter
S63.015S	Dislocation of distal radioulnar joint of left wrist, sequela
S63.016A	Dislocation of distal radioulnar joint of unspecified wrist, initial encounter
S63.016S	Dislocation of distal radioulnar joint of unspecified wrist, sequela
S63.021A	Subluxation of radiocarpal joint of right wrist, initial encounter
S63.021S	Subluxation of radiocarpal joint of right wrist, sequela
S63.022A	Subluxation of radiocarpal joint of left wrist, initial encounter
S63.022S	Subluxation of radiocarpal joint of left wrist, sequela
S63.023A	Subluxation of radiocarpal joint of unspecified wrist, initial encounter
S63.023S	Subluxation of radiocarpal joint of unspecified wrist, sequela
S63.024A	Dislocation of radiocarpal joint of right wrist, initial encounter
S63.024S	Dislocation of radiocarpal joint of right wrist, sequela
S63.025A	Dislocation of radiocarpal joint of left wrist, initial encounter
S63.025S	Dislocation of radiocarpal joint of left wrist, sequela
S63.026A	Dislocation of radiocarpal joint of unspecified wrist, initial encounter
S63.026S	Dislocation of radiocarpal joint of unspecified wrist, sequela
S63.031A	Subluxation of midcarpal joint of right wrist, initial encounter
S63.031S	Subluxation of midcarpal joint of right wrist, sequela
S63.032A	Subluxation of midcarpal joint of left wrist, initial encounter
S63.032S	Subluxation of midcarpal joint of left wrist, sequela
S63.033A	Subluxation of midcarpal joint of unspecified wrist, initial encounter
S63.033S	Subluxation of midcarpal joint of unspecified wrist, sequela
S63.034A	Dislocation of midcarpal joint of right wrist, initial encounter



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

Code	Description
S63.034S	Dislocation of midcarpal joint of right wrist, sequela
S63.035A	Dislocation of midcarpal joint of left wrist, initial encounter
S63.035S	Dislocation of midcarpal joint of left wrist, sequela
S63.036A	Dislocation of midcarpal joint of unspecified wrist, initial encounter
S63.036S	Dislocation of midcarpal joint of unspecified wrist, sequela
S63.041A	Subluxation of carpometacarpal joint of right thumb, initial encounter
S63.041S	Subluxation of carpometacarpal joint of right thumb, sequela
S63.042A	Subluxation of carpometacarpal joint of left thumb, initial encounter
S63.042S	Subluxation of carpometacarpal joint of left thumb, sequela
S63.043A	Subluxation of carpometacarpal joint of unspecified thumb, initial encounter
S63.043S	Subluxation of carpometacarpal joint of unspecified thumb, sequela
S63.044A	Dislocation of carpometacarpal joint of right thumb, initial encounter
S63.044S	Dislocation of carpometacarpal joint of right thumb, sequela
S63.045A	Dislocation of carpometacarpal joint of left thumb, initial encounter
S63.045S	Dislocation of carpometacarpal joint of left thumb, sequela
S63.046A	Dislocation of carpometacarpal joint of unspecified thumb, initial encounter
S63.046S	Dislocation of carpometacarpal joint of unspecified thumb, sequela
S63.051A	Subluxation of other carpometacarpal joint of right hand, initial encounter
S63.051S	Subluxation of other carpometacarpal joint of right hand, sequela
S63.052A	Subluxation of other carpometacarpal joint of left hand, initial encounter
S63.052S	Subluxation of other carpometacarpal joint of left hand, sequela
S63.053A	Subluxation of other carpometacarpal joint of unspecified hand, initial encounter
S63.053S	Subluxation of other carpometacarpal joint of unspecified hand, sequela
S63.054A	Dislocation of other carpometacarpal joint of right hand, initial encounter
S63.054S	Dislocation of other carpometacarpal joint of right hand, sequela
S63.055A	Dislocation of other carpometacarpal joint of left hand, initial encounter
S63.055S	Dislocation of other carpometacarpal joint of left hand, sequela
S63.056A	Dislocation of other carpometacarpal joint of unspecified hand, initial encounter



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

Code	Description
S63.056S	Dislocation of other carpometacarpal joint of unspecified hand, sequela
S63.061A	Subluxation of metacarpal (bone), proximal end of right hand, initial encounter
S63.061S	Subluxation of metacarpal (bone), proximal end of right hand, sequela
S63.062A	Subluxation of metacarpal (bone), proximal end of left hand, initial encounter
S63.062S	Subluxation of metacarpal (bone), proximal end of left hand, sequela
S63.063A	Subluxation of metacarpal (bone), proximal end of unspecified hand, initial encounter
S63.063S	Subluxation of metacarpal (bone), proximal end of unspecified hand, sequela
S63.064A	Dislocation of metacarpal (bone), proximal end of right hand, initial encounter
S63.064S	Dislocation of metacarpal (bone), proximal end of right hand, sequela
S63.065A	Dislocation of metacarpal (bone), proximal end of left hand, initial encounter
S63.065S	Dislocation of metacarpal (bone), proximal end of left hand, sequela
S63.066A	Dislocation of metacarpal (bone), proximal end of unspecified hand, initial encounter
S63.066S	Dislocation of metacarpal (bone), proximal end of unspecified hand, sequela
S63.071A	Subluxation of distal end of right ulna, initial encounter
S63.071S	Subluxation of distal end of right ulna, sequela
S63.072A	Subluxation of distal end of left ulna, initial encounter
S63.072S	Subluxation of distal end of left ulna, sequela
S63.073A	Subluxation of distal end of unspecified ulna, initial encounter
S63.073S	Subluxation of distal end of unspecified ulna, sequela
S63.074A	Dislocation of distal end of right ulna, initial encounter
S63.074S	Dislocation of distal end of right ulna, sequela
S63.075A	Dislocation of distal end of left ulna, initial encounter
S63.075S	Dislocation of distal end of left ulna, sequela
S63.076A	Dislocation of distal end of unspecified ulna, initial encounter
S63.076S	Dislocation of distal end of unspecified ulna, sequela
S63.091A	Other subluxation of right wrist and hand, initial encounter
S63.091S	Other subluxation of right wrist and hand, sequela

NCD 190.15

***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S63.092A	Other subluxation of left wrist and hand, initial encounter
S63.092S	Other subluxation of left wrist and hand, sequela
S63.093A	Other subluxation of unspecified wrist and hand, initial encounter
S63.093S	Other subluxation of unspecified wrist and hand, sequela
S63.094A	Other dislocation of right wrist and hand, initial encounter
S63.094S	Other dislocation of right wrist and hand, sequela
S63.095A	Other dislocation of left wrist and hand, initial encounter
S63.095S	Other dislocation of left wrist and hand, sequela
S63.096A	Other dislocation of unspecified wrist and hand, initial encounter
S63.096S	Other dislocation of unspecified wrist and hand, sequela
S63.101A	Unspecified subluxation of right thumb, initial encounter
S63.101S	Unspecified subluxation of right thumb, sequela
S63.102A	Unspecified subluxation of left thumb, initial encounter
S63.102S	Unspecified subluxation of left thumb, sequela
S63.103A	Unspecified subluxation of unspecified thumb, initial encounter
S63.103S	Unspecified subluxation of unspecified thumb, sequela
S63.104A	Unspecified dislocation of right thumb, initial encounter
S63.104S	Unspecified dislocation of right thumb, sequela
S63.105A	Unspecified dislocation of left thumb, initial encounter
S63.105S	Unspecified dislocation of left thumb, sequela
S63.106A	Unspecified dislocation of unspecified thumb, initial encounter
S63.106S	Unspecified dislocation of unspecified thumb, sequela
S63.111A	Subluxation of metacarpophalangeal joint of right thumb, initial encounter
S63.111S	Subluxation of metacarpophalangeal joint of right thumb, sequela
S63.112A	Subluxation of metacarpophalangeal joint of left thumb, initial encounter
S63.112S	Subluxation of metacarpophalangeal joint of left thumb, sequela
S63.113A	Subluxation of metacarpophalangeal joint of unspecified thumb, initial encounter
S63.113S	Subluxation of metacarpophalangeal joint of unspecified thumb, sequela



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

Code	Description
S63.114A	Dislocation of metacarpophalangeal joint of right thumb, initial encounter
S63.114S	Dislocation of metacarpophalangeal joint of right thumb, sequela
S63.115A	Dislocation of metacarpophalangeal joint of left thumb, initial encounter
S63.115S	Dislocation of metacarpophalangeal joint of left thumb, sequela
S63.116A	Dislocation of metacarpophalangeal joint of unspecified thumb, initial encounter
S63.116S	Dislocation of metacarpophalangeal joint of unspecified thumb, sequela
S63.121A	Subluxation of interphalangeal joint of right thumb, initial encounter
S63.121S	Subluxation of interphalangeal joint of right thumb, sequela
S63.122A	Subluxation of interphalangeal joint of left thumb, initial encounter
S63.122S	Subluxation of interphalangeal joint of left thumb, sequela
S63.123A	Subluxation of interphalangeal joint of unspecified thumb, initial encounter
S63.123S	Subluxation of interphalangeal joint of unspecified thumb, sequela
S63.124A	Dislocation of interphalangeal joint of right thumb, initial encounter
S63.124S	Dislocation of interphalangeal joint of right thumb, sequela
S63.125A	Dislocation of interphalangeal joint of left thumb, initial encounter
S63.125S	Dislocation of interphalangeal joint of left thumb, sequela
S63.126A	Dislocation of interphalangeal joint of unspecified thumb, initial encounter
S63.126S	Dislocation of interphalangeal joint of unspecified thumb, sequela
S63.200A	Unspecified subluxation of right index finger, initial encounter
S63.200S	Unspecified subluxation of right index finger, sequela
S63.201A	Unspecified subluxation of left index finger, initial encounter
S63.201S	Unspecified subluxation of left index finger, sequela
S63.202A	Unspecified subluxation of right middle finger, initial encounter
S63.202S	Unspecified subluxation of right middle finger, sequela
S63.203A	Unspecified subluxation of left middle finger, initial encounter
S63.203S	Unspecified subluxation of left middle finger, sequela
S63.204A	Unspecified subluxation of right ring finger, initial encounter
S63.204S	Unspecified subluxation of right ring finger, sequela



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

Code	Description
S63.205A	Unspecified subluxation of left ring finger, initial encounter
S63.205S	Unspecified subluxation of left ring finger, sequela
S63.206A	Unspecified subluxation of right little finger, initial encounter
S63.206S	Unspecified subluxation of right little finger, sequela
S63.207A	Unspecified subluxation of left little finger, initial encounter
S63.207S	Unspecified subluxation of left little finger, sequela
S63.208A	Unspecified subluxation of other finger, initial encounter
S63.208S	Unspecified subluxation of other finger, sequela
S63.209A	Unspecified subluxation of unspecified finger, initial encounter
S63.209S	Unspecified subluxation of unspecified finger, sequela
S63.210A	Subluxation of metacarpophalangeal joint of right index finger, initial encounter
S63.210S	Subluxation of metacarpophalangeal joint of right index finger, sequela
S63.211A	Subluxation of metacarpophalangeal joint of left index finger, initial encounter
S63.211S	Subluxation of metacarpophalangeal joint of left index finger, sequela
S63.212A	Subluxation of metacarpophalangeal joint of right middle finger, initial encounter
S63.212S	Subluxation of metacarpophalangeal joint of right middle finger, sequela
S63.213A	Subluxation of metacarpophalangeal joint of left middle finger, initial encounter
S63.213S	Subluxation of metacarpophalangeal joint of left middle finger, sequela
S63.214A	Subluxation of metacarpophalangeal joint of right ring finger, initial encounter
S63.214S	Subluxation of metacarpophalangeal joint of right ring finger, sequela
S63.215A	Subluxation of metacarpophalangeal joint of left ring finger, initial encounter
S63.215S	Subluxation of metacarpophalangeal joint of left ring finger, sequela
S63.216A	Subluxation of metacarpophalangeal joint of right little finger, initial encounter
S63.216S	Subluxation of metacarpophalangeal joint of right little finger, sequela
S63.217A	Subluxation of metacarpophalangeal joint of left little finger, initial encounter
S63.217S	Subluxation of metacarpophalangeal joint of left little finger, sequela
S63.218A	Subluxation of metacarpophalangeal joint of other finger, initial encounter
S63.218S	Subluxation of metacarpophalangeal joint of other finger, sequela



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

Code	Description
S63.219A	Subluxation of metacarpophalangeal joint of unspecified finger, initial encounter
S63.219S	Subluxation of metacarpophalangeal joint of unspecified finger, sequela
S63.220A	Subluxation of unspecified interphalangeal joint of right index finger, initial encounter
S63.220S	Subluxation of unspecified interphalangeal joint of right index finger, sequela
S63.221A	Subluxation of unspecified interphalangeal joint of left index finger, initial encounter
S63.221S	Subluxation of unspecified interphalangeal joint of left index finger, sequela
S63.222A	Subluxation of unspecified interphalangeal joint of right middle finger, initial encounter
S63.222S	Subluxation of unspecified interphalangeal joint of right middle finger, sequela
S63.223A	Subluxation of unspecified interphalangeal joint of left middle finger, initial encounter
S63.223S	Subluxation of unspecified interphalangeal joint of left middle finger, sequela
S63.224A	Subluxation of unspecified interphalangeal joint of right ring finger, initial encounter
S63.224S	Subluxation of unspecified interphalangeal joint of right ring finger, sequela
S63.225A	Subluxation of unspecified interphalangeal joint of left ring finger, initial encounter
S63.225S	Subluxation of unspecified interphalangeal joint of left ring finger, sequela
S63.226A	Subluxation of unspecified interphalangeal joint of right little finger, initial encounter
S63.226S	Subluxation of unspecified interphalangeal joint of right little finger, sequela
S63.227A	Subluxation of unspecified interphalangeal joint of left little finger, initial encounter
S63.227S	Subluxation of unspecified interphalangeal joint of left little finger, sequela
S63.228A	Subluxation of unspecified interphalangeal joint of other finger, initial encounter
S63.228S	Subluxation of unspecified interphalangeal joint of other finger, sequela
S63.229A	Subluxation of unspecified interphalangeal joint of unspecified finger, initial encounter
S63.229S	Subluxation of unspecified interphalangeal joint of unspecified finger, sequela
S63.230A	Subluxation of proximal interphalangeal joint of right index finger, initial encounter
S63.230S	Subluxation of proximal interphalangeal joint of right index finger, sequela
S63.231A	Subluxation of proximal interphalangeal joint of left index finger, initial encounter
S63.231S	Subluxation of proximal interphalangeal joint of left index finger, sequela

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

Code	Description
S63.232A	Subluxation of proximal interphalangeal joint of right middle finger, initial encounter
S63.232S	Subluxation of proximal interphalangeal joint of right middle finger, sequela
S63.233A	Subluxation of proximal interphalangeal joint of left middle finger, initial encounter
S63.233S	Subluxation of proximal interphalangeal joint of left middle finger, sequela
S63.234A	Subluxation of proximal interphalangeal joint of right ring finger, initial encounter
S63.234S	Subluxation of proximal interphalangeal joint of right ring finger, sequela
S63.235A	Subluxation of proximal interphalangeal joint of left ring finger, initial encounter
S63.235S	Subluxation of proximal interphalangeal joint of left ring finger, sequela
S63.236A	Subluxation of proximal interphalangeal joint of right little finger, initial encounter
S63.236S	Subluxation of proximal interphalangeal joint of right little finger, sequela
S63.237A	Subluxation of proximal interphalangeal joint of left little finger, initial encounter
S63.237S	Subluxation of proximal interphalangeal joint of left little finger, sequela
S63.238A	Subluxation of proximal interphalangeal joint of other finger, initial encounter
S63.238S	Subluxation of proximal interphalangeal joint of other finger, sequela
S63.239A	Subluxation of proximal interphalangeal joint of unspecified finger, initial encounter
S63.239S	Subluxation of proximal interphalangeal joint of unspecified finger, sequela
S63.240A	Subluxation of distal interphalangeal joint of right index finger, initial encounter
S63.240S	Subluxation of distal interphalangeal joint of right index finger, sequela
S63.241A	Subluxation of distal interphalangeal joint of left index finger, initial encounter
S63.241S	Subluxation of distal interphalangeal joint of left index finger, sequela
S63.242A	Subluxation of distal interphalangeal joint of right middle finger, initial encounter
S63.242S	Subluxation of distal interphalangeal joint of right middle finger, sequela
S63.243A	Subluxation of distal interphalangeal joint of left middle finger, initial encounter
S63.243S	Subluxation of distal interphalangeal joint of left middle finger, sequela
S63.244A	Subluxation of distal interphalangeal joint of right ring finger, initial encounter
S63.244S	Subluxation of distal interphalangeal joint of right ring finger, sequela
S63.245A	Subluxation of distal interphalangeal joint of left ring finger, initial encounter
S63.245S	Subluxation of distal interphalangeal joint of left ring finger, sequela



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

Code	Description
S63.246A	Subluxation of distal interphalangeal joint of right little finger, initial encounter
S63.246S	Subluxation of distal interphalangeal joint of right little finger, sequela
S63.247A	Subluxation of distal interphalangeal joint of left little finger, initial encounter
S63.247S	Subluxation of distal interphalangeal joint of left little finger, sequela
S63.248A	Subluxation of distal interphalangeal joint of other finger, initial encounter
S63.248S	Subluxation of distal interphalangeal joint of other finger, sequela
S63.249A	Subluxation of distal interphalangeal joint of unspecified finger, initial encounter
S63.249S	Subluxation of distal interphalangeal joint of unspecified finger, sequela
S63.250A	Unspecified dislocation of right index finger, initial encounter
S63.250S	Unspecified dislocation of right index finger, sequela
S63.251A	Unspecified dislocation of left index finger, initial encounter
S63.251S	Unspecified dislocation of left index finger, sequela
S63.252A	Unspecified dislocation of right middle finger, initial encounter
S63.252S	Unspecified dislocation of right middle finger, sequela
S63.253A	Unspecified dislocation of left middle finger, initial encounter
S63.253S	Unspecified dislocation of left middle finger, sequela
S63.254A	Unspecified dislocation of right ring finger, initial encounter
S63.254S	Unspecified dislocation of right ring finger, sequela
S63.255A	Unspecified dislocation of left ring finger, initial encounter
S63.255S	Unspecified dislocation of left ring finger, sequela
S63.256A	Unspecified dislocation of right little finger, initial encounter
S63.256S	Unspecified dislocation of right little finger, sequela
S63.257A	Unspecified dislocation of left little finger, initial encounter
S63.257S	Unspecified dislocation of left little finger, sequela
S63.258A	Unspecified dislocation of other finger, initial encounter
S63.258S	Unspecified dislocation of other finger, sequela
S63.259A	Unspecified dislocation of unspecified finger, initial encounter
S63.259S	Unspecified dislocation of unspecified finger, sequela



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

Code	Description
S63.260A	Dislocation of metacarpophalangeal joint of right index finger, initial encounter
S63.260S	Dislocation of metacarpophalangeal joint of right index finger, sequela
S63.261A	Dislocation of metacarpophalangeal joint of left index finger, initial encounter
S63.261S	Dislocation of metacarpophalangeal joint of left index finger, sequela
S63.262A	Dislocation of metacarpophalangeal joint of right middle finger, initial encounter
S63.262S	Dislocation of metacarpophalangeal joint of right middle finger, sequela
S63.263A	Dislocation of metacarpophalangeal joint of left middle finger, initial encounter
S63.263S	Dislocation of metacarpophalangeal joint of left middle finger, sequela
S63.264A	Dislocation of metacarpophalangeal joint of right ring finger, initial encounter
S63.264S	Dislocation of metacarpophalangeal joint of right ring finger, sequela
S63.265A	Dislocation of metacarpophalangeal joint of left ring finger, initial encounter
S63.265S	Dislocation of metacarpophalangeal joint of left ring finger, sequela
S63.266A	Dislocation of metacarpophalangeal joint of right little finger, initial encounter
S63.266S	Dislocation of metacarpophalangeal joint of right little finger, sequela
S63.267A	Dislocation of metacarpophalangeal joint of left little finger, initial encounter
S63.267S	Dislocation of metacarpophalangeal joint of left little finger, sequela
S63.268A	Dislocation of metacarpophalangeal joint of other finger, initial encounter
S63.268S	Dislocation of metacarpophalangeal joint of other finger, sequela
S63.269A	Dislocation of metacarpophalangeal joint of unspecified finger, initial encounter
S63.269S	Dislocation of metacarpophalangeal joint of unspecified finger, sequela
S63.270A	Dislocation of unspecified interphalangeal joint of right index finger, initial encounter
S63.270S	Dislocation of unspecified interphalangeal joint of right index finger, sequela
S63.271A	Dislocation of unspecified interphalangeal joint of left index finger, initial encounter
S63.271S	Dislocation of unspecified interphalangeal joint of left index finger, sequela
S63.272A	Dislocation of unspecified interphalangeal joint of right middle finger, initial encounter
S63.272S	Dislocation of unspecified interphalangeal joint of right middle finger, sequela
S63.273A	Dislocation of unspecified interphalangeal joint of left middle finger, initial encounter
S63.273S	Dislocation of unspecified interphalangeal joint of left middle finger, sequela

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

Code	Description
S63.274A	Dislocation of unspecified interphalangeal joint of right ring finger, initial encounter
S63.274S	Dislocation of unspecified interphalangeal joint of right ring finger, sequela
S63.275A	Dislocation of unspecified interphalangeal joint of left ring finger, initial encounter
S63.275S	Dislocation of unspecified interphalangeal joint of left ring finger, sequela
S63.276A	Dislocation of unspecified interphalangeal joint of right little finger, initial encounter
S63.276S	Dislocation of unspecified interphalangeal joint of right little finger, sequela
S63.277A	Dislocation of unspecified interphalangeal joint of left little finger, initial encounter
S63.277S	Dislocation of unspecified interphalangeal joint of left little finger, sequela
S63.278A	Dislocation of unspecified interphalangeal joint of other finger, initial encounter
S63.278S	Dislocation of unspecified interphalangeal joint of other finger, sequela
S63.279A	Dislocation of unspecified interphalangeal joint of unspecified finger, initial encounter
S63.279S	Dislocation of unspecified interphalangeal joint of unspecified finger, sequela
S63.280A	Dislocation of proximal interphalangeal joint of right index finger, initial encounter
S63.280S	Dislocation of proximal interphalangeal joint of right index finger, sequela
S63.281A	Dislocation of proximal interphalangeal joint of left index finger, initial encounter
S63.281S	Dislocation of proximal interphalangeal joint of left index finger, sequela
S63.282A	Dislocation of proximal interphalangeal joint of right middle finger, initial encounter
S63.282S	Dislocation of proximal interphalangeal joint of right middle finger, sequela
S63.283A	Dislocation of proximal interphalangeal joint of left middle finger, initial encounter
S63.283S	Dislocation of proximal interphalangeal joint of left middle finger, sequela
S63.284A	Dislocation of proximal interphalangeal joint of right ring finger, initial encounter
S63.284S	Dislocation of proximal interphalangeal joint of right ring finger, sequela
S63.285A	Dislocation of proximal interphalangeal joint of left ring finger, initial encounter
S63.285S	Dislocation of proximal interphalangeal joint of left ring finger, sequela
S63.286A	Dislocation of proximal interphalangeal joint of right little finger, initial encounter
S63.286S	Dislocation of proximal interphalangeal joint of right little finger, sequela
S63.287A	Dislocation of proximal interphalangeal joint of left little finger, initial encounter
S63.287S	Dislocation of proximal interphalangeal joint of left little finger, sequela

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

Code	Description
S63.288A	Dislocation of proximal interphalangeal joint of other finger, initial encounter
S63.288S	Dislocation of proximal interphalangeal joint of other finger, sequela
S63.289A	Dislocation of proximal interphalangeal joint of unspecified finger, initial encounter
S63.289S	Dislocation of proximal interphalangeal joint of unspecified finger, sequela
S63.290A	Dislocation of distal interphalangeal joint of right index finger, initial encounter
S63.290S	Dislocation of distal interphalangeal joint of right index finger, sequela
S63.291A	Dislocation of distal interphalangeal joint of left index finger, initial encounter
S63.291S	Dislocation of distal interphalangeal joint of left index finger, sequela
S63.292A	Dislocation of distal interphalangeal joint of right middle finger, initial encounter
S63.292S	Dislocation of distal interphalangeal joint of right middle finger, sequela
S63.293A	Dislocation of distal interphalangeal joint of left middle finger, initial encounter
S63.293S	Dislocation of distal interphalangeal joint of left middle finger, sequela
S63.294A	Dislocation of distal interphalangeal joint of right ring finger, initial encounter
S63.294S	Dislocation of distal interphalangeal joint of right ring finger, sequela
S63.295A	Dislocation of distal interphalangeal joint of left ring finger, initial encounter
S63.295S	Dislocation of distal interphalangeal joint of left ring finger, sequela
S63.296A	Dislocation of distal interphalangeal joint of right little finger, initial encounter
S63.296S	Dislocation of distal interphalangeal joint of right little finger, sequela
S63.297A	Dislocation of distal interphalangeal joint of left little finger, initial encounter
S63.297S	Dislocation of distal interphalangeal joint of left little finger, sequela
S63.298A	Dislocation of distal interphalangeal joint of other finger, initial encounter
S63.298S	Dislocation of distal interphalangeal joint of other finger, sequela
S63.299A	Dislocation of distal interphalangeal joint of unspecified finger, initial encounter
S63.299S	Dislocation of distal interphalangeal joint of unspecified finger, sequela
S63.301A	Traumatic rupture of unspecified ligament of right wrist, initial encounter
S63.301S	Traumatic rupture of unspecified ligament of right wrist, sequela
S63.302A	Traumatic rupture of unspecified ligament of left wrist, initial encounter
S63.302S	Traumatic rupture of unspecified ligament of left wrist, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S63.309A	Traumatic rupture of unspecified ligament of unspecified wrist, initial encounter
S63.309S	Traumatic rupture of unspecified ligament of unspecified wrist, sequela
S63.311A	Traumatic rupture of collateral ligament of right wrist, initial encounter
S63.311S	Traumatic rupture of collateral ligament of right wrist, sequela
S63.312A	Traumatic rupture of collateral ligament of left wrist, initial encounter
S63.312S	Traumatic rupture of collateral ligament of left wrist, sequela
S63.319A	Traumatic rupture of collateral ligament of unspecified wrist, initial encounter
S63.319S	Traumatic rupture of collateral ligament of unspecified wrist, sequela
S63.321A	Traumatic rupture of right radiocarpal ligament, initial encounter
S63.321S	Traumatic rupture of right radiocarpal ligament, sequela
S63.322A	Traumatic rupture of left radiocarpal ligament, initial encounter
S63.322S	Traumatic rupture of left radiocarpal ligament, sequela
S63.329A	Traumatic rupture of unspecified radiocarpal ligament, initial encounter
S63.329S	Traumatic rupture of unspecified radiocarpal ligament, sequela
S63.331A	Traumatic rupture of right ulnocarpal (palmar) ligament, initial encounter
S63.331S	Traumatic rupture of right ulnocarpal (palmar) ligament, sequela
S63.332A	Traumatic rupture of left ulnocarpal (palmar) ligament, initial encounter
S63.332S	Traumatic rupture of left ulnocarpal (palmar) ligament, sequela
S63.339A	Traumatic rupture of unspecified ulnocarpal (palmar) ligament, initial encounter
S63.339S	Traumatic rupture of unspecified ulnocarpal (palmar) ligament, sequela
S63.391A	Traumatic rupture of other ligament of right wrist, initial encounter
S63.391S	Traumatic rupture of other ligament of right wrist, sequela
S63.392A	Traumatic rupture of other ligament of left wrist, initial encounter
S63.392S	Traumatic rupture of other ligament of left wrist, sequela
S63.399A	Traumatic rupture of other ligament of unspecified wrist, initial encounter
S63.399S	Traumatic rupture of other ligament of unspecified wrist, sequela
S63.400A	Traumatic rupture of unspecified ligament of right index finger at metacarpophalangeal and interphalangeal joint, initial encounter



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

Code	Description
S63.400S	Traumatic rupture of unspecified ligament of right index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.401A	Traumatic rupture of unspecified ligament of left index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.401S	Traumatic rupture of unspecified ligament of left index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.402A	Traumatic rupture of unspecified ligament of right middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.402S	Traumatic rupture of unspecified ligament of right middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.403A	Traumatic rupture of unspecified ligament of left middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.403S	Traumatic rupture of unspecified ligament of left middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.404A	Traumatic rupture of unspecified ligament of right ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.404S	Traumatic rupture of unspecified ligament of right ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.405A	Traumatic rupture of unspecified ligament of left ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.405S	Traumatic rupture of unspecified ligament of left ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.406A	Traumatic rupture of unspecified ligament of right little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.406S	Traumatic rupture of unspecified ligament of right little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.407A	Traumatic rupture of unspecified ligament of left little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.407S	Traumatic rupture of unspecified ligament of left little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.408A	Traumatic rupture of unspecified ligament of other finger at metacarpophalangeal and interphalangeal joint, initial encounter



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

Code	Description
S63.408S	Traumatic rupture of unspecified ligament of other finger at metacarpophalangeal and interphalangeal joint, sequela
S63.409A	Traumatic rupture of unspecified ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.409S	Traumatic rupture of unspecified ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, sequela
S63.410A	Traumatic rupture of collateral ligament of right index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.410S	Traumatic rupture of collateral ligament of right index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.411A	Traumatic rupture of collateral ligament of left index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.411S	Traumatic rupture of collateral ligament of left index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.412A	Traumatic rupture of collateral ligament of right middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.412S	Traumatic rupture of collateral ligament of right middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.413A	Traumatic rupture of collateral ligament of left middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.413S	Traumatic rupture of collateral ligament of left middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.414A	Traumatic rupture of collateral ligament of right ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.414S	Traumatic rupture of collateral ligament of right ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.415A	Traumatic rupture of collateral ligament of left ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.415S	Traumatic rupture of collateral ligament of left ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.416A	Traumatic rupture of collateral ligament of right little finger at metacarpophalangeal and interphalangeal joint, initial encounter



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

Code	Description
S63.416S	Traumatic rupture of collateral ligament of right little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.417A	Traumatic rupture of collateral ligament of left little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.417S	Traumatic rupture of collateral ligament of left little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.418A	Traumatic rupture of collateral ligament of other finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.418S	Traumatic rupture of collateral ligament of other finger at metacarpophalangeal and interphalangeal joint, sequela
S63.419A	Traumatic rupture of collateral ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.419S	Traumatic rupture of collateral ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, sequela
S63.420A	Traumatic rupture of palmar ligament of right index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.420S	Traumatic rupture of palmar ligament of right index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.421A	Traumatic rupture of palmar ligament of left index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.421S	Traumatic rupture of palmar ligament of left index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.422A	Traumatic rupture of palmar ligament of right middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.422S	Traumatic rupture of palmar ligament of right middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.423A	Traumatic rupture of palmar ligament of left middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.423S	Traumatic rupture of palmar ligament of left middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.424A	Traumatic rupture of palmar ligament of right ring finger at metacarpophalangeal and interphalangeal joint, initial encounter



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

Code	Description
S63.424S	Traumatic rupture of palmar ligament of right ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.425A	Traumatic rupture of palmar ligament of left ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.425S	Traumatic rupture of palmar ligament of left ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.426A	Traumatic rupture of palmar ligament of right little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.426S	Traumatic rupture of palmar ligament of right little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.427A	Traumatic rupture of palmar ligament of left little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.427S	Traumatic rupture of palmar ligament of left little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.428A	Traumatic rupture of palmar ligament of other finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.428S	Traumatic rupture of palmar ligament of other finger at metacarpophalangeal and interphalangeal joint, sequela
S63.429A	Traumatic rupture of palmar ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.429S	Traumatic rupture of palmar ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, sequela
S63.430A	Traumatic rupture of volar plate of right index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.430S	Traumatic rupture of volar plate of right index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.431A	Traumatic rupture of volar plate of left index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.431S	Traumatic rupture of volar plate of left index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.432A	Traumatic rupture of volar plate of right middle finger at metacarpophalangeal and interphalangeal joint, initial encounter



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

Code	Description
S63.432S	Traumatic rupture of volar plate of right middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.433A	Traumatic rupture of volar plate of left middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.433S	Traumatic rupture of volar plate of left middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.434A	Traumatic rupture of volar plate of right ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.434S	Traumatic rupture of volar plate of right ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.435A	Traumatic rupture of volar plate of left ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.435S	Traumatic rupture of volar plate of left ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.436A	Traumatic rupture of volar plate of right little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.436S	Traumatic rupture of volar plate of right little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.437A	Traumatic rupture of volar plate of left little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.437S	Traumatic rupture of volar plate of left little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.438A	Traumatic rupture of volar plate of other finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.438S	Traumatic rupture of volar plate of other finger at metacarpophalangeal and interphalangeal joint, sequela
S63.439A	Traumatic rupture of volar plate of unspecified finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.439S	Traumatic rupture of volar plate of unspecified finger at metacarpophalangeal and interphalangeal joint, sequela
S63.490A	Traumatic rupture of other ligament of right index finger at metacarpophalangeal and interphalangeal joint, initial encounter



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

Code	Description
S63.490S	Traumatic rupture of other ligament of right index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.491A	Traumatic rupture of other ligament of left index finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.491S	Traumatic rupture of other ligament of left index finger at metacarpophalangeal and interphalangeal joint, sequela
S63.492A	Traumatic rupture of other ligament of right middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.492S	Traumatic rupture of other ligament of right middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.493A	Traumatic rupture of other ligament of left middle finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.493S	Traumatic rupture of other ligament of left middle finger at metacarpophalangeal and interphalangeal joint, sequela
S63.494A	Traumatic rupture of other ligament of right ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.494S	Traumatic rupture of other ligament of right ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.495A	Traumatic rupture of other ligament of left ring finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.495S	Traumatic rupture of other ligament of left ring finger at metacarpophalangeal and interphalangeal joint, sequela
S63.496A	Traumatic rupture of other ligament of right little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.496S	Traumatic rupture of other ligament of right little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.497A	Traumatic rupture of other ligament of left little finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.497S	Traumatic rupture of other ligament of left little finger at metacarpophalangeal and interphalangeal joint, sequela
S63.498A	Traumatic rupture of other ligament of other finger at metacarpophalangeal and interphalangeal joint, initial encounter



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

Code	Description
S63.498S	Traumatic rupture of other ligament of other finger at metacarpophalangeal and interphalangeal joint, sequela
S63.499A	Traumatic rupture of other ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, initial encounter
S63.499S	Traumatic rupture of other ligament of unspecified finger at metacarpophalangeal and interphalangeal joint, sequela
S63.501A	Unspecified sprain of right wrist, initial encounter
S63.501S	Unspecified sprain of right wrist, sequela
S63.502A	Unspecified sprain of left wrist, initial encounter
S63.502S	Unspecified sprain of left wrist, sequela
S63.509A	Unspecified sprain of unspecified wrist, initial encounter
S63.509S	Unspecified sprain of unspecified wrist, sequela
S63.511A	Sprain of carpal joint of right wrist, initial encounter
S63.511S	Sprain of carpal joint of right wrist, sequela
S63.512A	Sprain of carpal joint of left wrist, initial encounter
S63.512S	Sprain of carpal joint of left wrist, sequela
S63.519A	Sprain of carpal joint of unspecified wrist, initial encounter
S63.519S	Sprain of carpal joint of unspecified wrist, sequela
S63.521A	Sprain of radiocarpal joint of right wrist, initial encounter
S63.521S	Sprain of radiocarpal joint of right wrist, sequela
S63.522A	Sprain of radiocarpal joint of left wrist, initial encounter
S63.522S	Sprain of radiocarpal joint of left wrist, sequela
S63.529A	Sprain of radiocarpal joint of unspecified wrist, initial encounter
S63.529S	Sprain of radiocarpal joint of unspecified wrist, sequela
S63.591A	Other specified sprain of right wrist, initial encounter
S63.591S	Other specified sprain of right wrist, sequela
S63.592A	Other specified sprain of left wrist, initial encounter
S63.592S	Other specified sprain of left wrist, sequela
S63.599A	Other specified sprain of unspecified wrist, initial encounter



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

Code	Description
S63.599S	Other specified sprain of unspecified wrist, sequela
S63.601A	Unspecified sprain of right thumb, initial encounter
S63.601S	Unspecified sprain of right thumb, sequela
S63.602A	Unspecified sprain of left thumb, initial encounter
S63.602S	Unspecified sprain of left thumb, sequela
S63.609A	Unspecified sprain of unspecified thumb, initial encounter
S63.609S	Unspecified sprain of unspecified thumb, sequela
S63.610A	Unspecified sprain of right index finger, initial encounter
S63.610S	Unspecified sprain of right index finger, sequela
S63.611A	Unspecified sprain of left index finger, initial encounter
S63.611S	Unspecified sprain of left index finger, sequela
S63.612A	Unspecified sprain of right middle finger, initial encounter
S63.612S	Unspecified sprain of right middle finger, sequela
S63.613A	Unspecified sprain of left middle finger, initial encounter
S63.613S	Unspecified sprain of left middle finger, sequela
S63.614A	Unspecified sprain of right ring finger, initial encounter
S63.614S	Unspecified sprain of right ring finger, sequela
S63.615A	Unspecified sprain of left ring finger, initial encounter
S63.615S	Unspecified sprain of left ring finger, sequela
S63.616A	Unspecified sprain of right little finger, initial encounter
S63.616S	Unspecified sprain of right little finger, sequela
S63.617A	Unspecified sprain of left little finger, initial encounter
S63.617S	Unspecified sprain of left little finger, sequela
S63.618A	Unspecified sprain of other finger, initial encounter
S63.618S	Unspecified sprain of other finger, sequela
S63.619A	Unspecified sprain of unspecified finger, initial encounter
S63.619S	Unspecified sprain of unspecified finger, sequela
S63.621A	Sprain of interphalangeal joint of right thumb, initial encounter



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

Code	Description
S63.621S	Sprain of interphalangeal joint of right thumb, sequela
S63.622A	Sprain of interphalangeal joint of left thumb, initial encounter
S63.622S	Sprain of interphalangeal joint of left thumb, sequela
S63.629A	Sprain of interphalangeal joint of unspecified thumb, initial encounter
S63.629S	Sprain of interphalangeal joint of unspecified thumb, sequela
S63.630A	Sprain of interphalangeal joint of right index finger, initial encounter
S63.630S	Sprain of interphalangeal joint of right index finger, sequela
S63.631A	Sprain of interphalangeal joint of left index finger, initial encounter
S63.631S	Sprain of interphalangeal joint of left index finger, sequela
S63.632A	Sprain of interphalangeal joint of right middle finger, initial encounter
S63.632S	Sprain of interphalangeal joint of right middle finger, sequela
S63.633A	Sprain of interphalangeal joint of left middle finger, initial encounter
S63.633S	Sprain of interphalangeal joint of left middle finger, sequela
S63.634A	Sprain of interphalangeal joint of right ring finger, initial encounter
S63.634S	Sprain of interphalangeal joint of right ring finger, sequela
S63.635A	Sprain of interphalangeal joint of left ring finger, initial encounter
S63.635S	Sprain of interphalangeal joint of left ring finger, sequela
S63.636A	Sprain of interphalangeal joint of right little finger, initial encounter
S63.636S	Sprain of interphalangeal joint of right little finger, sequela
S63.637A	Sprain of interphalangeal joint of left little finger, initial encounter
S63.637S	Sprain of interphalangeal joint of left little finger, sequela
S63.638A	Sprain of interphalangeal joint of other finger, initial encounter
S63.638S	Sprain of interphalangeal joint of other finger, sequela
S63.639A	Sprain of interphalangeal joint of unspecified finger, initial encounter
S63.639S	Sprain of interphalangeal joint of unspecified finger, sequela
S63.641A	Sprain of metacarpophalangeal joint of right thumb, initial encounter
S63.641S	Sprain of metacarpophalangeal joint of right thumb, sequela
S63.642A	Sprain of metacarpophalangeal joint of left thumb, initial encounter



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

Code	Description
S63.642S	Sprain of metacarpophalangeal joint of left thumb, sequela
S63.649A	Sprain of metacarpophalangeal joint of unspecified thumb, initial encounter
S63.649S	Sprain of metacarpophalangeal joint of unspecified thumb, sequela
S63.650A	Sprain of metacarpophalangeal joint of right index finger, initial encounter
S63.650S	Sprain of metacarpophalangeal joint of right index finger, sequela
S63.651A	Sprain of metacarpophalangeal joint of left index finger, initial encounter
S63.651S	Sprain of metacarpophalangeal joint of left index finger, sequela
S63.652A	Sprain of metacarpophalangeal joint of right middle finger, initial encounter
S63.652S	Sprain of metacarpophalangeal joint of right middle finger, sequela
S63.653A	Sprain of metacarpophalangeal joint of left middle finger, initial encounter
S63.653S	Sprain of metacarpophalangeal joint of left middle finger, sequela
S63.654A	Sprain of metacarpophalangeal joint of right ring finger, initial encounter
S63.654S	Sprain of metacarpophalangeal joint of right ring finger, sequela
S63.655A	Sprain of metacarpophalangeal joint of left ring finger, initial encounter
S63.655S	Sprain of metacarpophalangeal joint of left ring finger, sequela
S63.656A	Sprain of metacarpophalangeal joint of right little finger, initial encounter
S63.656S	Sprain of metacarpophalangeal joint of right little finger, sequela
S63.657A	Sprain of metacarpophalangeal joint of left little finger, initial encounter
S63.657S	Sprain of metacarpophalangeal joint of left little finger, sequela
S63.658A	Sprain of metacarpophalangeal joint of other finger, initial encounter
S63.658S	Sprain of metacarpophalangeal joint of other finger, sequela
S63.659A	Sprain of metacarpophalangeal joint of unspecified finger, initial encounter
S63.659S	Sprain of metacarpophalangeal joint of unspecified finger, sequela
S63.681A	Other sprain of right thumb, initial encounter
S63.681S	Other sprain of right thumb, sequela
S63.682A	Other sprain of left thumb, initial encounter
S63.682S	Other sprain of left thumb, sequela
S63.689A	Other sprain of unspecified thumb, initial encounter



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

Code	Description
S63.689S	Other sprain of unspecified thumb, sequela
S63.690A	Other sprain of right index finger, initial encounter
S63.690S	Other sprain of right index finger, sequela
S63.691A	Other sprain of left index finger, initial encounter
S63.691S	Other sprain of left index finger, sequela
S63.692A	Other sprain of right middle finger, initial encounter
S63.692S	Other sprain of right middle finger, sequela
S63.693A	Other sprain of left middle finger, initial encounter
S63.693S	Other sprain of left middle finger, sequela
S63.694A	Other sprain of right ring finger, initial encounter
S63.694S	Other sprain of right ring finger, sequela
S63.695A	Other sprain of left ring finger, initial encounter
S63.695S	Other sprain of left ring finger, sequela
S63.696A	Other sprain of right little finger, initial encounter
S63.696S	Other sprain of right little finger, sequela
S63.697A	Other sprain of left little finger, initial encounter
S63.697S	Other sprain of left little finger, sequela
S63.698A	Other sprain of other finger, initial encounter
S63.698S	Other sprain of other finger, sequela
S63.699A	Other sprain of unspecified finger, initial encounter
S63.699S	Other sprain of unspecified finger, sequela
S63.8X1A	Sprain of other part of right wrist and hand, initial encounter
S63.8X1S	Sprain of other part of right wrist and hand, sequela
S63.8X2A	Sprain of other part of left wrist and hand, initial encounter
S63.8X2S	Sprain of other part of left wrist and hand, sequela
S63.8X9A	Sprain of other part of unspecified wrist and hand, initial encounter
S63.8X9S	Sprain of other part of unspecified wrist and hand, sequela
S63.90XA	Sprain of unspecified part of unspecified wrist and hand, initial encounter



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

Code	Description
S63.90XS	Sprain of unspecified part of unspecified wrist and hand, sequela
S63.91XA	Sprain of unspecified part of right wrist and hand, initial encounter
S63.91XS	Sprain of unspecified part of right wrist and hand, sequela
S63.92XA	Sprain of unspecified part of left wrist and hand, initial encounter
S63.92XS	Sprain of unspecified part of left wrist and hand, sequela
S64.00XA	Injury of ulnar nerve at wrist and hand level of unspecified arm, initial encounter
S64.00XS	Injury of ulnar nerve at wrist and hand level of unspecified arm, sequela
S64.01XA	Injury of ulnar nerve at wrist and hand level of right arm, initial encounter
S64.01XS	Injury of ulnar nerve at wrist and hand level of right arm, sequela
S64.02XA	Injury of ulnar nerve at wrist and hand level of left arm, initial encounter
S64.02XS	Injury of ulnar nerve at wrist and hand level of left arm, sequela
S64.10XA	Injury of median nerve at wrist and hand level of unspecified arm, initial encounter
S64.10XS	Injury of median nerve at wrist and hand level of unspecified arm, sequela
S64.11XA	Injury of median nerve at wrist and hand level of right arm, initial encounter
S64.11XS	Injury of median nerve at wrist and hand level of right arm, sequela
S64.12XA	Injury of median nerve at wrist and hand level of left arm, initial encounter
S64.12XS	Injury of median nerve at wrist and hand level of left arm, sequela
S64.20XA	Injury of radial nerve at wrist and hand level of unspecified arm, initial encounter
S64.20XS	Injury of radial nerve at wrist and hand level of unspecified arm, sequela
S64.21XA	Injury of radial nerve at wrist and hand level of right arm, initial encounter
S64.21XS	Injury of radial nerve at wrist and hand level of right arm, sequela
S64.22XA	Injury of radial nerve at wrist and hand level of left arm, initial encounter
S64.22XS	Injury of radial nerve at wrist and hand level of left arm, sequela
S64.30XA	Injury of digital nerve of unspecified thumb, initial encounter
S64.30XS	Injury of digital nerve of unspecified thumb, sequela
S64.31XA	Injury of digital nerve of right thumb, initial encounter
S64.31XS	Injury of digital nerve of right thumb, sequela
S64.32XA	Injury of digital nerve of left thumb, initial encounter



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

Code	Description
S64.32XS	Injury of digital nerve of left thumb, sequela
S64.40XA	Injury of digital nerve of unspecified finger, initial encounter
S64.40XS	Injury of digital nerve of unspecified finger, sequela
S64.490A	Injury of digital nerve of right index finger, initial encounter
S64.490S	Injury of digital nerve of right index finger, sequela
S64.491A	Injury of digital nerve of left index finger, initial encounter
S64.491S	Injury of digital nerve of left index finger, sequela
S64.492A	Injury of digital nerve of right middle finger, initial encounter
S64.492S	Injury of digital nerve of right middle finger, sequela
S64.493A	Injury of digital nerve of left middle finger, initial encounter
S64.493S	Injury of digital nerve of left middle finger, sequela
S64.494A	Injury of digital nerve of right ring finger, initial encounter
S64.494S	Injury of digital nerve of right ring finger, sequela
S64.495A	Injury of digital nerve of left ring finger, initial encounter
S64.495S	Injury of digital nerve of left ring finger, sequela
S64.496A	Injury of digital nerve of right little finger, initial encounter
S64.496S	Injury of digital nerve of right little finger, sequela
S64.497A	Injury of digital nerve of left little finger, initial encounter
S64.497S	Injury of digital nerve of left little finger, sequela
S64.498A	Injury of digital nerve of other finger, initial encounter
S64.498S	Injury of digital nerve of other finger, sequela
S64.8X1A	Injury of other nerves at wrist and hand level of right arm, initial encounter
S64.8X1S	Injury of other nerves at wrist and hand level of right arm, sequela
S64.8X2A	Injury of other nerves at wrist and hand level of left arm, initial encounter
S64.8X2S	Injury of other nerves at wrist and hand level of left arm, sequela
S64.8X9A	Injury of other nerves at wrist and hand level of unspecified arm, initial encounter
S64.8X9S	Injury of other nerves at wrist and hand level of unspecified arm, sequela
S64.90XA	Injury of unspecified nerve at wrist and hand level of unspecified arm, initial encounter

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S64.90XS	Injury of unspecified nerve at wrist and hand level of unspecified arm, sequela
S64.91XA	Injury of unspecified nerve at wrist and hand level of right arm, initial encounter
S64.91XS	Injury of unspecified nerve at wrist and hand level of right arm, sequela
S64.92XA	Injury of unspecified nerve at wrist and hand level of left arm, initial encounter
S64.92XS	Injury of unspecified nerve at wrist and hand level of left arm, sequela
S65.001S	Unspecified injury of ulnar artery at wrist and hand level of right arm, sequela
S65.002S	Unspecified injury of ulnar artery at wrist and hand level of left arm, sequela
S65.009S	Unspecified injury of ulnar artery at wrist and hand level of unspecified arm, sequela
S65.011S	Laceration of ulnar artery at wrist and hand level of right arm, sequela
S65.012S	Laceration of ulnar artery at wrist and hand level of left arm, sequela
S65.019S	Laceration of ulnar artery at wrist and hand level of unspecified arm, sequela
S65.091S	Other specified injury of ulnar artery at wrist and hand level of right arm, sequela
S65.092S	Other specified injury of ulnar artery at wrist and hand level of left arm, sequela
S65.099S	Other specified injury of ulnar artery at wrist and hand level of unspecified arm, sequela
S65.101S	Unspecified injury of radial artery at wrist and hand level of right arm, sequela
S65.102S	Unspecified injury of radial artery at wrist and hand level of left arm, sequela
S65.109S	Unspecified injury of radial artery at wrist and hand level of unspecified arm, sequela
S65.111S	Laceration of radial artery at wrist and hand level of right arm, sequela
S65.112S	Laceration of radial artery at wrist and hand level of left arm, sequela
S65.119S	Laceration of radial artery at wrist and hand level of unspecified arm, sequela
S65.191S	Other specified injury of radial artery at wrist and hand level of right arm, sequela
S65.192S	Other specified injury of radial artery at wrist and hand level of left arm, sequela
S65.199S	Other specified injury of radial artery at wrist and hand level of unspecified arm, sequela
S65.201S	Unspecified injury of superficial palmar arch of right hand, sequela
S65.202S	Unspecified injury of superficial palmar arch of left hand, sequela
S65.209S	Unspecified injury of superficial palmar arch of unspecified hand, sequela



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

Code	Description
S65.211S	Laceration of superficial palmar arch of right hand, sequela
S65.212S	Laceration of superficial palmar arch of left hand, sequela
S65.219S	Laceration of superficial palmar arch of unspecified hand, sequela
S65.291S	Other specified injury of superficial palmar arch of right hand, sequela
S65.292S	Other specified injury of superficial palmar arch of left hand, sequela
S65.299S	Other specified injury of superficial palmar arch of unspecified hand, sequela
S65.301S	Unspecified injury of deep palmar arch of right hand, sequela
S65.302S	Unspecified injury of deep palmar arch of left hand, sequela
S65.309S	Unspecified injury of deep palmar arch of unspecified hand, sequela
S65.311S	Laceration of deep palmar arch of right hand, sequela
S65.312S	Laceration of deep palmar arch of left hand, sequela
S65.319S	Laceration of deep palmar arch of unspecified hand, sequela
S65.391S	Other specified injury of deep palmar arch of right hand, sequela
S65.392S	Other specified injury of deep palmar arch of left hand, sequela
S65.399S	Other specified injury of deep palmar arch of unspecified hand, sequela
S65.401S	Unspecified injury of blood vessel of right thumb, sequela
S65.402S	Unspecified injury of blood vessel of left thumb, sequela
S65.409S	Unspecified injury of blood vessel of unspecified thumb, sequela
S65.411S	Laceration of blood vessel of right thumb, sequela
S65.412S	Laceration of blood vessel of left thumb, sequela
S65.419S	Laceration of blood vessel of unspecified thumb, sequela
S65.491S	Other specified injury of blood vessel of right thumb, sequela
S65.492S	Other specified injury of blood vessel of left thumb, sequela
S65.499S	Other specified injury of blood vessel of unspecified thumb, sequela
S65.500S	Unspecified injury of blood vessel of right index finger, sequela
S65.501S	Unspecified injury of blood vessel of left index finger, sequela
S65.502S	Unspecified injury of blood vessel of right middle finger, sequela
S65.503S	Unspecified injury of blood vessel of left middle finger, sequela



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

Code	Description
S65.504S	Unspecified injury of blood vessel of right ring finger, sequela
S65.505S	Unspecified injury of blood vessel of left ring finger, sequela
S65.506S	Unspecified injury of blood vessel of right little finger, sequela
S65.507S	Unspecified injury of blood vessel of left little finger, sequela
S65.508S	Unspecified injury of blood vessel of other finger, sequela
S65.509S	Unspecified injury of blood vessel of unspecified finger, sequela
S65.510S	Laceration of blood vessel of right index finger, sequela
S65.511S	Laceration of blood vessel of left index finger, sequela
S65.512S	Laceration of blood vessel of right middle finger, sequela
S65.513S	Laceration of blood vessel of left middle finger, sequela
S65.514S	Laceration of blood vessel of right ring finger, sequela
S65.515S	Laceration of blood vessel of left ring finger, sequela
S65.516S	Laceration of blood vessel of right little finger, sequela
S65.517S	Laceration of blood vessel of left little finger, sequela
S65.518S	Laceration of blood vessel of other finger, sequela
S65.519S	Laceration of blood vessel of unspecified finger, sequela
S65.590S	Other specified injury of blood vessel of right index finger, sequela
S65.591S	Other specified injury of blood vessel of left index finger, sequela
S65.592S	Other specified injury of blood vessel of right middle finger, sequela
S65.593S	Other specified injury of blood vessel of left middle finger, sequela
S65.594S	Other specified injury of blood vessel of right ring finger, sequela
S65.595S	Other specified injury of blood vessel of left ring finger, sequela
S65.596S	Other specified injury of blood vessel of right little finger, sequela
S65.597S	Other specified injury of blood vessel of left little finger, sequela
S65.598S	Other specified injury of blood vessel of other finger, sequela
S65.599S	Other specified injury of blood vessel of unspecified finger, sequela
S65.801S	Unspecified injury of other blood vessels at wrist and hand level of right arm, sequela
S65.802S	Unspecified injury of other blood vessels at wrist and hand level of left arm, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S65.809S	Unspecified injury of other blood vessels at wrist and hand level of unspecified arm, sequela
S65.811S	Laceration of other blood vessels at wrist and hand level of right arm, sequela
S65.812S	Laceration of other blood vessels at wrist and hand level of left arm, sequela
S65.819S	Laceration of other blood vessels at wrist and hand level of unspecified arm, sequela
S65.891S	Other specified injury of other blood vessels at wrist and hand level of right arm, sequela
S65.892S	Other specified injury of other blood vessels at wrist and hand level of left arm, sequela
S65.899S	Other specified injury of other blood vessels at wrist and hand level of unspecified arm, sequela
S65.901S	Unspecified injury of unspecified blood vessel at wrist and hand level of right arm, sequela
S65.902S	Unspecified injury of unspecified blood vessel at wrist and hand level of left arm, sequela
S65.909S	Unspecified injury of unspecified blood vessel at wrist and hand level of unspecified arm, sequela
S65.911S	Laceration of unspecified blood vessel at wrist and hand level of right arm, sequela
S65.912S	Laceration of unspecified blood vessel at wrist and hand level of left arm, sequela
S65.919S	Laceration of unspecified blood vessel at wrist and hand level of unspecified arm, sequela
S65.991S	Other specified injury of unspecified blood vessel at wrist and hand of right arm, sequela
S65.992S	Other specified injury of unspecified blood vessel at wrist and hand of left arm, sequela
S65.999S	Other specified injury of unspecified blood vessel at wrist and hand of unspecified arm, sequela
S66.001S	Unspecified injury of long flexor muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.002S	Unspecified injury of long flexor muscle, fascia and tendon of left thumb at wrist and hand level, sequela



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

Code	Description
S66.009S	Unspecified injury of long flexor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.011A	Strain of long flexor muscle, fascia and tendon of right thumb at wrist and hand level, initial encounter
S66.011S	Strain of long flexor muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.012A	Strain of long flexor muscle, fascia and tendon of left thumb at wrist and hand level, initial encounter
S66.012S	Strain of long flexor muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.019A	Strain of long flexor muscle, fascia and tendon of unspecified thumb at wrist and hand level, initial encounter
S66.019S	Strain of long flexor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.021S	Laceration of long flexor muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.022S	Laceration of long flexor muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.029S	Laceration of long flexor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.091S	Other specified injury of long flexor muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.092S	Other specified injury of long flexor muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.099S	Other specified injury of long flexor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.100S	Unspecified injury of flexor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.101S	Unspecified injury of flexor muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.102S	Unspecified injury of flexor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela



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

Code	Description
S66.103S	Unspecified injury of flexor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.104S	Unspecified injury of flexor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.105S	Unspecified injury of flexor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.106S	Unspecified injury of flexor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.107S	Unspecified injury of flexor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.108S	Unspecified injury of flexor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.109S	Unspecified injury of flexor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.110A	Strain of flexor muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter
S66.110S	Strain of flexor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.111A	Strain of flexor muscle, fascia and tendon of left index finger at wrist and hand level, initial encounter
S66.111S	Strain of flexor muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.112A	Strain of flexor muscle, fascia and tendon of right middle finger at wrist and hand level, initial encounter
S66.112S	Strain of flexor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.113A	Strain of flexor muscle, fascia and tendon of left middle finger at wrist and hand level, initial encounter
S66.113S	Strain of flexor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.114A	Strain of flexor muscle, fascia and tendon of right ring finger at wrist and hand level, initial encounter



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

Code	Description
S66.114S	Strain of flexor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.115A	Strain of flexor muscle, fascia and tendon of left ring finger at wrist and hand level, initial encounter
S66.115S	Strain of flexor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.116A	Strain of flexor muscle, fascia and tendon of right little finger at wrist and hand level, initial encounter
S66.116S	Strain of flexor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.117A	Strain of flexor muscle, fascia and tendon of left little finger at wrist and hand level, initial encounter
S66.117S	Strain of flexor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.118A	Strain of flexor muscle, fascia and tendon of other finger at wrist and hand level, initial encounter
S66.118S	Strain of flexor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.119A	Strain of flexor muscle, fascia and tendon of unspecified finger at wrist and hand level, initial encounter
S66.119S	Strain of flexor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.120S	Laceration of flexor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.121S	Laceration of flexor muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.122S	Laceration of flexor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.123S	Laceration of flexor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.124S	Laceration of flexor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela



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

Code	Description
S66.125S	Laceration of flexor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.126S	Laceration of flexor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.127S	Laceration of flexor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.128S	Laceration of flexor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.129S	Laceration of flexor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.190S	Other injury of flexor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.191S	Other injury of flexor muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.192S	Other injury of flexor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.193S	Other injury of flexor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.194S	Other injury of flexor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.195S	Other injury of flexor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.196S	Other injury of flexor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.197S	Other injury of flexor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.198S	Other injury of flexor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.199S	Other injury of flexor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.201S	Unspecified injury of extensor muscle, fascia and tendon of right thumb at wrist and hand level, sequela



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

Code	Description
S66.202S	Unspecified injury of extensor muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.209S	Unspecified injury of extensor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.211A	Strain of extensor muscle, fascia and tendon of right thumb at wrist and hand level, initial encounter
S66.211S	Strain of extensor muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.212A	Strain of extensor muscle, fascia and tendon of left thumb at wrist and hand level, initial encounter
S66.212S	Strain of extensor muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.219A	Strain of extensor muscle, fascia and tendon of unspecified thumb at wrist and hand level, initial encounter
S66.219S	Strain of extensor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.221S	Laceration of extensor muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.222S	Laceration of extensor muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.229S	Laceration of extensor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.291S	Other specified injury of extensor muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.292S	Other specified injury of extensor muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.299S	Other specified injury of extensor muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.300S	Unspecified injury of extensor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.301S	Unspecified injury of extensor muscle, fascia and tendon of left index finger at wrist and hand level, sequela



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

Code	Description
S66.302S	Unspecified injury of extensor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.303S	Unspecified injury of extensor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.304S	Unspecified injury of extensor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.305S	Unspecified injury of extensor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.306S	Unspecified injury of extensor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.307S	Unspecified injury of extensor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.308S	Unspecified injury of extensor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.309S	Unspecified injury of extensor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.310A	Strain of extensor muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter
S66.310S	Strain of extensor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.311A	Strain of extensor muscle, fascia and tendon of left index finger at wrist and hand level, initial encounter
S66.311S	Strain of extensor muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.312A	Strain of extensor muscle, fascia and tendon of right middle finger at wrist and hand level, initial encounter
S66.312S	Strain of extensor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.313A	Strain of extensor muscle, fascia and tendon of left middle finger at wrist and hand level, initial encounter
S66.313S	Strain of extensor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela



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

Code	Description
S66.314A	Strain of extensor muscle, fascia and tendon of right ring finger at wrist and hand level, initial encounter
S66.314S	Strain of extensor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.315A	Strain of extensor muscle, fascia and tendon of left ring finger at wrist and hand level, initial encounter
S66.315S	Strain of extensor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.316A	Strain of extensor muscle, fascia and tendon of right little finger at wrist and hand level, initial encounter
S66.316S	Strain of extensor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.317A	Strain of extensor muscle, fascia and tendon of left little finger at wrist and hand level, initial encounter
S66.317S	Strain of extensor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.318A	Strain of extensor muscle, fascia and tendon of other finger at wrist and hand level, initial encounter
S66.318S	Strain of extensor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.319A	Strain of extensor muscle, fascia and tendon of unspecified finger at wrist and hand level, initial encounter
S66.319S	Strain of extensor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.320S	Laceration of extensor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.321S	Laceration of extensor muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.322S	Laceration of extensor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.323S	Laceration of extensor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela



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

Code	Description
S66.324S	Laceration of extensor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.325S	Laceration of extensor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.326S	Laceration of extensor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.327S	Laceration of extensor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.328S	Laceration of extensor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.329S	Laceration of extensor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.390S	Other injury of extensor muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.391S	Other injury of extensor muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.392S	Other injury of extensor muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.393S	Other injury of extensor muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.394S	Other injury of extensor muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.395S	Other injury of extensor muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.396S	Other injury of extensor muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.397S	Other injury of extensor muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.398S	Other injury of extensor muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.399S	Other injury of extensor muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela



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

Code	Description
S66.401S	Unspecified injury of intrinsic muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.402S	Unspecified injury of intrinsic muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.409S	Unspecified injury of intrinsic muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.411A	Strain of intrinsic muscle, fascia and tendon of right thumb at wrist and hand level, initial encounter
S66.411S	Strain of intrinsic muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.412A	Strain of intrinsic muscle, fascia and tendon of left thumb at wrist and hand level, initial encounter
S66.412S	Strain of intrinsic muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.419A	Strain of intrinsic muscle, fascia and tendon of unspecified thumb at wrist and hand level, initial encounter
S66.419S	Strain of intrinsic muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.421S	Laceration of intrinsic muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.422S	Laceration of intrinsic muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.429S	Laceration of intrinsic muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.491S	Other specified injury of intrinsic muscle, fascia and tendon of right thumb at wrist and hand level, sequela
S66.492S	Other specified injury of intrinsic muscle, fascia and tendon of left thumb at wrist and hand level, sequela
S66.499S	Other specified injury of intrinsic muscle, fascia and tendon of unspecified thumb at wrist and hand level, sequela
S66.500S	Unspecified injury of intrinsic muscle, fascia and tendon of right index finger at wrist and hand level, sequela



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

Code	Description
S66.501S	Unspecified injury of intrinsic muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.502S	Unspecified injury of intrinsic muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.503S	Unspecified injury of intrinsic muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.504S	Unspecified injury of intrinsic muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.505S	Unspecified injury of intrinsic muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.506S	Unspecified injury of intrinsic muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.507S	Unspecified injury of intrinsic muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.508S	Unspecified injury of intrinsic muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.509S	Unspecified injury of intrinsic muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.510A	Strain of intrinsic muscle, fascia and tendon of right index finger at wrist and hand level, initial encounter
S66.510S	Strain of intrinsic muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.511A	Strain of intrinsic muscle, fascia and tendon of left index finger at wrist and hand level, initial encounter
S66.511S	Strain of intrinsic muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.512A	Strain of intrinsic muscle, fascia and tendon of right middle finger at wrist and hand level, initial encounter
S66.512S	Strain of intrinsic muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.513A	Strain of intrinsic muscle, fascia and tendon of left middle finger at wrist and hand level, initial encounter



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

Code	Description
S66.513S	Strain of intrinsic muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.514A	Strain of intrinsic muscle, fascia and tendon of right ring finger at wrist and hand level, initial encounter
S66.514S	Strain of intrinsic muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.515A	Strain of intrinsic muscle, fascia and tendon of left ring finger at wrist and hand level, initial encounter
S66.515S	Strain of intrinsic muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.516A	Strain of intrinsic muscle, fascia and tendon of right little finger at wrist and hand level, initial encounter
S66.516S	Strain of intrinsic muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.517A	Strain of intrinsic muscle, fascia and tendon of left little finger at wrist and hand level, initial encounter
S66.517S	Strain of intrinsic muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.518A	Strain of intrinsic muscle, fascia and tendon of other finger at wrist and hand level, initial encounter
S66.518S	Strain of intrinsic muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.519A	Strain of intrinsic muscle, fascia and tendon of unspecified finger at wrist and hand level, initial encounter
S66.519S	Strain of intrinsic muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.520S	Laceration of intrinsic muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.521S	Laceration of intrinsic muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.522S	Laceration of intrinsic muscle, fascia and tendon of right middle finger at wrist and hand level, sequela



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

Code	Description
S66.523S	Laceration of intrinsic muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.524S	Laceration of intrinsic muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.525S	Laceration of intrinsic muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.526S	Laceration of intrinsic muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.527S	Laceration of intrinsic muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.528S	Laceration of intrinsic muscle, fascia and tendon of other finger at wrist and hand level, sequela
S66.529S	Laceration of intrinsic muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.590S	Other injury of intrinsic muscle, fascia and tendon of right index finger at wrist and hand level, sequela
S66.591S	Other injury of intrinsic muscle, fascia and tendon of left index finger at wrist and hand level, sequela
S66.592S	Other injury of intrinsic muscle, fascia and tendon of right middle finger at wrist and hand level, sequela
S66.593S	Other injury of intrinsic muscle, fascia and tendon of left middle finger at wrist and hand level, sequela
S66.594S	Other injury of intrinsic muscle, fascia and tendon of right ring finger at wrist and hand level, sequela
S66.595S	Other injury of intrinsic muscle, fascia and tendon of left ring finger at wrist and hand level, sequela
S66.596S	Other injury of intrinsic muscle, fascia and tendon of right little finger at wrist and hand level, sequela
S66.597S	Other injury of intrinsic muscle, fascia and tendon of left little finger at wrist and hand level, sequela
S66.598S	Other injury of intrinsic muscle, fascia and tendon of other finger at wrist and hand level, sequela



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

Code	Description
S66.599S	Other injury of intrinsic muscle, fascia and tendon of unspecified finger at wrist and hand level, sequela
S66.801S	Unspecified injury of other specified muscles, fascia and tendons at wrist and hand level, right hand, sequela
S66.802S	Unspecified injury of other specified muscles, fascia and tendons at wrist and hand level, left hand, sequela
S66.809S	Unspecified injury of other specified muscles, fascia and tendons at wrist and hand level, unspecified hand, sequela
S66.811A	Strain of other specified muscles, fascia and tendons at wrist and hand level, right hand, initial encounter
S66.811S	Strain of other specified muscles, fascia and tendons at wrist and hand level, right hand, sequela
S66.812A	Strain of other specified muscles, fascia and tendons at wrist and hand level, left hand, initial encounter
S66.812S	Strain of other specified muscles, fascia and tendons at wrist and hand level, left hand, sequela
S66.819A	Strain of other specified muscles, fascia and tendons at wrist and hand level, unspecified hand, initial encounter
S66.819S	Strain of other specified muscles, fascia and tendons at wrist and hand level, unspecified hand, sequela
S66.821S	Laceration of other specified muscles, fascia and tendons at wrist and hand level, right hand, sequela
S66.822S	Laceration of other specified muscles, fascia and tendons at wrist and hand level, left hand, sequela
S66.829S	Laceration of other specified muscles, fascia and tendons at wrist and hand level, unspecified hand, sequela
S66.891S	Other injury of other specified muscles, fascia and tendons at wrist and hand level, right hand, sequela
S66.892S	Other injury of other specified muscles, fascia and tendons at wrist and hand level, left hand, sequela
S66.899S	Other injury of other specified muscles, fascia and tendons at wrist and hand level, unspecified hand, sequela



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

Code	Description
S66.901S	Unspecified injury of unspecified muscle, fascia and tendon at wrist and hand level, right hand, sequela
S66.902S	Unspecified injury of unspecified muscle, fascia and tendon at wrist and hand level, left hand, sequela
S66.909S	Unspecified injury of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, sequela
S66.911A	Strain of unspecified muscle, fascia and tendon at wrist and hand level, right hand, initial encounter
S66.911S	Strain of unspecified muscle, fascia and tendon at wrist and hand level, right hand, sequela
S66.912A	Strain of unspecified muscle, fascia and tendon at wrist and hand level, left hand, initial encounter
S66.912S	Strain of unspecified muscle, fascia and tendon at wrist and hand level, left hand, sequela
S66.919A	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, initial encounter
S66.919S	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, sequela
S66.921S	Laceration of unspecified muscle, fascia and tendon at wrist and hand level, right hand, sequela
S66.922S	Laceration of unspecified muscle, fascia and tendon at wrist and hand level, left hand, sequela
S66.929S	Laceration of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, sequela
S66.991S	Other injury of unspecified muscle, fascia and tendon at wrist and hand level, right hand, sequela
S66.992S	Other injury of unspecified muscle, fascia and tendon at wrist and hand level, left hand, sequela
S66.999S	Other injury of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, sequela
S67.00XS	Crushing injury of unspecified thumb, sequela
S67.01XS	Crushing injury of right thumb, sequela
S67.02XS	Crushing injury of left thumb, sequela



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

Code	Description
S67.10XS	Crushing injury of unspecified finger(s), sequela
S67.190S	Crushing injury of right index finger, sequela
S67.191S	Crushing injury of left index finger, sequela
S67.192S	Crushing injury of right middle finger, sequela
S67.193S	Crushing injury of left middle finger, sequela
S67.194S	Crushing injury of right ring finger, sequela
S67.195S	Crushing injury of left ring finger, sequela
S67.196S	Crushing injury of right little finger, sequela
S67.197S	Crushing injury of left little finger, sequela
S67.198S	Crushing injury of other finger, sequela
S67.20XS	Crushing injury of unspecified hand, sequela
S67.21XS	Crushing injury of right hand, sequela
S67.22XS	Crushing injury of left hand, sequela
S67.30XS	Crushing injury of unspecified wrist, sequela
S67.31XS	Crushing injury of right wrist, sequela
S67.32XS	Crushing injury of left wrist, sequela
S67.40XS	Crushing injury of unspecified wrist and hand, sequela
S67.41XS	Crushing injury of right wrist and hand, sequela
S67.42XS	Crushing injury of left wrist and hand, sequela
S67.90XS	Crushing injury of unspecified part(s) of unspecified wrist, hand and fingers, sequela
S67.91XS	Crushing injury of unspecified part(s) of right wrist, hand and fingers, sequela
S67.92XS	Crushing injury of unspecified part(s) of left wrist, hand and fingers, sequela
S68.011S	Complete traumatic metacarpophalangeal amputation of right thumb, sequela
S68.012S	Complete traumatic metacarpophalangeal amputation of left thumb, sequela
S68.019S	Complete traumatic metacarpophalangeal amputation of unspecified thumb, sequela
S68.021S	Partial traumatic metacarpophalangeal amputation of right thumb, sequela
S68.022S	Partial traumatic metacarpophalangeal amputation of left thumb, sequela
S68.029S	Partial traumatic metacarpophalangeal amputation of unspecified thumb, sequela

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

Code	Description
S68.110S	Complete traumatic metacarpophalangeal amputation of right index finger, sequela
S68.111S	Complete traumatic metacarpophalangeal amputation of left index finger, sequela
S68.112S	Complete traumatic metacarpophalangeal amputation of right middle finger, sequela
S68.113S	Complete traumatic metacarpophalangeal amputation of left middle finger, sequela
S68.114S	Complete traumatic metacarpophalangeal amputation of right ring finger, sequela
S68.115S	Complete traumatic metacarpophalangeal amputation of left ring finger, sequela
S68.116S	Complete traumatic metacarpophalangeal amputation of right little finger, sequela
S68.117S	Complete traumatic metacarpophalangeal amputation of left little finger, sequela
S68.118S	Complete traumatic metacarpophalangeal amputation of other finger, sequela
S68.119S	Complete traumatic metacarpophalangeal amputation of unspecified finger, sequela
S68.120S	Partial traumatic metacarpophalangeal amputation of right index finger, sequela
S68.121S	Partial traumatic metacarpophalangeal amputation of left index finger, sequela
S68.122S	Partial traumatic metacarpophalangeal amputation of right middle finger, sequela
S68.123S	Partial traumatic metacarpophalangeal amputation of left middle finger, sequela
S68.124S	Partial traumatic metacarpophalangeal amputation of right ring finger, sequela
S68.125S	Partial traumatic metacarpophalangeal amputation of left ring finger, sequela
S68.126S	Partial traumatic metacarpophalangeal amputation of right little finger, sequela
S68.127S	Partial traumatic metacarpophalangeal amputation of left little finger, sequela
S68.128S	Partial traumatic metacarpophalangeal amputation of other finger, sequela
S68.129S	Partial traumatic metacarpophalangeal amputation of unspecified finger, sequela
S68.411S	Complete traumatic amputation of right hand at wrist level, sequela
S68.412S	Complete traumatic amputation of left hand at wrist level, sequela
S68.419S	Complete traumatic amputation of unspecified hand at wrist level, sequela
S68.421S	Partial traumatic amputation of right hand at wrist level, sequela
S68.422S	Partial traumatic amputation of left hand at wrist level, sequela
S68.429S	Partial traumatic amputation of unspecified hand at wrist level, sequela
S68.511S	Complete traumatic transphalangeal amputation of right thumb, sequela
S68.512S	Complete traumatic transphalangeal amputation of left thumb, sequela

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

Code	Description
S68.519S	Complete traumatic transphalangeal amputation of unspecified thumb, sequela
S68.521S	Partial traumatic transphalangeal amputation of right thumb, sequela
S68.522S	Partial traumatic transphalangeal amputation of left thumb, sequela
S68.529S	Partial traumatic transphalangeal amputation of unspecified thumb, sequela
S68.610S	Complete traumatic transphalangeal amputation of right index finger, sequela
S68.611S	Complete traumatic transphalangeal amputation of left index finger, sequela
S68.612S	Complete traumatic transphalangeal amputation of right middle finger, sequela
S68.613S	Complete traumatic transphalangeal amputation of left middle finger, sequela
S68.614S	Complete traumatic transphalangeal amputation of right ring finger, sequela
S68.615S	Complete traumatic transphalangeal amputation of left ring finger, sequela
S68.616S	Complete traumatic transphalangeal amputation of right little finger, sequela
S68.617S	Complete traumatic transphalangeal amputation of left little finger, sequela
S68.618S	Complete traumatic transphalangeal amputation of other finger, sequela
S68.619S	Complete traumatic transphalangeal amputation of unspecified finger, sequela
S68.620S	Partial traumatic transphalangeal amputation of right index finger, sequela
S68.621S	Partial traumatic transphalangeal amputation of left index finger, sequela
S68.622S	Partial traumatic transphalangeal amputation of right middle finger, sequela
S68.623S	Partial traumatic transphalangeal amputation of left middle finger, sequela
S68.624S	Partial traumatic transphalangeal amputation of right ring finger, sequela
S68.625S	Partial traumatic transphalangeal amputation of left ring finger, sequela
S68.626S	Partial traumatic transphalangeal amputation of right little finger, sequela
S68.627S	Partial traumatic transphalangeal amputation of left little finger, sequela
S68.628S	Partial traumatic transphalangeal amputation of other finger, sequela
S68.629S	Partial traumatic transphalangeal amputation of unspecified finger, sequela
S68.711S	Complete traumatic transmetacarpal amputation of right hand, sequela
S68.712S	Complete traumatic transmetacarpal amputation of left hand, sequela
S68.719S	Complete traumatic transmetacarpal amputation of unspecified hand, sequela
S68.721S	Partial traumatic transmetacarpal amputation of right hand, sequela

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Fu Associates, Ltd.

July 2021



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

Code	Description
S68.722S	Partial traumatic transmetacarpal amputation of left hand, sequela
S68.729S	Partial traumatic transmetacarpal amputation of unspecified hand, sequela
S69.80XS	Other specified injuries of unspecified wrist, hand and finger(s), sequela
S69.81XS	Other specified injuries of right wrist, hand and finger(s), sequela
S69.82XS	Other specified injuries of left wrist, hand and finger(s), sequela
S69.90XS	Unspecified injury of unspecified wrist, hand and finger(s), sequela
S69.91XS	Unspecified injury of right wrist, hand and finger(s), sequela
S69.92XS	Unspecified injury of left wrist, hand and finger(s), sequela
S70.00XS	Contusion of unspecified hip, sequela
S70.01XS	Contusion of right hip, sequela
S70.02XS	Contusion of left hip, sequela
S70.10XS	Contusion of unspecified thigh, sequela
S70.11XS	Contusion of right thigh, sequela
S70.12XS	Contusion of left thigh, sequela
S70.211A	Abrasion, right hip, initial encounter
S70.211S	Abrasion, right hip, sequela
S70.212A	Abrasion, left hip, initial encounter
S70.212S	Abrasion, left hip, sequela
S70.219A	Abrasion, unspecified hip, initial encounter
S70.219S	Abrasion, unspecified hip, sequela
S70.221A	Blister (nonthermal), right hip, initial encounter
S70.221S	Blister (nonthermal), right hip, sequela
S70.222A	Blister (nonthermal), left hip, initial encounter
S70.222S	Blister (nonthermal), left hip, sequela
S70.229A	Blister (nonthermal), unspecified hip, initial encounter
S70.229S	Blister (nonthermal), unspecified hip, sequela
S70.241A	External constriction, right hip, initial encounter
S70.241S	External constriction, right hip, sequela



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

Code	Description
S70.242A	External constriction, left hip, initial encounter
S70.242S	External constriction, left hip, sequela
S70.249A	External constriction, unspecified hip, initial encounter
S70.249S	External constriction, unspecified hip, sequela
S70.251A	Superficial foreign body, right hip, initial encounter
S70.251S	Superficial foreign body, right hip, sequela
S70.252A	Superficial foreign body, left hip, initial encounter
S70.252S	Superficial foreign body, left hip, sequela
S70.259A	Superficial foreign body, unspecified hip, initial encounter
S70.259S	Superficial foreign body, unspecified hip, sequela
S70.261A	Insect bite (nonvenomous), right hip, initial encounter
S70.261S	Insect bite (nonvenomous), right hip, sequela
S70.262A	Insect bite (nonvenomous), left hip, initial encounter
S70.262S	Insect bite (nonvenomous), left hip, sequela
S70.269A	Insect bite (nonvenomous), unspecified hip, initial encounter
S70.269S	Insect bite (nonvenomous), unspecified hip, sequela
S70.271A	Other superficial bite of hip, right hip, initial encounter
S70.271S	Other superficial bite of hip, right hip, sequela
S70.272A	Other superficial bite of hip, left hip, initial encounter
S70.272S	Other superficial bite of hip, left hip, sequela
S70.279A	Other superficial bite of hip, unspecified hip, initial encounter
S70.279S	Other superficial bite of hip, unspecified hip, sequela
S70.311A	Abrasion, right thigh, initial encounter
S70.311S	Abrasion, right thigh, sequela
S70.312A	Abrasion, left thigh, initial encounter
S70.312S	Abrasion, left thigh, sequela
S70.319A	Abrasion, unspecified thigh, initial encounter
S70.319S	Abrasion, unspecified thigh, sequela



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

Code	Description
S70.321A	Blister (nonthermal), right thigh, initial encounter
S70.321S	Blister (nonthermal), right thigh, sequela
S70.322A	Blister (nonthermal), left thigh, initial encounter
S70.322S	Blister (nonthermal), left thigh, sequela
S70.329A	Blister (nonthermal), unspecified thigh, initial encounter
S70.329S	Blister (nonthermal), unspecified thigh, sequela
S70.341A	External constriction, right thigh, initial encounter
S70.341S	External constriction, right thigh, sequela
S70.342A	External constriction, left thigh, initial encounter
S70.342S	External constriction, left thigh, sequela
S70.349A	External constriction, unspecified thigh, initial encounter
S70.349S	External constriction, unspecified thigh, sequela
S70.351A	Superficial foreign body, right thigh, initial encounter
S70.351S	Superficial foreign body, right thigh, sequela
S70.352A	Superficial foreign body, left thigh, initial encounter
S70.352S	Superficial foreign body, left thigh, sequela
S70.359A	Superficial foreign body, unspecified thigh, initial encounter
S70.359S	Superficial foreign body, unspecified thigh, sequela
S70.361A	Insect bite (nonvenomous), right thigh, initial encounter
S70.361S	Insect bite (nonvenomous), right thigh, sequela
S70.362A	Insect bite (nonvenomous), left thigh, initial encounter
S70.362S	Insect bite (nonvenomous), left thigh, sequela
S70.369A	Insect bite (nonvenomous), unspecified thigh, initial encounter
S70.369S	Insect bite (nonvenomous), unspecified thigh, sequela
S70.371A	Other superficial bite of right thigh, initial encounter
S70.371S	Other superficial bite of right thigh, sequela
S70.372A	Other superficial bite of left thigh, initial encounter
S70.372S	Other superficial bite of left thigh, sequela



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

Code	Description
S70.379A	Other superficial bite of unspecified thigh, initial encounter
S70.379S	Other superficial bite of unspecified thigh, sequela
S70.911A	Unspecified superficial injury of right hip, initial encounter
S70.911S	Unspecified superficial injury of right hip, sequela
S70.912A	Unspecified superficial injury of left hip, initial encounter
S70.912S	Unspecified superficial injury of left hip, sequela
S70.919A	Unspecified superficial injury of unspecified hip, initial encounter
S70.919S	Unspecified superficial injury of unspecified hip, sequela
S70.921A	Unspecified superficial injury of right thigh, initial encounter
S70.921S	Unspecified superficial injury of right thigh, sequela
S70.922A	Unspecified superficial injury of left thigh, initial encounter
S70.922S	Unspecified superficial injury of left thigh, sequela
S70.929A	Unspecified superficial injury of unspecified thigh, initial encounter
S70.929S	Unspecified superficial injury of unspecified thigh, sequela
S71.001S	Unspecified open wound, right hip, sequela
S71.002S	Unspecified open wound, left hip, sequela
S71.009A	Unspecified open wound, unspecified hip, initial encounter
S71.009S	Unspecified open wound, unspecified hip, sequela
S71.011S	Laceration without foreign body, right hip, sequela
S71.012S	Laceration without foreign body, left hip, sequela
S71.019S	Laceration without foreign body, unspecified hip, sequela
S71.021S	Laceration with foreign body, right hip, sequela
S71.022S	Laceration with foreign body, left hip, sequela
S71.029S	Laceration with foreign body, unspecified hip, sequela
S71.031S	Puncture wound without foreign body, right hip, sequela
S71.032S	Puncture wound without foreign body, left hip, sequela
S71.039S	Puncture wound without foreign body, unspecified hip, sequela
S71.041S	Puncture wound with foreign body, right hip, sequela



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

Code	Description
S71.042S	Puncture wound with foreign body, left hip, sequela
S71.049S	Puncture wound with foreign body, unspecified hip, sequela
S71.051S	Open bite, right hip, sequela
S71.052S	Open bite, left hip, sequela
S71.059S	Open bite, unspecified hip, sequela
S71.101S	Unspecified open wound, right thigh, sequela
S71.102S	Unspecified open wound, left thigh, sequela
S71.109S	Unspecified open wound, unspecified thigh, sequela
S71.111S	Laceration without foreign body, right thigh, sequela
S71.112S	Laceration without foreign body, left thigh, sequela
S71.119S	Laceration without foreign body, unspecified thigh, sequela
S71.121S	Laceration with foreign body, right thigh, sequela
S71.122S	Laceration with foreign body, left thigh, sequela
S71.129S	Laceration with foreign body, unspecified thigh, sequela
S71.131S	Puncture wound without foreign body, right thigh, sequela
S71.132S	Puncture wound without foreign body, left thigh, sequela
S71.139S	Puncture wound without foreign body, unspecified thigh, sequela
S71.141S	Puncture wound with foreign body, right thigh, sequela
S71.142S	Puncture wound with foreign body, left thigh, sequela
S71.149S	Puncture wound with foreign body, unspecified thigh, sequela
S71.151S	Open bite, right thigh, sequela
S71.152S	Open bite, left thigh, sequela
S71.159S	Open bite, unspecified thigh, sequela
S72.001D	Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with routine healing
S72.001E	Fracture of unspecified part of neck of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.001F	Fracture of unspecified part of neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.001G	Fracture of unspecified part of neck of right femur, subsequent encounter for closed fracture with delayed healing
S72.001H	Fracture of unspecified part of neck of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.001J	Fracture of unspecified part of neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.001S	Fracture of unspecified part of neck of right femur, sequela
S72.002D	Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing
S72.002E	Fracture of unspecified part of neck of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.002F	Fracture of unspecified part of neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.002G	Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with delayed healing
S72.002H	Fracture of unspecified part of neck of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.002J	Fracture of unspecified part of neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.002S	Fracture of unspecified part of neck of left femur, sequela
S72.009D	Fracture of unspecified part of neck of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.009E	Fracture of unspecified part of neck of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.009F	Fracture of unspecified part of neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.009G	Fracture of unspecified part of neck of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.009H	Fracture of unspecified part of neck of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.009J	Fracture of unspecified part of neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.009S	Fracture of unspecified part of neck of unspecified femur, sequela



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

Code	Description
S72.011D	Unspecified intracapsular fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.011E	Unspecified intracapsular fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.011F	Unspecified intracapsular fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.011G	Unspecified intracapsular fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.011H	Unspecified intracapsular fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.011J	Unspecified intracapsular fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.011S	Unspecified intracapsular fracture of right femur, sequela
S72.012D	Unspecified intracapsular fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.012E	Unspecified intracapsular fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.012F	Unspecified intracapsular fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.012G	Unspecified intracapsular fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.012H	Unspecified intracapsular fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.012J	Unspecified intracapsular fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.012S	Unspecified intracapsular fracture of left femur, sequela
S72.019D	Unspecified intracapsular fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.019E	Unspecified intracapsular fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.019F	Unspecified intracapsular fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.019G	Unspecified intracapsular fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.019H	Unspecified intracapsular fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.019J	Unspecified intracapsular fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.019S	Unspecified intracapsular fracture of unspecified femur, sequela
S72.021D	Displaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for closed fracture with routine healing
S72.021E	Displaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.021F	Displaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.021G	Displaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for closed fracture with delayed healing
S72.021H	Displaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.021J	Displaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.021S	Displaced fracture of epiphysis (separation) (upper) of right femur, sequela
S72.022D	Displaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for closed fracture with routine healing
S72.022E	Displaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.022F	Displaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.022G	Displaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for closed fracture with delayed healing
S72.022H	Displaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.022J	Displaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.022S	Displaced fracture of epiphysis (separation) (upper) of left femur, sequela



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

Code	Description
S72.023D	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.023E	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.023F	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.023G	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.023H	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.023J	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.023S	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, sequela
S72.024D	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for closed fracture with routine healing
S72.024E	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.024F	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.024G	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for closed fracture with delayed healing
S72.024H	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.024J	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.024S	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, sequela
S72.025D	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for closed fracture with routine healing
S72.025E	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.025F	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.025G	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for closed fracture with delayed healing
S72.025H	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.025J	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.025S	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, sequela
S72.026D	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.026E	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.026F	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.026G	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.026H	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.026J	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.026S	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, sequela
S72.031D	Displaced midcervical fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.031E	Displaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.031F	Displaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.031G	Displaced midcervical fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.031H	Displaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.031J	Displaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing



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

Code	Description
S72.031S	Displaced midcervical fracture of right femur, sequela
S72.032D	Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.032E	Displaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.032F	Displaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.032G	Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.032H	Displaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.032J	Displaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.032S	Displaced midcervical fracture of left femur, sequela
S72.033D	Displaced midcervical fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.033E	Displaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.033F	Displaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.033G	Displaced midcervical fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.033H	Displaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.033J	Displaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.033S	Displaced midcervical fracture of unspecified femur, sequela
S72.034D	Nondisplaced midcervical fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.034E	Nondisplaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.034F	Nondisplaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.034G	Nondisplaced midcervical fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.034H	Nondisplaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.034J	Nondisplaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.034S	Nondisplaced midcervical fracture of right femur, sequela
S72.035D	Nondisplaced midcervical fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.035E	Nondisplaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.035F	Nondisplaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.035G	Nondisplaced midcervical fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.035H	Nondisplaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.035J	Nondisplaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.035S	Nondisplaced midcervical fracture of left femur, sequela
S72.036D	Nondisplaced midcervical fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.036E	Nondisplaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.036F	Nondisplaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.036G	Nondisplaced midcervical fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.036H	Nondisplaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.036J	Nondisplaced midcervical fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.036S	Nondisplaced midcervical fracture of unspecified femur, sequela



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

Code	Description
S72.041D	Displaced fracture of base of neck of right femur, subsequent encounter for closed fracture with routine healing
S72.041E	Displaced fracture of base of neck of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.041F	Displaced fracture of base of neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.041G	Displaced fracture of base of neck of right femur, subsequent encounter for closed fracture with delayed healing
S72.041H	Displaced fracture of base of neck of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.041J	Displaced fracture of base of neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.041S	Displaced fracture of base of neck of right femur, sequela
S72.042D	Displaced fracture of base of neck of left femur, subsequent encounter for closed fracture with routine healing
S72.042E	Displaced fracture of base of neck of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.042F	Displaced fracture of base of neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.042G	Displaced fracture of base of neck of left femur, subsequent encounter for closed fracture with delayed healing
S72.042H	Displaced fracture of base of neck of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.042J	Displaced fracture of base of neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.042S	Displaced fracture of base of neck of left femur, sequela
S72.043D	Displaced fracture of base of neck of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.043E	Displaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.043F	Displaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.043G	Displaced fracture of base of neck of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.043H	Displaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.043J	Displaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.043S	Displaced fracture of base of neck of unspecified femur, sequela
S72.044D	Nondisplaced fracture of base of neck of right femur, subsequent encounter for closed fracture with routine healing
S72.044E	Nondisplaced fracture of base of neck of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.044F	Nondisplaced fracture of base of neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.044G	Nondisplaced fracture of base of neck of right femur, subsequent encounter for closed fracture with delayed healing
S72.044H	Nondisplaced fracture of base of neck of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.044J	Nondisplaced fracture of base of neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.044S	Nondisplaced fracture of base of neck of right femur, sequela
S72.045D	Nondisplaced fracture of base of neck of left femur, subsequent encounter for closed fracture with routine healing
S72.045E	Nondisplaced fracture of base of neck of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.045F	Nondisplaced fracture of base of neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.045G	Nondisplaced fracture of base of neck of left femur, subsequent encounter for closed fracture with delayed healing
S72.045H	Nondisplaced fracture of base of neck of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.045J	Nondisplaced fracture of base of neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.045S	Nondisplaced fracture of base of neck of left femur, sequela

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

Code	Description
S72.046D	Nondisplaced fracture of base of neck of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.046E	Nondisplaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.046F	Nondisplaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.046G	Nondisplaced fracture of base of neck of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.046H	Nondisplaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.046J	Nondisplaced fracture of base of neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.046S	Nondisplaced fracture of base of neck of unspecified femur, sequela
S72.051D	Unspecified fracture of head of right femur, subsequent encounter for closed fracture with routine healing
S72.051E	Unspecified fracture of head of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.051F	Unspecified fracture of head of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.051G	Unspecified fracture of head of right femur, subsequent encounter for closed fracture with delayed healing
S72.051H	Unspecified fracture of head of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.051J	Unspecified fracture of head of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.051S	Unspecified fracture of head of right femur, sequela
S72.052D	Unspecified fracture of head of left femur, subsequent encounter for closed fracture with routine healing
S72.052E	Unspecified fracture of head of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.052F	Unspecified fracture of head of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.052G	Unspecified fracture of head of left femur, subsequent encounter for closed fracture with delayed healing
S72.052H	Unspecified fracture of head of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.052J	Unspecified fracture of head of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.052S	Unspecified fracture of head of left femur, sequela
S72.059D	Unspecified fracture of head of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.059E	Unspecified fracture of head of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.059F	Unspecified fracture of head of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.059G	Unspecified fracture of head of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.059H	Unspecified fracture of head of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.059J	Unspecified fracture of head of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.059S	Unspecified fracture of head of unspecified femur, sequela
S72.061D	Displaced articular fracture of head of right femur, subsequent encounter for closed fracture with routine healing
S72.061E	Displaced articular fracture of head of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.061F	Displaced articular fracture of head of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.061G	Displaced articular fracture of head of right femur, subsequent encounter for closed fracture with delayed healing
S72.061H	Displaced articular fracture of head of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.061J	Displaced articular fracture of head of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.061S	Displaced articular fracture of head of right femur, sequela



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

Code	Description
S72.062D	Displaced articular fracture of head of left femur, subsequent encounter for closed fracture with routine healing
S72.062E	Displaced articular fracture of head of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.062F	Displaced articular fracture of head of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.062G	Displaced articular fracture of head of left femur, subsequent encounter for closed fracture with delayed healing
S72.062H	Displaced articular fracture of head of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.062J	Displaced articular fracture of head of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.062S	Displaced articular fracture of head of left femur, sequela
S72.063D	Displaced articular fracture of head of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.063E	Displaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.063F	Displaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.063G	Displaced articular fracture of head of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.063H	Displaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.063J	Displaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.063S	Displaced articular fracture of head of unspecified femur, sequela
S72.064D	Nondisplaced articular fracture of head of right femur, subsequent encounter for closed fracture with routine healing
S72.064E	Nondisplaced articular fracture of head of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.064F	Nondisplaced articular fracture of head of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.064G	Nondisplaced articular fracture of head of right femur, subsequent encounter for closed fracture with delayed healing
S72.064H	Nondisplaced articular fracture of head of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.064J	Nondisplaced articular fracture of head of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.064S	Nondisplaced articular fracture of head of right femur, sequela
S72.065D	Nondisplaced articular fracture of head of left femur, subsequent encounter for closed fracture with routine healing
S72.065E	Nondisplaced articular fracture of head of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.065F	Nondisplaced articular fracture of head of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.065G	Nondisplaced articular fracture of head of left femur, subsequent encounter for closed fracture with delayed healing
S72.065H	Nondisplaced articular fracture of head of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.065J	Nondisplaced articular fracture of head of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.065S	Nondisplaced articular fracture of head of left femur, sequela
S72.066D	Nondisplaced articular fracture of head of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.066E	Nondisplaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.066F	Nondisplaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.066G	Nondisplaced articular fracture of head of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.066H	Nondisplaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.066J	Nondisplaced articular fracture of head of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.066S	Nondisplaced articular fracture of head of unspecified femur, sequela



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

Code	Description
S72.091D	Other fracture of head and neck of right femur, subsequent encounter for closed fracture with routine healing
S72.091E	Other fracture of head and neck of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.091F	Other fracture of head and neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.091G	Other fracture of head and neck of right femur, subsequent encounter for closed fracture with delayed healing
S72.091H	Other fracture of head and neck of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.091J	Other fracture of head and neck of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.091S	Other fracture of head and neck of right femur, sequela
S72.092D	Other fracture of head and neck of left femur, subsequent encounter for closed fracture with routine healing
S72.092E	Other fracture of head and neck of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.092F	Other fracture of head and neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.092G	Other fracture of head and neck of left femur, subsequent encounter for closed fracture with delayed healing
S72.092H	Other fracture of head and neck of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.092J	Other fracture of head and neck of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.092S	Other fracture of head and neck of left femur, sequela
S72.099D	Other fracture of head and neck of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.099E	Other fracture of head and neck of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.099F	Other fracture of head and neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.099G	Other fracture of head and neck of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.099H	Other fracture of head and neck of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.099J	Other fracture of head and neck of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.099S	Other fracture of head and neck of unspecified femur, sequela
S72.101D	Unspecified trochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.101E	Unspecified trochanteric fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.101F	Unspecified trochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.101G	Unspecified trochanteric fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.101H	Unspecified trochanteric fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.101J	Unspecified trochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.101S	Unspecified trochanteric fracture of right femur, sequela
S72.102D	Unspecified trochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.102E	Unspecified trochanteric fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.102F	Unspecified trochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.102G	Unspecified trochanteric fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.102H	Unspecified trochanteric fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.102J	Unspecified trochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.102S	Unspecified trochanteric fracture of left femur, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.109D	Unspecified trochanteric fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.109E	Unspecified trochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.109F	Unspecified trochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.109G	Unspecified trochanteric fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.109H	Unspecified trochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.109J	Unspecified trochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.109S	Unspecified trochanteric fracture of unspecified femur, sequela
S72.111D	Displaced fracture of greater trochanter of right femur, subsequent encounter for closed fracture with routine healing
S72.111E	Displaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.111F	Displaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.111G	Displaced fracture of greater trochanter of right femur, subsequent encounter for closed fracture with delayed healing
S72.111H	Displaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.111J	Displaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.111S	Displaced fracture of greater trochanter of right femur, sequela
S72.112D	Displaced fracture of greater trochanter of left femur, subsequent encounter for closed fracture with routine healing
S72.112E	Displaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.112F	Displaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.112G	Displaced fracture of greater trochanter of left femur, subsequent encounter for closed fracture with delayed healing
S72.112H	Displaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.112J	Displaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.112S	Displaced fracture of greater trochanter of left femur, sequela
S72.113D	Displaced fracture of greater trochanter of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.113E	Displaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.113F	Displaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.113G	Displaced fracture of greater trochanter of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.113H	Displaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.113J	Displaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.113S	Displaced fracture of greater trochanter of unspecified femur, sequela
S72.114D	Nondisplaced fracture of greater trochanter of right femur, subsequent encounter for closed fracture with routine healing
S72.114E	Nondisplaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.114F	Nondisplaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.114G	Nondisplaced fracture of greater trochanter of right femur, subsequent encounter for closed fracture with delayed healing
S72.114H	Nondisplaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.114J	Nondisplaced fracture of greater trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.114S	Nondisplaced fracture of greater trochanter of right femur, sequela



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

Code	Description
S72.115D	Nondisplaced fracture of greater trochanter of left femur, subsequent encounter for closed fracture with routine healing
S72.115E	Nondisplaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.115F	Nondisplaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.115G	Nondisplaced fracture of greater trochanter of left femur, subsequent encounter for closed fracture with delayed healing
S72.115H	Nondisplaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.115J	Nondisplaced fracture of greater trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.115S	Nondisplaced fracture of greater trochanter of left femur, sequela
S72.116D	Nondisplaced fracture of greater trochanter of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.116E	Nondisplaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.116F	Nondisplaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.116G	Nondisplaced fracture of greater trochanter of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.116H	Nondisplaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.116J	Nondisplaced fracture of greater trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.116S	Nondisplaced fracture of greater trochanter of unspecified femur, sequela
S72.121D	Displaced fracture of lesser trochanter of right femur, subsequent encounter for closed fracture with routine healing
S72.121E	Displaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.121F	Displaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.121G	Displaced fracture of lesser trochanter of right femur, subsequent encounter for closed fracture with delayed healing
S72.121H	Displaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.121J	Displaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.121S	Displaced fracture of lesser trochanter of right femur, sequela
S72.122D	Displaced fracture of lesser trochanter of left femur, subsequent encounter for closed fracture with routine healing
S72.122E	Displaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.122F	Displaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.122G	Displaced fracture of lesser trochanter of left femur, subsequent encounter for closed fracture with delayed healing
S72.122H	Displaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.122J	Displaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.122S	Displaced fracture of lesser trochanter of left femur, sequela
S72.123D	Displaced fracture of lesser trochanter of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.123E	Displaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.123F	Displaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.123G	Displaced fracture of lesser trochanter of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.123H	Displaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.123J	Displaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.123S	Displaced fracture of lesser trochanter of unspecified femur, sequela



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

Code	Description
S72.124D	Nondisplaced fracture of lesser trochanter of right femur, subsequent encounter for closed fracture with routine healing
S72.124E	Nondisplaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.124F	Nondisplaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.124G	Nondisplaced fracture of lesser trochanter of right femur, subsequent encounter for closed fracture with delayed healing
S72.124H	Nondisplaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.124J	Nondisplaced fracture of lesser trochanter of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.124S	Nondisplaced fracture of lesser trochanter of right femur, sequela
S72.125D	Nondisplaced fracture of lesser trochanter of left femur, subsequent encounter for closed fracture with routine healing
S72.125E	Nondisplaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.125F	Nondisplaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.125G	Nondisplaced fracture of lesser trochanter of left femur, subsequent encounter for closed fracture with delayed healing
S72.125H	Nondisplaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.125J	Nondisplaced fracture of lesser trochanter of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.125S	Nondisplaced fracture of lesser trochanter of left femur, sequela
S72.126D	Nondisplaced fracture of lesser trochanter of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.126E	Nondisplaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.126F	Nondisplaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.126G	Nondisplaced fracture of lesser trochanter of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.126H	Nondisplaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.126J	Nondisplaced fracture of lesser trochanter of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.126S	Nondisplaced fracture of lesser trochanter of unspecified femur, sequela
S72.131D	Displaced apophyseal fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.131E	Displaced apophyseal fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.131F	Displaced apophyseal fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.131G	Displaced apophyseal fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.131H	Displaced apophyseal fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.131J	Displaced apophyseal fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.131S	Displaced apophyseal fracture of right femur, sequela
S72.132D	Displaced apophyseal fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.132E	Displaced apophyseal fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.132F	Displaced apophyseal fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.132G	Displaced apophyseal fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.132H	Displaced apophyseal fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.132J	Displaced apophyseal fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.132S	Displaced apophyseal fracture of left femur, sequela



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

Code	Description
S72.133D	Displaced apophyseal fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.133E	Displaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.133F	Displaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.133G	Displaced apophyseal fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.133H	Displaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.133J	Displaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.133S	Displaced apophyseal fracture of unspecified femur, sequela
S72.134D	Nondisplaced apophyseal fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.134E	Nondisplaced apophyseal fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.134F	Nondisplaced apophyseal fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.134G	Nondisplaced apophyseal fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.134H	Nondisplaced apophyseal fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.134J	Nondisplaced apophyseal fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.134S	Nondisplaced apophyseal fracture of right femur, sequela
S72.135D	Nondisplaced apophyseal fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.135E	Nondisplaced apophyseal fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.135F	Nondisplaced apophyseal fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.135G	Nondisplaced apophyseal fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.135H	Nondisplaced apophyseal fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.135J	Nondisplaced apophyseal fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.135S	Nondisplaced apophyseal fracture of left femur, sequela
S72.136D	Nondisplaced apophyseal fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.136E	Nondisplaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.136F	Nondisplaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.136G	Nondisplaced apophyseal fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.136H	Nondisplaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.136J	Nondisplaced apophyseal fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.136S	Nondisplaced apophyseal fracture of unspecified femur, sequela
S72.141D	Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.141E	Displaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.141F	Displaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.141G	Displaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.141H	Displaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.141J	Displaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.141S	Displaced intertrochanteric fracture of right femur, sequela



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

Code	Description
S72.142D	Displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.142E	Displaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.142F	Displaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.142G	Displaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.142H	Displaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.142J	Displaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.142S	Displaced intertrochanteric fracture of left femur, sequela
S72.143D	Displaced intertrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.143E	Displaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.143F	Displaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.143G	Displaced intertrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.143H	Displaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.143J	Displaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.143S	Displaced intertrochanteric fracture of unspecified femur, sequela
S72.144D	Nondisplaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.144E	Nondisplaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.144F	Nondisplaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.144G	Nondisplaced intertrochanteric fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.144H	Nondisplaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.144J	Nondisplaced intertrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.144S	Nondisplaced intertrochanteric fracture of right femur, sequela
S72.145D	Nondisplaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.145E	Nondisplaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.145F	Nondisplaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.145G	Nondisplaced intertrochanteric fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.145H	Nondisplaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.145J	Nondisplaced intertrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.145S	Nondisplaced intertrochanteric fracture of left femur, sequela
S72.146D	Nondisplaced intertrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.146E	Nondisplaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.146F	Nondisplaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.146G	Nondisplaced intertrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.146H	Nondisplaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.146J	Nondisplaced intertrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.146S	Nondisplaced intertrochanteric fracture of unspecified femur, sequela



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

Code	Description
S72.21XD	Displaced subtrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.21XE	Displaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.21XF	Displaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.21XG	Displaced subtrochanteric fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.21XH	Displaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.21XJ	Displaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.21XS	Displaced subtrochanteric fracture of right femur, sequela
S72.22XD	Displaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.22XE	Displaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.22XF	Displaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.22XG	Displaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.22XH	Displaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.22XJ	Displaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.22XS	Displaced subtrochanteric fracture of left femur, sequela
S72.23XD	Displaced subtrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.23XE	Displaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.23XF	Displaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.23XG	Displaced subtrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.23XH	Displaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.23XJ	Displaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.23XS	Displaced subtrochanteric fracture of unspecified femur, sequela
S72.24XD	Nondisplaced subtrochanteric fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.24XE	Nondisplaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.24XF	Nondisplaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.24XG	Nondisplaced subtrochanteric fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.24XH	Nondisplaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.24XJ	Nondisplaced subtrochanteric fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.24XS	Nondisplaced subtrochanteric fracture of right femur, sequela
S72.25XD	Nondisplaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.25XE	Nondisplaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.25XF	Nondisplaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.25XG	Nondisplaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.25XH	Nondisplaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.25XJ	Nondisplaced subtrochanteric fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.25XS	Nondisplaced subtrochanteric fracture of left femur, sequela



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

Code	Description
S72.26XD	Nondisplaced subtrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.26XE	Nondisplaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.26XF	Nondisplaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.26XG	Nondisplaced subtrochanteric fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.26XH	Nondisplaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.26XJ	Nondisplaced subtrochanteric fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.26XS	Nondisplaced subtrochanteric fracture of unspecified femur, sequela
S72.301D	Unspecified fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.301E	Unspecified fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.301F	Unspecified fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.301G	Unspecified fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.301H	Unspecified fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.301J	Unspecified fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.301S	Unspecified fracture of shaft of right femur, sequela
S72.302D	Unspecified fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.302E	Unspecified fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.302F	Unspecified fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.302G	Unspecified fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.302H	Unspecified fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.302J	Unspecified fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.302S	Unspecified fracture of shaft of left femur, sequela
S72.309D	Unspecified fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.309E	Unspecified fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.309F	Unspecified fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.309G	Unspecified fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.309H	Unspecified fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.309J	Unspecified fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.309S	Unspecified fracture of shaft of unspecified femur, sequela
S72.321D	Displaced transverse fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.321E	Displaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.321F	Displaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.321G	Displaced transverse fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.321H	Displaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.321J	Displaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.321S	Displaced transverse fracture of shaft of right femur, sequela



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

Code	Description
S72.322D	Displaced transverse fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.322E	Displaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.322F	Displaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.322G	Displaced transverse fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.322H	Displaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.322J	Displaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.322S	Displaced transverse fracture of shaft of left femur, sequela
S72.323D	Displaced transverse fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.323E	Displaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.323F	Displaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.323G	Displaced transverse fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.323H	Displaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.323J	Displaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.323S	Displaced transverse fracture of shaft of unspecified femur, sequela
S72.324D	Nondisplaced transverse fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.324E	Nondisplaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.324F	Nondisplaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.324G	Nondisplaced transverse fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.324H	Nondisplaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.324J	Nondisplaced transverse fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.324S	Nondisplaced transverse fracture of shaft of right femur, sequela
S72.325D	Nondisplaced transverse fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.325E	Nondisplaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.325F	Nondisplaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.325G	Nondisplaced transverse fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.325H	Nondisplaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.325J	Nondisplaced transverse fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.325S	Nondisplaced transverse fracture of shaft of left femur, sequela
S72.326D	Nondisplaced transverse fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.326E	Nondisplaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.326F	Nondisplaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.326G	Nondisplaced transverse fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.326H	Nondisplaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.326J	Nondisplaced transverse fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.326S	Nondisplaced transverse fracture of shaft of unspecified femur, sequela



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

Code	Description
S72.331D	Displaced oblique fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.331E	Displaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.331F	Displaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.331G	Displaced oblique fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.331H	Displaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.331J	Displaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.331S	Displaced oblique fracture of shaft of right femur, sequela
S72.332D	Displaced oblique fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.332E	Displaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.332F	Displaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.332G	Displaced oblique fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.332H	Displaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.332J	Displaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.332S	Displaced oblique fracture of shaft of left femur, sequela
S72.333D	Displaced oblique fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.333E	Displaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.333F	Displaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.333G	Displaced oblique fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.333H	Displaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.333J	Displaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.333S	Displaced oblique fracture of shaft of unspecified femur, sequela
S72.334D	Nondisplaced oblique fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.334E	Nondisplaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.334F	Nondisplaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.334G	Nondisplaced oblique fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.334H	Nondisplaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.334J	Nondisplaced oblique fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.334S	Nondisplaced oblique fracture of shaft of right femur, sequela
S72.335D	Nondisplaced oblique fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.335E	Nondisplaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.335F	Nondisplaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.335G	Nondisplaced oblique fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.335H	Nondisplaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.335J	Nondisplaced oblique fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.335S	Nondisplaced oblique fracture of shaft of left femur, sequela



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

Code	Description
S72.336D	Nondisplaced oblique fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.336E	Nondisplaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.336F	Nondisplaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.336G	Nondisplaced oblique fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.336H	Nondisplaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.336J	Nondisplaced oblique fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.336S	Nondisplaced oblique fracture of shaft of unspecified femur, sequela
S72.341D	Displaced spiral fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.341E	Displaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.341F	Displaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.341G	Displaced spiral fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.341H	Displaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.341J	Displaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.341S	Displaced spiral fracture of shaft of right femur, sequela
S72.342D	Displaced spiral fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.342E	Displaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.342F	Displaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.342G	Displaced spiral fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.342H	Displaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.342J	Displaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.342S	Displaced spiral fracture of shaft of left femur, sequela
S72.343D	Displaced spiral fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.343E	Displaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.343F	Displaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.343G	Displaced spiral fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.343H	Displaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.343J	Displaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.343S	Displaced spiral fracture of shaft of unspecified femur, sequela
S72.344D	Nondisplaced spiral fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.344E	Nondisplaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.344F	Nondisplaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.344G	Nondisplaced spiral fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.344H	Nondisplaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.344J	Nondisplaced spiral fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.344S	Nondisplaced spiral fracture of shaft of right femur, sequela



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

Code	Description
S72.345D	Nondisplaced spiral fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.345E	Nondisplaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.345F	Nondisplaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.345G	Nondisplaced spiral fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.345H	Nondisplaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.345J	Nondisplaced spiral fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.345S	Nondisplaced spiral fracture of shaft of left femur, sequela
S72.346D	Nondisplaced spiral fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.346E	Nondisplaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.346F	Nondisplaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.346G	Nondisplaced spiral fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.346H	Nondisplaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.346J	Nondisplaced spiral fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.346S	Nondisplaced spiral fracture of shaft of unspecified femur, sequela
S72.351D	Displaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.351E	Displaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.351F	Displaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.351G	Displaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.351H	Displaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.351J	Displaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.351S	Displaced comminuted fracture of shaft of right femur, sequela
S72.352D	Displaced comminuted fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.352E	Displaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.352F	Displaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.352G	Displaced comminuted fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.352H	Displaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.352J	Displaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.352S	Displaced comminuted fracture of shaft of left femur, sequela
S72.353D	Displaced comminuted fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.353E	Displaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.353F	Displaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.353G	Displaced comminuted fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.353H	Displaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.353J	Displaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.353S	Displaced comminuted fracture of shaft of unspecified femur, sequela



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

Code	Description
S72.354D	Nondisplaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.354E	Nondisplaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.354F	Nondisplaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.354G	Nondisplaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.354H	Nondisplaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.354J	Nondisplaced comminuted fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.354S	Nondisplaced comminuted fracture of shaft of right femur, sequela
S72.355D	Nondisplaced comminuted fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.355E	Nondisplaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.355F	Nondisplaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.355G	Nondisplaced comminuted fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.355H	Nondisplaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.355J	Nondisplaced comminuted fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.355S	Nondisplaced comminuted fracture of shaft of left femur, sequela
S72.356D	Nondisplaced comminuted fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.356E	Nondisplaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.356F	Nondisplaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.356G	Nondisplaced comminuted fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.356H	Nondisplaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.356J	Nondisplaced comminuted fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.356S	Nondisplaced comminuted fracture of shaft of unspecified femur, sequela
S72.361D	Displaced segmental fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.361E	Displaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.361F	Displaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.361G	Displaced segmental fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.361H	Displaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.361J	Displaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.361S	Displaced segmental fracture of shaft of right femur, sequela
S72.362D	Displaced segmental fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.362E	Displaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.362F	Displaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.362G	Displaced segmental fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.362H	Displaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.362J	Displaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.362S	Displaced segmental fracture of shaft of left femur, sequela



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

Code	Description
S72.363D	Displaced segmental fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.363E	Displaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.363F	Displaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.363G	Displaced segmental fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.363H	Displaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.363J	Displaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.363S	Displaced segmental fracture of shaft of unspecified femur, sequela
S72.364D	Nondisplaced segmental fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.364E	Nondisplaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.364F	Nondisplaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.364G	Nondisplaced segmental fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.364H	Nondisplaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.364J	Nondisplaced segmental fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.364S	Nondisplaced segmental fracture of shaft of right femur, sequela
S72.365D	Nondisplaced segmental fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.365E	Nondisplaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.365F	Nondisplaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.365G	Nondisplaced segmental fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.365H	Nondisplaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.365J	Nondisplaced segmental fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.365S	Nondisplaced segmental fracture of shaft of left femur, sequela
S72.366D	Nondisplaced segmental fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.366E	Nondisplaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.366F	Nondisplaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.366G	Nondisplaced segmental fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.366H	Nondisplaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.366J	Nondisplaced segmental fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.366S	Nondisplaced segmental fracture of shaft of unspecified femur, sequela
S72.391D	Other fracture of shaft of right femur, subsequent encounter for closed fracture with routine healing
S72.391E	Other fracture of shaft of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.391F	Other fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.391G	Other fracture of shaft of right femur, subsequent encounter for closed fracture with delayed healing
S72.391H	Other fracture of shaft of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.391J	Other fracture of shaft of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.391S	Other fracture of shaft of right femur, sequela



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

Code	Description
S72.392D	Other fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing
S72.392E	Other fracture of shaft of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.392F	Other fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.392G	Other fracture of shaft of left femur, subsequent encounter for closed fracture with delayed healing
S72.392H	Other fracture of shaft of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.392J	Other fracture of shaft of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.392S	Other fracture of shaft of left femur, sequela
S72.399D	Other fracture of shaft of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.399E	Other fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.399F	Other fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.399G	Other fracture of shaft of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.399H	Other fracture of shaft of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.399J	Other fracture of shaft of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.399S	Other fracture of shaft of unspecified femur, sequela
S72.401D	Unspecified fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.401E	Unspecified fracture of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.401F	Unspecified fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.401G	Unspecified fracture of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.401H	Unspecified fracture of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.401J	Unspecified fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.401S	Unspecified fracture of lower end of right femur, sequela
S72.402D	Unspecified fracture of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.402E	Unspecified fracture of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.402F	Unspecified fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.402G	Unspecified fracture of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.402H	Unspecified fracture of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.402J	Unspecified fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.402S	Unspecified fracture of lower end of left femur, sequela
S72.409D	Unspecified fracture of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.409E	Unspecified fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.409F	Unspecified fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.409G	Unspecified fracture of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.409H	Unspecified fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.409J	Unspecified fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.409S	Unspecified fracture of lower end of unspecified femur, sequela



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

Code	Description
S72.411D	Displaced unspecified condyle fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.411E	Displaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.411F	Displaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.411G	Displaced unspecified condyle fracture of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.411H	Displaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.411J	Displaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.411S	Displaced unspecified condyle fracture of lower end of right femur, sequela
S72.412D	Displaced unspecified condyle fracture of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.412E	Displaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.412F	Displaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.412G	Displaced unspecified condyle fracture of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.412H	Displaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.412J	Displaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.412S	Displaced unspecified condyle fracture of lower end of left femur, sequela
S72.413D	Displaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.413E	Displaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.413F	Displaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.413G	Displaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.413H	Displaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.413J	Displaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.413S	Displaced unspecified condyle fracture of lower end of unspecified femur, sequela
S72.414D	Nondisplaced unspecified condyle fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.414E	Nondisplaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.414F	Nondisplaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.414G	Nondisplaced unspecified condyle fracture of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.414H	Nondisplaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.414J	Nondisplaced unspecified condyle fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.414S	Nondisplaced unspecified condyle fracture of lower end of right femur, sequela
S72.415D	Nondisplaced unspecified condyle fracture of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.415E	Nondisplaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.415F	Nondisplaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.415G	Nondisplaced unspecified condyle fracture of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.415H	Nondisplaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.415J	Nondisplaced unspecified condyle fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.415S	Nondisplaced unspecified condyle fracture of lower end of left femur, sequela



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

Code	Description
S72.416D	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.416E	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.416F	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.416G	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.416H	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.416J	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.416S	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, sequela
S72.421D	Displaced fracture of lateral condyle of right femur, subsequent encounter for closed fracture with routine healing
S72.421E	Displaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.421F	Displaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.421G	Displaced fracture of lateral condyle of right femur, subsequent encounter for closed fracture with delayed healing
S72.421H	Displaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.421J	Displaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.421S	Displaced fracture of lateral condyle of right femur, sequela
S72.422D	Displaced fracture of lateral condyle of left femur, subsequent encounter for closed fracture with routine healing
S72.422E	Displaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.422F	Displaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.422G	Displaced fracture of lateral condyle of left femur, subsequent encounter for closed fracture with delayed healing
S72.422H	Displaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.422J	Displaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.422S	Displaced fracture of lateral condyle of left femur, sequela
S72.423D	Displaced fracture of lateral condyle of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.423E	Displaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.423F	Displaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.423G	Displaced fracture of lateral condyle of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.423H	Displaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.423J	Displaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.423S	Displaced fracture of lateral condyle of unspecified femur, sequela
S72.424D	Nondisplaced fracture of lateral condyle of right femur, subsequent encounter for closed fracture with routine healing
S72.424E	Nondisplaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.424F	Nondisplaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.424G	Nondisplaced fracture of lateral condyle of right femur, subsequent encounter for closed fracture with delayed healing
S72.424H	Nondisplaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.424J	Nondisplaced fracture of lateral condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.424S	Nondisplaced fracture of lateral condyle of right femur, sequela



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

Code	Description
S72.425D	Nondisplaced fracture of lateral condyle of left femur, subsequent encounter for closed fracture with routine healing
S72.425E	Nondisplaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.425F	Nondisplaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.425G	Nondisplaced fracture of lateral condyle of left femur, subsequent encounter for closed fracture with delayed healing
S72.425H	Nondisplaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.425J	Nondisplaced fracture of lateral condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.425S	Nondisplaced fracture of lateral condyle of left femur, sequela
S72.426D	Nondisplaced fracture of lateral condyle of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.426E	Nondisplaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.426F	Nondisplaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.426G	Nondisplaced fracture of lateral condyle of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.426H	Nondisplaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.426J	Nondisplaced fracture of lateral condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.426S	Nondisplaced fracture of lateral condyle of unspecified femur, sequela
S72.431D	Displaced fracture of medial condyle of right femur, subsequent encounter for closed fracture with routine healing
S72.431E	Displaced fracture of medial condyle of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.431F	Displaced fracture of medial condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.431G	Displaced fracture of medial condyle of right femur, subsequent encounter for closed fracture with delayed healing
S72.431H	Displaced fracture of medial condyle of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.431J	Displaced fracture of medial condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.431S	Displaced fracture of medial condyle of right femur, sequela
S72.432D	Displaced fracture of medial condyle of left femur, subsequent encounter for closed fracture with routine healing
S72.432E	Displaced fracture of medial condyle of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.432F	Displaced fracture of medial condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.432G	Displaced fracture of medial condyle of left femur, subsequent encounter for closed fracture with delayed healing
S72.432H	Displaced fracture of medial condyle of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.432J	Displaced fracture of medial condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.432S	Displaced fracture of medial condyle of left femur, sequela
S72.433D	Displaced fracture of medial condyle of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.433E	Displaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.433F	Displaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.433G	Displaced fracture of medial condyle of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.433H	Displaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.433J	Displaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.433S	Displaced fracture of medial condyle of unspecified femur, sequela



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

Code	Description
S72.434D	Nondisplaced fracture of medial condyle of right femur, subsequent encounter for closed fracture with routine healing
S72.434E	Nondisplaced fracture of medial condyle of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.434F	Nondisplaced fracture of medial condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.434G	Nondisplaced fracture of medial condyle of right femur, subsequent encounter for closed fracture with delayed healing
S72.434H	Nondisplaced fracture of medial condyle of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.434J	Nondisplaced fracture of medial condyle of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.434S	Nondisplaced fracture of medial condyle of right femur, sequela
S72.435D	Nondisplaced fracture of medial condyle of left femur, subsequent encounter for closed fracture with routine healing
S72.435E	Nondisplaced fracture of medial condyle of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.435F	Nondisplaced fracture of medial condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.435G	Nondisplaced fracture of medial condyle of left femur, subsequent encounter for closed fracture with delayed healing
S72.435H	Nondisplaced fracture of medial condyle of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.435J	Nondisplaced fracture of medial condyle of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.435S	Nondisplaced fracture of medial condyle of left femur, sequela
S72.436D	Nondisplaced fracture of medial condyle of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.436E	Nondisplaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.436F	Nondisplaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.436G	Nondisplaced fracture of medial condyle of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.436H	Nondisplaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.436J	Nondisplaced fracture of medial condyle of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.436S	Nondisplaced fracture of medial condyle of unspecified femur, sequela
S72.441D	Displaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for closed fracture with routine healing
S72.441E	Displaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.441F	Displaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.441G	Displaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for closed fracture with delayed healing
S72.441H	Displaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.441J	Displaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.441S	Displaced fracture of lower epiphysis (separation) of right femur, sequela
S72.442D	Displaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for closed fracture with routine healing
S72.442E	Displaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.442F	Displaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.442G	Displaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for closed fracture with delayed healing
S72.442H	Displaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.442J	Displaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.442S	Displaced fracture of lower epiphysis (separation) of left femur, sequela



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

Code	Description
S72.443D	Displaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.443E	Displaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.443F	Displaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.443G	Displaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.443H	Displaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.443J	Displaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.443S	Displaced fracture of lower epiphysis (separation) of unspecified femur, sequela
S72.444D	Nondisplaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for closed fracture with routine healing
S72.444E	Nondisplaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.444F	Nondisplaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.444G	Nondisplaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for closed fracture with delayed healing
S72.444H	Nondisplaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.444J	Nondisplaced fracture of lower epiphysis (separation) of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.444S	Nondisplaced fracture of lower epiphysis (separation) of right femur, sequela
S72.445D	Nondisplaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for closed fracture with routine healing
S72.445E	Nondisplaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.445F	Nondisplaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S72.445G	Nondisplaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for closed fracture with delayed healing
S72.445H	Nondisplaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.445J	Nondisplaced fracture of lower epiphysis (separation) of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.445S	Nondisplaced fracture of lower epiphysis (separation) of left femur, sequela
S72.446D	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.446E	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.446F	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.446G	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.446H	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.446J	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.446S	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, sequela
S72.451D	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.451E	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.451F	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.451G	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.451H	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S72.451J	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.451S	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, sequela
S72.452D	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.452E	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.452F	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.452G	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.452H	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.452J	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.452S	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, sequela
S72.453D	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.453E	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.453F	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.453G	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.453H	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S72.453J	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.453S	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, sequela
S72.454D	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.454E	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.454F	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.454G	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.454H	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.454J	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.454S	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, sequela
S72.455D	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.455E	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.455F	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.455G	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.455H	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S72.455J	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.455S	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, sequela
S72.456D	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.456E	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.456F	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.456G	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.456H	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.456J	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.456S	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, sequela
S72.461D	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.461E	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.461F	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.461G	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.461H	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S72.461J	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.461S	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, sequela
S72.462D	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.462E	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.462F	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.462G	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.462H	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.462J	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.462S	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, sequela
S72.463D	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.463E	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.463F	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.463G	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.463H	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S72.463J	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.463S	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, sequela
S72.464D	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.464E	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.464F	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.464G	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.464H	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.464J	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.464S	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, sequela
S72.465D	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.465E	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.465F	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.465G	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.465H	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S72.465J	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.465S	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, sequela
S72.466D	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.466E	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.466F	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.466G	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.466H	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.466J	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.466S	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, sequela
S72.471D	Torus fracture of lower end of right femur, subsequent encounter for fracture with routine healing
S72.471G	Torus fracture of lower end of right femur, subsequent encounter for fracture with delayed healing
S72.471S	Torus fracture of lower end of right femur, sequela
S72.472D	Torus fracture of lower end of left femur, subsequent encounter for fracture with routine healing
S72.472G	Torus fracture of lower end of left femur, subsequent encounter for fracture with delayed healing
S72.472S	Torus fracture of lower end of left femur, sequela



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

Code	Description
S72.479D	Torus fracture of lower end of unspecified femur, subsequent encounter for fracture with routine healing
S72.479G	Torus fracture of lower end of unspecified femur, subsequent encounter for fracture with delayed healing
S72.479S	Torus fracture of lower end of unspecified femur, sequela
S72.491D	Other fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing
S72.491E	Other fracture of lower end of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.491F	Other fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.491G	Other fracture of lower end of right femur, subsequent encounter for closed fracture with delayed healing
S72.491H	Other fracture of lower end of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.491J	Other fracture of lower end of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.491S	Other fracture of lower end of right femur, sequela
S72.492D	Other fracture of lower end of left femur, subsequent encounter for closed fracture with routine healing
S72.492E	Other fracture of lower end of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.492F	Other fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.492G	Other fracture of lower end of left femur, subsequent encounter for closed fracture with delayed healing
S72.492H	Other fracture of lower end of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.492J	Other fracture of lower end of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.492S	Other fracture of lower end of left femur, sequela
S72.499D	Other fracture of lower end of unspecified femur, subsequent encounter for closed fracture with routine healing



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

Code	Description
S72.499E	Other fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.499F	Other fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.499G	Other fracture of lower end of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.499H	Other fracture of lower end of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.499J	Other fracture of lower end of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.499S	Other fracture of lower end of unspecified femur, sequela
S72.8X1D	Other fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.8X1E	Other fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.8X1F	Other fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.8X1G	Other fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.8X1H	Other fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.8X1J	Other fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.8X1S	Other fracture of right femur, sequela
S72.8X2D	Other fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.8X2E	Other fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.8X2F	Other fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.8X2G	Other fracture of left femur, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S72.8X2H	Other fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.8X2J	Other fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.8X2S	Other fracture of left femur, sequela
S72.8X9D	Other fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.8X9E	Other fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.8X9F	Other fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.8X9G	Other fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.8X9H	Other fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.8X9J	Other fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.8X9S	Other fracture of unspecified femur, sequela
S72.90XD	Unspecified fracture of unspecified femur, subsequent encounter for closed fracture with routine healing
S72.90XE	Unspecified fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.90XF	Unspecified fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.90XG	Unspecified fracture of unspecified femur, subsequent encounter for closed fracture with delayed healing
S72.90XH	Unspecified fracture of unspecified femur, subsequent encounter for open fracture type I or II with delayed healing
S72.90XJ	Unspecified fracture of unspecified femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.90XS	Unspecified fracture of unspecified femur, sequela
S72.91XD	Unspecified fracture of right femur, subsequent encounter for closed fracture with routine healing



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

Code	Description
S72.91XE	Unspecified fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.91XF	Unspecified fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.91XG	Unspecified fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.91XH	Unspecified fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.91XJ	Unspecified fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.91XS	Unspecified fracture of right femur, sequela
S72.92XD	Unspecified fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.92XE	Unspecified fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.92XF	Unspecified fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.92XG	Unspecified fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.92XH	Unspecified fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.92XJ	Unspecified fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.92XS	Unspecified fracture of left femur, sequela
S73.001A	Unspecified subluxation of right hip, initial encounter
S73.001S	Unspecified subluxation of right hip, sequela
S73.002A	Unspecified subluxation of left hip, initial encounter
S73.002S	Unspecified subluxation of left hip, sequela
S73.003A	Unspecified subluxation of unspecified hip, initial encounter
S73.003S	Unspecified subluxation of unspecified hip, sequela
S73.004A	Unspecified dislocation of right hip, initial encounter
S73.004S	Unspecified dislocation of right hip, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S73.005A	Unspecified dislocation of left hip, initial encounter
S73.005S	Unspecified dislocation of left hip, sequela
S73.006A	Unspecified dislocation of unspecified hip, initial encounter
S73.006S	Unspecified dislocation of unspecified hip, sequela
S73.011A	Posterior subluxation of right hip, initial encounter
S73.011S	Posterior subluxation of right hip, sequela
S73.012A	Posterior subluxation of left hip, initial encounter
S73.012S	Posterior subluxation of left hip, sequela
S73.013A	Posterior subluxation of unspecified hip, initial encounter
S73.013S	Posterior subluxation of unspecified hip, sequela
S73.014A	Posterior dislocation of right hip, initial encounter
S73.014S	Posterior dislocation of right hip, sequela
S73.015A	Posterior dislocation of left hip, initial encounter
S73.015S	Posterior dislocation of left hip, sequela
S73.016A	Posterior dislocation of unspecified hip, initial encounter
S73.016S	Posterior dislocation of unspecified hip, sequela
S73.021A	Obturator subluxation of right hip, initial encounter
S73.021S	Obturator subluxation of right hip, sequela
S73.022A	Obturator subluxation of left hip, initial encounter
S73.022S	Obturator subluxation of left hip, sequela
S73.023A	Obturator subluxation of unspecified hip, initial encounter
S73.023S	Obturator subluxation of unspecified hip, sequela
S73.024A	Obturator dislocation of right hip, initial encounter
S73.024S	Obturator dislocation of right hip, sequela
S73.025A	Obturator dislocation of left hip, initial encounter
S73.025S	Obturator dislocation of left hip, sequela
S73.026A	Obturator dislocation of unspecified hip, initial encounter
S73.026S	Obturator dislocation of unspecified hip, sequela



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

Code	Description
S73.031A	Other anterior subluxation of right hip, initial encounter
S73.031S	Other anterior subluxation of right hip, sequela
S73.032A	Other anterior subluxation of left hip, initial encounter
S73.032S	Other anterior subluxation of left hip, sequela
S73.033A	Other anterior subluxation of unspecified hip, initial encounter
S73.033S	Other anterior subluxation of unspecified hip, sequela
S73.034A	Other anterior dislocation of right hip, initial encounter
S73.034S	Other anterior dislocation of right hip, sequela
S73.035A	Other anterior dislocation of left hip, initial encounter
S73.035S	Other anterior dislocation of left hip, sequela
S73.036A	Other anterior dislocation of unspecified hip, initial encounter
S73.036S	Other anterior dislocation of unspecified hip, sequela
S73.041A	Central subluxation of right hip, initial encounter
S73.041S	Central subluxation of right hip, sequela
S73.042A	Central subluxation of left hip, initial encounter
S73.042S	Central subluxation of left hip, sequela
S73.043A	Central subluxation of unspecified hip, initial encounter
S73.043S	Central subluxation of unspecified hip, sequela
S73.044A	Central dislocation of right hip, initial encounter
S73.044S	Central dislocation of right hip, sequela
S73.045A	Central dislocation of left hip, initial encounter
S73.045S	Central dislocation of left hip, sequela
S73.046A	Central dislocation of unspecified hip, initial encounter
S73.046S	Central dislocation of unspecified hip, sequela
S73.101A	Unspecified sprain of right hip, initial encounter
S73.101S	Unspecified sprain of right hip, sequela
S73.102A	Unspecified sprain of left hip, initial encounter
S73.102S	Unspecified sprain of left hip, sequela



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

Code	Description
S73.109A	Unspecified sprain of unspecified hip, initial encounter
S73.109S	Unspecified sprain of unspecified hip, sequela
S73.111A	Iliofemoral ligament sprain of right hip, initial encounter
S73.111S	Iliofemoral ligament sprain of right hip, sequela
S73.112A	Iliofemoral ligament sprain of left hip, initial encounter
S73.112S	Iliofemoral ligament sprain of left hip, sequela
S73.119A	Iliofemoral ligament sprain of unspecified hip, initial encounter
S73.119S	Iliofemoral ligament sprain of unspecified hip, sequela
S73.121A	Ischiocapsular ligament sprain of right hip, initial encounter
S73.121S	Ischiocapsular ligament sprain of right hip, sequela
S73.122A	Ischiocapsular ligament sprain of left hip, initial encounter
S73.122S	Ischiocapsular ligament sprain of left hip, sequela
S73.129A	Ischiocapsular ligament sprain of unspecified hip, initial encounter
S73.129S	Ischiocapsular ligament sprain of unspecified hip, sequela
S73.191A	Other sprain of right hip, initial encounter
S73.191S	Other sprain of right hip, sequela
S73.192A	Other sprain of left hip, initial encounter
S73.192S	Other sprain of left hip, sequela
S73.199A	Other sprain of unspecified hip, initial encounter
S73.199S	Other sprain of unspecified hip, sequela
S74.00XA	Injury of sciatic nerve at hip and thigh level, unspecified leg, initial encounter
S74.00XS	Injury of sciatic nerve at hip and thigh level, unspecified leg, sequela
S74.01XA	Injury of sciatic nerve at hip and thigh level, right leg, initial encounter
S74.01XS	Injury of sciatic nerve at hip and thigh level, right leg, sequela
S74.02XA	Injury of sciatic nerve at hip and thigh level, left leg, initial encounter
S74.02XS	Injury of sciatic nerve at hip and thigh level, left leg, sequela
S74.10XA	Injury of femoral nerve at hip and thigh level, unspecified leg, initial encounter
S74.10XS	Injury of femoral nerve at hip and thigh level, unspecified leg, sequela



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

Code	Description
S74.11XA	Injury of femoral nerve at hip and thigh level, right leg, initial encounter
S74.11XS	Injury of femoral nerve at hip and thigh level, right leg, sequela
S74.12XA	Injury of femoral nerve at hip and thigh level, left leg, initial encounter
S74.12XS	Injury of femoral nerve at hip and thigh level, left leg, sequela
S74.20XA	Injury of cutaneous sensory nerve at hip and thigh level, unspecified leg, initial encounter
S74.20XS	Injury of cutaneous sensory nerve at hip and thigh level, unspecified leg, sequela
S74.21XA	Injury of cutaneous sensory nerve at hip and high level, right leg, initial encounter
S74.21XS	Injury of cutaneous sensory nerve at hip and high level, right leg, sequela
S74.22XA	Injury of cutaneous sensory nerve at hip and thigh level, left leg, initial encounter
S74.22XS	Injury of cutaneous sensory nerve at hip and thigh level, left leg, sequela
S74.8X1A	Injury of other nerves at hip and thigh level, right leg, initial encounter
S74.8X1S	Injury of other nerves at hip and thigh level, right leg, sequela
S74.8X2A	Injury of other nerves at hip and thigh level, left leg, initial encounter
S74.8X2S	Injury of other nerves at hip and thigh level, left leg, sequela
S74.8X9A	Injury of other nerves at hip and thigh level, unspecified leg, initial encounter
S74.8X9S	Injury of other nerves at hip and thigh level, unspecified leg, sequela
S74.90XA	Injury of unspecified nerve at hip and thigh level, unspecified leg, initial encounter
S74.90XS	Injury of unspecified nerve at hip and thigh level, unspecified leg, sequela
S74.91XA	Injury of unspecified nerve at hip and thigh level, right leg, initial encounter
S74.91XS	Injury of unspecified nerve at hip and thigh level, right leg, sequela
S74.92XA	Injury of unspecified nerve at hip and thigh level, left leg, initial encounter
S74.92XS	Injury of unspecified nerve at hip and thigh level, left leg, sequela
S75.001S	Unspecified injury of femoral artery, right leg, sequela
S75.002S	Unspecified injury of femoral artery, left leg, sequela
S75.009S	Unspecified injury of femoral artery, unspecified leg, sequela
S75.011S	Minor laceration of femoral artery, right leg, sequela
S75.012S	Minor laceration of femoral artery, left leg, sequela
S75.019S	Minor laceration of femoral artery, unspecified leg, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S75.021S	Major laceration of femoral artery, right leg, sequela
S75.022S	Major laceration of femoral artery, left leg, sequela
S75.029S	Major laceration of femoral artery, unspecified leg, sequela
S75.091S	Other specified injury of femoral artery, right leg, sequela
S75.092S	Other specified injury of femoral artery, left leg, sequela
S75.099S	Other specified injury of femoral artery, unspecified leg, sequela
S75.101S	Unspecified injury of femoral vein at hip and thigh level, right leg, sequela
S75.102S	Unspecified injury of femoral vein at hip and thigh level, left leg, sequela
S75.109S	Unspecified injury of femoral vein at hip and thigh level, unspecified leg, sequela
S75.111S	Minor laceration of femoral vein at hip and thigh level, right leg, sequela
S75.112S	Minor laceration of femoral vein at hip and thigh level, left leg, sequela
S75.119S	Minor laceration of femoral vein at hip and thigh level, unspecified leg, sequela
S75.121S	Major laceration of femoral vein at hip and thigh level, right leg, sequela
S75.122S	Major laceration of femoral vein at hip and thigh level, left leg, sequela
S75.129S	Major laceration of femoral vein at hip and thigh level, unspecified leg, sequela
S75.191S	Other specified injury of femoral vein at hip and thigh level, right leg, sequela
S75.192S	Other specified injury of femoral vein at hip and thigh level, left leg, sequela
S75.199S	Other specified injury of femoral vein at hip and thigh level, unspecified leg, sequela
S75.201S	Unspecified injury of greater saphenous vein at hip and thigh level, right leg, sequela
S75.202S	Unspecified injury of greater saphenous vein at hip and thigh level, left leg, sequela
S75.209S	Unspecified injury of greater saphenous vein at hip and thigh level, unspecified leg, sequela
S75.211S	Minor laceration of greater saphenous vein at hip and thigh level, right leg, sequela
S75.212S	Minor laceration of greater saphenous vein at hip and thigh level, left leg, sequela
S75.219S	Minor laceration of greater saphenous vein at hip and thigh level, unspecified leg, sequela
S75.221S	Major laceration of greater saphenous vein at hip and thigh level, right leg, sequela
S75.222S	Major laceration of greater saphenous vein at hip and thigh level, left leg, sequela



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

Code	Description
S75.229S	Major laceration of greater saphenous vein at hip and thigh level, unspecified leg, sequela
S75.291S	Other specified injury of greater saphenous vein at hip and thigh level, right leg, sequela
S75.292S	Other specified injury of greater saphenous vein at hip and thigh level, left leg, sequela
S75.299S	Other specified injury of greater saphenous vein at hip and thigh level, unspecified leg, sequela
S75.801S	Unspecified injury of other blood vessels at hip and thigh level, right leg, sequela
S75.802S	Unspecified injury of other blood vessels at hip and thigh level, left leg, sequela
S75.809S	Unspecified injury of other blood vessels at hip and thigh level, unspecified leg, sequela
S75.811S	Laceration of other blood vessels at hip and thigh level, right leg, sequela
S75.812S	Laceration of other blood vessels at hip and thigh level, left leg, sequela
S75.819S	Laceration of other blood vessels at hip and thigh level, unspecified leg, sequela
S75.891S	Other specified injury of other blood vessels at hip and thigh level, right leg, sequela
S75.892S	Other specified injury of other blood vessels at hip and thigh level, left leg, sequela
S75.899S	Other specified injury of other blood vessels at hip and thigh level, unspecified leg, sequela
S75.901S	Unspecified injury of unspecified blood vessel at hip and thigh level, right leg, sequela
S75.902S	Unspecified injury of unspecified blood vessel at hip and thigh level, left leg, sequela
S75.909S	Unspecified injury of unspecified blood vessel at hip and thigh level, unspecified leg, sequela
S75.911S	Laceration of unspecified blood vessel at hip and thigh level, right leg, sequela
S75.912S	Laceration of unspecified blood vessel at hip and thigh level, left leg, sequela
S75.919S	Laceration of unspecified blood vessel at hip and thigh level, unspecified leg, sequela
S75.991S	Other specified injury of unspecified blood vessel at hip and thigh level, right leg, sequela



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

Code	Description
S75.992S	Other specified injury of unspecified blood vessel at hip and thigh level, left leg, sequela
S75.999S	Other specified injury of unspecified blood vessel at hip and thigh level, unspecified leg, sequela
S76.001S	Unspecified injury of muscle, fascia and tendon of right hip, sequela
S76.002S	Unspecified injury of muscle, fascia and tendon of left hip, sequela
S76.009S	Unspecified injury of muscle, fascia and tendon of unspecified hip, sequela
S76.011A	Strain of muscle, fascia and tendon of right hip, initial encounter
S76.011S	Strain of muscle, fascia and tendon of right hip, sequela
S76.012A	Strain of muscle, fascia and tendon of left hip, initial encounter
S76.012S	Strain of muscle, fascia and tendon of left hip, sequela
S76.019A	Strain of muscle, fascia and tendon of unspecified hip, initial encounter
S76.019S	Strain of muscle, fascia and tendon of unspecified hip, sequela
S76.021S	Laceration of muscle, fascia and tendon of right hip, sequela
S76.022S	Laceration of muscle, fascia and tendon of left hip, sequela
S76.029S	Laceration of muscle, fascia and tendon of unspecified hip, sequela
S76.091S	Other specified injury of muscle, fascia and tendon of right hip, sequela
S76.092S	Other specified injury of muscle, fascia and tendon of left hip, sequela
S76.099S	Other specified injury of muscle, fascia and tendon of unspecified hip, sequela
S76.101S	Unspecified injury of right quadriceps muscle, fascia and tendon, sequela
S76.102S	Unspecified injury of left quadriceps muscle, fascia and tendon, sequela
S76.109S	Unspecified injury of unspecified quadriceps muscle, fascia and tendon, sequela
S76.111A	Strain of right quadriceps muscle, fascia and tendon, initial encounter
S76.111S	Strain of right quadriceps muscle, fascia and tendon, sequela
S76.112A	Strain of left quadriceps muscle, fascia and tendon, initial encounter
S76.112S	Strain of left quadriceps muscle, fascia and tendon, sequela
S76.119A	Strain of unspecified quadriceps muscle, fascia and tendon, initial encounter
S76.119S	Strain of unspecified quadriceps muscle, fascia and tendon, sequela
S76.121S	Laceration of right quadriceps muscle, fascia and tendon, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S76.122S	Laceration of left quadriceps muscle, fascia and tendon, sequela
S76.129S	Laceration of unspecified quadriceps muscle, fascia and tendon, sequela
S76.191S	Other specified injury of right quadriceps muscle, fascia and tendon, sequela
S76.192S	Other specified injury of left quadriceps muscle, fascia and tendon, sequela
S76.199S	Other specified injury of unspecified quadriceps muscle, fascia and tendon, sequela
S76.201S	Unspecified injury of adductor muscle, fascia and tendon of right thigh, sequela
S76.202S	Unspecified injury of adductor muscle, fascia and tendon of left thigh, sequela
S76.209S	Unspecified injury of adductor muscle, fascia and tendon of unspecified thigh, sequela
S76.211A	Strain of adductor muscle, fascia and tendon of right thigh, initial encounter
S76.211S	Strain of adductor muscle, fascia and tendon of right thigh, sequela
S76.212A	Strain of adductor muscle, fascia and tendon of left thigh, initial encounter
S76.212S	Strain of adductor muscle, fascia and tendon of left thigh, sequela
S76.219A	Strain of adductor muscle, fascia and tendon of unspecified thigh, initial encounter
S76.219S	Strain of adductor muscle, fascia and tendon of unspecified thigh, sequela
S76.221S	Laceration of adductor muscle, fascia and tendon of right thigh, sequela
S76.222S	Laceration of adductor muscle, fascia and tendon of left thigh, sequela
S76.229S	Laceration of adductor muscle, fascia and tendon of unspecified thigh, sequela
S76.291S	Other injury of adductor muscle, fascia and tendon of right thigh, sequela
S76.292S	Other injury of adductor muscle, fascia and tendon of left thigh, sequela
S76.299S	Other injury of adductor muscle, fascia and tendon of unspecified thigh, sequela
S76.301S	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, sequela
S76.302S	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, sequela
S76.309S	Unspecified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, sequela
S76.311A	Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter



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

Code	Description
S76.311S	Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, sequela
S76.312A	Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter
S76.312S	Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, sequela
S76.319A	Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, initial encounter
S76.319S	Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, sequela
S76.321S	Laceration of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, sequela
S76.322S	Laceration of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, sequela
S76.329S	Laceration of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, sequela
S76.391S	Other specified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, sequela
S76.392S	Other specified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, sequela
S76.399S	Other specified injury of muscle, fascia and tendon of the posterior muscle group at thigh level, unspecified thigh, sequela
S76.801S	Unspecified injury of other specified muscles, fascia and tendons at thigh level, right thigh, sequela
S76.802S	Unspecified injury of other specified muscles, fascia and tendons at thigh level, left thigh, sequela
S76.809S	Unspecified injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S76.811A	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter
S76.811S	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, sequela



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

Code	Description
S76.812A	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter
S76.812S	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, sequela
S76.819A	Strain of other specified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter
S76.819S	Strain of other specified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S76.821S	Laceration of other specified muscles, fascia and tendons at thigh level, right thigh, sequela
S76.822S	Laceration of other specified muscles, fascia and tendons at thigh level, left thigh, sequela
S76.829S	Laceration of other specified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S76.891S	Other injury of other specified muscles, fascia and tendons at thigh level, right thigh, sequela
S76.892S	Other injury of other specified muscles, fascia and tendons at thigh level, left thigh, sequela
S76.899S	Other injury of other specified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S76.901S	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, sequela
S76.902S	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, sequela
S76.909S	Unspecified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S76.911A	Strain of unspecified muscles, fascia and tendons at thigh level, right thigh, initial encounter
S76.911S	Strain of unspecified muscles, fascia and tendons at thigh level, right thigh, sequela
S76.912A	Strain of unspecified muscles, fascia and tendons at thigh level, left thigh, initial encounter
S76.912S	Strain of unspecified muscles, fascia and tendons at thigh level, left thigh, sequela



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

Code	Description
S76.919A	Strain of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, initial encounter
S76.919S	Strain of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S76.921S	Laceration of unspecified muscles, fascia and tendons at thigh level, right thigh, sequela
S76.922S	Laceration of unspecified muscles, fascia and tendons at thigh level, left thigh, sequela
S76.929S	Laceration of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S76.991S	Other specified injury of unspecified muscles, fascia and tendons at thigh level, right thigh, sequela
S76.992S	Other specified injury of unspecified muscles, fascia and tendons at thigh level, left thigh, sequela
S76.999S	Other specified injury of unspecified muscles, fascia and tendons at thigh level, unspecified thigh, sequela
S77.00XS	Crushing injury of unspecified hip, sequela
S77.01XS	Crushing injury of right hip, sequela
S77.02XS	Crushing injury of left hip, sequela
S77.10XS	Crushing injury of unspecified thigh, sequela
S77.11XS	Crushing injury of right thigh, sequela
S77.12XS	Crushing injury of left thigh, sequela
S77.20XS	Crushing injury of unspecified hip with thigh, sequela
S77.21XS	Crushing injury of right hip with thigh, sequela
S77.22XS	Crushing injury of left hip with thigh, sequela
S78.011S	Complete traumatic amputation at right hip joint, sequela
S78.012S	Complete traumatic amputation at left hip joint, sequela
S78.019S	Complete traumatic amputation at unspecified hip joint, sequela
S78.021S	Partial traumatic amputation at right hip joint, sequela
S78.022S	Partial traumatic amputation at left hip joint, sequela
S78.029S	Partial traumatic amputation at unspecified hip joint, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S78.111S	Complete traumatic amputation at level between right hip and knee, sequela
S78.112S	Complete traumatic amputation at level between left hip and knee, sequela
S78.119S	Complete traumatic amputation at level between unspecified hip and knee, sequela
S78.121S	Partial traumatic amputation at level between right hip and knee, sequela
S78.122S	Partial traumatic amputation at level between left hip and knee, sequela
S78.129S	Partial traumatic amputation at level between unspecified hip and knee, sequela
S78.911S	Complete traumatic amputation of right hip and thigh, level unspecified, sequela
S78.912S	Complete traumatic amputation of left hip and thigh, level unspecified, sequela
S78.919S	Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S78.921S	Partial traumatic amputation of right hip and thigh, level unspecified, sequela
S78.922S	Partial traumatic amputation of left hip and thigh, level unspecified, sequela
S78.929S	Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S79.001D	Unspecified physeal fracture of upper end of right femur, subsequent encounter for fracture with routine healing
S79.001G	Unspecified physeal fracture of upper end of right femur, subsequent encounter for fracture with delayed healing
S79.001S	Unspecified physeal fracture of upper end of right femur, sequela
S79.002D	Unspecified physeal fracture of upper end of left femur, subsequent encounter for fracture with routine healing
S79.002G	Unspecified physeal fracture of upper end of left femur, subsequent encounter for fracture with delayed healing
S79.002S	Unspecified physeal fracture of upper end of left femur, sequela
S79.009D	Unspecified physeal fracture of upper end of unspecified femur, subsequent encounter for fracture with routine healing
S79.009G	Unspecified physeal fracture of upper end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.009S	Unspecified physeal fracture of upper end of unspecified femur, sequela
S79.011D	Salter-Harris Type I physeal fracture of upper end of right femur, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S79.011G	Salter-Harris Type I physeal fracture of upper end of right femur, subsequent encounter for fracture with delayed healing
S79.011S	Salter-Harris Type I physeal fracture of upper end of right femur, sequela
S79.012D	Salter-Harris Type I physeal fracture of upper end of left femur, subsequent encounter for fracture with routine healing
S79.012G	Salter-Harris Type I physeal fracture of upper end of left femur, subsequent encounter for fracture with delayed healing
S79.012S	Salter-Harris Type I physeal fracture of upper end of left femur, sequela
S79.019D	Salter-Harris Type I physeal fracture of upper end of unspecified femur, subsequent encounter for fracture with routine healing
S79.019G	Salter-Harris Type I physeal fracture of upper end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.019S	Salter-Harris Type I physeal fracture of upper end of unspecified femur, sequela
S79.091D	Other physeal fracture of upper end of right femur, subsequent encounter for fracture with routine healing
S79.091G	Other physeal fracture of upper end of right femur, subsequent encounter for fracture with delayed healing
S79.091S	Other physeal fracture of upper end of right femur, sequela
S79.092D	Other physeal fracture of upper end of left femur, subsequent encounter for fracture with routine healing
S79.092G	Other physeal fracture of upper end of left femur, subsequent encounter for fracture with delayed healing
S79.092S	Other physeal fracture of upper end of left femur, sequela
S79.099D	Other physeal fracture of upper end of unspecified femur, subsequent encounter for fracture with routine healing
S79.099G	Other physeal fracture of upper end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.099S	Other physeal fracture of upper end of unspecified femur, sequela
S79.101D	Unspecified physeal fracture of lower end of right femur, subsequent encounter for fracture with routine healing
S79.101G	Unspecified physeal fracture of lower end of right femur, subsequent encounter for fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S79.101S	Unspecified physeal fracture of lower end of right femur, sequela
S79.102D	Unspecified physeal fracture of lower end of left femur, subsequent encounter for fracture with routine healing
S79.102G	Unspecified physeal fracture of lower end of left femur, subsequent encounter for fracture with delayed healing
S79.102S	Unspecified physeal fracture of lower end of left femur, sequela
S79.109D	Unspecified physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with routine healing
S79.109G	Unspecified physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.109S	Unspecified physeal fracture of lower end of unspecified femur, sequela
S79.111D	Salter-Harris Type I physeal fracture of lower end of right femur, subsequent encounter for fracture with routine healing
S79.111G	Salter-Harris Type I physeal fracture of lower end of right femur, subsequent encounter for fracture with delayed healing
S79.111S	Salter-Harris Type I physeal fracture of lower end of right femur, sequela
S79.112D	Salter-Harris Type I physeal fracture of lower end of left femur, subsequent encounter for fracture with routine healing
S79.112G	Salter-Harris Type I physeal fracture of lower end of left femur, subsequent encounter for fracture with delayed healing
S79.112S	Salter-Harris Type I physeal fracture of lower end of left femur, sequela
S79.119D	Salter-Harris Type I physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with routine healing
S79.119G	Salter-Harris Type I physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.119S	Salter-Harris Type I physeal fracture of lower end of unspecified femur, sequela
S79.121D	Salter-Harris Type II physeal fracture of lower end of right femur, subsequent encounter for fracture with routine healing
S79.121G	Salter-Harris Type II physeal fracture of lower end of right femur, subsequent encounter for fracture with delayed healing
S79.121S	Salter-Harris Type II physeal fracture of lower end of right femur, sequela



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

Code	Description
S79.122D	Salter-Harris Type II physeal fracture of lower end of left femur, subsequent encounter for fracture with routine healing
S79.122G	Salter-Harris Type II physeal fracture of lower end of left femur, subsequent encounter for fracture with delayed healing
S79.122S	Salter-Harris Type II physeal fracture of lower end of left femur, sequela
S79.129D	Salter-Harris Type II physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with routine healing
S79.129G	Salter-Harris Type II physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.129S	Salter-Harris Type II physeal fracture of lower end of unspecified femur, sequela
S79.131D	Salter-Harris Type III physeal fracture of lower end of right femur, subsequent encounter for fracture with routine healing
S79.131G	Salter-Harris Type III physeal fracture of lower end of right femur, subsequent encounter for fracture with delayed healing
S79.131S	Salter-Harris Type III physeal fracture of lower end of right femur, sequela
S79.132D	Salter-Harris Type III physeal fracture of lower end of left femur, subsequent encounter for fracture with routine healing
S79.132G	Salter-Harris Type III physeal fracture of lower end of left femur, subsequent encounter for fracture with delayed healing
S79.132S	Salter-Harris Type III physeal fracture of lower end of left femur, sequela
S79.139D	Salter-Harris Type III physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with routine healing
S79.139G	Salter-Harris Type III physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.139S	Salter-Harris Type III physeal fracture of lower end of unspecified femur, sequela
S79.141D	Salter-Harris Type IV physeal fracture of lower end of right femur, subsequent encounter for fracture with routine healing
S79.141G	Salter-Harris Type IV physeal fracture of lower end of right femur, subsequent encounter for fracture with delayed healing
S79.141S	Salter-Harris Type IV physeal fracture of lower end of right femur, sequela
S79.142D	Salter-Harris Type IV physeal fracture of lower end of left femur, subsequent encounter for fracture with routine healing



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

Code	Description
S79.142G	Salter-Harris Type IV physeal fracture of lower end of left femur, subsequent encounter for fracture with delayed healing
S79.142S	Salter-Harris Type IV physeal fracture of lower end of left femur, sequela
S79.149D	Salter-Harris Type IV physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with routine healing
S79.149G	Salter-Harris Type IV physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.149S	Salter-Harris Type IV physeal fracture of lower end of unspecified femur, sequela
S79.191D	Other physeal fracture of lower end of right femur, subsequent encounter for fracture with routine healing
S79.191G	Other physeal fracture of lower end of right femur, subsequent encounter for fracture with delayed healing
S79.191S	Other physeal fracture of lower end of right femur, sequela
S79.192D	Other physeal fracture of lower end of left femur, subsequent encounter for fracture with routine healing
S79.192G	Other physeal fracture of lower end of left femur, subsequent encounter for fracture with delayed healing
S79.192S	Other physeal fracture of lower end of left femur, sequela
S79.199D	Other physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with routine healing
S79.199G	Other physeal fracture of lower end of unspecified femur, subsequent encounter for fracture with delayed healing
S79.199S	Other physeal fracture of lower end of unspecified femur, sequela
S79.811S	Other specified injuries of right hip, sequela
S79.812S	Other specified injuries of left hip, sequela
S79.819S	Other specified injuries of unspecified hip, sequela
S79.821S	Other specified injuries of right thigh, sequela
S79.822S	Other specified injuries of left thigh, sequela
S79.829S	Other specified injuries of unspecified thigh, sequela
S79.911S	Unspecified injury of right hip, sequela
S79.912S	Unspecified injury of left hip, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S79.919S	Unspecified injury of unspecified hip, sequela
S79.921S	Unspecified injury of right thigh, sequela
S79.922S	Unspecified injury of left thigh, sequela
S79.929S	Unspecified injury of unspecified thigh, sequela
S80.00XS	Contusion of unspecified knee, sequela
S80.01XS	Contusion of right knee, sequela
S80.02XS	Contusion of left knee, sequela
S80.10XS	Contusion of unspecified lower leg, sequela
S80.11XS	Contusion of right lower leg, sequela
S80.12XS	Contusion of left lower leg, sequela
S80.211A	Abrasion, right knee, initial encounter
S80.211S	Abrasion, right knee, sequela
S80.212A	Abrasion, left knee, initial encounter
S80.212S	Abrasion, left knee, sequela
S80.219A	Abrasion, unspecified knee, initial encounter
S80.219S	Abrasion, unspecified knee, sequela
S80.221A	Blister (nonthermal), right knee, initial encounter
S80.221S	Blister (nonthermal), right knee, sequela
S80.222A	Blister (nonthermal), left knee, initial encounter
S80.222S	Blister (nonthermal), left knee, sequela
S80.229A	Blister (nonthermal), unspecified knee, initial encounter
S80.229S	Blister (nonthermal), unspecified knee, sequela
S80.241A	External constriction, right knee, initial encounter
S80.241S	External constriction, right knee, sequela
S80.242A	External constriction, left knee, initial encounter
S80.242S	External constriction, left knee, sequela
S80.249A	External constriction, unspecified knee, initial encounter
S80.249S	External constriction, unspecified knee, sequela



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

Code	Description
S80.251A	Superficial foreign body, right knee, initial encounter
S80.251S	Superficial foreign body, right knee, sequela
S80.252A	Superficial foreign body, left knee, initial encounter
S80.252S	Superficial foreign body, left knee, sequela
S80.259A	Superficial foreign body, unspecified knee, initial encounter
S80.259S	Superficial foreign body, unspecified knee, sequela
S80.261A	Insect bite (nonvenomous), right knee, initial encounter
S80.261S	Insect bite (nonvenomous), right knee, sequela
S80.262A	Insect bite (nonvenomous), left knee, initial encounter
S80.262S	Insect bite (nonvenomous), left knee, sequela
S80.269A	Insect bite (nonvenomous), unspecified knee, initial encounter
S80.269S	Insect bite (nonvenomous), unspecified knee, sequela
S80.271A	Other superficial bite of right knee, initial encounter
S80.271S	Other superficial bite of right knee, sequela
S80.272A	Other superficial bite of left knee, initial encounter
S80.272S	Other superficial bite of left knee, sequela
S80.279A	Other superficial bite of unspecified knee, initial encounter
S80.279S	Other superficial bite of unspecified knee, sequela
S80.811A	Abrasion, right lower leg, initial encounter
S80.811S	Abrasion, right lower leg, sequela
S80.812A	Abrasion, left lower leg, initial encounter
S80.812S	Abrasion, left lower leg, sequela
S80.819A	Abrasion, unspecified lower leg, initial encounter
S80.819S	Abrasion, unspecified lower leg, sequela
S80.821A	Blister (nonthermal), right lower leg, initial encounter
S80.821S	Blister (nonthermal), right lower leg, sequela
S80.822A	Blister (nonthermal), left lower leg, initial encounter
S80.822S	Blister (nonthermal), left lower leg, sequela



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

Code	Description
S80.829A	Blister (nonthermal), unspecified lower leg, initial encounter
S80.829S	Blister (nonthermal), unspecified lower leg, sequela
S80.841A	External constriction, right lower leg, initial encounter
S80.841S	External constriction, right lower leg, sequela
S80.842A	External constriction, left lower leg, initial encounter
S80.842S	External constriction, left lower leg, sequela
S80.849A	External constriction, unspecified lower leg, initial encounter
S80.849S	External constriction, unspecified lower leg, sequela
S80.851A	Superficial foreign body, right lower leg, initial encounter
S80.851S	Superficial foreign body, right lower leg, sequela
S80.852A	Superficial foreign body, left lower leg, initial encounter
S80.852S	Superficial foreign body, left lower leg, sequela
S80.859A	Superficial foreign body, unspecified lower leg, initial encounter
S80.859S	Superficial foreign body, unspecified lower leg, sequela
S80.861A	Insect bite (nonvenomous), right lower leg, initial encounter
S80.861S	Insect bite (nonvenomous), right lower leg, sequela
S80.862A	Insect bite (nonvenomous), left lower leg, initial encounter
S80.862S	Insect bite (nonvenomous), left lower leg, sequela
S80.869A	Insect bite (nonvenomous), unspecified lower leg, initial encounter
S80.869S	Insect bite (nonvenomous), unspecified lower leg, sequela
S80.871A	Other superficial bite, right lower leg, initial encounter
S80.871S	Other superficial bite, right lower leg, sequela
S80.872A	Other superficial bite, left lower leg, initial encounter
S80.872S	Other superficial bite, left lower leg, sequela
S80.879A	Other superficial bite, unspecified lower leg, initial encounter
S80.879S	Other superficial bite, unspecified lower leg, sequela
S80.911A	Unspecified superficial injury of right knee, initial encounter
S80.911S	Unspecified superficial injury of right knee, sequela



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

Code	Description
S80.912A	Unspecified superficial injury of left knee, initial encounter
S80.912S	Unspecified superficial injury of left knee, sequela
S80.919A	Unspecified superficial injury of unspecified knee, initial encounter
S80.919S	Unspecified superficial injury of unspecified knee, sequela
S80.921A	Unspecified superficial injury of right lower leg, initial encounter
S80.921S	Unspecified superficial injury of right lower leg, sequela
S80.922A	Unspecified superficial injury of left lower leg, initial encounter
S80.922S	Unspecified superficial injury of left lower leg, sequela
S80.929A	Unspecified superficial injury of unspecified lower leg, initial encounter
S80.929S	Unspecified superficial injury of unspecified lower leg, sequela
S81.001S	Unspecified open wound, right knee, sequela
S81.002S	Unspecified open wound, left knee, sequela
S81.009A	Unspecified open wound, unspecified knee, initial encounter
S81.009S	Unspecified open wound, unspecified knee, sequela
S81.011S	Laceration without foreign body, right knee, sequela
S81.012S	Laceration without foreign body, left knee, sequela
S81.019S	Laceration without foreign body, unspecified knee, sequela
S81.021S	Laceration with foreign body, right knee, sequela
S81.022S	Laceration with foreign body, left knee, sequela
S81.029S	Laceration with foreign body, unspecified knee, sequela
S81.031S	Puncture wound without foreign body, right knee, sequela
S81.032S	Puncture wound without foreign body, left knee, sequela
S81.039S	Puncture wound without foreign body, unspecified knee, sequela
S81.041S	Puncture wound with foreign body, right knee, sequela
S81.042S	Puncture wound with foreign body, left knee, sequela
S81.049S	Puncture wound with foreign body, unspecified knee, sequela
S81.051S	Open bite, right knee, sequela
S81.052S	Open bite, left knee, sequela



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

Code	Description
S81.059S	Open bite, unspecified knee, sequela
S81.801S	Unspecified open wound, right lower leg, sequela
S81.802S	Unspecified open wound, left lower leg, sequela
S81.809S	Unspecified open wound, unspecified lower leg, sequela
S81.811S	Laceration without foreign body, right lower leg, sequela
S81.812S	Laceration without foreign body, left lower leg, sequela
S81.819S	Laceration without foreign body, unspecified lower leg, sequela
S81.821S	Laceration with foreign body, right lower leg, sequela
S81.822S	Laceration with foreign body, left lower leg, sequela
S81.829S	Laceration with foreign body, unspecified lower leg, sequela
S81.831S	Puncture wound without foreign body, right lower leg, sequela
S81.832S	Puncture wound without foreign body, left lower leg, sequela
S81.839S	Puncture wound without foreign body, unspecified lower leg, sequela
S81.841S	Puncture wound with foreign body, right lower leg, sequela
S81.842S	Puncture wound with foreign body, left lower leg, sequela
S81.849S	Puncture wound with foreign body, unspecified lower leg, sequela
S81.851S	Open bite, right lower leg, sequela
S81.852S	Open bite, left lower leg, sequela
S81.859S	Open bite, unspecified lower leg, sequela
S82.001D	Unspecified fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.001E	Unspecified fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.001F	Unspecified fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.001G	Unspecified fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.001H	Unspecified fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.001J	Unspecified fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.001S	Unspecified fracture of right patella, sequela
S82.002D	Unspecified fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.002E	Unspecified fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.002F	Unspecified fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.002G	Unspecified fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.002H	Unspecified fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.002J	Unspecified fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.002S	Unspecified fracture of left patella, sequela
S82.009D	Unspecified fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.009E	Unspecified fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.009F	Unspecified fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.009G	Unspecified fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.009H	Unspecified fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.009J	Unspecified fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.009S	Unspecified fracture of unspecified patella, sequela
S82.011D	Displaced osteochondral fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.011E	Displaced osteochondral fracture of right patella, subsequent encounter for open fracture type I or II with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.011F	Displaced osteochondral fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.011G	Displaced osteochondral fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.011H	Displaced osteochondral fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.011J	Displaced osteochondral fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.011S	Displaced osteochondral fracture of right patella, sequela
S82.012D	Displaced osteochondral fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.012E	Displaced osteochondral fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.012F	Displaced osteochondral fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.012G	Displaced osteochondral fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.012H	Displaced osteochondral fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.012J	Displaced osteochondral fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.012S	Displaced osteochondral fracture of left patella, sequela
S82.013D	Displaced osteochondral fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.013E	Displaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.013F	Displaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.013G	Displaced osteochondral fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.013H	Displaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.013J	Displaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.013S	Displaced osteochondral fracture of unspecified patella, sequela
S82.014D	Nondisplaced osteochondral fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.014E	Nondisplaced osteochondral fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.014F	Nondisplaced osteochondral fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.014G	Nondisplaced osteochondral fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.014H	Nondisplaced osteochondral fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.014J	Nondisplaced osteochondral fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.014S	Nondisplaced osteochondral fracture of right patella, sequela
S82.015D	Nondisplaced osteochondral fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.015E	Nondisplaced osteochondral fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.015F	Nondisplaced osteochondral fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.015G	Nondisplaced osteochondral fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.015H	Nondisplaced osteochondral fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.015J	Nondisplaced osteochondral fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.015S	Nondisplaced osteochondral fracture of left patella, sequela
S82.016D	Nondisplaced osteochondral fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.016E	Nondisplaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.016F	Nondisplaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.016G	Nondisplaced osteochondral fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.016H	Nondisplaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.016J	Nondisplaced osteochondral fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.016S	Nondisplaced osteochondral fracture of unspecified patella, sequela
S82.021D	Displaced longitudinal fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.021E	Displaced longitudinal fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.021F	Displaced longitudinal fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.021G	Displaced longitudinal fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.021H	Displaced longitudinal fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.021J	Displaced longitudinal fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.021S	Displaced longitudinal fracture of right patella, sequela
S82.022D	Displaced longitudinal fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.022E	Displaced longitudinal fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.022F	Displaced longitudinal fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.022G	Displaced longitudinal fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.022H	Displaced longitudinal fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.022J	Displaced longitudinal fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.022S	Displaced longitudinal fracture of left patella, sequela
S82.023D	Displaced longitudinal fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.023E	Displaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.023F	Displaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.023G	Displaced longitudinal fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.023H	Displaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.023J	Displaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.023S	Displaced longitudinal fracture of unspecified patella, sequela
S82.024D	Nondisplaced longitudinal fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.024E	Nondisplaced longitudinal fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.024F	Nondisplaced longitudinal fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.024G	Nondisplaced longitudinal fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.024H	Nondisplaced longitudinal fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.024J	Nondisplaced longitudinal fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.024S	Nondisplaced longitudinal fracture of right patella, sequela
S82.025D	Nondisplaced longitudinal fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.025E	Nondisplaced longitudinal fracture of left patella, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.025F	Nondisplaced longitudinal fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.025G	Nondisplaced longitudinal fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.025H	Nondisplaced longitudinal fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.025J	Nondisplaced longitudinal fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.025S	Nondisplaced longitudinal fracture of left patella, sequela
S82.026D	Nondisplaced longitudinal fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.026E	Nondisplaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.026F	Nondisplaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.026G	Nondisplaced longitudinal fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.026H	Nondisplaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.026J	Nondisplaced longitudinal fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.026S	Nondisplaced longitudinal fracture of unspecified patella, sequela
S82.031D	Displaced transverse fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.031E	Displaced transverse fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.031F	Displaced transverse fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.031G	Displaced transverse fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.031H	Displaced transverse fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.031J	Displaced transverse fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.031S	Displaced transverse fracture of right patella, sequela
S82.032D	Displaced transverse fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.032E	Displaced transverse fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.032F	Displaced transverse fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.032G	Displaced transverse fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.032H	Displaced transverse fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.032J	Displaced transverse fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.032S	Displaced transverse fracture of left patella, sequela
S82.033D	Displaced transverse fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.033E	Displaced transverse fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.033F	Displaced transverse fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.033G	Displaced transverse fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.033H	Displaced transverse fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.033J	Displaced transverse fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.033S	Displaced transverse fracture of unspecified patella, sequela
S82.034D	Nondisplaced transverse fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.034E	Nondisplaced transverse fracture of right patella, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.034F	Nondisplaced transverse fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.034G	Nondisplaced transverse fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.034H	Nondisplaced transverse fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.034J	Nondisplaced transverse fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.034S	Nondisplaced transverse fracture of right patella, sequela
S82.035D	Nondisplaced transverse fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.035E	Nondisplaced transverse fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.035F	Nondisplaced transverse fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.035G	Nondisplaced transverse fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.035H	Nondisplaced transverse fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.035J	Nondisplaced transverse fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.035S	Nondisplaced transverse fracture of left patella, sequela
S82.036D	Nondisplaced transverse fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.036E	Nondisplaced transverse fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.036F	Nondisplaced transverse fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.036G	Nondisplaced transverse fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.036H	Nondisplaced transverse fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.036J	Nondisplaced transverse fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.036S	Nondisplaced transverse fracture of unspecified patella, sequela
S82.041D	Displaced comminuted fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.041E	Displaced comminuted fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.041F	Displaced comminuted fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.041G	Displaced comminuted fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.041H	Displaced comminuted fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.041J	Displaced comminuted fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.041S	Displaced comminuted fracture of right patella, sequela
S82.042D	Displaced comminuted fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.042E	Displaced comminuted fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.042F	Displaced comminuted fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.042G	Displaced comminuted fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.042H	Displaced comminuted fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.042J	Displaced comminuted fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.042S	Displaced comminuted fracture of left patella, sequela
S82.043D	Displaced comminuted fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.043E	Displaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.043F	Displaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.043G	Displaced comminuted fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.043H	Displaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.043J	Displaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.043S	Displaced comminuted fracture of unspecified patella, sequela
S82.044D	Nondisplaced comminuted fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.044E	Nondisplaced comminuted fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.044F	Nondisplaced comminuted fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.044G	Nondisplaced comminuted fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.044H	Nondisplaced comminuted fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.044J	Nondisplaced comminuted fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.044S	Nondisplaced comminuted fracture of right patella, sequela
S82.045D	Nondisplaced comminuted fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.045E	Nondisplaced comminuted fracture of left patella, subsequent encounter for open fracture type I or II with routine healing
S82.045F	Nondisplaced comminuted fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.045G	Nondisplaced comminuted fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.045H	Nondisplaced comminuted fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.045J	Nondisplaced comminuted fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.045S	Nondisplaced comminuted fracture of left patella, sequela
S82.046D	Nondisplaced comminuted fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.046E	Nondisplaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.046F	Nondisplaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.046G	Nondisplaced comminuted fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.046H	Nondisplaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.046J	Nondisplaced comminuted fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.046S	Nondisplaced comminuted fracture of unspecified patella, sequela
S82.091D	Other fracture of right patella, subsequent encounter for closed fracture with routine healing
S82.091E	Other fracture of right patella, subsequent encounter for open fracture type I or II with routine healing
S82.091F	Other fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.091G	Other fracture of right patella, subsequent encounter for closed fracture with delayed healing
S82.091H	Other fracture of right patella, subsequent encounter for open fracture type I or II with delayed healing
S82.091J	Other fracture of right patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.091S	Other fracture of right patella, sequela
S82.092D	Other fracture of left patella, subsequent encounter for closed fracture with routine healing
S82.092E	Other fracture of left patella, subsequent encounter for open fracture type I or II with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.092F	Other fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.092G	Other fracture of left patella, subsequent encounter for closed fracture with delayed healing
S82.092H	Other fracture of left patella, subsequent encounter for open fracture type I or II with delayed healing
S82.092J	Other fracture of left patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.092S	Other fracture of left patella, sequela
S82.099D	Other fracture of unspecified patella, subsequent encounter for closed fracture with routine healing
S82.099E	Other fracture of unspecified patella, subsequent encounter for open fracture type I or II with routine healing
S82.099F	Other fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.099G	Other fracture of unspecified patella, subsequent encounter for closed fracture with delayed healing
S82.099H	Other fracture of unspecified patella, subsequent encounter for open fracture type I or II with delayed healing
S82.099J	Other fracture of unspecified patella, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.099S	Other fracture of unspecified patella, sequela
S82.101D	Unspecified fracture of upper end of right tibia, subsequent encounter for closed fracture with routine healing
S82.101E	Unspecified fracture of upper end of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.101F	Unspecified fracture of upper end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.101G	Unspecified fracture of upper end of right tibia, subsequent encounter for closed fracture with delayed healing
S82.101H	Unspecified fracture of upper end of right tibia, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.101J	Unspecified fracture of upper end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.101S	Unspecified fracture of upper end of right tibia, sequela
S82.102D	Unspecified fracture of upper end of left tibia, subsequent encounter for closed fracture with routine healing
S82.102E	Unspecified fracture of upper end of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.102F	Unspecified fracture of upper end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.102G	Unspecified fracture of upper end of left tibia, subsequent encounter for closed fracture with delayed healing
S82.102H	Unspecified fracture of upper end of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.102J	Unspecified fracture of upper end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.102S	Unspecified fracture of upper end of left tibia, sequela
S82.109D	Unspecified fracture of upper end of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.109E	Unspecified fracture of upper end of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.109F	Unspecified fracture of upper end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.109G	Unspecified fracture of upper end of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.109H	Unspecified fracture of upper end of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.109J	Unspecified fracture of upper end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.109S	Unspecified fracture of upper end of unspecified tibia, sequela
S82.111D	Displaced fracture of right tibial spine, subsequent encounter for closed fracture with routine healing
S82.111E	Displaced fracture of right tibial spine, subsequent encounter for open fracture type I or II with routine healing



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Code	Description
S82.111F	Displaced fracture of right tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.111G	Displaced fracture of right tibial spine, subsequent encounter for closed fracture with delayed healing
S82.111H	Displaced fracture of right tibial spine, subsequent encounter for open fracture type I or II with delayed healing
S82.111J	Displaced fracture of right tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.111S	Displaced fracture of right tibial spine, sequela
S82.112D	Displaced fracture of left tibial spine, subsequent encounter for closed fracture with routine healing
S82.112E	Displaced fracture of left tibial spine, subsequent encounter for open fracture type I or II with routine healing
S82.112F	Displaced fracture of left tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.112G	Displaced fracture of left tibial spine, subsequent encounter for closed fracture with delayed healing
S82.112H	Displaced fracture of left tibial spine, subsequent encounter for open fracture type I or II with delayed healing
S82.112J	Displaced fracture of left tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.112S	Displaced fracture of left tibial spine, sequela
S82.113D	Displaced fracture of unspecified tibial spine, subsequent encounter for closed fracture with routine healing
S82.113E	Displaced fracture of unspecified tibial spine, subsequent encounter for open fracture type I or II with routine healing
S82.113F	Displaced fracture of unspecified tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.113G	Displaced fracture of unspecified tibial spine, subsequent encounter for closed fracture with delayed healing
S82.113H	Displaced fracture of unspecified tibial spine, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.113J	Displaced fracture of unspecified tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.113S	Displaced fracture of unspecified tibial spine, sequela
S82.114D	Nondisplaced fracture of right tibial spine, subsequent encounter for closed fracture with routine healing
S82.114E	Nondisplaced fracture of right tibial spine, subsequent encounter for open fracture type I or II with routine healing
S82.114F	Nondisplaced fracture of right tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.114G	Nondisplaced fracture of right tibial spine, subsequent encounter for closed fracture with delayed healing
S82.114H	Nondisplaced fracture of right tibial spine, subsequent encounter for open fracture type I or II with delayed healing
S82.114J	Nondisplaced fracture of right tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.114S	Nondisplaced fracture of right tibial spine, sequela
S82.115D	Nondisplaced fracture of left tibial spine, subsequent encounter for closed fracture with routine healing
S82.115E	Nondisplaced fracture of left tibial spine, subsequent encounter for open fracture type I or II with routine healing
S82.115F	Nondisplaced fracture of left tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.115G	Nondisplaced fracture of left tibial spine, subsequent encounter for closed fracture with delayed healing
S82.115H	Nondisplaced fracture of left tibial spine, subsequent encounter for open fracture type I or II with delayed healing
S82.115J	Nondisplaced fracture of left tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.115S	Nondisplaced fracture of left tibial spine, sequela
S82.116D	Nondisplaced fracture of unspecified tibial spine, subsequent encounter for closed fracture with routine healing
S82.116E	Nondisplaced fracture of unspecified tibial spine, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.116F	Nondisplaced fracture of unspecified tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.116G	Nondisplaced fracture of unspecified tibial spine, subsequent encounter for closed fracture with delayed healing
S82.116H	Nondisplaced fracture of unspecified tibial spine, subsequent encounter for open fracture type I or II with delayed healing
S82.116J	Nondisplaced fracture of unspecified tibial spine, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.116S	Nondisplaced fracture of unspecified tibial spine, sequela
S82.121D	Displaced fracture of lateral condyle of right tibia, subsequent encounter for closed fracture with routine healing
S82.121E	Displaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.121F	Displaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.121G	Displaced fracture of lateral condyle of right tibia, subsequent encounter for closed fracture with delayed healing
S82.121H	Displaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.121J	Displaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.121S	Displaced fracture of lateral condyle of right tibia, sequela
S82.122D	Displaced fracture of lateral condyle of left tibia, subsequent encounter for closed fracture with routine healing
S82.122E	Displaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.122F	Displaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.122G	Displaced fracture of lateral condyle of left tibia, subsequent encounter for closed fracture with delayed healing
S82.122H	Displaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.122J	Displaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.122S	Displaced fracture of lateral condyle of left tibia, sequela
S82.123D	Displaced fracture of lateral condyle of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.123E	Displaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.123F	Displaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.123G	Displaced fracture of lateral condyle of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.123H	Displaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.123J	Displaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.123S	Displaced fracture of lateral condyle of unspecified tibia, sequela
S82.124D	Nondisplaced fracture of lateral condyle of right tibia, subsequent encounter for closed fracture with routine healing
S82.124E	Nondisplaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.124F	Nondisplaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.124G	Nondisplaced fracture of lateral condyle of right tibia, subsequent encounter for closed fracture with delayed healing
S82.124H	Nondisplaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.124J	Nondisplaced fracture of lateral condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.124S	Nondisplaced fracture of lateral condyle of right tibia, sequela
S82.125D	Nondisplaced fracture of lateral condyle of left tibia, subsequent encounter for closed fracture with routine healing
S82.125E	Nondisplaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.125F	Nondisplaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.125G	Nondisplaced fracture of lateral condyle of left tibia, subsequent encounter for closed fracture with delayed healing
S82.125H	Nondisplaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.125J	Nondisplaced fracture of lateral condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.125S	Nondisplaced fracture of lateral condyle of left tibia, sequela
S82.126D	Nondisplaced fracture of lateral condyle of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.126E	Nondisplaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.126F	Nondisplaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.126G	Nondisplaced fracture of lateral condyle of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.126H	Nondisplaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.126J	Nondisplaced fracture of lateral condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.126S	Nondisplaced fracture of lateral condyle of unspecified tibia, sequela
S82.131D	Displaced fracture of medial condyle of right tibia, subsequent encounter for closed fracture with routine healing
S82.131E	Displaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.131F	Displaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.131G	Displaced fracture of medial condyle of right tibia, subsequent encounter for closed fracture with delayed healing
S82.131H	Displaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.131J	Displaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.131S	Displaced fracture of medial condyle of right tibia, sequela
S82.132D	Displaced fracture of medial condyle of left tibia, subsequent encounter for closed fracture with routine healing
S82.132E	Displaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.132F	Displaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.132G	Displaced fracture of medial condyle of left tibia, subsequent encounter for closed fracture with delayed healing
S82.132H	Displaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.132J	Displaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.132S	Displaced fracture of medial condyle of left tibia, sequela
S82.133D	Displaced fracture of medial condyle of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.133E	Displaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.133F	Displaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.133G	Displaced fracture of medial condyle of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.133H	Displaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.133J	Displaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.133S	Displaced fracture of medial condyle of unspecified tibia, sequela
S82.134D	Nondisplaced fracture of medial condyle of right tibia, subsequent encounter for closed fracture with routine healing
S82.134E	Nondisplaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.134F	Nondisplaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.134G	Nondisplaced fracture of medial condyle of right tibia, subsequent encounter for closed fracture with delayed healing
S82.134H	Nondisplaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.134J	Nondisplaced fracture of medial condyle of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.134S	Nondisplaced fracture of medial condyle of right tibia, sequela
S82.135D	Nondisplaced fracture of medial condyle of left tibia, subsequent encounter for closed fracture with routine healing
S82.135E	Nondisplaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.135F	Nondisplaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.135G	Nondisplaced fracture of medial condyle of left tibia, subsequent encounter for closed fracture with delayed healing
S82.135H	Nondisplaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.135J	Nondisplaced fracture of medial condyle of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.135S	Nondisplaced fracture of medial condyle of left tibia, sequela
S82.136D	Nondisplaced fracture of medial condyle of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.136E	Nondisplaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.136F	Nondisplaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.136G	Nondisplaced fracture of medial condyle of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.136H	Nondisplaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.136J	Nondisplaced fracture of medial condyle of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.136S	Nondisplaced fracture of medial condyle of unspecified tibia, sequela
S82.141D	Displaced bicondylar fracture of right tibia, subsequent encounter for closed fracture with routine healing
S82.141E	Displaced bicondylar fracture of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.141F	Displaced bicondylar fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.141G	Displaced bicondylar fracture of right tibia, subsequent encounter for closed fracture with delayed healing
S82.141H	Displaced bicondylar fracture of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.141J	Displaced bicondylar fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.141S	Displaced bicondylar fracture of right tibia, sequela
S82.142D	Displaced bicondylar fracture of left tibia, subsequent encounter for closed fracture with routine healing
S82.142E	Displaced bicondylar fracture of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.142F	Displaced bicondylar fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.142G	Displaced bicondylar fracture of left tibia, subsequent encounter for closed fracture with delayed healing
S82.142H	Displaced bicondylar fracture of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.142J	Displaced bicondylar fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.142S	Displaced bicondylar fracture of left tibia, sequela
S82.143D	Displaced bicondylar fracture of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.143E	Displaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.143F	Displaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.143G	Displaced bicondylar fracture of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.143H	Displaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.143J	Displaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.143S	Displaced bicondylar fracture of unspecified tibia, sequela
S82.144D	Nondisplaced bicondylar fracture of right tibia, subsequent encounter for closed fracture with routine healing
S82.144E	Nondisplaced bicondylar fracture of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.144F	Nondisplaced bicondylar fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.144G	Nondisplaced bicondylar fracture of right tibia, subsequent encounter for closed fracture with delayed healing
S82.144H	Nondisplaced bicondylar fracture of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.144J	Nondisplaced bicondylar fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.144S	Nondisplaced bicondylar fracture of right tibia, sequela
S82.145D	Nondisplaced bicondylar fracture of left tibia, subsequent encounter for closed fracture with routine healing
S82.145E	Nondisplaced bicondylar fracture of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.145F	Nondisplaced bicondylar fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.145G	Nondisplaced bicondylar fracture of left tibia, subsequent encounter for closed fracture with delayed healing
S82.145H	Nondisplaced bicondylar fracture of left tibia, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.145J	Nondisplaced bicondylar fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.145S	Nondisplaced bicondylar fracture of left tibia, sequela
S82.146D	Nondisplaced bicondylar fracture of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.146E	Nondisplaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.146F	Nondisplaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.146G	Nondisplaced bicondylar fracture of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.146H	Nondisplaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.146J	Nondisplaced bicondylar fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.146S	Nondisplaced bicondylar fracture of unspecified tibia, sequela
S82.151D	Displaced fracture of right tibial tuberosity, subsequent encounter for closed fracture with routine healing
S82.151E	Displaced fracture of right tibial tuberosity, subsequent encounter for open fracture type I or II with routine healing
S82.151F	Displaced fracture of right tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.151G	Displaced fracture of right tibial tuberosity, subsequent encounter for closed fracture with delayed healing
S82.151H	Displaced fracture of right tibial tuberosity, subsequent encounter for open fracture type I or II with delayed healing
S82.151J	Displaced fracture of right tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.151S	Displaced fracture of right tibial tuberosity, sequela
S82.152D	Displaced fracture of left tibial tuberosity, subsequent encounter for closed fracture with routine healing
S82.152E	Displaced fracture of left tibial tuberosity, subsequent encounter for open fracture type I or II with routine healing



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

Code	Description
S82.152F	Displaced fracture of left tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.152G	Displaced fracture of left tibial tuberosity, subsequent encounter for closed fracture with delayed healing
S82.152H	Displaced fracture of left tibial tuberosity, subsequent encounter for open fracture type I or II with delayed healing
S82.152J	Displaced fracture of left tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.152S	Displaced fracture of left tibial tuberosity, sequela
S82.153D	Displaced fracture of unspecified tibial tuberosity, subsequent encounter for closed fracture with routine healing
S82.153E	Displaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type I or II with routine healing
S82.153F	Displaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.153G	Displaced fracture of unspecified tibial tuberosity, subsequent encounter for closed fracture with delayed healing
S82.153H	Displaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type I or II with delayed healing
S82.153J	Displaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.153S	Displaced fracture of unspecified tibial tuberosity, sequela
S82.154D	Nondisplaced fracture of right tibial tuberosity, subsequent encounter for closed fracture with routine healing
S82.154E	Nondisplaced fracture of right tibial tuberosity, subsequent encounter for open fracture type I or II with routine healing
S82.154F	Nondisplaced fracture of right tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.154G	Nondisplaced fracture of right tibial tuberosity, subsequent encounter for closed fracture with delayed healing
S82.154H	Nondisplaced fracture of right tibial tuberosity, subsequent encounter for open fracture type I or II with delayed healing



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

Code	Description
S82.154J	Nondisplaced fracture of right tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.154S	Nondisplaced fracture of right tibial tuberosity, sequela
S82.155D	Nondisplaced fracture of left tibial tuberosity, subsequent encounter for closed fracture with routine healing
S82.155E	Nondisplaced fracture of left tibial tuberosity, subsequent encounter for open fracture type I or II with routine healing
S82.155F	Nondisplaced fracture of left tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.155G	Nondisplaced fracture of left tibial tuberosity, subsequent encounter for closed fracture with delayed healing
S82.155H	Nondisplaced fracture of left tibial tuberosity, subsequent encounter for open fracture type I or II with delayed healing
S82.155J	Nondisplaced fracture of left tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.155S	Nondisplaced fracture of left tibial tuberosity, sequela
S82.156D	Nondisplaced fracture of unspecified tibial tuberosity, subsequent encounter for closed fracture with routine healing
S82.156E	Nondisplaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type I or II with routine healing
S82.156F	Nondisplaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.156G	Nondisplaced fracture of unspecified tibial tuberosity, subsequent encounter for closed fracture with delayed healing
S82.156H	Nondisplaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type I or II with delayed healing
S82.156J	Nondisplaced fracture of unspecified tibial tuberosity, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.156S	Nondisplaced fracture of unspecified tibial tuberosity, sequela
S82.161D	Torus fracture of upper end of right tibia, subsequent encounter for fracture with routine healing
S82.161G	Torus fracture of upper end of right tibia, subsequent encounter for fracture with delayed healing



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

Code	Description
S82.161S	Torus fracture of upper end of right tibia, sequela
S82.162D	Torus fracture of upper end of left tibia, subsequent encounter for fracture with routine healing
S82.162G	Torus fracture of upper end of left tibia, subsequent encounter for fracture with delayed healing
S82.162S	Torus fracture of upper end of left tibia, sequela
S82.169D	Torus fracture of upper end of unspecified tibia, subsequent encounter for fracture with routine healing
S82.169G	Torus fracture of upper end of unspecified tibia, subsequent encounter for fracture with delayed healing
S82.169S	Torus fracture of upper end of unspecified tibia, sequela
S82.191D	Other fracture of upper end of right tibia, subsequent encounter for closed fracture with routine healing
S82.191E	Other fracture of upper end of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.191F	Other fracture of upper end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.191G	Other fracture of upper end of right tibia, subsequent encounter for closed fracture with delayed healing
S82.191H	Other fracture of upper end of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.191J	Other fracture of upper end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.191S	Other fracture of upper end of right tibia, sequela
S82.192D	Other fracture of upper end of left tibia, subsequent encounter for closed fracture with routine healing
S82.192E	Other fracture of upper end of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.192F	Other fracture of upper end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.192G	Other fracture of upper end of left tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.192H	Other fracture of upper end of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.192J	Other fracture of upper end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.192S	Other fracture of upper end of left tibia, sequela
S82.199D	Other fracture of upper end of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.199E	Other fracture of upper end of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.199F	Other fracture of upper end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.199G	Other fracture of upper end of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.199H	Other fracture of upper end of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.199J	Other fracture of upper end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.199S	Other fracture of upper end of unspecified tibia, sequela
S82.201D	Unspecified fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.201E	Unspecified fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.201F	Unspecified fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.201G	Unspecified fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.201H	Unspecified fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.201J	Unspecified fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.201S	Unspecified fracture of shaft of right tibia, sequela
S82.202D	Unspecified fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.202E	Unspecified fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.202F	Unspecified fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.202G	Unspecified fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.202H	Unspecified fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.202J	Unspecified fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.202S	Unspecified fracture of shaft of left tibia, sequela
S82.209D	Unspecified fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.209E	Unspecified fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.209F	Unspecified fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.209G	Unspecified fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.209H	Unspecified fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.209J	Unspecified fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.209S	Unspecified fracture of shaft of unspecified tibia, sequela
S82.221D	Displaced transverse fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.221E	Displaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.221F	Displaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.221G	Displaced transverse fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.221H	Displaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.221J	Displaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.221S	Displaced transverse fracture of shaft of right tibia, sequela
S82.222D	Displaced transverse fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.222E	Displaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.222F	Displaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.222G	Displaced transverse fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.222H	Displaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.222J	Displaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.222S	Displaced transverse fracture of shaft of left tibia, sequela
S82.223D	Displaced transverse fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.223E	Displaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.223F	Displaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.223G	Displaced transverse fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.223H	Displaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.223J	Displaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.223S	Displaced transverse fracture of shaft of unspecified tibia, sequela
S82.224D	Nondisplaced transverse fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.224E	Nondisplaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.224F	Nondisplaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.224G	Nondisplaced transverse fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.224H	Nondisplaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.224J	Nondisplaced transverse fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.224S	Nondisplaced transverse fracture of shaft of right tibia, sequela
S82.225D	Nondisplaced transverse fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.225E	Nondisplaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.225F	Nondisplaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.225G	Nondisplaced transverse fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.225H	Nondisplaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.225J	Nondisplaced transverse fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.225S	Nondisplaced transverse fracture of shaft of left tibia, sequela
S82.226D	Nondisplaced transverse fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.226E	Nondisplaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.226F	Nondisplaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.226G	Nondisplaced transverse fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.226H	Nondisplaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.226J	Nondisplaced transverse fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.226S	Nondisplaced transverse fracture of shaft of unspecified tibia, sequela
S82.231D	Displaced oblique fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.231E	Displaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.231F	Displaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.231G	Displaced oblique fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.231H	Displaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.231J	Displaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.231S	Displaced oblique fracture of shaft of right tibia, sequela
S82.232D	Displaced oblique fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.232E	Displaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.232F	Displaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.232G	Displaced oblique fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.232H	Displaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.232J	Displaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.232S	Displaced oblique fracture of shaft of left tibia, sequela
S82.233D	Displaced oblique fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.233E	Displaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.233F	Displaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.233G	Displaced oblique fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.233H	Displaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.233J	Displaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.233S	Displaced oblique fracture of shaft of unspecified tibia, sequela
S82.234D	Nondisplaced oblique fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.234E	Nondisplaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.234F	Nondisplaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.234G	Nondisplaced oblique fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.234H	Nondisplaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.234J	Nondisplaced oblique fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.234S	Nondisplaced oblique fracture of shaft of right tibia, sequela
S82.235D	Nondisplaced oblique fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.235E	Nondisplaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.235F	Nondisplaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.235G	Nondisplaced oblique fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.235H	Nondisplaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.235J	Nondisplaced oblique fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.235S	Nondisplaced oblique fracture of shaft of left tibia, sequela
S82.236D	Nondisplaced oblique fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.236E	Nondisplaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.236F	Nondisplaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.236G	Nondisplaced oblique fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.236H	Nondisplaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.236J	Nondisplaced oblique fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.236S	Nondisplaced oblique fracture of shaft of unspecified tibia, sequela
S82.241D	Displaced spiral fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.241E	Displaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.241F	Displaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.241G	Displaced spiral fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.241H	Displaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.241J	Displaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.241S	Displaced spiral fracture of shaft of right tibia, sequela
S82.242D	Displaced spiral fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.242E	Displaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.242F	Displaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.242G	Displaced spiral fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.242H	Displaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.242J	Displaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.242S	Displaced spiral fracture of shaft of left tibia, sequela
S82.243D	Displaced spiral fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.243E	Displaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.243F	Displaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.243G	Displaced spiral fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.243H	Displaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.243J	Displaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.243S	Displaced spiral fracture of shaft of unspecified tibia, sequela
S82.244D	Non-displaced spiral fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.244E	Non-displaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.244F	Non-displaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.244G	Non-displaced spiral fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.244H	Nondisplaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.244J	Nondisplaced spiral fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.244S	Nondisplaced spiral fracture of shaft of right tibia, sequela
S82.245D	Nondisplaced spiral fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.245E	Nondisplaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.245F	Nondisplaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.245G	Nondisplaced spiral fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.245H	Nondisplaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.245J	Nondisplaced spiral fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.245S	Nondisplaced spiral fracture of shaft of left tibia, sequela
S82.246D	Nondisplaced spiral fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.246E	Nondisplaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.246F	Nondisplaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.246G	Nondisplaced spiral fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.246H	Nondisplaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.246J	Nondisplaced spiral fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.246S	Nondisplaced spiral fracture of shaft of unspecified tibia, sequela
S82.251D	Displaced comminuted fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.251E	Displaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.251F	Displaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.251G	Displaced comminuted fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.251H	Displaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.251J	Displaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.251S	Displaced comminuted fracture of shaft of right tibia, sequela
S82.252D	Displaced comminuted fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.252E	Displaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.252F	Displaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.252G	Displaced comminuted fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.252H	Displaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.252J	Displaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.252S	Displaced comminuted fracture of shaft of left tibia, sequela
S82.253D	Displaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.253E	Displaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.253F	Displaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.253G	Displaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.253H	Displaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.253J	Displaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.253S	Displaced comminuted fracture of shaft of unspecified tibia, sequela
S82.254D	Nondisplaced comminuted fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.254E	Nondisplaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.254F	Nondisplaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.254G	Nondisplaced comminuted fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.254H	Nondisplaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.254J	Nondisplaced comminuted fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.254S	Nondisplaced comminuted fracture of shaft of right tibia, sequela
S82.255D	Nondisplaced comminuted fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.255E	Nondisplaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.255F	Nondisplaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.255G	Nondisplaced comminuted fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.255H	Nondisplaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.255J	Nondisplaced comminuted fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.255S	Nondisplaced comminuted fracture of shaft of left tibia, sequela
S82.256D	Nondisplaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.256E	Nondisplaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.256F	Nondisplaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.256G	Nondisplaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.256H	Nondisplaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.256J	Nondisplaced comminuted fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.256S	Nondisplaced comminuted fracture of shaft of unspecified tibia, sequela
S82.261D	Displaced segmental fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.261E	Displaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.261F	Displaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.261G	Displaced segmental fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.261H	Displaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.261J	Displaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.261S	Displaced segmental fracture of shaft of right tibia, sequela
S82.262D	Displaced segmental fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.262E	Displaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.262F	Displaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.262G	Displaced segmental fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.262H	Displaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.262J	Displaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.262S	Displaced segmental fracture of shaft of left tibia, sequela
S82.263D	Displaced segmental fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.263E	Displaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.263F	Displaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.263G	Displaced segmental fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.263H	Displaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.263J	Displaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.263S	Displaced segmental fracture of shaft of unspecified tibia, sequela
S82.264D	Nondisplaced segmental fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.264E	Nondisplaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.264F	Nondisplaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.264G	Nondisplaced segmental fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing
S82.264H	Nondisplaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.264J	Nondisplaced segmental fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.264S	Nondisplaced segmental fracture of shaft of right tibia, sequela
S82.265D	Nondisplaced segmental fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.265E	Nondisplaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.265F	Nondisplaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.265G	Nondisplaced segmental fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.265H	Nondisplaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.265J	Nondisplaced segmental fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.265S	Nondisplaced segmental fracture of shaft of left tibia, sequela
S82.266D	Nondisplaced segmental fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.266E	Nondisplaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.266F	Nondisplaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.266G	Nondisplaced segmental fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.266H	Nondisplaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.266J	Nondisplaced segmental fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.266S	Nondisplaced segmental fracture of shaft of unspecified tibia, sequela
S82.291D	Other fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing
S82.291E	Other fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.291F	Other fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.291G	Other fracture of shaft of right tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.291H	Other fracture of shaft of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.291J	Other fracture of shaft of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.291S	Other fracture of shaft of right tibia, sequela
S82.292D	Other fracture of shaft of left tibia, subsequent encounter for closed fracture with routine healing
S82.292E	Other fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.292F	Other fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.292G	Other fracture of shaft of left tibia, subsequent encounter for closed fracture with delayed healing
S82.292H	Other fracture of shaft of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.292J	Other fracture of shaft of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.292S	Other fracture of shaft of left tibia, sequela
S82.299D	Other fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.299E	Other fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.299F	Other fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.299G	Other fracture of shaft of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.299H	Other fracture of shaft of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.299J	Other fracture of shaft of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.299S	Other fracture of shaft of unspecified tibia, sequela
S82.301D	Unspecified fracture of lower end of right tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.301E	Unspecified fracture of lower end of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.301F	Unspecified fracture of lower end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.301G	Unspecified fracture of lower end of right tibia, subsequent encounter for closed fracture with delayed healing
S82.301H	Unspecified fracture of lower end of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.301J	Unspecified fracture of lower end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.301S	Unspecified fracture of lower end of right tibia, sequela
S82.302D	Unspecified fracture of lower end of left tibia, subsequent encounter for closed fracture with routine healing
S82.302E	Unspecified fracture of lower end of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.302F	Unspecified fracture of lower end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.302G	Unspecified fracture of lower end of left tibia, subsequent encounter for closed fracture with delayed healing
S82.302H	Unspecified fracture of lower end of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.302J	Unspecified fracture of lower end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.302S	Unspecified fracture of lower end of left tibia, sequela
S82.309D	Unspecified fracture of lower end of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.309E	Unspecified fracture of lower end of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.309F	Unspecified fracture of lower end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.309G	Unspecified fracture of lower end of unspecified tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.309H	Unspecified fracture of lower end of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.309J	Unspecified fracture of lower end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.309S	Unspecified fracture of lower end of unspecified tibia, sequela
S82.311D	Torus fracture of lower end of right tibia, subsequent encounter for fracture with routine healing
S82.311G	Torus fracture of lower end of right tibia, subsequent encounter for fracture with delayed healing
S82.311S	Torus fracture of lower end of right tibia, sequela
S82.312D	Torus fracture of lower end of left tibia, subsequent encounter for fracture with routine healing
S82.312G	Torus fracture of lower end of left tibia, subsequent encounter for fracture with delayed healing
S82.312S	Torus fracture of lower end of left tibia, sequela
S82.319D	Torus fracture of lower end of unspecified tibia, subsequent encounter for fracture with routine healing
S82.319G	Torus fracture of lower end of unspecified tibia, subsequent encounter for fracture with delayed healing
S82.319S	Torus fracture of lower end of unspecified tibia, sequela
S82.391D	Other fracture of lower end of right tibia, subsequent encounter for closed fracture with routine healing
S82.391E	Other fracture of lower end of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.391F	Other fracture of lower end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.391G	Other fracture of lower end of right tibia, subsequent encounter for closed fracture with delayed healing
S82.391H	Other fracture of lower end of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.391J	Other fracture of lower end of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.391S	Other fracture of lower end of right tibia, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S82.392D	Other fracture of lower end of left tibia, subsequent encounter for closed fracture with routine healing
S82.392E	Other fracture of lower end of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.392F	Other fracture of lower end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.392G	Other fracture of lower end of left tibia, subsequent encounter for closed fracture with delayed healing
S82.392H	Other fracture of lower end of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.392J	Other fracture of lower end of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.392S	Other fracture of lower end of left tibia, sequela
S82.399D	Other fracture of lower end of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.399E	Other fracture of lower end of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.399F	Other fracture of lower end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.399G	Other fracture of lower end of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.399H	Other fracture of lower end of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.399J	Other fracture of lower end of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.399S	Other fracture of lower end of unspecified tibia, sequela
S82.401D	Unspecified fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.401E	Unspecified fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.401F	Unspecified fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S82.401G	Unspecified fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.401H	Unspecified fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.401J	Unspecified fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.401S	Unspecified fracture of shaft of right fibula, sequela
S82.402D	Unspecified fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.402E	Unspecified fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.402F	Unspecified fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.402G	Unspecified fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.402H	Unspecified fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.402J	Unspecified fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.402S	Unspecified fracture of shaft of left fibula, sequela
S82.409D	Unspecified fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.409E	Unspecified fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.409F	Unspecified fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.409G	Unspecified fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.409H	Unspecified fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.409J	Unspecified fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.409S	Unspecified fracture of shaft of unspecified fibula, sequela



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

Code	Description
S82.421D	Displaced transverse fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.421E	Displaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.421F	Displaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.421G	Displaced transverse fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.421H	Displaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.421J	Displaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.421S	Displaced transverse fracture of shaft of right fibula, sequela
S82.422D	Displaced transverse fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.422E	Displaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.422F	Displaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.422G	Displaced transverse fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.422H	Displaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.422J	Displaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.422S	Displaced transverse fracture of shaft of left fibula, sequela
S82.423D	Displaced transverse fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.423E	Displaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.423F	Displaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.423G	Displaced transverse fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.423H	Displaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.423J	Displaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.423S	Displaced transverse fracture of shaft of unspecified fibula, sequela
S82.424D	Nondisplaced transverse fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.424E	Nondisplaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.424F	Nondisplaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.424G	Nondisplaced transverse fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.424H	Nondisplaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.424J	Nondisplaced transverse fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.424S	Nondisplaced transverse fracture of shaft of right fibula, sequela
S82.425D	Nondisplaced transverse fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.425E	Nondisplaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.425F	Nondisplaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.425G	Nondisplaced transverse fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.425H	Nondisplaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.425J	Nondisplaced transverse fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.425S	Nondisplaced transverse fracture of shaft of left fibula, sequela



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

Code	Description
S82.426D	Nondisplaced transverse fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.426E	Nondisplaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.426F	Nondisplaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.426G	Nondisplaced transverse fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.426H	Nondisplaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.426J	Nondisplaced transverse fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.426S	Nondisplaced transverse fracture of shaft of unspecified fibula, sequela
S82.431D	Displaced oblique fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.431E	Displaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.431F	Displaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.431G	Displaced oblique fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.431H	Displaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.431J	Displaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.431S	Displaced oblique fracture of shaft of right fibula, sequela
S82.432D	Displaced oblique fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.432E	Displaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.432F	Displaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.432G	Displaced oblique fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.432H	Displaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.432J	Displaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.432S	Displaced oblique fracture of shaft of left fibula, sequela
S82.433D	Displaced oblique fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.433E	Displaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.433F	Displaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.433G	Displaced oblique fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.433H	Displaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.433J	Displaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.433S	Displaced oblique fracture of shaft of unspecified fibula, sequela
S82.434D	Nondisplaced oblique fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.434E	Nondisplaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.434F	Nondisplaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.434G	Nondisplaced oblique fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.434H	Nondisplaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.434J	Nondisplaced oblique fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.434S	Nondisplaced oblique fracture of shaft of right fibula, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.435D	Nondisplaced oblique fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.435E	Nondisplaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.435F	Nondisplaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.435G	Nondisplaced oblique fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.435H	Nondisplaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.435J	Nondisplaced oblique fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.435S	Nondisplaced oblique fracture of shaft of left fibula, sequela
S82.436D	Nondisplaced oblique fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.436E	Nondisplaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.436F	Nondisplaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.436G	Nondisplaced oblique fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.436H	Nondisplaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.436J	Nondisplaced oblique fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.436S	Nondisplaced oblique fracture of shaft of unspecified fibula, sequela
S82.441D	Displaced spiral fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.441E	Displaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.441F	Displaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S82.441G	Displaced spiral fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.441H	Displaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.441J	Displaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.441S	Displaced spiral fracture of shaft of right fibula, sequela
S82.442D	Displaced spiral fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.442E	Displaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.442F	Displaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.442G	Displaced spiral fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.442H	Displaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.442J	Displaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.442S	Displaced spiral fracture of shaft of left fibula, sequela
S82.443D	Displaced spiral fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.443E	Displaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.443F	Displaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.443G	Displaced spiral fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.443H	Displaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.443J	Displaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.443S	Displaced spiral fracture of shaft of unspecified fibula, sequela



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

Code	Description
S82.444D	Nondisplaced spiral fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.444E	Nondisplaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.444F	Nondisplaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.444G	Nondisplaced spiral fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.444H	Nondisplaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.444J	Nondisplaced spiral fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.444S	Nondisplaced spiral fracture of shaft of right fibula, sequela
S82.445D	Nondisplaced spiral fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.445E	Nondisplaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.445F	Nondisplaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.445G	Nondisplaced spiral fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.445H	Nondisplaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.445J	Nondisplaced spiral fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.445S	Nondisplaced spiral fracture of shaft of left fibula, sequela
S82.446D	Nondisplaced spiral fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.446E	Nondisplaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.446F	Nondisplaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S82.446G	Nondisplaced spiral fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.446H	Nondisplaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.446J	Nondisplaced spiral fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.446S	Nondisplaced spiral fracture of shaft of unspecified fibula, sequela
S82.451D	Displaced comminuted fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.451E	Displaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.451F	Displaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.451G	Displaced comminuted fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.451H	Displaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.451J	Displaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.451S	Displaced comminuted fracture of shaft of right fibula, sequela
S82.452D	Displaced comminuted fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.452E	Displaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.452F	Displaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.452G	Displaced comminuted fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.452H	Displaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.452J	Displaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.452S	Displaced comminuted fracture of shaft of left fibula, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.453D	Displaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.453E	Displaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.453F	Displaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.453G	Displaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.453H	Displaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.453J	Displaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.453S	Displaced comminuted fracture of shaft of unspecified fibula, sequela
S82.454D	Nondisplaced comminuted fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.454E	Nondisplaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.454F	Nondisplaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.454G	Nondisplaced comminuted fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.454H	Nondisplaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.454J	Nondisplaced comminuted fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.454S	Nondisplaced comminuted fracture of shaft of right fibula, sequela
S82.455D	Nondisplaced comminuted fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.455E	Nondisplaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.455F	Nondisplaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S82.455G	Nondisplaced comminuted fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.455H	Nondisplaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.455J	Nondisplaced comminuted fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.455S	Nondisplaced comminuted fracture of shaft of left fibula, sequela
S82.456D	Nondisplaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.456E	Nondisplaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.456F	Nondisplaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.456G	Nondisplaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.456H	Nondisplaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.456J	Nondisplaced comminuted fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.456S	Nondisplaced comminuted fracture of shaft of unspecified fibula, sequela
S82.461D	Displaced segmental fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.461E	Displaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.461F	Displaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.461G	Displaced segmental fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.461H	Displaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.461J	Displaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.461S	Displaced segmental fracture of shaft of right fibula, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S82.462D	Displaced segmental fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.462E	Displaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.462F	Displaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.462G	Displaced segmental fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.462H	Displaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.462J	Displaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.462S	Displaced segmental fracture of shaft of left fibula, sequela
S82.463D	Displaced segmental fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.463E	Displaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.463F	Displaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.463G	Displaced segmental fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.463H	Displaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.463J	Displaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.463S	Displaced segmental fracture of shaft of unspecified fibula, sequela
S82.464D	Nondisplaced segmental fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.464E	Nondisplaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.464F	Nondisplaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.464G	Nondisplaced segmental fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.464H	Nondisplaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.464J	Nondisplaced segmental fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.464S	Nondisplaced segmental fracture of shaft of right fibula, sequela
S82.465D	Nondisplaced segmental fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.465E	Nondisplaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.465F	Nondisplaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.465G	Nondisplaced segmental fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.465H	Nondisplaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.465J	Nondisplaced segmental fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.465S	Nondisplaced segmental fracture of shaft of left fibula, sequela
S82.466D	Nondisplaced segmental fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.466E	Nondisplaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.466F	Nondisplaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.466G	Nondisplaced segmental fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.466H	Nondisplaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.466J	Nondisplaced segmental fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.466S	Nondisplaced segmental fracture of shaft of unspecified fibula, sequela



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

Code	Description
S82.491D	Other fracture of shaft of right fibula, subsequent encounter for closed fracture with routine healing
S82.491E	Other fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.491F	Other fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.491G	Other fracture of shaft of right fibula, subsequent encounter for closed fracture with delayed healing
S82.491H	Other fracture of shaft of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.491J	Other fracture of shaft of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.491S	Other fracture of shaft of right fibula, sequela
S82.492D	Other fracture of shaft of left fibula, subsequent encounter for closed fracture with routine healing
S82.492E	Other fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.492F	Other fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.492G	Other fracture of shaft of left fibula, subsequent encounter for closed fracture with delayed healing
S82.492H	Other fracture of shaft of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.492J	Other fracture of shaft of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.492S	Other fracture of shaft of left fibula, sequela
S82.499D	Other fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.499E	Other fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.499F	Other fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S82.499G	Other fracture of shaft of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.499H	Other fracture of shaft of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.499J	Other fracture of shaft of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.499S	Other fracture of shaft of unspecified fibula, sequela
S82.51XD	Displaced fracture of medial malleolus of right tibia, subsequent encounter for closed fracture with routine healing
S82.51XE	Displaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.51XF	Displaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.51XG	Displaced fracture of medial malleolus of right tibia, subsequent encounter for closed fracture with delayed healing
S82.51XH	Displaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.51XJ	Displaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.51XS	Displaced fracture of medial malleolus of right tibia, sequela
S82.52XD	Displaced fracture of medial malleolus of left tibia, subsequent encounter for closed fracture with routine healing
S82.52XE	Displaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.52XF	Displaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.52XG	Displaced fracture of medial malleolus of left tibia, subsequent encounter for closed fracture with delayed healing
S82.52XH	Displaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.52XJ	Displaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.52XS	Displaced fracture of medial malleolus of left tibia, sequela



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

Code	Description
S82.53XD	Displaced fracture of medial malleolus of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.53XE	Displaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.53XF	Displaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.53XG	Displaced fracture of medial malleolus of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.53XH	Displaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.53XJ	Displaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.53XS	Displaced fracture of medial malleolus of unspecified tibia, sequela
S82.54XD	Nondisplaced fracture of medial malleolus of right tibia, subsequent encounter for closed fracture with routine healing
S82.54XE	Nondisplaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.54XF	Nondisplaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.54XG	Nondisplaced fracture of medial malleolus of right tibia, subsequent encounter for closed fracture with delayed healing
S82.54XH	Nondisplaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.54XJ	Nondisplaced fracture of medial malleolus of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.54XS	Nondisplaced fracture of medial malleolus of right tibia, sequela
S82.55XD	Nondisplaced fracture of medial malleolus of left tibia, subsequent encounter for closed fracture with routine healing
S82.55XE	Nondisplaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.55XF	Nondisplaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S82.55XG	Nondisplaced fracture of medial malleolus of left tibia, subsequent encounter for closed fracture with delayed healing
S82.55XH	Nondisplaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.55XJ	Nondisplaced fracture of medial malleolus of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.55XS	Nondisplaced fracture of medial malleolus of left tibia, sequela
S82.56XD	Nondisplaced fracture of medial malleolus of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.56XE	Nondisplaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.56XF	Nondisplaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.56XG	Nondisplaced fracture of medial malleolus of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.56XH	Nondisplaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.56XJ	Nondisplaced fracture of medial malleolus of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.56XS	Nondisplaced fracture of medial malleolus of unspecified tibia, sequela
S82.61XD	Displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed fracture with routine healing
S82.61XE	Displaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.61XF	Displaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.61XG	Displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed fracture with delayed healing
S82.61XH	Displaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.61XJ	Displaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.61XS	Displaced fracture of lateral malleolus of right fibula, sequela



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

Code	Description
S82.62XD	Displaced fracture of lateral malleolus of left fibula, subsequent encounter for closed fracture with routine healing
S82.62XE	Displaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.62XF	Displaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.62XG	Displaced fracture of lateral malleolus of left fibula, subsequent encounter for closed fracture with delayed healing
S82.62XH	Displaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.62XJ	Displaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.62XS	Displaced fracture of lateral malleolus of left fibula, sequela
S82.63XD	Displaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.63XE	Displaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.63XF	Displaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.63XG	Displaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.63XH	Displaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.63XJ	Displaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.63XS	Displaced fracture of lateral malleolus of unspecified fibula, sequela
S82.64XD	Non-displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed fracture with routine healing
S82.64XE	Non-displaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.64XF	Non-displaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing



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

Code	Description
S82.64XG	Nondisplaced fracture of lateral malleolus of right fibula, subsequent encounter for closed fracture with delayed healing
S82.64XH	Nondisplaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.64XJ	Nondisplaced fracture of lateral malleolus of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.64XS	Nondisplaced fracture of lateral malleolus of right fibula, sequela
S82.65XD	Nondisplaced fracture of lateral malleolus of left fibula, subsequent encounter for closed fracture with routine healing
S82.65XE	Nondisplaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.65XF	Nondisplaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.65XG	Nondisplaced fracture of lateral malleolus of left fibula, subsequent encounter for closed fracture with delayed healing
S82.65XH	Nondisplaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.65XJ	Nondisplaced fracture of lateral malleolus of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.65XS	Nondisplaced fracture of lateral malleolus of left fibula, sequela
S82.66XD	Nondisplaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.66XE	Nondisplaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.66XF	Nondisplaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.66XG	Nondisplaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for closed fracture with delayed healing
S82.66XH	Nondisplaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.66XJ	Nondisplaced fracture of lateral malleolus of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.66XS	Nondisplaced fracture of lateral malleolus of unspecified fibula, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S82.811D	Torus fracture of upper end of right fibula, subsequent encounter for fracture with routine healing
S82.811G	Torus fracture of upper end of right fibula, subsequent encounter for fracture with delayed healing
S82.811S	Torus fracture of upper end of right fibula, sequela
S82.812D	Torus fracture of upper end of left fibula, subsequent encounter for fracture with routine healing
S82.812G	Torus fracture of upper end of left fibula, subsequent encounter for fracture with delayed healing
S82.812S	Torus fracture of upper end of left fibula, sequela
S82.819D	Torus fracture of upper end of unspecified fibula, subsequent encounter for fracture with routine healing
S82.819G	Torus fracture of upper end of unspecified fibula, subsequent encounter for fracture with delayed healing
S82.819S	Torus fracture of upper end of unspecified fibula, sequela
S82.821D	Torus fracture of lower end of right fibula, subsequent encounter for fracture with routine healing
S82.821G	Torus fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing
S82.821S	Torus fracture of lower end of right fibula, sequela
S82.822D	Torus fracture of lower end of left fibula, subsequent encounter for fracture with routine healing
S82.822G	Torus fracture of lower end of left fibula, subsequent encounter for fracture with delayed healing
S82.822S	Torus fracture of lower end of left fibula, sequela
S82.829D	Torus fracture of lower end of unspecified fibula, subsequent encounter for fracture with routine healing
S82.829G	Torus fracture of lower end of unspecified fibula, subsequent encounter for fracture with delayed healing
S82.829S	Torus fracture of lower end of unspecified fibula, sequela
S82.831D	Other fracture of upper and lower end of right fibula, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.831E	Other fracture of upper and lower end of right fibula, subsequent encounter for open fracture type I or II with routine healing
S82.831F	Other fracture of upper and lower end of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.831G	Other fracture of upper and lower end of right fibula, subsequent encounter for closed fracture with delayed healing
S82.831H	Other fracture of upper and lower end of right fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.831J	Other fracture of upper and lower end of right fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.831S	Other fracture of upper and lower end of right fibula, sequela
S82.832D	Other fracture of upper and lower end of left fibula, subsequent encounter for closed fracture with routine healing
S82.832E	Other fracture of upper and lower end of left fibula, subsequent encounter for open fracture type I or II with routine healing
S82.832F	Other fracture of upper and lower end of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.832G	Other fracture of upper and lower end of left fibula, subsequent encounter for closed fracture with delayed healing
S82.832H	Other fracture of upper and lower end of left fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.832J	Other fracture of upper and lower end of left fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.832S	Other fracture of upper and lower end of left fibula, sequela
S82.839D	Other fracture of upper and lower end of unspecified fibula, subsequent encounter for closed fracture with routine healing
S82.839E	Other fracture of upper and lower end of unspecified fibula, subsequent encounter for open fracture type I or II with routine healing
S82.839F	Other fracture of upper and lower end of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.839G	Other fracture of upper and lower end of unspecified fibula, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.839H	Other fracture of upper and lower end of unspecified fibula, subsequent encounter for open fracture type I or II with delayed healing
S82.839J	Other fracture of upper and lower end of unspecified fibula, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.839S	Other fracture of upper and lower end of unspecified fibula, sequela
S82.841D	Displaced bimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing
S82.841E	Displaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.841F	Displaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.841G	Displaced bimalleolar fracture of right lower leg, subsequent encounter for closed fracture with delayed healing
S82.841H	Displaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.841J	Displaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.841S	Displaced bimalleolar fracture of right lower leg, sequela
S82.842D	Displaced bimalleolar fracture of left lower leg, subsequent encounter for closed fracture with routine healing
S82.842E	Displaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.842F	Displaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.842G	Displaced bimalleolar fracture of left lower leg, subsequent encounter for closed fracture with delayed healing
S82.842H	Displaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.842J	Displaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.842S	Displaced bimalleolar fracture of left lower leg, sequela
S82.843D	Displaced bimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.843E	Displaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.843F	Displaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.843G	Displaced bimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with delayed healing
S82.843H	Displaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.843J	Displaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.843S	Displaced bimalleolar fracture of unspecified lower leg, sequela
S82.844D	Nondisplaced bimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing
S82.844E	Nondisplaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.844F	Nondisplaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.844G	Nondisplaced bimalleolar fracture of right lower leg, subsequent encounter for closed fracture with delayed healing
S82.844H	Nondisplaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.844J	Nondisplaced bimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.844S	Nondisplaced bimalleolar fracture of right lower leg, sequela
S82.845D	Nondisplaced bimalleolar fracture of left lower leg, subsequent encounter for closed fracture with routine healing
S82.845E	Nondisplaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.845F	Nondisplaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.845G	Nondisplaced bimalleolar fracture of left lower leg, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.845H	Nondisplaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.845J	Nondisplaced bimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.845S	Nondisplaced bimalleolar fracture of left lower leg, sequela
S82.846D	Nondisplaced bimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with routine healing
S82.846E	Nondisplaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.846F	Nondisplaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.846G	Nondisplaced bimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with delayed healing
S82.846H	Nondisplaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.846J	Nondisplaced bimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.846S	Nondisplaced bimalleolar fracture of unspecified lower leg, sequela
S82.851D	Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing
S82.851E	Displaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.851F	Displaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.851G	Displaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with delayed healing
S82.851H	Displaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.851J	Displaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.851S	Displaced trimalleolar fracture of right lower leg, sequela
S82.852D	Displaced trimalleolar fracture of left lower leg, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.852E	Displaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.852F	Displaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.852G	Displaced trimalleolar fracture of left lower leg, subsequent encounter for closed fracture with delayed healing
S82.852H	Displaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.852J	Displaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.852S	Displaced trimalleolar fracture of left lower leg, sequela
S82.853D	Displaced trimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with routine healing
S82.853E	Displaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.853F	Displaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.853G	Displaced trimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with delayed healing
S82.853H	Displaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.853J	Displaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.853S	Displaced trimalleolar fracture of unspecified lower leg, sequela
S82.854D	Nondisplaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with routine healing
S82.854E	Nondisplaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.854F	Nondisplaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.854G	Nondisplaced trimalleolar fracture of right lower leg, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.854H	Nondisplaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.854J	Nondisplaced trimalleolar fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.854S	Nondisplaced trimalleolar fracture of right lower leg, sequela
S82.855D	Nondisplaced trimalleolar fracture of left lower leg, subsequent encounter for closed fracture with routine healing
S82.855E	Nondisplaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.855F	Nondisplaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.855G	Nondisplaced trimalleolar fracture of left lower leg, subsequent encounter for closed fracture with delayed healing
S82.855H	Nondisplaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.855J	Nondisplaced trimalleolar fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.855S	Nondisplaced trimalleolar fracture of left lower leg, sequela
S82.856D	Nondisplaced trimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with routine healing
S82.856E	Nondisplaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.856F	Nondisplaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.856G	Nondisplaced trimalleolar fracture of unspecified lower leg, subsequent encounter for closed fracture with delayed healing
S82.856H	Nondisplaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.856J	Nondisplaced trimalleolar fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.856S	Nondisplaced trimalleolar fracture of unspecified lower leg, sequela
S82.861D	Displaced Maisonneuve's fracture of right leg, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.861E	Displaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type I or II with routine healing
S82.861F	Displaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.861G	Displaced Maisonneuve's fracture of right leg, subsequent encounter for closed fracture with delayed healing
S82.861H	Displaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type I or II with delayed healing
S82.861J	Displaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.861S	Displaced Maisonneuve's fracture of right leg, sequela
S82.862D	Displaced Maisonneuve's fracture of left leg, subsequent encounter for closed fracture with routine healing
S82.862E	Displaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type I or II with routine healing
S82.862F	Displaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.862G	Displaced Maisonneuve's fracture of left leg, subsequent encounter for closed fracture with delayed healing
S82.862H	Displaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type I or II with delayed healing
S82.862J	Displaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.862S	Displaced Maisonneuve's fracture of left leg, sequela
S82.863D	Displaced Maisonneuve's fracture of unspecified leg, subsequent encounter for closed fracture with routine healing
S82.863E	Displaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type I or II with routine healing
S82.863F	Displaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.863G	Displaced Maisonneuve's fracture of unspecified leg, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.863H	Displaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type I or II with delayed healing
S82.863J	Displaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.863S	Displaced Maisonneuve's fracture of unspecified leg, sequela
S82.864D	Nondisplaced Maisonneuve's fracture of right leg, subsequent encounter for closed fracture with routine healing
S82.864E	Nondisplaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type I or II with routine healing
S82.864F	Nondisplaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.864G	Nondisplaced Maisonneuve's fracture of right leg, subsequent encounter for closed fracture with delayed healing
S82.864H	Nondisplaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type I or II with delayed healing
S82.864J	Nondisplaced Maisonneuve's fracture of right leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.864S	Nondisplaced Maisonneuve's fracture of right leg, sequela
S82.865D	Nondisplaced Maisonneuve's fracture of left leg, subsequent encounter for closed fracture with routine healing
S82.865E	Nondisplaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type I or II with routine healing
S82.865F	Nondisplaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.865G	Nondisplaced Maisonneuve's fracture of left leg, subsequent encounter for closed fracture with delayed healing
S82.865H	Nondisplaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type I or II with delayed healing
S82.865J	Nondisplaced Maisonneuve's fracture of left leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.865S	Nondisplaced Maisonneuve's fracture of left leg, sequela
S82.866D	Nondisplaced Maisonneuve's fracture of unspecified leg, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.866E	Nondisplaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type I or II with routine healing
S82.866F	Nondisplaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.866G	Nondisplaced Maisonneuve's fracture of unspecified leg, subsequent encounter for closed fracture with delayed healing
S82.866H	Nondisplaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type I or II with delayed healing
S82.866J	Nondisplaced Maisonneuve's fracture of unspecified leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.866S	Nondisplaced Maisonneuve's fracture of unspecified leg, sequela
S82.871D	Displaced pilon fracture of right tibia, subsequent encounter for closed fracture with routine healing
S82.871E	Displaced pilon fracture of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.871F	Displaced pilon fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.871G	Displaced pilon fracture of right tibia, subsequent encounter for closed fracture with delayed healing
S82.871H	Displaced pilon fracture of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.871J	Displaced pilon fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.871S	Displaced pilon fracture of right tibia, sequela
S82.872D	Displaced pilon fracture of left tibia, subsequent encounter for closed fracture with routine healing
S82.872E	Displaced pilon fracture of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.872F	Displaced pilon fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.872G	Displaced pilon fracture of left tibia, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.872H	Displaced pilon fracture of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.872J	Displaced pilon fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.872S	Displaced pilon fracture of left tibia, sequela
S82.873D	Displaced pilon fracture of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.873E	Displaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.873F	Displaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.873G	Displaced pilon fracture of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.873H	Displaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.873J	Displaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.873S	Displaced pilon fracture of unspecified tibia, sequela
S82.874D	Nondisplaced pilon fracture of right tibia, subsequent encounter for closed fracture with routine healing
S82.874E	Nondisplaced pilon fracture of right tibia, subsequent encounter for open fracture type I or II with routine healing
S82.874F	Nondisplaced pilon fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.874G	Nondisplaced pilon fracture of right tibia, subsequent encounter for closed fracture with delayed healing
S82.874H	Nondisplaced pilon fracture of right tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.874J	Nondisplaced pilon fracture of right tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.874S	Nondisplaced pilon fracture of right tibia, sequela
S82.875D	Nondisplaced pilon fracture of left tibia, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.875E	Nondisplaced pilon fracture of left tibia, subsequent encounter for open fracture type I or II with routine healing
S82.875F	Nondisplaced pilon fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.875G	Nondisplaced pilon fracture of left tibia, subsequent encounter for closed fracture with delayed healing
S82.875H	Nondisplaced pilon fracture of left tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.875J	Nondisplaced pilon fracture of left tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.875S	Nondisplaced pilon fracture of left tibia, sequela
S82.876D	Nondisplaced pilon fracture of unspecified tibia, subsequent encounter for closed fracture with routine healing
S82.876E	Nondisplaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type I or II with routine healing
S82.876F	Nondisplaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.876G	Nondisplaced pilon fracture of unspecified tibia, subsequent encounter for closed fracture with delayed healing
S82.876H	Nondisplaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type I or II with delayed healing
S82.876J	Nondisplaced pilon fracture of unspecified tibia, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.876S	Nondisplaced pilon fracture of unspecified tibia, sequela
S82.891D	Other fracture of right lower leg, subsequent encounter for closed fracture with routine healing
S82.891E	Other fracture of right lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.891F	Other fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.891G	Other fracture of right lower leg, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.891H	Other fracture of right lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.891J	Other fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.891S	Other fracture of right lower leg, sequela
S82.892D	Other fracture of left lower leg, subsequent encounter for closed fracture with routine healing
S82.892E	Other fracture of left lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.892F	Other fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.892G	Other fracture of left lower leg, subsequent encounter for closed fracture with delayed healing
S82.892H	Other fracture of left lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.892J	Other fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.892S	Other fracture of left lower leg, sequela
S82.899D	Other fracture of unspecified lower leg, subsequent encounter for closed fracture with routine healing
S82.899E	Other fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.899F	Other fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.899G	Other fracture of unspecified lower leg, subsequent encounter for closed fracture with delayed healing
S82.899H	Other fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.899J	Other fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.899S	Other fracture of unspecified lower leg, sequela
S82.90XD	Unspecified fracture of unspecified lower leg, subsequent encounter for closed fracture with routine healing



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

Code	Description
S82.90XE	Unspecified fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.90XF	Unspecified fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.90XG	Unspecified fracture of unspecified lower leg, subsequent encounter for closed fracture with delayed healing
S82.90XH	Unspecified fracture of unspecified lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.90XJ	Unspecified fracture of unspecified lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.90XS	Unspecified fracture of unspecified lower leg, sequela
S82.91XD	Unspecified fracture of right lower leg, subsequent encounter for closed fracture with routine healing
S82.91XE	Unspecified fracture of right lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.91XF	Unspecified fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.91XG	Unspecified fracture of right lower leg, subsequent encounter for closed fracture with delayed healing
S82.91XH	Unspecified fracture of right lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.91XJ	Unspecified fracture of right lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.91XS	Unspecified fracture of right lower leg, sequela
S82.92XD	Unspecified fracture of left lower leg, subsequent encounter for closed fracture with routine healing
S82.92XE	Unspecified fracture of left lower leg, subsequent encounter for open fracture type I or II with routine healing
S82.92XF	Unspecified fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.92XG	Unspecified fracture of left lower leg, subsequent encounter for closed fracture with delayed healing



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

Code	Description
S82.92XH	Unspecified fracture of left lower leg, subsequent encounter for open fracture type I or II with delayed healing
S82.92XJ	Unspecified fracture of left lower leg, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.92XS	Unspecified fracture of left lower leg, sequela
S83.001A	Unspecified subluxation of right patella, initial encounter
S83.001S	Unspecified subluxation of right patella, sequela
S83.002A	Unspecified subluxation of left patella, initial encounter
S83.002S	Unspecified subluxation of left patella, sequela
S83.003A	Unspecified subluxation of unspecified patella, initial encounter
S83.003S	Unspecified subluxation of unspecified patella, sequela
S83.004A	Unspecified dislocation of right patella, initial encounter
S83.004S	Unspecified dislocation of right patella, sequela
S83.005A	Unspecified dislocation of left patella, initial encounter
S83.005S	Unspecified dislocation of left patella, sequela
S83.006A	Unspecified dislocation of unspecified patella, initial encounter
S83.006S	Unspecified dislocation of unspecified patella, sequela
S83.011A	Lateral subluxation of right patella, initial encounter
S83.011S	Lateral subluxation of right patella, sequela
S83.012A	Lateral subluxation of left patella, initial encounter
S83.012S	Lateral subluxation of left patella, sequela
S83.013A	Lateral subluxation of unspecified patella, initial encounter
S83.013S	Lateral subluxation of unspecified patella, sequela
S83.014A	Lateral dislocation of right patella, initial encounter
S83.014S	Lateral dislocation of right patella, sequela
S83.015A	Lateral dislocation of left patella, initial encounter
S83.015S	Lateral dislocation of left patella, sequela
S83.016A	Lateral dislocation of unspecified patella, initial encounter
S83.016S	Lateral dislocation of unspecified patella, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S83.091A	Other subluxation of right patella, initial encounter
S83.091S	Other subluxation of right patella, sequela
S83.092A	Other subluxation of left patella, initial encounter
S83.092S	Other subluxation of left patella, sequela
S83.093A	Other subluxation of unspecified patella, initial encounter
S83.093S	Other subluxation of unspecified patella, sequela
S83.094A	Other dislocation of right patella, initial encounter
S83.094S	Other dislocation of right patella, sequela
S83.095A	Other dislocation of left patella, initial encounter
S83.095S	Other dislocation of left patella, sequela
S83.096A	Other dislocation of unspecified patella, initial encounter
S83.096S	Other dislocation of unspecified patella, sequela
S83.101A	Unspecified subluxation of right knee, initial encounter
S83.101S	Unspecified subluxation of right knee, sequela
S83.102A	Unspecified subluxation of left knee, initial encounter
S83.102S	Unspecified subluxation of left knee, sequela
S83.103A	Unspecified subluxation of unspecified knee, initial encounter
S83.103S	Unspecified subluxation of unspecified knee, sequela
S83.104A	Unspecified dislocation of right knee, initial encounter
S83.104S	Unspecified dislocation of right knee, sequela
S83.105A	Unspecified dislocation of left knee, initial encounter
S83.105S	Unspecified dislocation of left knee, sequela
S83.106A	Unspecified dislocation of unspecified knee, initial encounter
S83.106S	Unspecified dislocation of unspecified knee, sequela
S83.111A	Anterior subluxation of proximal end of tibia, right knee, initial encounter
S83.111S	Anterior subluxation of proximal end of tibia, right knee, sequela
S83.112A	Anterior subluxation of proximal end of tibia, left knee, initial encounter
S83.112S	Anterior subluxation of proximal end of tibia, left knee, sequela



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

Code	Description
S83.113A	Anterior subluxation of proximal end of tibia, unspecified knee, initial encounter
S83.113S	Anterior subluxation of proximal end of tibia, unspecified knee, sequela
S83.114A	Anterior dislocation of proximal end of tibia, right knee, initial encounter
S83.114S	Anterior dislocation of proximal end of tibia, right knee, sequela
S83.115A	Anterior dislocation of proximal end of tibia, left knee, initial encounter
S83.115S	Anterior dislocation of proximal end of tibia, left knee, sequela
S83.116A	Anterior dislocation of proximal end of tibia, unspecified knee, initial encounter
S83.116S	Anterior dislocation of proximal end of tibia, unspecified knee, sequela
S83.121A	Posterior subluxation of proximal end of tibia, right knee, initial encounter
S83.121S	Posterior subluxation of proximal end of tibia, right knee, sequela
S83.122A	Posterior subluxation of proximal end of tibia, left knee, initial encounter
S83.122S	Posterior subluxation of proximal end of tibia, left knee, sequela
S83.123A	Posterior subluxation of proximal end of tibia, unspecified knee, initial encounter
S83.123S	Posterior subluxation of proximal end of tibia, unspecified knee, sequela
S83.124A	Posterior dislocation of proximal end of tibia, right knee, initial encounter
S83.124S	Posterior dislocation of proximal end of tibia, right knee, sequela
S83.125A	Posterior dislocation of proximal end of tibia, left knee, initial encounter
S83.125S	Posterior dislocation of proximal end of tibia, left knee, sequela
S83.126A	Posterior dislocation of proximal end of tibia, unspecified knee, initial encounter
S83.126S	Posterior dislocation of proximal end of tibia, unspecified knee, sequela
S83.131A	Medial subluxation of proximal end of tibia, right knee, initial encounter
S83.131S	Medial subluxation of proximal end of tibia, right knee, sequela
S83.132A	Medial subluxation of proximal end of tibia, left knee, initial encounter
S83.132S	Medial subluxation of proximal end of tibia, left knee, sequela
S83.133A	Medial subluxation of proximal end of tibia, unspecified knee, initial encounter
S83.133S	Medial subluxation of proximal end of tibia, unspecified knee, sequela
S83.134A	Medial dislocation of proximal end of tibia, right knee, initial encounter
S83.134S	Medial dislocation of proximal end of tibia, right knee, sequela



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

Code	Description
S83.135A	Medial dislocation of proximal end of tibia, left knee, initial encounter
S83.135S	Medial dislocation of proximal end of tibia, left knee, sequela
S83.136A	Medial dislocation of proximal end of tibia, unspecified knee, initial encounter
S83.136S	Medial dislocation of proximal end of tibia, unspecified knee, sequela
S83.141A	Lateral subluxation of proximal end of tibia, right knee, initial encounter
S83.141S	Lateral subluxation of proximal end of tibia, right knee, sequela
S83.142A	Lateral subluxation of proximal end of tibia, left knee, initial encounter
S83.142S	Lateral subluxation of proximal end of tibia, left knee, sequela
S83.143A	Lateral subluxation of proximal end of tibia, unspecified knee, initial encounter
S83.143S	Lateral subluxation of proximal end of tibia, unspecified knee, sequela
S83.144A	Lateral dislocation of proximal end of tibia, right knee, initial encounter
S83.144S	Lateral dislocation of proximal end of tibia, right knee, sequela
S83.145A	Lateral dislocation of proximal end of tibia, left knee, initial encounter
S83.145S	Lateral dislocation of proximal end of tibia, left knee, sequela
S83.146A	Lateral dislocation of proximal end of tibia, unspecified knee, initial encounter
S83.146S	Lateral dislocation of proximal end of tibia, unspecified knee, sequela
S83.191A	Other subluxation of right knee, initial encounter
S83.191S	Other subluxation of right knee, sequela
S83.192A	Other subluxation of left knee, initial encounter
S83.192S	Other subluxation of left knee, sequela
S83.193A	Other subluxation of unspecified knee, initial encounter
S83.193S	Other subluxation of unspecified knee, sequela
S83.194A	Other dislocation of right knee, initial encounter
S83.194S	Other dislocation of right knee, sequela
S83.195A	Other dislocation of left knee, initial encounter
S83.195S	Other dislocation of left knee, sequela
S83.196A	Other dislocation of unspecified knee, initial encounter
S83.196S	Other dislocation of unspecified knee, sequela



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

Code	Description
S83.200A	Bucket-handle tear of unspecified meniscus, current injury, right knee, initial encounter
S83.200S	Bucket-handle tear of unspecified meniscus, current injury, right knee, sequela
S83.201A	Bucket-handle tear of unspecified meniscus, current injury, left knee, initial encounter
S83.201S	Bucket-handle tear of unspecified meniscus, current injury, left knee, sequela
S83.202A	Bucket-handle tear of unspecified meniscus, current injury, unspecified knee, initial encounter
S83.202S	Bucket-handle tear of unspecified meniscus, current injury, unspecified knee, sequela
S83.203A	Other tear of unspecified meniscus, current injury, right knee, initial encounter
S83.203S	Other tear of unspecified meniscus, current injury, right knee, sequela
S83.204A	Other tear of unspecified meniscus, current injury, left knee, initial encounter
S83.204S	Other tear of unspecified meniscus, current injury, left knee, sequela
S83.205A	Other tear of unspecified meniscus, current injury, unspecified knee, initial encounter
S83.205S	Other tear of unspecified meniscus, current injury, unspecified knee, sequela
S83.206A	Unspecified tear of unspecified meniscus, current injury, right knee, initial encounter
S83.206S	Unspecified tear of unspecified meniscus, current injury, right knee, sequela
S83.207A	Unspecified tear of unspecified meniscus, current injury, left knee, initial encounter
S83.207S	Unspecified tear of unspecified meniscus, current injury, left knee, sequela
S83.209A	Unspecified tear of unspecified meniscus, current injury, unspecified knee, initial encounter
S83.209S	Unspecified tear of unspecified meniscus, current injury, unspecified knee, sequela
S83.211A	Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter
S83.211S	Bucket-handle tear of medial meniscus, current injury, right knee, sequela
S83.212A	Bucket-handle tear of medial meniscus, current injury, left knee, initial encounter
S83.212S	Bucket-handle tear of medial meniscus, current injury, left knee, sequela
S83.219A	Bucket-handle tear of medial meniscus, current injury, unspecified knee, initial encounter



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

Code	Description
S83.219S	Bucket-handle tear of medial meniscus, current injury, unspecified knee, sequela
S83.221A	Peripheral tear of medial meniscus, current injury, right knee, initial encounter
S83.221S	Peripheral tear of medial meniscus, current injury, right knee, sequela
S83.222A	Peripheral tear of medial meniscus, current injury, left knee, initial encounter
S83.222S	Peripheral tear of medial meniscus, current injury, left knee, sequela
S83.229A	Peripheral tear of medial meniscus, current injury, unspecified knee, initial encounter
S83.229S	Peripheral tear of medial meniscus, current injury, unspecified knee, sequela
S83.231A	Complex tear of medial meniscus, current injury, right knee, initial encounter
S83.231S	Complex tear of medial meniscus, current injury, right knee, sequela
S83.232A	Complex tear of medial meniscus, current injury, left knee, initial encounter
S83.232S	Complex tear of medial meniscus, current injury, left knee, sequela
S83.239A	Complex tear of medial meniscus, current injury, unspecified knee, initial encounter
S83.239S	Complex tear of medial meniscus, current injury, unspecified knee, sequela
S83.241A	Other tear of medial meniscus, current injury, right knee, initial encounter
S83.241S	Other tear of medial meniscus, current injury, right knee, sequela
S83.242A	Other tear of medial meniscus, current injury, left knee, initial encounter
S83.242S	Other tear of medial meniscus, current injury, left knee, sequela
S83.249A	Other tear of medial meniscus, current injury, unspecified knee, initial encounter
S83.249S	Other tear of medial meniscus, current injury, unspecified knee, sequela
S83.251A	Bucket-handle tear of lateral meniscus, current injury, right knee, initial encounter
S83.251S	Bucket-handle tear of lateral meniscus, current injury, right knee, sequela
S83.252A	Bucket-handle tear of lateral meniscus, current injury, left knee, initial encounter
S83.252S	Bucket-handle tear of lateral meniscus, current injury, left knee, sequela
S83.259A	Bucket-handle tear of lateral meniscus, current injury, unspecified knee, initial encounter
S83.259S	Bucket-handle tear of lateral meniscus, current injury, unspecified knee, sequela
S83.261A	Peripheral tear of lateral meniscus, current injury, right knee, initial encounter
S83.261S	Peripheral tear of lateral meniscus, current injury, right knee, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S83.262A	Peripheral tear of lateral meniscus, current injury, left knee, initial encounter
S83.262S	Peripheral tear of lateral meniscus, current injury, left knee, sequela
S83.269A	Peripheral tear of lateral meniscus, current injury, unspecified knee, initial encounter
S83.269S	Peripheral tear of lateral meniscus, current injury, unspecified knee, sequela
S83.271A	Complex tear of lateral meniscus, current injury, right knee, initial encounter
S83.271S	Complex tear of lateral meniscus, current injury, right knee, sequela
S83.272A	Complex tear of lateral meniscus, current injury, left knee, initial encounter
S83.272S	Complex tear of lateral meniscus, current injury, left knee, sequela
S83.279A	Complex tear of lateral meniscus, current injury, unspecified knee, initial encounter
S83.279S	Complex tear of lateral meniscus, current injury, unspecified knee, sequela
S83.281A	Other tear of lateral meniscus, current injury, right knee, initial encounter
S83.281S	Other tear of lateral meniscus, current injury, right knee, sequela
S83.282A	Other tear of lateral meniscus, current injury, left knee, initial encounter
S83.282S	Other tear of lateral meniscus, current injury, left knee, sequela
S83.289A	Other tear of lateral meniscus, current injury, unspecified knee, initial encounter
S83.289S	Other tear of lateral meniscus, current injury, unspecified knee, sequela
S83.30XA	Tear of articular cartilage of unspecified knee, current, initial encounter
S83.30XS	Tear of articular cartilage of unspecified knee, current, sequela
S83.31XA	Tear of articular cartilage of right knee, current, initial encounter
S83.31XS	Tear of articular cartilage of right knee, current, sequela
S83.32XA	Tear of articular cartilage of left knee, current, initial encounter
S83.32XS	Tear of articular cartilage of left knee, current, sequela
S83.401A	Sprain of unspecified collateral ligament of right knee, initial encounter
S83.401S	Sprain of unspecified collateral ligament of right knee, sequela
S83.402A	Sprain of unspecified collateral ligament of left knee, initial encounter
S83.402S	Sprain of unspecified collateral ligament of left knee, sequela
S83.409A	Sprain of unspecified collateral ligament of unspecified knee, initial encounter
S83.409S	Sprain of unspecified collateral ligament of unspecified knee, sequela



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

Code	Description
S83.411A	Sprain of medial collateral ligament of right knee, initial encounter
S83.411S	Sprain of medial collateral ligament of right knee, sequela
S83.412A	Sprain of medial collateral ligament of left knee, initial encounter
S83.412S	Sprain of medial collateral ligament of left knee, sequela
S83.419A	Sprain of medial collateral ligament of unspecified knee, initial encounter
S83.419S	Sprain of medial collateral ligament of unspecified knee, sequela
S83.421A	Sprain of lateral collateral ligament of right knee, initial encounter
S83.421S	Sprain of lateral collateral ligament of right knee, sequela
S83.422A	Sprain of lateral collateral ligament of left knee, initial encounter
S83.422S	Sprain of lateral collateral ligament of left knee, sequela
S83.429A	Sprain of lateral collateral ligament of unspecified knee, initial encounter
S83.429S	Sprain of lateral collateral ligament of unspecified knee, sequela
S83.501A	Sprain of unspecified cruciate ligament of right knee, initial encounter
S83.501S	Sprain of unspecified cruciate ligament of right knee, sequela
S83.502A	Sprain of unspecified cruciate ligament of left knee, initial encounter
S83.502S	Sprain of unspecified cruciate ligament of left knee, sequela
S83.509A	Sprain of unspecified cruciate ligament of unspecified knee, initial encounter
S83.509S	Sprain of unspecified cruciate ligament of unspecified knee, sequela
S83.511A	Sprain of anterior cruciate ligament of right knee, initial encounter
S83.511S	Sprain of anterior cruciate ligament of right knee, sequela
S83.512A	Sprain of anterior cruciate ligament of left knee, initial encounter
S83.512S	Sprain of anterior cruciate ligament of left knee, sequela
S83.519A	Sprain of anterior cruciate ligament of unspecified knee, initial encounter
S83.519S	Sprain of anterior cruciate ligament of unspecified knee, sequela
S83.521A	Sprain of posterior cruciate ligament of right knee, initial encounter
S83.521S	Sprain of posterior cruciate ligament of right knee, sequela
S83.522A	Sprain of posterior cruciate ligament of left knee, initial encounter
S83.522S	Sprain of posterior cruciate ligament of left knee, sequela



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

Code	Description
S83.529A	Sprain of posterior cruciate ligament of unspecified knee, initial encounter
S83.529S	Sprain of posterior cruciate ligament of unspecified knee, sequela
S83.60XA	Sprain of the superior tibiofibular joint and ligament, unspecified knee, initial encounter
S83.60XS	Sprain of the superior tibiofibular joint and ligament, unspecified knee, sequela
S83.61XA	Sprain of the superior tibiofibular joint and ligament, right knee, initial encounter
S83.61XS	Sprain of the superior tibiofibular joint and ligament, right knee, sequela
S83.62XA	Sprain of the superior tibiofibular joint and ligament, left knee, initial encounter
S83.62XS	Sprain of the superior tibiofibular joint and ligament, left knee, sequela
S83.8X1A	Sprain of other specified parts of right knee, initial encounter
S83.8X1S	Sprain of other specified parts of right knee, sequela
S83.8X2A	Sprain of other specified parts of left knee, initial encounter
S83.8X2S	Sprain of other specified parts of left knee, sequela
S83.8X9A	Sprain of other specified parts of unspecified knee, initial encounter
S83.8X9S	Sprain of other specified parts of unspecified knee, sequela
S83.90XA	Sprain of unspecified site of unspecified knee, initial encounter
S83.90XS	Sprain of unspecified site of unspecified knee, sequela
S83.91XA	Sprain of unspecified site of right knee, initial encounter
S83.91XS	Sprain of unspecified site of right knee, sequela
S83.92XA	Sprain of unspecified site of left knee, initial encounter
S83.92XS	Sprain of unspecified site of left knee, sequela
S84.00XA	Injury of tibial nerve at lower leg level, unspecified leg, initial encounter
S84.00XS	Injury of tibial nerve at lower leg level, unspecified leg, sequela
S84.01XA	Injury of tibial nerve at lower leg level, right leg, initial encounter
S84.01XS	Injury of tibial nerve at lower leg level, right leg, sequela
S84.02XA	Injury of tibial nerve at lower leg level, left leg, initial encounter
S84.02XS	Injury of tibial nerve at lower leg level, left leg, sequela
S84.10XA	Injury of peroneal nerve at lower leg level, unspecified leg, initial encounter
S84.10XS	Injury of peroneal nerve at lower leg level, unspecified leg, sequela

NCD 190.15

***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S84.11XA	Injury of peroneal nerve at lower leg level, right leg, initial encounter
S84.11XS	Injury of peroneal nerve at lower leg level, right leg, sequela
S84.12XA	Injury of peroneal nerve at lower leg level, left leg, initial encounter
S84.12XS	Injury of peroneal nerve at lower leg level, left leg, sequela
S84.20XA	Injury of cutaneous sensory nerve at lower leg level, unspecified leg, initial encounter
S84.20XS	Injury of cutaneous sensory nerve at lower leg level, unspecified leg, sequela
S84.21XA	Injury of cutaneous sensory nerve at lower leg level, right leg, initial encounter
S84.21XS	Injury of cutaneous sensory nerve at lower leg level, right leg, sequela
S84.22XA	Injury of cutaneous sensory nerve at lower leg level, left leg, initial encounter
S84.22XS	Injury of cutaneous sensory nerve at lower leg level, left leg, sequela
S84.801A	Injury of other nerves at lower leg level, right leg, initial encounter
S84.801S	Injury of other nerves at lower leg level, right leg, sequela
S84.802A	Injury of other nerves at lower leg level, left leg, initial encounter
S84.802S	Injury of other nerves at lower leg level, left leg, sequela
S84.809A	Injury of other nerves at lower leg level, unspecified leg, initial encounter
S84.809S	Injury of other nerves at lower leg level, unspecified leg, sequela
S84.90XA	Injury of unspecified nerve at lower leg level, unspecified leg, initial encounter
S84.90XS	Injury of unspecified nerve at lower leg level, unspecified leg, sequela
S84.91XA	Injury of unspecified nerve at lower leg level, right leg, initial encounter
S84.91XS	Injury of unspecified nerve at lower leg level, right leg, sequela
S84.92XA	Injury of unspecified nerve at lower leg level, left leg, initial encounter
S84.92XS	Injury of unspecified nerve at lower leg level, left leg, sequela
S85.001S	Unspecified injury of popliteal artery, right leg, sequela
S85.002S	Unspecified injury of popliteal artery, left leg, sequela
S85.009S	Unspecified injury of popliteal artery, unspecified leg, sequela
S85.011S	Laceration of popliteal artery, right leg, sequela
S85.012S	Laceration of popliteal artery, left leg, sequela
S85.019S	Laceration of popliteal artery, unspecified leg, sequela

NCD 190.15

***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S85.091S	Other specified injury of popliteal artery, right leg, sequela
S85.092S	Other specified injury of popliteal artery, left leg, sequela
S85.099S	Other specified injury of popliteal artery, unspecified leg, sequela
S85.101S	Unspecified injury of unspecified tibial artery, right leg, sequela
S85.102S	Unspecified injury of unspecified tibial artery, left leg, sequela
S85.109S	Unspecified injury of unspecified tibial artery, unspecified leg, sequela
S85.111S	Laceration of unspecified tibial artery, right leg, sequela
S85.112S	Laceration of unspecified tibial artery, left leg, sequela
S85.119S	Laceration of unspecified tibial artery, unspecified leg, sequela
S85.121S	Other specified injury of unspecified tibial artery, right leg, sequela
S85.122S	Other specified injury of unspecified tibial artery, left leg, sequela
S85.129S	Other specified injury of unspecified tibial artery, unspecified leg, sequela
S85.131S	Unspecified injury of anterior tibial artery, right leg, sequela
S85.132S	Unspecified injury of anterior tibial artery, left leg, sequela
S85.139S	Unspecified injury of anterior tibial artery, unspecified leg, sequela
S85.141S	Laceration of anterior tibial artery, right leg, sequela
S85.142S	Laceration of anterior tibial artery, left leg, sequela
S85.149S	Laceration of anterior tibial artery, unspecified leg, sequela
S85.151S	Other specified injury of anterior tibial artery, right leg, sequela
S85.152S	Other specified injury of anterior tibial artery, left leg, sequela
S85.159S	Other specified injury of anterior tibial artery, unspecified leg, sequela
S85.161S	Unspecified injury of posterior tibial artery, right leg, sequela
S85.162S	Unspecified injury of posterior tibial artery, left leg, sequela
S85.169S	Unspecified injury of posterior tibial artery, unspecified leg, sequela
S85.171S	Laceration of posterior tibial artery, right leg, sequela
S85.172S	Laceration of posterior tibial artery, left leg, sequela
S85.179S	Laceration of posterior tibial artery, unspecified leg, sequela
S85.181S	Other specified injury of posterior tibial artery, right leg, sequela



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

Code	Description
S85.182S	Other specified injury of posterior tibial artery, left leg, sequela
S85.189S	Other specified injury of posterior tibial artery, unspecified leg, sequela
S85.201S	Unspecified injury of peroneal artery, right leg, sequela
S85.202S	Unspecified injury of peroneal artery, left leg, sequela
S85.209S	Unspecified injury of peroneal artery, unspecified leg, sequela
S85.211S	Laceration of peroneal artery, right leg, sequela
S85.212S	Laceration of peroneal artery, left leg, sequela
S85.219S	Laceration of peroneal artery, unspecified leg, sequela
S85.291S	Other specified injury of peroneal artery, right leg, sequela
S85.292S	Other specified injury of peroneal artery, left leg, sequela
S85.299S	Other specified injury of peroneal artery, unspecified leg, sequela
S85.301S	Unspecified injury of greater saphenous vein at lower leg level, right leg, sequela
S85.302S	Unspecified injury of greater saphenous vein at lower leg level, left leg, sequela
S85.309S	Unspecified injury of greater saphenous vein at lower leg level, unspecified leg, sequela
S85.311S	Laceration of greater saphenous vein at lower leg level, right leg, sequela
S85.312S	Laceration of greater saphenous vein at lower leg level, left leg, sequela
S85.319S	Laceration of greater saphenous vein at lower leg level, unspecified leg, sequela
S85.391S	Other specified injury of greater saphenous vein at lower leg level, right leg, sequela
S85.392S	Other specified injury of greater saphenous vein at lower leg level, left leg, sequela
S85.399S	Other specified injury of greater saphenous vein at lower leg level, unspecified leg, sequela
S85.401S	Unspecified injury of lesser saphenous vein at lower leg level, right leg, sequela
S85.402S	Unspecified injury of lesser saphenous vein at lower leg level, left leg, sequela
S85.409S	Unspecified injury of lesser saphenous vein at lower leg level, unspecified leg, sequela
S85.411S	Laceration of lesser saphenous vein at lower leg level, right leg, sequela
S85.412S	Laceration of lesser saphenous vein at lower leg level, left leg, sequela
S85.419S	Laceration of lesser saphenous vein at lower leg level, unspecified leg, sequela



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

Code	Description
S85.491S	Other specified injury of lesser saphenous vein at lower leg level, right leg, sequela
S85.492S	Other specified injury of lesser saphenous vein at lower leg level, left leg, sequela
S85.499S	Other specified injury of lesser saphenous vein at lower leg level, unspecified leg, sequela
S85.501S	Unspecified injury of popliteal vein, right leg, sequela
S85.502S	Unspecified injury of popliteal vein, left leg, sequela
S85.509S	Unspecified injury of popliteal vein, unspecified leg, sequela
S85.511S	Laceration of popliteal vein, right leg, sequela
S85.512S	Laceration of popliteal vein, left leg, sequela
S85.519S	Laceration of popliteal vein, unspecified leg, sequela
S85.591S	Other specified injury of popliteal vein, right leg, sequela
S85.592S	Other specified injury of popliteal vein, left leg, sequela
S85.599S	Other specified injury of popliteal vein, unspecified leg, sequela
S85.801S	Unspecified injury of other blood vessels at lower leg level, right leg, sequela
S85.802S	Unspecified injury of other blood vessels at lower leg level, left leg, sequela
S85.809S	Unspecified injury of other blood vessels at lower leg level, unspecified leg, sequela
S85.811S	Laceration of other blood vessels at lower leg level, right leg, sequela
S85.812S	Laceration of other blood vessels at lower leg level, left leg, sequela
S85.819S	Laceration of other blood vessels at lower leg level, unspecified leg, sequela
S85.891S	Other specified injury of other blood vessels at lower leg level, right leg, sequela
S85.892S	Other specified injury of other blood vessels at lower leg level, left leg, sequela
S85.899S	Other specified injury of other blood vessels at lower leg level, unspecified leg, sequela
S85.901S	Unspecified injury of unspecified blood vessel at lower leg level, right leg, sequela
S85.902S	Unspecified injury of unspecified blood vessel at lower leg level, left leg, sequela
S85.909S	Unspecified injury of unspecified blood vessel at lower leg level, unspecified leg, sequela
S85.911S	Laceration of unspecified blood vessel at lower leg level, right leg, sequela
S85.912S	Laceration of unspecified blood vessel at lower leg level, left leg, sequela



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

Code	Description
S85.919S	Laceration of unspecified blood vessel at lower leg level, unspecified leg, sequela
S85.991S	Other specified injury of unspecified blood vessel at lower leg level, right leg, sequela
S85.992S	Other specified injury of unspecified blood vessel at lower leg level, left leg, sequela
S85.999S	Other specified injury of unspecified blood vessel at lower leg level, unspecified leg, sequela
S86.001S	Unspecified injury of right Achilles tendon, sequela
S86.002S	Unspecified injury of left Achilles tendon, sequela
S86.009S	Unspecified injury of unspecified Achilles tendon, sequela
S86.011A	Strain of right Achilles tendon, initial encounter
S86.011S	Strain of right Achilles tendon, sequela
S86.012A	Strain of left Achilles tendon, initial encounter
S86.012S	Strain of left Achilles tendon, sequela
S86.019A	Strain of unspecified Achilles tendon, initial encounter
S86.019S	Strain of unspecified Achilles tendon, sequela
S86.021S	Laceration of right Achilles tendon, sequela
S86.022S	Laceration of left Achilles tendon, sequela
S86.029S	Laceration of unspecified Achilles tendon, sequela
S86.091S	Other specified injury of right Achilles tendon, sequela
S86.092S	Other specified injury of left Achilles tendon, sequela
S86.099S	Other specified injury of unspecified Achilles tendon, sequela
S86.101S	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, sequela
S86.102S	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, sequela
S86.109S	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, sequela
S86.111A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter



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

Code	Description
S86.111S	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, sequela
S86.112A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
S86.112S	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, sequela
S86.119A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter
S86.119S	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, sequela
S86.121S	Laceration of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, sequela
S86.122S	Laceration of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, sequela
S86.129S	Laceration of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, sequela
S86.191S	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, sequela
S86.192S	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, sequela
S86.199S	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, sequela
S86.201S	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, sequela
S86.202S	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, sequela
S86.209S	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, sequela
S86.211A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
S86.211S	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, sequela



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

Code	Description
S86.212A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
S86.212S	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, sequela
S86.219A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter
S86.219S	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, sequela
S86.221S	Laceration of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, sequela
S86.222S	Laceration of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, sequela
S86.229S	Laceration of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, sequela
S86.291S	Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, sequela
S86.292S	Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, sequela
S86.299S	Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, sequela
S86.301S	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, sequela
S86.302S	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, sequela
S86.309S	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, sequela
S86.311A	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter
S86.311S	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, sequela
S86.312A	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter



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

Code	Description
S86.312S	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, sequela
S86.319A	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter
S86.319S	Strain of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, sequela
S86.321S	Laceration of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, sequela
S86.322S	Laceration of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, sequela
S86.329S	Laceration of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, sequela
S86.391S	Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, sequela
S86.392S	Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, sequela
S86.399S	Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, sequela
S86.801S	Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, sequela
S86.802S	Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, sequela
S86.809S	Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.811A	Strain of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
S86.811S	Strain of other muscle(s) and tendon(s) at lower leg level, right leg, sequela
S86.812A	Strain of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
S86.812S	Strain of other muscle(s) and tendon(s) at lower leg level, left leg, sequela
S86.819A	Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
S86.819S	Strain of other muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.821S	Laceration of other muscle(s) and tendon(s) at lower leg level, right leg, sequela



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

Code	Description
S86.822S	Laceration of other muscle(s) and tendon(s) at lower leg level, left leg, sequela
S86.829S	Laceration of other muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.891S	Other injury of other muscle(s) and tendon(s) at lower leg level, right leg, sequela
S86.892S	Other injury of other muscle(s) and tendon(s) at lower leg level, left leg, sequela
S86.899S	Other injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.901S	Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, sequela
S86.902S	Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, sequela
S86.909S	Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.911A	Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
S86.911S	Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, sequela
S86.912A	Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
S86.912S	Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, sequela
S86.919A	Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
S86.919S	Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.921S	Laceration of unspecified muscle(s) and tendon(s) at lower leg level, right leg, sequela
S86.922S	Laceration of unspecified muscle(s) and tendon(s) at lower leg level, left leg, sequela
S86.929S	Laceration of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S86.991S	Other injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, sequela
S86.992S	Other injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, sequela

NCD 190.15

***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S86.999S	Other injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, sequela
S87.00XS	Crushing injury of unspecified knee, sequela
S87.01XS	Crushing injury of right knee, sequela
S87.02XS	Crushing injury of left knee, sequela
S87.80XS	Crushing injury of unspecified lower leg, sequela
S87.81XS	Crushing injury of right lower leg, sequela
S87.82XS	Crushing injury of left lower leg, sequela
S88.011S	Complete traumatic amputation at knee level, right lower leg, sequela
S88.012S	Complete traumatic amputation at knee level, left lower leg, sequela
S88.019S	Complete traumatic amputation at knee level, unspecified lower leg, sequela
S88.021S	Partial traumatic amputation at knee level, right lower leg, sequela
S88.022S	Partial traumatic amputation at knee level, left lower leg, sequela
S88.029S	Partial traumatic amputation at knee level, unspecified lower leg, sequela
S88.111S	Complete traumatic amputation at level between knee and ankle, right lower leg, sequela
S88.112S	Complete traumatic amputation at level between knee and ankle, left lower leg, sequela
S88.119S	Complete traumatic amputation at level between knee and ankle, unspecified lower leg, sequela
S88.121S	Partial traumatic amputation at level between knee and ankle, right lower leg, sequela
S88.122S	Partial traumatic amputation at level between knee and ankle, left lower leg, sequela
S88.129S	Partial traumatic amputation at level between knee and ankle, unspecified lower leg, sequela
S88.911S	Complete traumatic amputation of right lower leg, level unspecified, sequela
S88.912S	Complete traumatic amputation of left lower leg, level unspecified, sequela
S88.919S	Complete traumatic amputation of unspecified lower leg, level unspecified, sequela
S88.921S	Partial traumatic amputation of right lower leg, level unspecified, sequela



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

Code	Description
S88.922S	Partial traumatic amputation of left lower leg, level unspecified, sequela
S88.929S	Partial traumatic amputation of unspecified lower leg, level unspecified, sequela
S89.001D	Unspecified physeal fracture of upper end of right tibia, subsequent encounter for fracture with routine healing
S89.001G	Unspecified physeal fracture of upper end of right tibia, subsequent encounter for fracture with delayed healing
S89.001S	Unspecified physeal fracture of upper end of right tibia, sequela
S89.002D	Unspecified physeal fracture of upper end of left tibia, subsequent encounter for fracture with routine healing
S89.002G	Unspecified physeal fracture of upper end of left tibia, subsequent encounter for fracture with delayed healing
S89.002S	Unspecified physeal fracture of upper end of left tibia, sequela
S89.009D	Unspecified physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.009G	Unspecified physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.009S	Unspecified physeal fracture of upper end of unspecified tibia, sequela
S89.011D	Salter-Harris Type I physeal fracture of upper end of right tibia, subsequent encounter for fracture with routine healing
S89.011G	Salter-Harris Type I physeal fracture of upper end of right tibia, subsequent encounter for fracture with delayed healing
S89.011S	Salter-Harris Type I physeal fracture of upper end of right tibia, sequela
S89.012D	Salter-Harris Type I physeal fracture of upper end of left tibia, subsequent encounter for fracture with routine healing
S89.012G	Salter-Harris Type I physeal fracture of upper end of left tibia, subsequent encounter for fracture with delayed healing
S89.012S	Salter-Harris Type I physeal fracture of upper end of left tibia, sequela
S89.019D	Salter-Harris Type I physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.019G	Salter-Harris Type I physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.019S	Salter-Harris Type I physeal fracture of upper end of unspecified tibia, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S89.021D	Salter-Harris Type II physeal fracture of upper end of right tibia, subsequent encounter for fracture with routine healing
S89.021G	Salter-Harris Type II physeal fracture of upper end of right tibia, subsequent encounter for fracture with delayed healing
S89.021S	Salter-Harris Type II physeal fracture of upper end of right tibia, sequela
S89.022D	Salter-Harris Type II physeal fracture of upper end of left tibia, subsequent encounter for fracture with routine healing
S89.022G	Salter-Harris Type II physeal fracture of upper end of left tibia, subsequent encounter for fracture with delayed healing
S89.022S	Salter-Harris Type II physeal fracture of upper end of left tibia, sequela
S89.029D	Salter-Harris Type II physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.029G	Salter-Harris Type II physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.029S	Salter-Harris Type II physeal fracture of upper end of unspecified tibia, sequela
S89.031D	Salter-Harris Type III physeal fracture of upper end of right tibia, subsequent encounter for fracture with routine healing
S89.031G	Salter-Harris Type III physeal fracture of upper end of right tibia, subsequent encounter for fracture with delayed healing
S89.031S	Salter-Harris Type III physeal fracture of upper end of right tibia, sequela
S89.032D	Salter-Harris Type III physeal fracture of upper end of left tibia, subsequent encounter for fracture with routine healing
S89.032G	Salter-Harris Type III physeal fracture of upper end of left tibia, subsequent encounter for fracture with delayed healing
S89.032S	Salter-Harris Type III physeal fracture of upper end of left tibia, sequela
S89.039D	Salter-Harris Type III physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.039G	Salter-Harris Type III physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.039S	Salter-Harris Type III physeal fracture of upper end of unspecified tibia, sequela
S89.041D	Salter-Harris Type IV physeal fracture of upper end of right tibia, subsequent encounter for fracture with routine healing



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

Code	Description
S89.041G	Salter-Harris Type IV physeal fracture of upper end of right tibia, subsequent encounter for fracture with delayed healing
S89.041S	Salter-Harris Type IV physeal fracture of upper end of right tibia, sequela
S89.042D	Salter-Harris Type IV physeal fracture of upper end of left tibia, subsequent encounter for fracture with routine healing
S89.042G	Salter-Harris Type IV physeal fracture of upper end of left tibia, subsequent encounter for fracture with delayed healing
S89.042S	Salter-Harris Type IV physeal fracture of upper end of left tibia, sequela
S89.049D	Salter-Harris Type IV physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.049G	Salter-Harris Type IV physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.049S	Salter-Harris Type IV physeal fracture of upper end of unspecified tibia, sequela
S89.091D	Other physeal fracture of upper end of right tibia, subsequent encounter for fracture with routine healing
S89.091G	Other physeal fracture of upper end of right tibia, subsequent encounter for fracture with delayed healing
S89.091S	Other physeal fracture of upper end of right tibia, sequela
S89.092D	Other physeal fracture of upper end of left tibia, subsequent encounter for fracture with routine healing
S89.092G	Other physeal fracture of upper end of left tibia, subsequent encounter for fracture with delayed healing
S89.092S	Other physeal fracture of upper end of left tibia, sequela
S89.099D	Other physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.099G	Other physeal fracture of upper end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.099S	Other physeal fracture of upper end of unspecified tibia, sequela
S89.101D	Unspecified physeal fracture of lower end of right tibia, subsequent encounter for fracture with routine healing
S89.101G	Unspecified physeal fracture of lower end of right tibia, subsequent encounter for fracture with delayed healing



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

Code	Description
S89.101S	Unspecified physeal fracture of lower end of right tibia, sequela
S89.102D	Unspecified physeal fracture of lower end of left tibia, subsequent encounter for fracture with routine healing
S89.102G	Unspecified physeal fracture of lower end of left tibia, subsequent encounter for fracture with delayed healing
S89.102S	Unspecified physeal fracture of lower end of left tibia, sequela
S89.109D	Unspecified physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.109G	Unspecified physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.109S	Unspecified physeal fracture of lower end of unspecified tibia, sequela
S89.111D	Salter-Harris Type I physeal fracture of lower end of right tibia, subsequent encounter for fracture with routine healing
S89.111G	Salter-Harris Type I physeal fracture of lower end of right tibia, subsequent encounter for fracture with delayed healing
S89.111S	Salter-Harris Type I physeal fracture of lower end of right tibia, sequela
S89.112D	Salter-Harris Type I physeal fracture of lower end of left tibia, subsequent encounter for fracture with routine healing
S89.112G	Salter-Harris Type I physeal fracture of lower end of left tibia, subsequent encounter for fracture with delayed healing
S89.112S	Salter-Harris Type I physeal fracture of lower end of left tibia, sequela
S89.119D	Salter-Harris Type I physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.119G	Salter-Harris Type I physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.119S	Salter-Harris Type I physeal fracture of lower end of unspecified tibia, sequela
S89.121D	Salter-Harris Type II physeal fracture of lower end of right tibia, subsequent encounter for fracture with routine healing
S89.121G	Salter-Harris Type II physeal fracture of lower end of right tibia, subsequent encounter for fracture with delayed healing
S89.121S	Salter-Harris Type II physeal fracture of lower end of right tibia, sequela



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

Code	Description
S89.122D	Salter-Harris Type II physeal fracture of lower end of left tibia, subsequent encounter for fracture with routine healing
S89.122G	Salter-Harris Type II physeal fracture of lower end of left tibia, subsequent encounter for fracture with delayed healing
S89.122S	Salter-Harris Type II physeal fracture of lower end of left tibia, sequela
S89.129D	Salter-Harris Type II physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.129G	Salter-Harris Type II physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.129S	Salter-Harris Type II physeal fracture of lower end of unspecified tibia, sequela
S89.131D	Salter-Harris Type III physeal fracture of lower end of right tibia, subsequent encounter for fracture with routine healing
S89.131G	Salter-Harris Type III physeal fracture of lower end of right tibia, subsequent encounter for fracture with delayed healing
S89.131S	Salter-Harris Type III physeal fracture of lower end of right tibia, sequela
S89.132D	Salter-Harris Type III physeal fracture of lower end of left tibia, subsequent encounter for fracture with routine healing
S89.132G	Salter-Harris Type III physeal fracture of lower end of left tibia, subsequent encounter for fracture with delayed healing
S89.132S	Salter-Harris Type III physeal fracture of lower end of left tibia, sequela
S89.139D	Salter-Harris Type III physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.139G	Salter-Harris Type III physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.139S	Salter-Harris Type III physeal fracture of lower end of unspecified tibia, sequela
S89.141D	Salter-Harris Type IV physeal fracture of lower end of right tibia, subsequent encounter for fracture with routine healing
S89.141G	Salter-Harris Type IV physeal fracture of lower end of right tibia, subsequent encounter for fracture with delayed healing
S89.141S	Salter-Harris Type IV physeal fracture of lower end of right tibia, sequela
S89.142D	Salter-Harris Type IV physeal fracture of lower end of left tibia, subsequent encounter for fracture with routine healing



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

Code	Description
S89.142G	Salter-Harris Type IV physeal fracture of lower end of left tibia, subsequent encounter for fracture with delayed healing
S89.142S	Salter-Harris Type IV physeal fracture of lower end of left tibia, sequela
S89.149D	Salter-Harris Type IV physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.149G	Salter-Harris Type IV physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.149S	Salter-Harris Type IV physeal fracture of lower end of unspecified tibia, sequela
S89.191D	Other physeal fracture of lower end of right tibia, subsequent encounter for fracture with routine healing
S89.191G	Other physeal fracture of lower end of right tibia, subsequent encounter for fracture with delayed healing
S89.191S	Other physeal fracture of lower end of right tibia, sequela
S89.192D	Other physeal fracture of lower end of left tibia, subsequent encounter for fracture with routine healing
S89.192G	Other physeal fracture of lower end of left tibia, subsequent encounter for fracture with delayed healing
S89.192S	Other physeal fracture of lower end of left tibia, sequela
S89.199D	Other physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with routine healing
S89.199G	Other physeal fracture of lower end of unspecified tibia, subsequent encounter for fracture with delayed healing
S89.199S	Other physeal fracture of lower end of unspecified tibia, sequela
S89.201D	Unspecified physeal fracture of upper end of right fibula, subsequent encounter for fracture with routine healing
S89.201G	Unspecified physeal fracture of upper end of right fibula, subsequent encounter for fracture with delayed healing
S89.201S	Unspecified physeal fracture of upper end of right fibula, sequela
S89.202D	Unspecified physeal fracture of upper end of left fibula, subsequent encounter for fracture with routine healing
S89.202G	Unspecified physeal fracture of upper end of left fibula, subsequent encounter for fracture with delayed healing



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

Code	Description
S89.202S	Unspecified physeal fracture of upper end of left fibula, sequela
S89.209D	Unspecified physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with routine healing
S89.209G	Unspecified physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with delayed healing
S89.209S	Unspecified physeal fracture of upper end of unspecified fibula, sequela
S89.211D	Salter-Harris Type I physeal fracture of upper end of right fibula, subsequent encounter for fracture with routine healing
S89.211G	Salter-Harris Type I physeal fracture of upper end of right fibula, subsequent encounter for fracture with delayed healing
S89.211S	Salter-Harris Type I physeal fracture of upper end of right fibula, sequela
S89.212D	Salter-Harris Type I physeal fracture of upper end of left fibula, subsequent encounter for fracture with routine healing
S89.212G	Salter-Harris Type I physeal fracture of upper end of left fibula, subsequent encounter for fracture with delayed healing
S89.212S	Salter-Harris Type I physeal fracture of upper end of left fibula, sequela
S89.219D	Salter-Harris Type I physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with routine healing
S89.219G	Salter-Harris Type I physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with delayed healing
S89.219S	Salter-Harris Type I physeal fracture of upper end of unspecified fibula, sequela
S89.221D	Salter-Harris Type II physeal fracture of upper end of right fibula, subsequent encounter for fracture with routine healing
S89.221G	Salter-Harris Type II physeal fracture of upper end of right fibula, subsequent encounter for fracture with delayed healing
S89.221S	Salter-Harris Type II physeal fracture of upper end of right fibula, sequela
S89.222D	Salter-Harris Type II physeal fracture of upper end of left fibula, subsequent encounter for fracture with routine healing
S89.222G	Salter-Harris Type II physeal fracture of upper end of left fibula, subsequent encounter for fracture with delayed healing
S89.222S	Salter-Harris Type II physeal fracture of upper end of left fibula, sequela



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

Code	Description
S89.229D	Salter-Harris Type II physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with routine healing
S89.229G	Salter-Harris Type II physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with delayed healing
S89.229S	Salter-Harris Type II physeal fracture of upper end of unspecified fibula, sequela
S89.291D	Other physeal fracture of upper end of right fibula, subsequent encounter for fracture with routine healing
S89.291G	Other physeal fracture of upper end of right fibula, subsequent encounter for fracture with delayed healing
S89.291S	Other physeal fracture of upper end of right fibula, sequela
S89.292D	Other physeal fracture of upper end of left fibula, subsequent encounter for fracture with routine healing
S89.292G	Other physeal fracture of upper end of left fibula, subsequent encounter for fracture with delayed healing
S89.292S	Other physeal fracture of upper end of left fibula, sequela
S89.299D	Other physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with routine healing
S89.299G	Other physeal fracture of upper end of unspecified fibula, subsequent encounter for fracture with delayed healing
S89.299S	Other physeal fracture of upper end of unspecified fibula, sequela
S89.301D	Unspecified physeal fracture of lower end of right fibula, subsequent encounter for fracture with routine healing
S89.301G	Unspecified physeal fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing
S89.301S	Unspecified physeal fracture of lower end of right fibula, sequela
S89.302D	Unspecified physeal fracture of lower end of left fibula, subsequent encounter for fracture with routine healing
S89.302G	Unspecified physeal fracture of lower end of left fibula, subsequent encounter for fracture with delayed healing
S89.302S	Unspecified physeal fracture of lower end of left fibula, sequela
S89.309D	Unspecified physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with routine healing



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

Code	Description
S89.309G	Unspecified physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with delayed healing
S89.309S	Unspecified physeal fracture of lower end of unspecified fibula, sequela
S89.311D	Salter-Harris Type I physeal fracture of lower end of right fibula, subsequent encounter for fracture with routine healing
S89.311G	Salter-Harris Type I physeal fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing
S89.311S	Salter-Harris Type I physeal fracture of lower end of right fibula, sequela
S89.312D	Salter-Harris Type I physeal fracture of lower end of left fibula, subsequent encounter for fracture with routine healing
S89.312G	Salter-Harris Type I physeal fracture of lower end of left fibula, subsequent encounter for fracture with delayed healing
S89.312S	Salter-Harris Type I physeal fracture of lower end of left fibula, sequela
S89.319D	Salter-Harris Type I physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with routine healing
S89.319G	Salter-Harris Type I physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with delayed healing
S89.319S	Salter-Harris Type I physeal fracture of lower end of unspecified fibula, sequela
S89.321D	Salter-Harris Type II physeal fracture of lower end of right fibula, subsequent encounter for fracture with routine healing
S89.321G	Salter-Harris Type II physeal fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing
S89.321S	Salter-Harris Type II physeal fracture of lower end of right fibula, sequela
S89.322D	Salter-Harris Type II physeal fracture of lower end of left fibula, subsequent encounter for fracture with routine healing
S89.322G	Salter-Harris Type II physeal fracture of lower end of left fibula, subsequent encounter for fracture with delayed healing
S89.322S	Salter-Harris Type II physeal fracture of lower end of left fibula, sequela
S89.329D	Salter-Harris Type II physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with routine healing
S89.329G	Salter-Harris Type II physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with delayed healing



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

Code	Description
S89.329S	Salter-Harris Type II physeal fracture of lower end of unspecified fibula, sequela
S89.391D	Other physeal fracture of lower end of right fibula, subsequent encounter for fracture with routine healing
S89.391G	Other physeal fracture of lower end of right fibula, subsequent encounter for fracture with delayed healing
S89.391S	Other physeal fracture of lower end of right fibula, sequela
S89.392D	Other physeal fracture of lower end of left fibula, subsequent encounter for fracture with routine healing
S89.392G	Other physeal fracture of lower end of left fibula, subsequent encounter for fracture with delayed healing
S89.392S	Other physeal fracture of lower end of left fibula, sequela
S89.399D	Other physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with routine healing
S89.399G	Other physeal fracture of lower end of unspecified fibula, subsequent encounter for fracture with delayed healing
S89.399S	Other physeal fracture of lower end of unspecified fibula, sequela
S89.80XS	Other specified injuries of unspecified lower leg, sequela
S89.81XS	Other specified injuries of right lower leg, sequela
S89.82XS	Other specified injuries of left lower leg, sequela
S89.90XS	Unspecified injury of unspecified lower leg, sequela
S89.91XS	Unspecified injury of right lower leg, sequela
S89.92XS	Unspecified injury of left lower leg, sequela
S90.00XS	Contusion of unspecified ankle, sequela
S90.01XS	Contusion of right ankle, sequela
S90.02XS	Contusion of left ankle, sequela
S90.111S	Contusion of right great toe without damage to nail, sequela
S90.112S	Contusion of left great toe without damage to nail, sequela
S90.119S	Contusion of unspecified great toe without damage to nail, sequela
S90.121S	Contusion of right lesser toe(s) without damage to nail, sequela
S90.122S	Contusion of left lesser toe(s) without damage to nail, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S90.129S	Contusion of unspecified lesser toe(s) without damage to nail, sequela
S90.211S	Contusion of right great toe with damage to nail, sequela
S90.212S	Contusion of left great toe with damage to nail, sequela
S90.219S	Contusion of unspecified great toe with damage to nail, sequela
S90.221S	Contusion of right lesser toe(s) with damage to nail, sequela
S90.222S	Contusion of left lesser toe(s) with damage to nail, sequela
S90.229S	Contusion of unspecified lesser toe(s) with damage to nail, sequela
S90.30XS	Contusion of unspecified foot, sequela
S90.31XS	Contusion of right foot, sequela
S90.32XS	Contusion of left foot, sequela
S90.411A	Abrasion, right great toe, initial encounter
S90.411S	Abrasion, right great toe, sequela
S90.412A	Abrasion, left great toe, initial encounter
S90.412S	Abrasion, left great toe, sequela
S90.413A	Abrasion, unspecified great toe, initial encounter
S90.413S	Abrasion, unspecified great toe, sequela
S90.414A	Abrasion, right lesser toe(s), initial encounter
S90.414S	Abrasion, right lesser toe(s), sequela
S90.415A	Abrasion, left lesser toe(s), initial encounter
S90.415S	Abrasion, left lesser toe(s), sequela
S90.416A	Abrasion, unspecified lesser toe(s), initial encounter
S90.416S	Abrasion, unspecified lesser toe(s), sequela
S90.421A	Blister (nonthermal), right great toe, initial encounter
S90.421S	Blister (nonthermal), right great toe, sequela
S90.422A	Blister (nonthermal), left great toe, initial encounter
S90.422S	Blister (nonthermal), left great toe, sequela
S90.423A	Blister (nonthermal), unspecified great toe, initial encounter
S90.423S	Blister (nonthermal), unspecified great toe, sequela



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

Code	Description
S90.424A	Blister (nonthermal), right lesser toe(s), initial encounter
S90.424S	Blister (nonthermal), right lesser toe(s), sequela
S90.425A	Blister (nonthermal), left lesser toe(s), initial encounter
S90.425S	Blister (nonthermal), left lesser toe(s), sequela
S90.426A	Blister (nonthermal), unspecified lesser toe(s), initial encounter
S90.426S	Blister (nonthermal), unspecified lesser toe(s), sequela
S90.441A	External constriction, right great toe, initial encounter
S90.441S	External constriction, right great toe, sequela
S90.442A	External constriction, left great toe, initial encounter
S90.442S	External constriction, left great toe, sequela
S90.443A	External constriction, unspecified great toe, initial encounter
S90.443S	External constriction, unspecified great toe, sequela
S90.444A	External constriction, right lesser toe(s), initial encounter
S90.444S	External constriction, right lesser toe(s), sequela
S90.445A	External constriction, left lesser toe(s), initial encounter
S90.445S	External constriction, left lesser toe(s), sequela
S90.446A	External constriction, unspecified lesser toe(s), initial encounter
S90.446S	External constriction, unspecified lesser toe(s), sequela
S90.451A	Superficial foreign body, right great toe, initial encounter
S90.451S	Superficial foreign body, right great toe, sequela
S90.452A	Superficial foreign body, left great toe, initial encounter
S90.452S	Superficial foreign body, left great toe, sequela
S90.453A	Superficial foreign body, unspecified great toe, initial encounter
S90.453S	Superficial foreign body, unspecified great toe, sequela
S90.454A	Superficial foreign body, right lesser toe(s), initial encounter
S90.454S	Superficial foreign body, right lesser toe(s), sequela
S90.455A	Superficial foreign body, left lesser toe(s), initial encounter
S90.455S	Superficial foreign body, left lesser toe(s), sequela



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

Code	Description
S90.456A	Superficial foreign body, unspecified lesser toe(s), initial encounter
S90.456S	Superficial foreign body, unspecified lesser toe(s), sequela
S90.461A	Insect bite (nonvenomous), right great toe, initial encounter
S90.461S	Insect bite (nonvenomous), right great toe, sequela
S90.462A	Insect bite (nonvenomous), left great toe, initial encounter
S90.462S	Insect bite (nonvenomous), left great toe, sequela
S90.463A	Insect bite (nonvenomous), unspecified great toe, initial encounter
S90.463S	Insect bite (nonvenomous), unspecified great toe, sequela
S90.464A	Insect bite (nonvenomous), right lesser toe(s), initial encounter
S90.464S	Insect bite (nonvenomous), right lesser toe(s), sequela
S90.465A	Insect bite (nonvenomous), left lesser toe(s), initial encounter
S90.465S	Insect bite (nonvenomous), left lesser toe(s), sequela
S90.466A	Insect bite (nonvenomous), unspecified lesser toe(s), initial encounter
S90.466S	Insect bite (nonvenomous), unspecified lesser toe(s), sequela
S90.471A	Other superficial bite of right great toe, initial encounter
S90.471S	Other superficial bite of right great toe, sequela
S90.472A	Other superficial bite of left great toe, initial encounter
S90.472S	Other superficial bite of left great toe, sequela
S90.473A	Other superficial bite of unspecified great toe, initial encounter
S90.473S	Other superficial bite of unspecified great toe, sequela
S90.474A	Other superficial bite of right lesser toe(s), initial encounter
S90.474S	Other superficial bite of right lesser toe(s), sequela
S90.475A	Other superficial bite of left lesser toe(s), initial encounter
S90.475S	Other superficial bite of left lesser toe(s), sequela
S90.476A	Other superficial bite of unspecified lesser toe(s), initial encounter
S90.476S	Other superficial bite of unspecified lesser toe(s), sequela
S90.511A	Abrasion, right ankle, initial encounter
S90.511S	Abrasion, right ankle, sequela



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

Code	Description
S90.512A	Abrasion, left ankle, initial encounter
S90.512S	Abrasion, left ankle, sequela
S90.519A	Abrasion, unspecified ankle, initial encounter
S90.519S	Abrasion, unspecified ankle, sequela
S90.521A	Blister (nonthermal), right ankle, initial encounter
S90.521S	Blister (nonthermal), right ankle, sequela
S90.522A	Blister (nonthermal), left ankle, initial encounter
S90.522S	Blister (nonthermal), left ankle, sequela
S90.529A	Blister (nonthermal), unspecified ankle, initial encounter
S90.529S	Blister (nonthermal), unspecified ankle, sequela
S90.541A	External constriction, right ankle, initial encounter
S90.541S	External constriction, right ankle, sequela
S90.542A	External constriction, left ankle, initial encounter
S90.542S	External constriction, left ankle, sequela
S90.549A	External constriction, unspecified ankle, initial encounter
S90.549S	External constriction, unspecified ankle, sequela
S90.551A	Superficial foreign body, right ankle, initial encounter
S90.551S	Superficial foreign body, right ankle, sequela
S90.552A	Superficial foreign body, left ankle, initial encounter
S90.552S	Superficial foreign body, left ankle, sequela
S90.559A	Superficial foreign body, unspecified ankle, initial encounter
S90.559S	Superficial foreign body, unspecified ankle, sequela
S90.561A	Insect bite (nonvenomous), right ankle, initial encounter
S90.561S	Insect bite (nonvenomous), right ankle, sequela
S90.562A	Insect bite (nonvenomous), left ankle, initial encounter
S90.562S	Insect bite (nonvenomous), left ankle, sequela
S90.569A	Insect bite (nonvenomous), unspecified ankle, initial encounter
S90.569S	Insect bite (nonvenomous), unspecified ankle, sequela



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

Code	Description
S90.571A	Other superficial bite of ankle, right ankle, initial encounter
S90.571S	Other superficial bite of ankle, right ankle, sequela
S90.572A	Other superficial bite of ankle, left ankle, initial encounter
S90.572S	Other superficial bite of ankle, left ankle, sequela
S90.579A	Other superficial bite of ankle, unspecified ankle, initial encounter
S90.579S	Other superficial bite of ankle, unspecified ankle, sequela
S90.811A	Abrasion, right foot, initial encounter
S90.811S	Abrasion, right foot, sequela
S90.812A	Abrasion, left foot, initial encounter
S90.812S	Abrasion, left foot, sequela
S90.819A	Abrasion, unspecified foot, initial encounter
S90.819S	Abrasion, unspecified foot, sequela
S90.821A	Blister (nonthermal), right foot, initial encounter
S90.821S	Blister (nonthermal), right foot, sequela
S90.822A	Blister (nonthermal), left foot, initial encounter
S90.822S	Blister (nonthermal), left foot, sequela
S90.829A	Blister (nonthermal), unspecified foot, initial encounter
S90.829S	Blister (nonthermal), unspecified foot, sequela
S90.841A	External constriction, right foot, initial encounter
S90.841S	External constriction, right foot, sequela
S90.842A	External constriction, left foot, initial encounter
S90.842S	External constriction, left foot, sequela
S90.849A	External constriction, unspecified foot, initial encounter
S90.849S	External constriction, unspecified foot, sequela
S90.851A	Superficial foreign body, right foot, initial encounter
S90.851S	Superficial foreign body, right foot, sequela
S90.852A	Superficial foreign body, left foot, initial encounter
S90.852S	Superficial foreign body, left foot, sequela



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

Code	Description
S90.859A	Superficial foreign body, unspecified foot, initial encounter
S90.859S	Superficial foreign body, unspecified foot, sequela
S90.861A	Insect bite (nonvenomous), right foot, initial encounter
S90.861S	Insect bite (nonvenomous), right foot, sequela
S90.862A	Insect bite (nonvenomous), left foot, initial encounter
S90.862S	Insect bite (nonvenomous), left foot, sequela
S90.869A	Insect bite (nonvenomous), unspecified foot, initial encounter
S90.869S	Insect bite (nonvenomous), unspecified foot, sequela
S90.871A	Other superficial bite of right foot, initial encounter
S90.871S	Other superficial bite of right foot, sequela
S90.872A	Other superficial bite of left foot, initial encounter
S90.872S	Other superficial bite of left foot, sequela
S90.879A	Other superficial bite of unspecified foot, initial encounter
S90.879S	Other superficial bite of unspecified foot, sequela
S90.911A	Unspecified superficial injury of right ankle, initial encounter
S90.911S	Unspecified superficial injury of right ankle, sequela
S90.912A	Unspecified superficial injury of left ankle, initial encounter
S90.912S	Unspecified superficial injury of left ankle, sequela
S90.919A	Unspecified superficial injury of unspecified ankle, initial encounter
S90.919S	Unspecified superficial injury of unspecified ankle, sequela
S90.921A	Unspecified superficial injury of right foot, initial encounter
S90.921S	Unspecified superficial injury of right foot, sequela
S90.922A	Unspecified superficial injury of left foot, initial encounter
S90.922S	Unspecified superficial injury of left foot, sequela
S90.929A	Unspecified superficial injury of unspecified foot, initial encounter
S90.929S	Unspecified superficial injury of unspecified foot, sequela
S90.931A	Unspecified superficial injury of right great toe, initial encounter
S90.931S	Unspecified superficial injury of right great toe, sequela



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

Code	Description
S90.932A	Unspecified superficial injury of left great toe, initial encounter
S90.932S	Unspecified superficial injury of left great toe, sequela
S90.933A	Unspecified superficial injury of unspecified great toe, initial encounter
S90.933S	Unspecified superficial injury of unspecified great toe, sequela
S90.934A	Unspecified superficial injury of right lesser toe(s), initial encounter
S90.934S	Unspecified superficial injury of right lesser toe(s), sequela
S90.935A	Unspecified superficial injury of left lesser toe(s), initial encounter
S90.935S	Unspecified superficial injury of left lesser toe(s), sequela
S90.936A	Unspecified superficial injury of unspecified lesser toe(s), initial encounter
S90.936S	Unspecified superficial injury of unspecified lesser toe(s), sequela
S91.001S	Unspecified open wound, right ankle, sequela
S91.002S	Unspecified open wound, left ankle, sequela
S91.009A	Unspecified open wound, unspecified ankle, initial encounter
S91.009S	Unspecified open wound, unspecified ankle, sequela
S91.011S	Laceration without foreign body, right ankle, sequela
S91.012S	Laceration without foreign body, left ankle, sequela
S91.019S	Laceration without foreign body, unspecified ankle, sequela
S91.021S	Laceration with foreign body, right ankle, sequela
S91.022S	Laceration with foreign body, left ankle, sequela
S91.029S	Laceration with foreign body, unspecified ankle, sequela
S91.031S	Puncture wound without foreign body, right ankle, sequela
S91.032S	Puncture wound without foreign body, left ankle, sequela
S91.039S	Puncture wound without foreign body, unspecified ankle, sequela
S91.041S	Puncture wound with foreign body, right ankle, sequela
S91.042S	Puncture wound with foreign body, left ankle, sequela
S91.049S	Puncture wound with foreign body, unspecified ankle, sequela
S91.051S	Open bite, right ankle, sequela
S91.052S	Open bite, left ankle, sequela



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

Code	Description
S91.059S	Open bite, unspecified ankle, sequela
S91.101S	Unspecified open wound of right great toe without damage to nail, sequela
S91.102S	Unspecified open wound of left great toe without damage to nail, sequela
S91.103S	Unspecified open wound of unspecified great toe without damage to nail, sequela
S91.104S	Unspecified open wound of right lesser toe(s) without damage to nail, sequela
S91.105S	Unspecified open wound of left lesser toe(s) without damage to nail, sequela
S91.106S	Unspecified open wound of unspecified lesser toe(s) without damage to nail, sequela
S91.109A	Unspecified open wound of unspecified toe(s) without damage to nail, initial encounter
S91.109S	Unspecified open wound of unspecified toe(s) without damage to nail, sequela
S91.111S	Laceration without foreign body of right great toe without damage to nail, sequela
S91.112S	Laceration without foreign body of left great toe without damage to nail, sequela
S91.113S	Laceration without foreign body of unspecified great toe without damage to nail, sequela
S91.114S	Laceration without foreign body of right lesser toe(s) without damage to nail, sequela
S91.115S	Laceration without foreign body of left lesser toe(s) without damage to nail, sequela
S91.116S	Laceration without foreign body of unspecified lesser toe(s) without damage to nail, sequela
S91.119S	Laceration without foreign body of unspecified toe without damage to nail, sequela
S91.121S	Laceration with foreign body of right great toe without damage to nail, sequela
S91.122S	Laceration with foreign body of left great toe without damage to nail, sequela
S91.123S	Laceration with foreign body of unspecified great toe without damage to nail, sequela
S91.124S	Laceration with foreign body of right lesser toe(s) without damage to nail, sequela
S91.125S	Laceration with foreign body of left lesser toe(s) without damage to nail, sequela
S91.126S	Laceration with foreign body of unspecified lesser toe(s) without damage to nail, sequela
S91.129S	Laceration with foreign body of unspecified toe(s) without damage to nail, sequela



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

Code	Description
S91.131S	Puncture wound without foreign body of right great toe without damage to nail, sequela
S91.132S	Puncture wound without foreign body of left great toe without damage to nail, sequela
S91.133S	Puncture wound without foreign body of unspecified great toe without damage to nail, sequela
S91.134S	Puncture wound without foreign body of right lesser toe(s) without damage to nail, sequela
S91.135S	Puncture wound without foreign body of left lesser toe(s) without damage to nail, sequela
S91.136S	Puncture wound without foreign body of unspecified lesser toe(s) without damage to nail, sequela
S91.139S	Puncture wound without foreign body of unspecified toe(s) without damage to nail, sequela
S91.141S	Puncture wound with foreign body of right great toe without damage to nail, sequela
S91.142S	Puncture wound with foreign body of left great toe without damage to nail, sequela
S91.143S	Puncture wound with foreign body of unspecified great toe without damage to nail, sequela
S91.144S	Puncture wound with foreign body of right lesser toe(s) without damage to nail, sequela
S91.145S	Puncture wound with foreign body of left lesser toe(s) without damage to nail, sequela
S91.146S	Puncture wound with foreign body of unspecified lesser toe(s) without damage to nail, sequela
S91.149S	Puncture wound with foreign body of unspecified toe(s) without damage to nail, sequela
S91.151S	Open bite of right great toe without damage to nail, sequela
S91.152S	Open bite of left great toe without damage to nail, sequela
S91.153S	Open bite of unspecified great toe without damage to nail, sequela
S91.154S	Open bite of right lesser toe(s) without damage to nail, sequela
S91.155S	Open bite of left lesser toe(s) without damage to nail, sequela
S91.156S	Open bite of unspecified lesser toe(s) without damage to nail, sequela



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

Code	Description
S91.159S	Open bite of unspecified toe(s) without damage to nail, sequela
S91.201S	Unspecified open wound of right great toe with damage to nail, sequela
S91.202S	Unspecified open wound of left great toe with damage to nail, sequela
S91.203S	Unspecified open wound of unspecified great toe with damage to nail, sequela
S91.204S	Unspecified open wound of right lesser toe(s) with damage to nail, sequela
S91.205S	Unspecified open wound of left lesser toe(s) with damage to nail, sequela
S91.206S	Unspecified open wound of unspecified lesser toe(s) with damage to nail, sequela
S91.209S	Unspecified open wound of unspecified toe(s) with damage to nail, sequela
S91.211S	Laceration without foreign body of right great toe with damage to nail, sequela
S91.212S	Laceration without foreign body of left great toe with damage to nail, sequela
S91.213S	Laceration without foreign body of unspecified great toe with damage to nail, sequela
S91.214S	Laceration without foreign body of right lesser toe(s) with damage to nail, sequela
S91.215S	Laceration without foreign body of left lesser toe(s) with damage to nail, sequela
S91.216S	Laceration without foreign body of unspecified lesser toe(s) with damage to nail, sequela
S91.219S	Laceration without foreign body of unspecified toe(s) with damage to nail, sequela
S91.221S	Laceration with foreign body of right great toe with damage to nail, sequela
S91.222S	Laceration with foreign body of left great toe with damage to nail, sequela
S91.223S	Laceration with foreign body of unspecified great toe with damage to nail, sequela
S91.224S	Laceration with foreign body of right lesser toe(s) with damage to nail, sequela
S91.225S	Laceration with foreign body of left lesser toe(s) with damage to nail, sequela
S91.226S	Laceration with foreign body of unspecified lesser toe(s) with damage to nail, sequela
S91.229S	Laceration with foreign body of unspecified toe(s) with damage to nail, sequela
S91.231S	Puncture wound without foreign body of right great toe with damage to nail, sequela
S91.232S	Puncture wound without foreign body of left great toe with damage to nail, sequela
S91.233S	Puncture wound without foreign body of unspecified great toe with damage to nail, sequela



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

Code	Description
S91.234S	Puncture wound without foreign body of right lesser toe(s) with damage to nail, sequela
S91.235S	Puncture wound without foreign body of left lesser toe(s) with damage to nail, sequela
S91.236S	Puncture wound without foreign body of unspecified lesser toe(s) with damage to nail, sequela
S91.239S	Puncture wound without foreign body of unspecified toe(s) with damage to nail, sequela
S91.241S	Puncture wound with foreign body of right great toe with damage to nail, sequela
S91.242S	Puncture wound with foreign body of left great toe with damage to nail, sequela
S91.243S	Puncture wound with foreign body of unspecified great toe with damage to nail, sequela
S91.244S	Puncture wound with foreign body of right lesser toe(s) with damage to nail, sequela
S91.245S	Puncture wound with foreign body of left lesser toe(s) with damage to nail, sequela
S91.246S	Puncture wound with foreign body of unspecified lesser toe(s) with damage to nail, sequela
S91.249S	Puncture wound with foreign body of unspecified toe(s) with damage to nail, sequela
S91.251S	Open bite of right great toe with damage to nail, sequela
S91.252S	Open bite of left great toe with damage to nail, sequela
S91.253S	Open bite of unspecified great toe with damage to nail, sequela
S91.254S	Open bite of right lesser toe(s) with damage to nail, sequela
S91.255S	Open bite of left lesser toe(s) with damage to nail, sequela
S91.256S	Open bite of unspecified lesser toe(s) with damage to nail, sequela
S91.259S	Open bite of unspecified toe(s) with damage to nail, sequela
S91.301S	Unspecified open wound, right foot, sequela
S91.302S	Unspecified open wound, left foot, sequela
S91.309A	Unspecified open wound, unspecified foot, initial encounter
S91.309S	Unspecified open wound, unspecified foot, sequela
S91.311S	Laceration without foreign body, right foot, sequela



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

Code	Description
S91.312S	Laceration without foreign body, left foot, sequela
S91.319S	Laceration without foreign body, unspecified foot, sequela
S91.321S	Laceration with foreign body, right foot, sequela
S91.322S	Laceration with foreign body, left foot, sequela
S91.329S	Laceration with foreign body, unspecified foot, sequela
S91.331S	Puncture wound without foreign body, right foot, sequela
S91.332S	Puncture wound without foreign body, left foot, sequela
S91.339S	Puncture wound without foreign body, unspecified foot, sequela
S91.341S	Puncture wound with foreign body, right foot, sequela
S91.342S	Puncture wound with foreign body, left foot, sequela
S91.349S	Puncture wound with foreign body, unspecified foot, sequela
S91.351S	Open bite, right foot, sequela
S91.352S	Open bite, left foot, sequela
S91.359S	Open bite, unspecified foot, sequela
S92.001D	Unspecified fracture of right calcaneus, subsequent encounter for fracture with routine healing
S92.001G	Unspecified fracture of right calcaneus, subsequent encounter for fracture with delayed healing
S92.001S	Unspecified fracture of right calcaneus, sequela
S92.002D	Unspecified fracture of left calcaneus, subsequent encounter for fracture with routine healing
S92.002G	Unspecified fracture of left calcaneus, subsequent encounter for fracture with delayed healing
S92.002S	Unspecified fracture of left calcaneus, sequela
S92.009D	Unspecified fracture of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.009G	Unspecified fracture of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.009S	Unspecified fracture of unspecified calcaneus, sequela



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

Code	Description
S92.011D	Displaced fracture of body of right calcaneus, subsequent encounter for fracture with routine healing
S92.011G	Displaced fracture of body of right calcaneus, subsequent encounter for fracture with delayed healing
S92.011S	Displaced fracture of body of right calcaneus, sequela
S92.012D	Displaced fracture of body of left calcaneus, subsequent encounter for fracture with routine healing
S92.012G	Displaced fracture of body of left calcaneus, subsequent encounter for fracture with delayed healing
S92.012S	Displaced fracture of body of left calcaneus, sequela
S92.013D	Displaced fracture of body of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.013G	Displaced fracture of body of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.013S	Displaced fracture of body of unspecified calcaneus, sequela
S92.014D	Nondisplaced fracture of body of right calcaneus, subsequent encounter for fracture with routine healing
S92.014G	Nondisplaced fracture of body of right calcaneus, subsequent encounter for fracture with delayed healing
S92.014S	Nondisplaced fracture of body of right calcaneus, sequela
S92.015D	Nondisplaced fracture of body of left calcaneus, subsequent encounter for fracture with routine healing
S92.015G	Nondisplaced fracture of body of left calcaneus, subsequent encounter for fracture with delayed healing
S92.015S	Nondisplaced fracture of body of left calcaneus, sequela
S92.016D	Nondisplaced fracture of body of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.016G	Nondisplaced fracture of body of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.016S	Nondisplaced fracture of body of unspecified calcaneus, sequela
S92.021D	Displaced fracture of anterior process of right calcaneus, subsequent encounter for fracture with routine healing



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

Code	Description
S92.021G	Displaced fracture of anterior process of right calcaneus, subsequent encounter for fracture with delayed healing
S92.021S	Displaced fracture of anterior process of right calcaneus, sequela
S92.022D	Displaced fracture of anterior process of left calcaneus, subsequent encounter for fracture with routine healing
S92.022G	Displaced fracture of anterior process of left calcaneus, subsequent encounter for fracture with delayed healing
S92.022S	Displaced fracture of anterior process of left calcaneus, sequela
S92.023D	Displaced fracture of anterior process of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.023G	Displaced fracture of anterior process of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.023S	Displaced fracture of anterior process of unspecified calcaneus, sequela
S92.024D	Nondisplaced fracture of anterior process of right calcaneus, subsequent encounter for fracture with routine healing
S92.024G	Nondisplaced fracture of anterior process of right calcaneus, subsequent encounter for fracture with delayed healing
S92.024S	Nondisplaced fracture of anterior process of right calcaneus, sequela
S92.025D	Nondisplaced fracture of anterior process of left calcaneus, subsequent encounter for fracture with routine healing
S92.025G	Nondisplaced fracture of anterior process of left calcaneus, subsequent encounter for fracture with delayed healing
S92.025S	Nondisplaced fracture of anterior process of left calcaneus, sequela
S92.026D	Nondisplaced fracture of anterior process of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.026G	Nondisplaced fracture of anterior process of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.026S	Nondisplaced fracture of anterior process of unspecified calcaneus, sequela
S92.031D	Displaced avulsion fracture of tuberosity of right calcaneus, subsequent encounter for fracture with routine healing
S92.031G	Displaced avulsion fracture of tuberosity of right calcaneus, subsequent encounter for fracture with delayed healing



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

Code	Description
S92.031S	Displaced avulsion fracture of tuberosity of right calcaneus, sequela
S92.032D	Displaced avulsion fracture of tuberosity of left calcaneus, subsequent encounter for fracture with routine healing
S92.032G	Displaced avulsion fracture of tuberosity of left calcaneus, subsequent encounter for fracture with delayed healing
S92.032S	Displaced avulsion fracture of tuberosity of left calcaneus, sequela
S92.033D	Displaced avulsion fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.033G	Displaced avulsion fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.033S	Displaced avulsion fracture of tuberosity of unspecified calcaneus, sequela
S92.034D	Nondisplaced avulsion fracture of tuberosity of right calcaneus, subsequent encounter for fracture with routine healing
S92.034G	Nondisplaced avulsion fracture of tuberosity of right calcaneus, subsequent encounter for fracture with delayed healing
S92.034S	Nondisplaced avulsion fracture of tuberosity of right calcaneus, sequela
S92.035D	Nondisplaced avulsion fracture of tuberosity of left calcaneus, subsequent encounter for fracture with routine healing
S92.035G	Nondisplaced avulsion fracture of tuberosity of left calcaneus, subsequent encounter for fracture with delayed healing
S92.035S	Nondisplaced avulsion fracture of tuberosity of left calcaneus, sequela
S92.036D	Nondisplaced avulsion fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.036G	Nondisplaced avulsion fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.036S	Nondisplaced avulsion fracture of tuberosity of unspecified calcaneus, sequela
S92.041D	Displaced other fracture of tuberosity of right calcaneus, subsequent encounter for fracture with routine healing
S92.041G	Displaced other fracture of tuberosity of right calcaneus, subsequent encounter for fracture with delayed healing
S92.041S	Displaced other fracture of tuberosity of right calcaneus, sequela



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

Code	Description
S92.042D	Displaced other fracture of tuberosity of left calcaneus, subsequent encounter for fracture with routine healing
S92.042G	Displaced other fracture of tuberosity of left calcaneus, subsequent encounter for fracture with delayed healing
S92.042S	Displaced other fracture of tuberosity of left calcaneus, sequela
S92.043D	Displaced other fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.043G	Displaced other fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.043S	Displaced other fracture of tuberosity of unspecified calcaneus, sequela
S92.044D	Nondisplaced other fracture of tuberosity of right calcaneus, subsequent encounter for fracture with routine healing
S92.044G	Nondisplaced other fracture of tuberosity of right calcaneus, subsequent encounter for fracture with delayed healing
S92.044S	Nondisplaced other fracture of tuberosity of right calcaneus, sequela
S92.045D	Nondisplaced other fracture of tuberosity of left calcaneus, subsequent encounter for fracture with routine healing
S92.045G	Nondisplaced other fracture of tuberosity of left calcaneus, subsequent encounter for fracture with delayed healing
S92.045S	Nondisplaced other fracture of tuberosity of left calcaneus, sequela
S92.046D	Nondisplaced other fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.046G	Nondisplaced other fracture of tuberosity of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.046S	Nondisplaced other fracture of tuberosity of unspecified calcaneus, sequela
S92.051D	Displaced other extraarticular fracture of right calcaneus, subsequent encounter for fracture with routine healing
S92.051G	Displaced other extraarticular fracture of right calcaneus, subsequent encounter for fracture with delayed healing
S92.051S	Displaced other extraarticular fracture of right calcaneus, sequela
S92.052D	Displaced other extraarticular fracture of left calcaneus, subsequent encounter for fracture with routine healing



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

Code	Description
S92.052G	Displaced other extraarticular fracture of left calcaneus, subsequent encounter for fracture with delayed healing
S92.052S	Displaced other extraarticular fracture of left calcaneus, sequela
S92.053D	Displaced other extraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.053G	Displaced other extraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.053S	Displaced other extraarticular fracture of unspecified calcaneus, sequela
S92.054D	Nondisplaced other extraarticular fracture of right calcaneus, subsequent encounter for fracture with routine healing
S92.054G	Nondisplaced other extraarticular fracture of right calcaneus, subsequent encounter for fracture with delayed healing
S92.054S	Nondisplaced other extraarticular fracture of right calcaneus, sequela
S92.055D	Nondisplaced other extraarticular fracture of left calcaneus, subsequent encounter for fracture with routine healing
S92.055G	Nondisplaced other extraarticular fracture of left calcaneus, subsequent encounter for fracture with delayed healing
S92.055S	Nondisplaced other extraarticular fracture of left calcaneus, sequela
S92.056D	Nondisplaced other extraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.056G	Nondisplaced other extraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.056S	Nondisplaced other extraarticular fracture of unspecified calcaneus, sequela
S92.061D	Displaced intraarticular fracture of right calcaneus, subsequent encounter for fracture with routine healing
S92.061G	Displaced intraarticular fracture of right calcaneus, subsequent encounter for fracture with delayed healing
S92.061S	Displaced intraarticular fracture of right calcaneus, sequela
S92.062D	Displaced intraarticular fracture of left calcaneus, subsequent encounter for fracture with routine healing
S92.062G	Displaced intraarticular fracture of left calcaneus, subsequent encounter for fracture with delayed healing



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

Code	Description
S92.062S	Displaced intraarticular fracture of left calcaneus, sequela
S92.063D	Displaced intraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.063G	Displaced intraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.063S	Displaced intraarticular fracture of unspecified calcaneus, sequela
S92.064D	Nondisplaced intraarticular fracture of right calcaneus, subsequent encounter for fracture with routine healing
S92.064G	Nondisplaced intraarticular fracture of right calcaneus, subsequent encounter for fracture with delayed healing
S92.064S	Nondisplaced intraarticular fracture of right calcaneus, sequela
S92.065D	Nondisplaced intraarticular fracture of left calcaneus, subsequent encounter for fracture with routine healing
S92.065G	Nondisplaced intraarticular fracture of left calcaneus, subsequent encounter for fracture with delayed healing
S92.065S	Nondisplaced intraarticular fracture of left calcaneus, sequela
S92.066D	Nondisplaced intraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with routine healing
S92.066G	Nondisplaced intraarticular fracture of unspecified calcaneus, subsequent encounter for fracture with delayed healing
S92.066S	Nondisplaced intraarticular fracture of unspecified calcaneus, sequela
S92.101D	Unspecified fracture of right talus, subsequent encounter for fracture with routine healing
S92.101G	Unspecified fracture of right talus, subsequent encounter for fracture with delayed healing
S92.101S	Unspecified fracture of right talus, sequela
S92.102D	Unspecified fracture of left talus, subsequent encounter for fracture with routine healing
S92.102G	Unspecified fracture of left talus, subsequent encounter for fracture with delayed healing
S92.102S	Unspecified fracture of left talus, sequela



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

Code	Description
S92.109D	Unspecified fracture of unspecified talus, subsequent encounter for fracture with routine healing
S92.109G	Unspecified fracture of unspecified talus, subsequent encounter for fracture with delayed healing
S92.109S	Unspecified fracture of unspecified talus, sequela
S92.111D	Displaced fracture of neck of right talus, subsequent encounter for fracture with routine healing
S92.111G	Displaced fracture of neck of right talus, subsequent encounter for fracture with delayed healing
S92.111S	Displaced fracture of neck of right talus, sequela
S92.112D	Displaced fracture of neck of left talus, subsequent encounter for fracture with routine healing
S92.112G	Displaced fracture of neck of left talus, subsequent encounter for fracture with delayed healing
S92.112S	Displaced fracture of neck of left talus, sequela
S92.113D	Displaced fracture of neck of unspecified talus, subsequent encounter for fracture with routine healing
S92.113G	Displaced fracture of neck of unspecified talus, subsequent encounter for fracture with delayed healing
S92.113S	Displaced fracture of neck of unspecified talus, sequela
S92.114D	Nondisplaced fracture of neck of right talus, subsequent encounter for fracture with routine healing
S92.114G	Nondisplaced fracture of neck of right talus, subsequent encounter for fracture with delayed healing
S92.114S	Nondisplaced fracture of neck of right talus, sequela
S92.115D	Nondisplaced fracture of neck of left talus, subsequent encounter for fracture with routine healing
S92.115G	Nondisplaced fracture of neck of left talus, subsequent encounter for fracture with delayed healing
S92.115S	Nondisplaced fracture of neck of left talus, sequela
S92.116D	Nondisplaced fracture of neck of unspecified talus, subsequent encounter for fracture with routine healing



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

Code	Description
S92.116G	Nondisplaced fracture of neck of unspecified talus, subsequent encounter for fracture with delayed healing
S92.116S	Nondisplaced fracture of neck of unspecified talus, sequela
S92.121D	Displaced fracture of body of right talus, subsequent encounter for fracture with routine healing
S92.121G	Displaced fracture of body of right talus, subsequent encounter for fracture with delayed healing
S92.121S	Displaced fracture of body of right talus, sequela
S92.122D	Displaced fracture of body of left talus, subsequent encounter for fracture with routine healing
S92.122G	Displaced fracture of body of left talus, subsequent encounter for fracture with delayed healing
S92.122S	Displaced fracture of body of left talus, sequela
S92.123D	Displaced fracture of body of unspecified talus, subsequent encounter for fracture with routine healing
S92.123G	Displaced fracture of body of unspecified talus, subsequent encounter for fracture with delayed healing
S92.123S	Displaced fracture of body of unspecified talus, sequela
S92.124D	Nondisplaced fracture of body of right talus, subsequent encounter for fracture with routine healing
S92.124G	Nondisplaced fracture of body of right talus, subsequent encounter for fracture with delayed healing
S92.124S	Nondisplaced fracture of body of right talus, sequela
S92.125D	Nondisplaced fracture of body of left talus, subsequent encounter for fracture with routine healing
S92.125G	Nondisplaced fracture of body of left talus, subsequent encounter for fracture with delayed healing
S92.125S	Nondisplaced fracture of body of left talus, sequela
S92.126D	Nondisplaced fracture of body of unspecified talus, subsequent encounter for fracture with routine healing
S92.126G	Nondisplaced fracture of body of unspecified talus, subsequent encounter for fracture with delayed healing



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

Code	Description
S92.126S	Nondisplaced fracture of body of unspecified talus, sequela
S92.131D	Displaced fracture of posterior process of right talus, subsequent encounter for fracture with routine healing
S92.131G	Displaced fracture of posterior process of right talus, subsequent encounter for fracture with delayed healing
S92.131S	Displaced fracture of posterior process of right talus, sequela
S92.132D	Displaced fracture of posterior process of left talus, subsequent encounter for fracture with routine healing
S92.132G	Displaced fracture of posterior process of left talus, subsequent encounter for fracture with delayed healing
S92.132S	Displaced fracture of posterior process of left talus, sequela
S92.133D	Displaced fracture of posterior process of unspecified talus, subsequent encounter for fracture with routine healing
S92.133G	Displaced fracture of posterior process of unspecified talus, subsequent encounter for fracture with delayed healing
S92.133S	Displaced fracture of posterior process of unspecified talus, sequela
S92.134D	Nondisplaced fracture of posterior process of right talus, subsequent encounter for fracture with routine healing
S92.134G	Nondisplaced fracture of posterior process of right talus, subsequent encounter for fracture with delayed healing
S92.134S	Nondisplaced fracture of posterior process of right talus, sequela
S92.135D	Nondisplaced fracture of posterior process of left talus, subsequent encounter for fracture with routine healing
S92.135G	Nondisplaced fracture of posterior process of left talus, subsequent encounter for fracture with delayed healing
S92.135S	Nondisplaced fracture of posterior process of left talus, sequela
S92.136D	Nondisplaced fracture of posterior process of unspecified talus, subsequent encounter for fracture with routine healing
S92.136G	Nondisplaced fracture of posterior process of unspecified talus, subsequent encounter for fracture with delayed healing
S92.136S	Nondisplaced fracture of posterior process of unspecified talus, sequela



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

Code	Description
S92.141D	Displaced dome fracture of right talus, subsequent encounter for fracture with routine healing
S92.141G	Displaced dome fracture of right talus, subsequent encounter for fracture with delayed healing
S92.141S	Displaced dome fracture of right talus, sequela
S92.142D	Displaced dome fracture of left talus, subsequent encounter for fracture with routine healing
S92.142G	Displaced dome fracture of left talus, subsequent encounter for fracture with delayed healing
S92.142S	Displaced dome fracture of left talus, sequela
S92.143D	Displaced dome fracture of unspecified talus, subsequent encounter for fracture with routine healing
S92.143G	Displaced dome fracture of unspecified talus, subsequent encounter for fracture with delayed healing
S92.143S	Displaced dome fracture of unspecified talus, sequela
S92.144D	Nondisplaced dome fracture of right talus, subsequent encounter for fracture with routine healing
S92.144G	Nondisplaced dome fracture of right talus, subsequent encounter for fracture with delayed healing
S92.144S	Nondisplaced dome fracture of right talus, sequela
S92.145D	Nondisplaced dome fracture of left talus, subsequent encounter for fracture with routine healing
S92.145G	Nondisplaced dome fracture of left talus, subsequent encounter for fracture with delayed healing
S92.145S	Nondisplaced dome fracture of left talus, sequela
S92.146D	Nondisplaced dome fracture of unspecified talus, subsequent encounter for fracture with routine healing
S92.146G	Nondisplaced dome fracture of unspecified talus, subsequent encounter for fracture with delayed healing
S92.146S	Nondisplaced dome fracture of unspecified talus, sequela
S92.151D	Displaced avulsion fracture (chip fracture) of right talus, subsequent encounter for fracture with routine healing



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

Code	Description
S92.151G	Displaced avulsion fracture (chip fracture) of right talus, subsequent encounter for fracture with delayed healing
S92.151S	Displaced avulsion fracture (chip fracture) of right talus, sequela
S92.152D	Displaced avulsion fracture (chip fracture) of left talus, subsequent encounter for fracture with routine healing
S92.152G	Displaced avulsion fracture (chip fracture) of left talus, subsequent encounter for fracture with delayed healing
S92.152S	Displaced avulsion fracture (chip fracture) of left talus, sequela
S92.153D	Displaced avulsion fracture (chip fracture) of unspecified talus, subsequent encounter for fracture with routine healing
S92.153G	Displaced avulsion fracture (chip fracture) of unspecified talus, subsequent encounter for fracture with delayed healing
S92.153S	Displaced avulsion fracture (chip fracture) of unspecified talus, sequela
S92.154D	Nondisplaced avulsion fracture (chip fracture) of right talus, subsequent encounter for fracture with routine healing
S92.154G	Nondisplaced avulsion fracture (chip fracture) of right talus, subsequent encounter for fracture with delayed healing
S92.154S	Nondisplaced avulsion fracture (chip fracture) of right talus, sequela
S92.155D	Nondisplaced avulsion fracture (chip fracture) of left talus, subsequent encounter for fracture with routine healing
S92.155G	Nondisplaced avulsion fracture (chip fracture) of left talus, subsequent encounter for fracture with delayed healing
S92.155S	Nondisplaced avulsion fracture (chip fracture) of left talus, sequela
S92.156D	Nondisplaced avulsion fracture (chip fracture) of unspecified talus, subsequent encounter for fracture with routine healing
S92.156G	Nondisplaced avulsion fracture (chip fracture) of unspecified talus, subsequent encounter for fracture with delayed healing
S92.156S	Nondisplaced avulsion fracture (chip fracture) of unspecified talus, sequela
S92.191D	Other fracture of right talus, subsequent encounter for fracture with routine healing
S92.191G	Other fracture of right talus, subsequent encounter for fracture with delayed healing
S92.191S	Other fracture of right talus, sequela
S92.192D	Other fracture of left talus, subsequent encounter for fracture with routine healing

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S92.192G	Other fracture of left talus, subsequent encounter for fracture with delayed healing
S92.192S	Other fracture of left talus, sequela
S92.199D	Other fracture of unspecified talus, subsequent encounter for fracture with routine healing
S92.199G	Other fracture of unspecified talus, subsequent encounter for fracture with delayed healing
S92.199S	Other fracture of unspecified talus, sequela
S92.201D	Fracture of unspecified tarsal bone(s) of right foot, subsequent encounter for fracture with routine healing
S92.201G	Fracture of unspecified tarsal bone(s) of right foot, subsequent encounter for fracture with delayed healing
S92.201S	Fracture of unspecified tarsal bone(s) of right foot, sequela
S92.202D	Fracture of unspecified tarsal bone(s) of left foot, subsequent encounter for fracture with routine healing
S92.202G	Fracture of unspecified tarsal bone(s) of left foot, subsequent encounter for fracture with delayed healing
S92.202S	Fracture of unspecified tarsal bone(s) of left foot, sequela
S92.209D	Fracture of unspecified tarsal bone(s) of unspecified foot, subsequent encounter for fracture with routine healing
S92.209G	Fracture of unspecified tarsal bone(s) of unspecified foot, subsequent encounter for fracture with delayed healing
S92.209S	Fracture of unspecified tarsal bone(s) of unspecified foot, sequela
S92.211D	Displaced fracture of cuboid bone of right foot, subsequent encounter for fracture with routine healing
S92.211G	Displaced fracture of cuboid bone of right foot, subsequent encounter for fracture with delayed healing
S92.211S	Displaced fracture of cuboid bone of right foot, sequela
S92.212D	Displaced fracture of cuboid bone of left foot, subsequent encounter for fracture with routine healing
S92.212G	Displaced fracture of cuboid bone of left foot, subsequent encounter for fracture with delayed healing
S92.212S	Displaced fracture of cuboid bone of left foot, sequela



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

Code	Description
S92.213D	Displaced fracture of cuboid bone of unspecified foot, subsequent encounter for fracture with routine healing
S92.213G	Displaced fracture of cuboid bone of unspecified foot, subsequent encounter for fracture with delayed healing
S92.213S	Displaced fracture of cuboid bone of unspecified foot, sequela
S92.214D	Nondisplaced fracture of cuboid bone of right foot, subsequent encounter for fracture with routine healing
S92.214G	Nondisplaced fracture of cuboid bone of right foot, subsequent encounter for fracture with delayed healing
S92.214S	Nondisplaced fracture of cuboid bone of right foot, sequela
S92.215D	Nondisplaced fracture of cuboid bone of left foot, subsequent encounter for fracture with routine healing
S92.215G	Nondisplaced fracture of cuboid bone of left foot, subsequent encounter for fracture with delayed healing
S92.215S	Nondisplaced fracture of cuboid bone of left foot, sequela
S92.216D	Nondisplaced fracture of cuboid bone of unspecified foot, subsequent encounter for fracture with routine healing
S92.216G	Nondisplaced fracture of cuboid bone of unspecified foot, subsequent encounter for fracture with delayed healing
S92.216S	Nondisplaced fracture of cuboid bone of unspecified foot, sequela
S92.221D	Displaced fracture of lateral cuneiform of right foot, subsequent encounter for fracture with routine healing
S92.221G	Displaced fracture of lateral cuneiform of right foot, subsequent encounter for fracture with delayed healing
S92.221S	Displaced fracture of lateral cuneiform of right foot, sequela
S92.222D	Displaced fracture of lateral cuneiform of left foot, subsequent encounter for fracture with routine healing
S92.222G	Displaced fracture of lateral cuneiform of left foot, subsequent encounter for fracture with delayed healing
S92.222S	Displaced fracture of lateral cuneiform of left foot, sequela
S92.223D	Displaced fracture of lateral cuneiform of unspecified foot, subsequent encounter for fracture with routine healing



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

Code	Description
S92.223G	Displaced fracture of lateral cuneiform of unspecified foot, subsequent encounter for fracture with delayed healing
S92.223S	Displaced fracture of lateral cuneiform of unspecified foot, sequela
S92.224D	Nondisplaced fracture of lateral cuneiform of right foot, subsequent encounter for fracture with routine healing
S92.224G	Nondisplaced fracture of lateral cuneiform of right foot, subsequent encounter for fracture with delayed healing
S92.224S	Nondisplaced fracture of lateral cuneiform of right foot, sequela
S92.225D	Nondisplaced fracture of lateral cuneiform of left foot, subsequent encounter for fracture with routine healing
S92.225G	Nondisplaced fracture of lateral cuneiform of left foot, subsequent encounter for fracture with delayed healing
S92.225S	Nondisplaced fracture of lateral cuneiform of left foot, sequela
S92.226D	Nondisplaced fracture of lateral cuneiform of unspecified foot, subsequent encounter for fracture with routine healing
S92.226G	Nondisplaced fracture of lateral cuneiform of unspecified foot, subsequent encounter for fracture with delayed healing
S92.226S	Nondisplaced fracture of lateral cuneiform of unspecified foot, sequela
S92.231D	Displaced fracture of intermediate cuneiform of right foot, subsequent encounter for fracture with routine healing
S92.231G	Displaced fracture of intermediate cuneiform of right foot, subsequent encounter for fracture with delayed healing
S92.231S	Displaced fracture of intermediate cuneiform of right foot, sequela
S92.232D	Displaced fracture of intermediate cuneiform of left foot, subsequent encounter for fracture with routine healing
S92.232G	Displaced fracture of intermediate cuneiform of left foot, subsequent encounter for fracture with delayed healing
S92.232S	Displaced fracture of intermediate cuneiform of left foot, sequela
S92.233D	Displaced fracture of intermediate cuneiform of unspecified foot, subsequent encounter for fracture with routine healing
S92.233G	Displaced fracture of intermediate cuneiform of unspecified foot, subsequent encounter for fracture with delayed healing



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

Code	Description
S92.233S	Displaced fracture of intermediate cuneiform of unspecified foot, sequela
S92.234D	Nondisplaced fracture of intermediate cuneiform of right foot, subsequent encounter for fracture with routine healing
S92.234G	Nondisplaced fracture of intermediate cuneiform of right foot, subsequent encounter for fracture with delayed healing
S92.234S	Nondisplaced fracture of intermediate cuneiform of right foot, sequela
S92.235D	Nondisplaced fracture of intermediate cuneiform of left foot, subsequent encounter for fracture with routine healing
S92.235G	Nondisplaced fracture of intermediate cuneiform of left foot, subsequent encounter for fracture with delayed healing
S92.235S	Nondisplaced fracture of intermediate cuneiform of left foot, sequela
S92.236D	Nondisplaced fracture of intermediate cuneiform of unspecified foot, subsequent encounter for fracture with routine healing
S92.236G	Nondisplaced fracture of intermediate cuneiform of unspecified foot, subsequent encounter for fracture with delayed healing
S92.236S	Nondisplaced fracture of intermediate cuneiform of unspecified foot, sequela
S92.241D	Displaced fracture of medial cuneiform of right foot, subsequent encounter for fracture with routine healing
S92.241G	Displaced fracture of medial cuneiform of right foot, subsequent encounter for fracture with delayed healing
S92.241S	Displaced fracture of medial cuneiform of right foot, sequela
S92.242D	Displaced fracture of medial cuneiform of left foot, subsequent encounter for fracture with routine healing
S92.242G	Displaced fracture of medial cuneiform of left foot, subsequent encounter for fracture with delayed healing
S92.242S	Displaced fracture of medial cuneiform of left foot, sequela
S92.243D	Displaced fracture of medial cuneiform of unspecified foot, subsequent encounter for fracture with routine healing
S92.243G	Displaced fracture of medial cuneiform of unspecified foot, subsequent encounter for fracture with delayed healing
S92.243S	Displaced fracture of medial cuneiform of unspecified foot, sequela



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

Code	Description
S92.244D	Nondisplaced fracture of medial cuneiform of right foot, subsequent encounter for fracture with routine healing
S92.244G	Nondisplaced fracture of medial cuneiform of right foot, subsequent encounter for fracture with delayed healing
S92.244S	Nondisplaced fracture of medial cuneiform of right foot, sequela
S92.245D	Nondisplaced fracture of medial cuneiform of left foot, subsequent encounter for fracture with routine healing
S92.245G	Nondisplaced fracture of medial cuneiform of left foot, subsequent encounter for fracture with delayed healing
S92.245S	Nondisplaced fracture of medial cuneiform of left foot, sequela
S92.246D	Nondisplaced fracture of medial cuneiform of unspecified foot, subsequent encounter for fracture with routine healing
S92.246G	Nondisplaced fracture of medial cuneiform of unspecified foot, subsequent encounter for fracture with delayed healing
S92.246S	Nondisplaced fracture of medial cuneiform of unspecified foot, sequela
S92.251D	Displaced fracture of navicular [scaphoid] of right foot, subsequent encounter for fracture with routine healing
S92.251G	Displaced fracture of navicular [scaphoid] of right foot, subsequent encounter for fracture with delayed healing
S92.251S	Displaced fracture of navicular [scaphoid] of right foot, sequela
S92.252D	Displaced fracture of navicular [scaphoid] of left foot, subsequent encounter for fracture with routine healing
S92.252G	Displaced fracture of navicular [scaphoid] of left foot, subsequent encounter for fracture with delayed healing
S92.252S	Displaced fracture of navicular [scaphoid] of left foot, sequela
S92.253D	Displaced fracture of navicular [scaphoid] of unspecified foot, subsequent encounter for fracture with routine healing
S92.253G	Displaced fracture of navicular [scaphoid] of unspecified foot, subsequent encounter for fracture with delayed healing
S92.253S	Displaced fracture of navicular [scaphoid] of unspecified foot, sequela
S92.254D	Nondisplaced fracture of navicular [scaphoid] of right foot, subsequent encounter for fracture with routine healing



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

Code	Description
S92.254G	Nondisplaced fracture of navicular [scaphoid] of right foot, subsequent encounter for fracture with delayed healing
S92.254S	Nondisplaced fracture of navicular [scaphoid] of right foot, sequela
S92.255D	Nondisplaced fracture of navicular [scaphoid] of left foot, subsequent encounter for fracture with routine healing
S92.255G	Nondisplaced fracture of navicular [scaphoid] of left foot, subsequent encounter for fracture with delayed healing
S92.255S	Nondisplaced fracture of navicular [scaphoid] of left foot, sequela
S92.256D	Nondisplaced fracture of navicular [scaphoid] of unspecified foot, subsequent encounter for fracture with routine healing
S92.256G	Nondisplaced fracture of navicular [scaphoid] of unspecified foot, subsequent encounter for fracture with delayed healing
S92.256S	Nondisplaced fracture of navicular [scaphoid] of unspecified foot, sequela
S92.301D	Fracture of unspecified metatarsal bone(s), right foot, subsequent encounter for fracture with routine healing
S92.301G	Fracture of unspecified metatarsal bone(s), right foot, subsequent encounter for fracture with delayed healing
S92.301S	Fracture of unspecified metatarsal bone(s), right foot, sequela
S92.302D	Fracture of unspecified metatarsal bone(s), left foot, subsequent encounter for fracture with routine healing
S92.302G	Fracture of unspecified metatarsal bone(s), left foot, subsequent encounter for fracture with delayed healing
S92.302S	Fracture of unspecified metatarsal bone(s), left foot, sequela
S92.309D	Fracture of unspecified metatarsal bone(s), unspecified foot, subsequent encounter for fracture with routine healing
S92.309G	Fracture of unspecified metatarsal bone(s), unspecified foot, subsequent encounter for fracture with delayed healing
S92.309S	Fracture of unspecified metatarsal bone(s), unspecified foot, sequela
S92.311D	Displaced fracture of first metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.311G	Displaced fracture of first metatarsal bone, right foot, subsequent encounter for fracture with delayed healing



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

Code	Description
S92.311S	Displaced fracture of first metatarsal bone, right foot, sequela
S92.312D	Displaced fracture of first metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.312G	Displaced fracture of first metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.312S	Displaced fracture of first metatarsal bone, left foot, sequela
S92.313D	Displaced fracture of first metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.313G	Displaced fracture of first metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.313S	Displaced fracture of first metatarsal bone, unspecified foot, sequela
S92.314D	Nondisplaced fracture of first metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.314G	Nondisplaced fracture of first metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.314S	Nondisplaced fracture of first metatarsal bone, right foot, sequela
S92.315D	Nondisplaced fracture of first metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.315G	Nondisplaced fracture of first metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.315S	Nondisplaced fracture of first metatarsal bone, left foot, sequela
S92.316D	Nondisplaced fracture of first metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.316G	Nondisplaced fracture of first metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.316S	Nondisplaced fracture of first metatarsal bone, unspecified foot, sequela
S92.321D	Displaced fracture of second metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.321G	Displaced fracture of second metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.321S	Displaced fracture of second metatarsal bone, right foot, sequela



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

Code	Description
S92.322D	Displaced fracture of second metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.322G	Displaced fracture of second metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.322S	Displaced fracture of second metatarsal bone, left foot, sequela
S92.323D	Displaced fracture of second metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.323G	Displaced fracture of second metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.323S	Displaced fracture of second metatarsal bone, unspecified foot, sequela
S92.324D	Nondisplaced fracture of second metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.324G	Nondisplaced fracture of second metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.324S	Nondisplaced fracture of second metatarsal bone, right foot, sequela
S92.325D	Nondisplaced fracture of second metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.325G	Nondisplaced fracture of second metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.325S	Nondisplaced fracture of second metatarsal bone, left foot, sequela
S92.326D	Nondisplaced fracture of second metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.326G	Nondisplaced fracture of second metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.326S	Nondisplaced fracture of second metatarsal bone, unspecified foot, sequela
S92.331D	Displaced fracture of third metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.331G	Displaced fracture of third metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.331S	Displaced fracture of third metatarsal bone, right foot, sequela
S92.332D	Displaced fracture of third metatarsal bone, left foot, subsequent encounter for fracture with routine healing



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

Code	Description
S92.332G	Displaced fracture of third metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.332S	Displaced fracture of third metatarsal bone, left foot, sequela
S92.333D	Displaced fracture of third metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.333G	Displaced fracture of third metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.333S	Displaced fracture of third metatarsal bone, unspecified foot, sequela
S92.334D	Nondisplaced fracture of third metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.334G	Nondisplaced fracture of third metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.334S	Nondisplaced fracture of third metatarsal bone, right foot, sequela
S92.335D	Nondisplaced fracture of third metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.335G	Nondisplaced fracture of third metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.335S	Nondisplaced fracture of third metatarsal bone, left foot, sequela
S92.336D	Nondisplaced fracture of third metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.336G	Nondisplaced fracture of third metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.336S	Nondisplaced fracture of third metatarsal bone, unspecified foot, sequela
S92.341D	Displaced fracture of fourth metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.341G	Displaced fracture of fourth metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.341S	Displaced fracture of fourth metatarsal bone, right foot, sequela
S92.342D	Displaced fracture of fourth metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.342G	Displaced fracture of fourth metatarsal bone, left foot, subsequent encounter for fracture with delayed healing



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

Code	Description
S92.342S	Displaced fracture of fourth metatarsal bone, left foot, sequela
S92.343D	Displaced fracture of fourth metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.343G	Displaced fracture of fourth metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.343S	Displaced fracture of fourth metatarsal bone, unspecified foot, sequela
S92.344D	Nondisplaced fracture of fourth metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.344G	Nondisplaced fracture of fourth metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.344S	Nondisplaced fracture of fourth metatarsal bone, right foot, sequela
S92.345D	Nondisplaced fracture of fourth metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.345G	Nondisplaced fracture of fourth metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.345S	Nondisplaced fracture of fourth metatarsal bone, left foot, sequela
S92.346D	Nondisplaced fracture of fourth metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.346G	Nondisplaced fracture of fourth metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.346S	Nondisplaced fracture of fourth metatarsal bone, unspecified foot, sequela
S92.351D	Displaced fracture of fifth metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.351G	Displaced fracture of fifth metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.351S	Displaced fracture of fifth metatarsal bone, right foot, sequela
S92.352D	Displaced fracture of fifth metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.352G	Displaced fracture of fifth metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.352S	Displaced fracture of fifth metatarsal bone, left foot, sequela



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

Code	Description
S92.353D	Displaced fracture of fifth metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.353G	Displaced fracture of fifth metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.353S	Displaced fracture of fifth metatarsal bone, unspecified foot, sequela
S92.354D	Nondisplaced fracture of fifth metatarsal bone, right foot, subsequent encounter for fracture with routine healing
S92.354G	Nondisplaced fracture of fifth metatarsal bone, right foot, subsequent encounter for fracture with delayed healing
S92.354S	Nondisplaced fracture of fifth metatarsal bone, right foot, sequela
S92.355D	Nondisplaced fracture of fifth metatarsal bone, left foot, subsequent encounter for fracture with routine healing
S92.355G	Nondisplaced fracture of fifth metatarsal bone, left foot, subsequent encounter for fracture with delayed healing
S92.355S	Nondisplaced fracture of fifth metatarsal bone, left foot, sequela
S92.356D	Nondisplaced fracture of fifth metatarsal bone, unspecified foot, subsequent encounter for fracture with routine healing
S92.356G	Nondisplaced fracture of fifth metatarsal bone, unspecified foot, subsequent encounter for fracture with delayed healing
S92.356S	Nondisplaced fracture of fifth metatarsal bone, unspecified foot, sequela
S92.401D	Displaced unspecified fracture of right great toe, subsequent encounter for fracture with routine healing
S92.401G	Displaced unspecified fracture of right great toe, subsequent encounter for fracture with delayed healing
S92.401S	Displaced unspecified fracture of right great toe, sequela
S92.402D	Displaced unspecified fracture of left great toe, subsequent encounter for fracture with routine healing
S92.402G	Displaced unspecified fracture of left great toe, subsequent encounter for fracture with delayed healing
S92.402S	Displaced unspecified fracture of left great toe, sequela
S92.403D	Displaced unspecified fracture of unspecified great toe, subsequent encounter for fracture with routine healing



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

Code	Description
S92.403G	Displaced unspecified fracture of unspecified great toe, subsequent encounter for fracture with delayed healing
S92.403S	Displaced unspecified fracture of unspecified great toe, sequela
S92.404D	Nondisplaced unspecified fracture of right great toe, subsequent encounter for fracture with routine healing
S92.404G	Nondisplaced unspecified fracture of right great toe, subsequent encounter for fracture with delayed healing
S92.404S	Nondisplaced unspecified fracture of right great toe, sequela
S92.405D	Nondisplaced unspecified fracture of left great toe, subsequent encounter for fracture with routine healing
S92.405G	Nondisplaced unspecified fracture of left great toe, subsequent encounter for fracture with delayed healing
S92.405S	Nondisplaced unspecified fracture of left great toe, sequela
S92.406D	Nondisplaced unspecified fracture of unspecified great toe, subsequent encounter for fracture with routine healing
S92.406G	Nondisplaced unspecified fracture of unspecified great toe, subsequent encounter for fracture with delayed healing
S92.406S	Nondisplaced unspecified fracture of unspecified great toe, sequela
S92.411D	Displaced fracture of proximal phalanx of right great toe, subsequent encounter for fracture with routine healing
S92.411G	Displaced fracture of proximal phalanx of right great toe, subsequent encounter for fracture with delayed healing
S92.411S	Displaced fracture of proximal phalanx of right great toe, sequela
S92.412D	Displaced fracture of proximal phalanx of left great toe, subsequent encounter for fracture with routine healing
S92.412G	Displaced fracture of proximal phalanx of left great toe, subsequent encounter for fracture with delayed healing
S92.412S	Displaced fracture of proximal phalanx of left great toe, sequela
S92.413D	Displaced fracture of proximal phalanx of unspecified great toe, subsequent encounter for fracture with routine healing
S92.413G	Displaced fracture of proximal phalanx of unspecified great toe, subsequent encounter for fracture with delayed healing



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

Code	Description
S92.413S	Displaced fracture of proximal phalanx of unspecified great toe, sequela
S92.414D	Nondisplaced fracture of proximal phalanx of right great toe, subsequent encounter for fracture with routine healing
S92.414G	Nondisplaced fracture of proximal phalanx of right great toe, subsequent encounter for fracture with delayed healing
S92.414S	Nondisplaced fracture of proximal phalanx of right great toe, sequela
S92.415D	Nondisplaced fracture of proximal phalanx of left great toe, subsequent encounter for fracture with routine healing
S92.415G	Nondisplaced fracture of proximal phalanx of left great toe, subsequent encounter for fracture with delayed healing
S92.415S	Nondisplaced fracture of proximal phalanx of left great toe, sequela
S92.416D	Nondisplaced fracture of proximal phalanx of unspecified great toe, subsequent encounter for fracture with routine healing
S92.416G	Nondisplaced fracture of proximal phalanx of unspecified great toe, subsequent encounter for fracture with delayed healing
S92.416S	Nondisplaced fracture of proximal phalanx of unspecified great toe, sequela
S92.421D	Displaced fracture of distal phalanx of right great toe, subsequent encounter for fracture with routine healing
S92.421G	Displaced fracture of distal phalanx of right great toe, subsequent encounter for fracture with delayed healing
S92.421S	Displaced fracture of distal phalanx of right great toe, sequela
S92.422D	Displaced fracture of distal phalanx of left great toe, subsequent encounter for fracture with routine healing
S92.422G	Displaced fracture of distal phalanx of left great toe, subsequent encounter for fracture with delayed healing
S92.422S	Displaced fracture of distal phalanx of left great toe, sequela
S92.423D	Displaced fracture of distal phalanx of unspecified great toe, subsequent encounter for fracture with routine healing
S92.423G	Displaced fracture of distal phalanx of unspecified great toe, subsequent encounter for fracture with delayed healing
S92.423S	Displaced fracture of distal phalanx of unspecified great toe, sequela



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

Code	Description
S92.424D	Nondisplaced fracture of distal phalanx of right great toe, subsequent encounter for fracture with routine healing
S92.424G	Nondisplaced fracture of distal phalanx of right great toe, subsequent encounter for fracture with delayed healing
S92.424S	Nondisplaced fracture of distal phalanx of right great toe, sequela
S92.425D	Nondisplaced fracture of distal phalanx of left great toe, subsequent encounter for fracture with routine healing
S92.425G	Nondisplaced fracture of distal phalanx of left great toe, subsequent encounter for fracture with delayed healing
S92.425S	Nondisplaced fracture of distal phalanx of left great toe, sequela
S92.426D	Nondisplaced fracture of distal phalanx of unspecified great toe, subsequent encounter for fracture with routine healing
S92.426G	Nondisplaced fracture of distal phalanx of unspecified great toe, subsequent encounter for fracture with delayed healing
S92.426S	Nondisplaced fracture of distal phalanx of unspecified great toe, sequela
S92.491D	Other fracture of right great toe, subsequent encounter for fracture with routine healing
S92.491G	Other fracture of right great toe, subsequent encounter for fracture with delayed healing
S92.491S	Other fracture of right great toe, sequela
S92.492D	Other fracture of left great toe, subsequent encounter for fracture with routine healing
S92.492G	Other fracture of left great toe, subsequent encounter for fracture with delayed healing
S92.492S	Other fracture of left great toe, sequela
S92.499D	Other fracture of unspecified great toe, subsequent encounter for fracture with routine healing
S92.499G	Other fracture of unspecified great toe, subsequent encounter for fracture with delayed healing
S92.499S	Other fracture of unspecified great toe, sequela
S92.501D	Displaced unspecified fracture of right lesser toe(s), subsequent encounter for fracture with routine healing



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

Code	Description
S92.501G	Displaced unspecified fracture of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.501S	Displaced unspecified fracture of right lesser toe(s), sequela
S92.502D	Displaced unspecified fracture of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.502G	Displaced unspecified fracture of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.502S	Displaced unspecified fracture of left lesser toe(s), sequela
S92.503D	Displaced unspecified fracture of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.503G	Displaced unspecified fracture of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.503S	Displaced unspecified fracture of unspecified lesser toe(s), sequela
S92.504D	Nondisplaced unspecified fracture of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.504G	Nondisplaced unspecified fracture of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.504S	Nondisplaced unspecified fracture of right lesser toe(s), sequela
S92.505D	Nondisplaced unspecified fracture of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.505G	Nondisplaced unspecified fracture of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.505S	Nondisplaced unspecified fracture of left lesser toe(s), sequela
S92.506D	Nondisplaced unspecified fracture of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.506G	Nondisplaced unspecified fracture of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.506S	Nondisplaced unspecified fracture of unspecified lesser toe(s), sequela
S92.511D	Displaced fracture of proximal phalanx of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.511G	Displaced fracture of proximal phalanx of right lesser toe(s), subsequent encounter for fracture with delayed healing



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

Code	Description
S92.511S	Displaced fracture of proximal phalanx of right lesser toe(s), sequela
S92.512D	Displaced fracture of proximal phalanx of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.512G	Displaced fracture of proximal phalanx of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.512S	Displaced fracture of proximal phalanx of left lesser toe(s), sequela
S92.513D	Displaced fracture of proximal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.513G	Displaced fracture of proximal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.513S	Displaced fracture of proximal phalanx of unspecified lesser toe(s), sequela
S92.514D	Nondisplaced fracture of proximal phalanx of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.514G	Nondisplaced fracture of proximal phalanx of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.514S	Nondisplaced fracture of proximal phalanx of right lesser toe(s), sequela
S92.515D	Nondisplaced fracture of proximal phalanx of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.515G	Nondisplaced fracture of proximal phalanx of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.515S	Nondisplaced fracture of proximal phalanx of left lesser toe(s), sequela
S92.516D	Nondisplaced fracture of proximal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.516G	Nondisplaced fracture of proximal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.516S	Nondisplaced fracture of proximal phalanx of unspecified lesser toe(s), sequela
S92.521D	Displaced fracture of middle phalanx of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.521G	Displaced fracture of middle phalanx of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.521S	Displaced fracture of middle phalanx of right lesser toe(s), sequela



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

Code	Description
S92.522D	Displaced fracture of middle phalanx of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.522G	Displaced fracture of middle phalanx of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.522S	Displaced fracture of middle phalanx of left lesser toe(s), sequela
S92.523D	Displaced fracture of middle phalanx of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.523G	Displaced fracture of middle phalanx of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.523S	Displaced fracture of middle phalanx of unspecified lesser toe(s), sequela
S92.524D	Nondisplaced fracture of middle phalanx of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.524G	Nondisplaced fracture of middle phalanx of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.524S	Nondisplaced fracture of middle phalanx of right lesser toe(s), sequela
S92.525D	Nondisplaced fracture of middle phalanx of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.525G	Nondisplaced fracture of middle phalanx of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.525S	Nondisplaced fracture of middle phalanx of left lesser toe(s), sequela
S92.526D	Nondisplaced fracture of middle phalanx of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.526G	Nondisplaced fracture of middle phalanx of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.526S	Nondisplaced fracture of middle phalanx of unspecified lesser toe(s), sequela
S92.531D	Displaced fracture of distal phalanx of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.531G	Displaced fracture of distal phalanx of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.531S	Displaced fracture of distal phalanx of right lesser toe(s), sequela
S92.532D	Displaced fracture of distal phalanx of left lesser toe(s), subsequent encounter for fracture with routine healing



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

Code	Description
S92.532G	Displaced fracture of distal phalanx of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.532S	Displaced fracture of distal phalanx of left lesser toe(s), sequela
S92.533D	Displaced fracture of distal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.533G	Displaced fracture of distal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.533S	Displaced fracture of distal phalanx of unspecified lesser toe(s), sequela
S92.534D	Nondisplaced fracture of distal phalanx of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.534G	Nondisplaced fracture of distal phalanx of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.534S	Nondisplaced fracture of distal phalanx of right lesser toe(s), sequela
S92.535D	Nondisplaced fracture of distal phalanx of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.535G	Nondisplaced fracture of distal phalanx of left lesser toe(s), subsequent encounter for fracture with delayed healing
S92.535S	Nondisplaced fracture of distal phalanx of left lesser toe(s), sequela
S92.536D	Nondisplaced fracture of distal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.536G	Nondisplaced fracture of distal phalanx of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.536S	Nondisplaced fracture of distal phalanx of unspecified lesser toe(s), sequela
S92.591D	Other fracture of right lesser toe(s), subsequent encounter for fracture with routine healing
S92.591G	Other fracture of right lesser toe(s), subsequent encounter for fracture with delayed healing
S92.591S	Other fracture of right lesser toe(s), sequela
S92.592D	Other fracture of left lesser toe(s), subsequent encounter for fracture with routine healing
S92.592G	Other fracture of left lesser toe(s), subsequent encounter for fracture with delayed healing



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

Code	Description
S92.592S	Other fracture of left lesser toe(s), sequela
S92.599D	Other fracture of unspecified lesser toe(s), subsequent encounter for fracture with routine healing
S92.599G	Other fracture of unspecified lesser toe(s), subsequent encounter for fracture with delayed healing
S92.599S	Other fracture of unspecified lesser toe(s), sequela
S92.901D	Unspecified fracture of right foot, subsequent encounter for fracture with routine healing
S92.901G	Unspecified fracture of right foot, subsequent encounter for fracture with delayed healing
S92.901S	Unspecified fracture of right foot, sequela
S92.902D	Unspecified fracture of left foot, subsequent encounter for fracture with routine healing
S92.902G	Unspecified fracture of left foot, subsequent encounter for fracture with delayed healing
S92.902S	Unspecified fracture of left foot, sequela
S92.909D	Unspecified fracture of unspecified foot, subsequent encounter for fracture with routine healing
S92.909G	Unspecified fracture of unspecified foot, subsequent encounter for fracture with delayed healing
S92.909S	Unspecified fracture of unspecified foot, sequela
S92.911D	Unspecified fracture of right toe(s), subsequent encounter for fracture with routine healing
S92.911G	Unspecified fracture of right toe(s), subsequent encounter for fracture with delayed healing
S92.911S	Unspecified fracture of right toe(s), sequela
S92.912D	Unspecified fracture of left toe(s), subsequent encounter for fracture with routine healing
S92.912G	Unspecified fracture of left toe(s), subsequent encounter for fracture with delayed healing
S92.912S	Unspecified fracture of left toe(s), sequela



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

Code	Description
S92.919D	Unspecified fracture of unspecified toe(s), subsequent encounter for fracture with routine healing
S92.919G	Unspecified fracture of unspecified toe(s), subsequent encounter for fracture with delayed healing
S92.919S	Unspecified fracture of unspecified toe(s), sequela
S93.01XA	Subluxation of right ankle joint, initial encounter
S93.01XS	Subluxation of right ankle joint, sequela
S93.02XA	Subluxation of left ankle joint, initial encounter
S93.02XS	Subluxation of left ankle joint, sequela
S93.03XA	Subluxation of unspecified ankle joint, initial encounter
S93.03XS	Subluxation of unspecified ankle joint, sequela
S93.04XA	Dislocation of right ankle joint, initial encounter
S93.04XS	Dislocation of right ankle joint, sequela
S93.05XA	Dislocation of left ankle joint, initial encounter
S93.05XS	Dislocation of left ankle joint, sequela
S93.06XA	Dislocation of unspecified ankle joint, initial encounter
S93.06XS	Dislocation of unspecified ankle joint, sequela
S93.101A	Unspecified subluxation of right toe(s), initial encounter
S93.101S	Unspecified subluxation of right toe(s), sequela
S93.102A	Unspecified subluxation of left toe(s), initial encounter
S93.102S	Unspecified subluxation of left toe(s), sequela
S93.103A	Unspecified subluxation of unspecified toe(s), initial encounter
S93.103S	Unspecified subluxation of unspecified toe(s), sequela
S93.104A	Unspecified dislocation of right toe(s), initial encounter
S93.104S	Unspecified dislocation of right toe(s), sequela
S93.105A	Unspecified dislocation of left toe(s), initial encounter
S93.105S	Unspecified dislocation of left toe(s), sequela
S93.106A	Unspecified dislocation of unspecified toe(s), initial encounter
S93.106S	Unspecified dislocation of unspecified toe(s), sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S93.111A	Dislocation of interphalangeal joint of right great toe, initial encounter
S93.111S	Dislocation of interphalangeal joint of right great toe, sequela
S93.112A	Dislocation of interphalangeal joint of left great toe, initial encounter
S93.112S	Dislocation of interphalangeal joint of left great toe, sequela
S93.113A	Dislocation of interphalangeal joint of unspecified great toe, initial encounter
S93.113S	Dislocation of interphalangeal joint of unspecified great toe, sequela
S93.114A	Dislocation of interphalangeal joint of right lesser toe(s), initial encounter
S93.114S	Dislocation of interphalangeal joint of right lesser toe(s), sequela
S93.115A	Dislocation of interphalangeal joint of left lesser toe(s), initial encounter
S93.115S	Dislocation of interphalangeal joint of left lesser toe(s), sequela
S93.116A	Dislocation of interphalangeal joint of unspecified lesser toe(s), initial encounter
S93.116S	Dislocation of interphalangeal joint of unspecified lesser toe(s), sequela
S93.119A	Dislocation of interphalangeal joint of unspecified toe(s), initial encounter
S93.119S	Dislocation of interphalangeal joint of unspecified toe(s), sequela
S93.121A	Dislocation of metatarsophalangeal joint of right great toe, initial encounter
S93.121S	Dislocation of metatarsophalangeal joint of right great toe, sequela
S93.122A	Dislocation of metatarsophalangeal joint of left great toe, initial encounter
S93.122S	Dislocation of metatarsophalangeal joint of left great toe, sequela
S93.123A	Dislocation of metatarsophalangeal joint of unspecified great toe, initial encounter
S93.123S	Dislocation of metatarsophalangeal joint of unspecified great toe, sequela
S93.124A	Dislocation of metatarsophalangeal joint of right lesser toe(s), initial encounter
S93.124S	Dislocation of metatarsophalangeal joint of right lesser toe(s), sequela
S93.125A	Dislocation of metatarsophalangeal joint of left lesser toe(s), initial encounter
S93.125S	Dislocation of metatarsophalangeal joint of left lesser toe(s), sequela
S93.126A	Dislocation of metatarsophalangeal joint of unspecified lesser toe(s), initial encounter
S93.126S	Dislocation of metatarsophalangeal joint of unspecified lesser toe(s), sequela
S93.129A	Dislocation of metatarsophalangeal joint of unspecified toe(s), initial encounter
S93.129S	Dislocation of metatarsophalangeal joint of unspecified toe(s), sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S93.131A	Subluxation of interphalangeal joint of right great toe, initial encounter
S93.131S	Subluxation of interphalangeal joint of right great toe, sequela
S93.132A	Subluxation of interphalangeal joint of left great toe, initial encounter
S93.132S	Subluxation of interphalangeal joint of left great toe, sequela
S93.133A	Subluxation of interphalangeal joint of unspecified great toe, initial encounter
S93.133S	Subluxation of interphalangeal joint of unspecified great toe, sequela
S93.134A	Subluxation of interphalangeal joint of right lesser toe(s), initial encounter
S93.134S	Subluxation of interphalangeal joint of right lesser toe(s), sequela
S93.135A	Subluxation of interphalangeal joint of left lesser toe(s), initial encounter
S93.135S	Subluxation of interphalangeal joint of left lesser toe(s), sequela
S93.136A	Subluxation of interphalangeal joint of unspecified lesser toe(s), initial encounter
S93.136S	Subluxation of interphalangeal joint of unspecified lesser toe(s), sequela
S93.139A	Subluxation of interphalangeal joint of unspecified toe(s), initial encounter
S93.139S	Subluxation of interphalangeal joint of unspecified toe(s), sequela
S93.141A	Subluxation of metatarsophalangeal joint of right great toe, initial encounter
S93.141S	Subluxation of metatarsophalangeal joint of right great toe, sequela
S93.142A	Subluxation of metatarsophalangeal joint of left great toe, initial encounter
S93.142S	Subluxation of metatarsophalangeal joint of left great toe, sequela
S93.143A	Subluxation of metatarsophalangeal joint of unspecified great toe, initial encounter
S93.143S	Subluxation of metatarsophalangeal joint of unspecified great toe, sequela
S93.144A	Subluxation of metatarsophalangeal joint of right lesser toe(s), initial encounter
S93.144S	Subluxation of metatarsophalangeal joint of right lesser toe(s), sequela
S93.145A	Subluxation of metatarsophalangeal joint of left lesser toe(s), initial encounter
S93.145S	Subluxation of metatarsophalangeal joint of left lesser toe(s), sequela
S93.146A	Subluxation of metatarsophalangeal joint of unspecified lesser toe(s), initial encounter
S93.146S	Subluxation of metatarsophalangeal joint of unspecified lesser toe(s), sequela
S93.149A	Subluxation of metatarsophalangeal joint of unspecified toe(s), initial encounter
S93.149S	Subluxation of metatarsophalangeal joint of unspecified toe(s), sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S93.301A	Unspecified subluxation of right foot, initial encounter
S93.301S	Unspecified subluxation of right foot, sequela
S93.302A	Unspecified subluxation of left foot, initial encounter
S93.302S	Unspecified subluxation of left foot, sequela
S93.303A	Unspecified subluxation of unspecified foot, initial encounter
S93.303S	Unspecified subluxation of unspecified foot, sequela
S93.304A	Unspecified dislocation of right foot, initial encounter
S93.304S	Unspecified dislocation of right foot, sequela
S93.305A	Unspecified dislocation of left foot, initial encounter
S93.305S	Unspecified dislocation of left foot, sequela
S93.306A	Unspecified dislocation of unspecified foot, initial encounter
S93.306S	Unspecified dislocation of unspecified foot, sequela
S93.311A	Subluxation of tarsal joint of right foot, initial encounter
S93.311S	Subluxation of tarsal joint of right foot, sequela
S93.312A	Subluxation of tarsal joint of left foot, initial encounter
S93.312S	Subluxation of tarsal joint of left foot, sequela
S93.313A	Subluxation of tarsal joint of unspecified foot, initial encounter
S93.313S	Subluxation of tarsal joint of unspecified foot, sequela
S93.314A	Dislocation of tarsal joint of right foot, initial encounter
S93.314S	Dislocation of tarsal joint of right foot, sequela
S93.315A	Dislocation of tarsal joint of left foot, initial encounter
S93.315S	Dislocation of tarsal joint of left foot, sequela
S93.316A	Dislocation of tarsal joint of unspecified foot, initial encounter
S93.316S	Dislocation of tarsal joint of unspecified foot, sequela
S93.321A	Subluxation of tarsometatarsal joint of right foot, initial encounter
S93.321S	Subluxation of tarsometatarsal joint of right foot, sequela
S93.322A	Subluxation of tarsometatarsal joint of left foot, initial encounter
S93.322S	Subluxation of tarsometatarsal joint of left foot, sequela



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

Code	Description
S93.323A	Subluxation of tarsometatarsal joint of unspecified foot, initial encounter
S93.323S	Subluxation of tarsometatarsal joint of unspecified foot, sequela
S93.324A	Dislocation of tarsometatarsal joint of right foot, initial encounter
S93.324S	Dislocation of tarsometatarsal joint of right foot, sequela
S93.325A	Dislocation of tarsometatarsal joint of left foot, initial encounter
S93.325S	Dislocation of tarsometatarsal joint of left foot, sequela
S93.326A	Dislocation of tarsometatarsal joint of unspecified foot, initial encounter
S93.326S	Dislocation of tarsometatarsal joint of unspecified foot, sequela
S93.331A	Other subluxation of right foot, initial encounter
S93.331S	Other subluxation of right foot, sequela
S93.332A	Other subluxation of left foot, initial encounter
S93.332S	Other subluxation of left foot, sequela
S93.333A	Other subluxation of unspecified foot, initial encounter
S93.333S	Other subluxation of unspecified foot, sequela
S93.334A	Other dislocation of right foot, initial encounter
S93.334S	Other dislocation of right foot, sequela
S93.335A	Other dislocation of left foot, initial encounter
S93.335S	Other dislocation of left foot, sequela
S93.336A	Other dislocation of unspecified foot, initial encounter
S93.336S	Other dislocation of unspecified foot, sequela
S93.401A	Sprain of unspecified ligament of right ankle, initial encounter
S93.401S	Sprain of unspecified ligament of right ankle, sequela
S93.402A	Sprain of unspecified ligament of left ankle, initial encounter
S93.402S	Sprain of unspecified ligament of left ankle, sequela
S93.409A	Sprain of unspecified ligament of unspecified ankle, initial encounter
S93.409S	Sprain of unspecified ligament of unspecified ankle, sequela
S93.411A	Sprain of calcaneofibular ligament of right ankle, initial encounter
S93.411S	Sprain of calcaneofibular ligament of right ankle, sequela



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

Code	Description
S93.412A	Sprain of calcaneofibular ligament of left ankle, initial encounter
S93.412S	Sprain of calcaneofibular ligament of left ankle, sequela
S93.419A	Sprain of calcaneofibular ligament of unspecified ankle, initial encounter
S93.419S	Sprain of calcaneofibular ligament of unspecified ankle, sequela
S93.421A	Sprain of deltoid ligament of right ankle, initial encounter
S93.421S	Sprain of deltoid ligament of right ankle, sequela
S93.422A	Sprain of deltoid ligament of left ankle, initial encounter
S93.422S	Sprain of deltoid ligament of left ankle, sequela
S93.429A	Sprain of deltoid ligament of unspecified ankle, initial encounter
S93.429S	Sprain of deltoid ligament of unspecified ankle, sequela
S93.431A	Sprain of tibiofibular ligament of right ankle, initial encounter
S93.431S	Sprain of tibiofibular ligament of right ankle, sequela
S93.432A	Sprain of tibiofibular ligament of left ankle, initial encounter
S93.432S	Sprain of tibiofibular ligament of left ankle, sequela
S93.439A	Sprain of tibiofibular ligament of unspecified ankle, initial encounter
S93.439S	Sprain of tibiofibular ligament of unspecified ankle, sequela
S93.491A	Sprain of other ligament of right ankle, initial encounter
S93.491S	Sprain of other ligament of right ankle, sequela
S93.492A	Sprain of other ligament of left ankle, initial encounter
S93.492S	Sprain of other ligament of left ankle, sequela
S93.499A	Sprain of other ligament of unspecified ankle, initial encounter
S93.499S	Sprain of other ligament of unspecified ankle, sequela
S93.501A	Unspecified sprain of right great toe, initial encounter
S93.501S	Unspecified sprain of right great toe, sequela
S93.502A	Unspecified sprain of left great toe, initial encounter
S93.502S	Unspecified sprain of left great toe, sequela
S93.503A	Unspecified sprain of unspecified great toe, initial encounter
S93.503S	Unspecified sprain of unspecified great toe, sequela



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

Code	Description
S93.504A	Unspecified sprain of right lesser toe(s), initial encounter
S93.504S	Unspecified sprain of right lesser toe(s), sequela
S93.505A	Unspecified sprain of left lesser toe(s), initial encounter
S93.505S	Unspecified sprain of left lesser toe(s), sequela
S93.506A	Unspecified sprain of unspecified lesser toe(s), initial encounter
S93.506S	Unspecified sprain of unspecified lesser toe(s), sequela
S93.509A	Unspecified sprain of unspecified toe(s), initial encounter
S93.509S	Unspecified sprain of unspecified toe(s), sequela
S93.511A	Sprain of interphalangeal joint of right great toe, initial encounter
S93.511S	Sprain of interphalangeal joint of right great toe, sequela
S93.512A	Sprain of interphalangeal joint of left great toe, initial encounter
S93.512S	Sprain of interphalangeal joint of left great toe, sequela
S93.513A	Sprain of interphalangeal joint of unspecified great toe, initial encounter
S93.513S	Sprain of interphalangeal joint of unspecified great toe, sequela
S93.514A	Sprain of interphalangeal joint of right lesser toe(s), initial encounter
S93.514S	Sprain of interphalangeal joint of right lesser toe(s), sequela
S93.515A	Sprain of interphalangeal joint of left lesser toe(s), initial encounter
S93.515S	Sprain of interphalangeal joint of left lesser toe(s), sequela
S93.516A	Sprain of interphalangeal joint of unspecified lesser toe(s), initial encounter
S93.516S	Sprain of interphalangeal joint of unspecified lesser toe(s), sequela
S93.519A	Sprain of interphalangeal joint of unspecified toe(s), initial encounter
S93.519S	Sprain of interphalangeal joint of unspecified toe(s), sequela
S93.521A	Sprain of metatarsophalangeal joint of right great toe, initial encounter
S93.521S	Sprain of metatarsophalangeal joint of right great toe, sequela
S93.522A	Sprain of metatarsophalangeal joint of left great toe, initial encounter
S93.522S	Sprain of metatarsophalangeal joint of left great toe, sequela
S93.523A	Sprain of metatarsophalangeal joint of unspecified great toe, initial encounter
S93.523S	Sprain of metatarsophalangeal joint of unspecified great toe, sequela



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

Code	Description
S93.524A	Sprain of metatarsophalangeal joint of right lesser toe(s), initial encounter
S93.524S	Sprain of metatarsophalangeal joint of right lesser toe(s), sequela
S93.525A	Sprain of metatarsophalangeal joint of left lesser toe(s), initial encounter
S93.525S	Sprain of metatarsophalangeal joint of left lesser toe(s), sequela
S93.526A	Sprain of metatarsophalangeal joint of unspecified lesser toe(s), initial encounter
S93.526S	Sprain of metatarsophalangeal joint of unspecified lesser toe(s), sequela
S93.529A	Sprain of metatarsophalangeal joint of unspecified toe(s), initial encounter
S93.529S	Sprain of metatarsophalangeal joint of unspecified toe(s), sequela
S93.601A	Unspecified sprain of right foot, initial encounter
S93.601S	Unspecified sprain of right foot, sequela
S93.602A	Unspecified sprain of left foot, initial encounter
S93.602S	Unspecified sprain of left foot, sequela
S93.609A	Unspecified sprain of unspecified foot, initial encounter
S93.609S	Unspecified sprain of unspecified foot, sequela
S93.611A	Sprain of tarsal ligament of right foot, initial encounter
S93.611S	Sprain of tarsal ligament of right foot, sequela
S93.612A	Sprain of tarsal ligament of left foot, initial encounter
S93.612S	Sprain of tarsal ligament of left foot, sequela
S93.619A	Sprain of tarsal ligament of unspecified foot, initial encounter
S93.619S	Sprain of tarsal ligament of unspecified foot, sequela
S93.621A	Sprain of tarsometatarsal ligament of right foot, initial encounter
S93.621S	Sprain of tarsometatarsal ligament of right foot, sequela
S93.622A	Sprain of tarsometatarsal ligament of left foot, initial encounter
S93.622S	Sprain of tarsometatarsal ligament of left foot, sequela
S93.629A	Sprain of tarsometatarsal ligament of unspecified foot, initial encounter
S93.629S	Sprain of tarsometatarsal ligament of unspecified foot, sequela
S93.691A	Other sprain of right foot, initial encounter
S93.691S	Other sprain of right foot, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S93.692A	Other sprain of left foot, initial encounter
S93.692S	Other sprain of left foot, sequela
S93.699A	Other sprain of unspecified foot, initial encounter
S93.699S	Other sprain of unspecified foot, sequela
S94.00XA	Injury of lateral plantar nerve, unspecified leg, initial encounter
S94.00XS	Injury of lateral plantar nerve, unspecified leg, sequela
S94.01XA	Injury of lateral plantar nerve, right leg, initial encounter
S94.01XS	Injury of lateral plantar nerve, right leg, sequela
S94.02XA	Injury of lateral plantar nerve, left leg, initial encounter
S94.02XS	Injury of lateral plantar nerve, left leg, sequela
S94.10XA	Injury of medial plantar nerve, unspecified leg, initial encounter
S94.10XS	Injury of medial plantar nerve, unspecified leg, sequela
S94.11XA	Injury of medial plantar nerve, right leg, initial encounter
S94.11XS	Injury of medial plantar nerve, right leg, sequela
S94.12XA	Injury of medial plantar nerve, left leg, initial encounter
S94.12XS	Injury of medial plantar nerve, left leg, sequela
S94.20XA	Injury of deep peroneal nerve at ankle and foot level, unspecified leg, initial encounter
S94.20XS	Injury of deep peroneal nerve at ankle and foot level, unspecified leg, sequela
S94.21XA	Injury of deep peroneal nerve at ankle and foot level, right leg, initial encounter
S94.21XS	Injury of deep peroneal nerve at ankle and foot level, right leg, sequela
S94.22XA	Injury of deep peroneal nerve at ankle and foot level, left leg, initial encounter
S94.22XS	Injury of deep peroneal nerve at ankle and foot level, left leg, sequela
S94.30XA	Injury of cutaneous sensory nerve at ankle and foot level, unspecified leg, initial encounter
S94.30XS	Injury of cutaneous sensory nerve at ankle and foot level, unspecified leg, sequela
S94.31XA	Injury of cutaneous sensory nerve at ankle and foot level, right leg, initial encounter
S94.31XS	Injury of cutaneous sensory nerve at ankle and foot level, right leg, sequela
S94.32XA	Injury of cutaneous sensory nerve at ankle and foot level, left leg, initial encounter

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S94.32XS	Injury of cutaneous sensory nerve at ankle and foot level, left leg, sequela
S94.8X1A	Injury of other nerves at ankle and foot level, right leg, initial encounter
S94.8X1S	Injury of other nerves at ankle and foot level, right leg, sequela
S94.8X2A	Injury of other nerves at ankle and foot level, left leg, initial encounter
S94.8X2S	Injury of other nerves at ankle and foot level, left leg, sequela
S94.8X9A	Injury of other nerves at ankle and foot level, unspecified leg, initial encounter
S94.8X9S	Injury of other nerves at ankle and foot level, unspecified leg, sequela
S94.90XA	Injury of unspecified nerve at ankle and foot level, unspecified leg, initial encounter
S94.90XS	Injury of unspecified nerve at ankle and foot level, unspecified leg, sequela
S94.91XA	Injury of unspecified nerve at ankle and foot level, right leg, initial encounter
S94.91XS	Injury of unspecified nerve at ankle and foot level, right leg, sequela
S94.92XA	Injury of unspecified nerve at ankle and foot level, left leg, initial encounter
S94.92XS	Injury of unspecified nerve at ankle and foot level, left leg, sequela
S95.001S	Unspecified injury of dorsal artery of right foot, sequela
S95.002S	Unspecified injury of dorsal artery of left foot, sequela
S95.009S	Unspecified injury of dorsal artery of unspecified foot, sequela
S95.011S	Laceration of dorsal artery of right foot, sequela
S95.012S	Laceration of dorsal artery of left foot, sequela
S95.019S	Laceration of dorsal artery of unspecified foot, sequela
S95.091S	Other specified injury of dorsal artery of right foot, sequela
S95.092S	Other specified injury of dorsal artery of left foot, sequela
S95.099S	Other specified injury of dorsal artery of unspecified foot, sequela
S95.101S	Unspecified injury of plantar artery of right foot, sequela
S95.102S	Unspecified injury of plantar artery of left foot, sequela
S95.109S	Unspecified injury of plantar artery of unspecified foot, sequela
S95.111S	Laceration of plantar artery of right foot, sequela
S95.112S	Laceration of plantar artery of left foot, sequela
S95.119S	Laceration of plantar artery of unspecified foot, sequela



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

Code	Description
S95.191S	Other specified injury of plantar artery of right foot, sequela
S95.192S	Other specified injury of plantar artery of left foot, sequela
S95.199S	Other specified injury of plantar artery of unspecified foot, sequela
S95.201S	Unspecified injury of dorsal vein of right foot, sequela
S95.202S	Unspecified injury of dorsal vein of left foot, sequela
S95.209S	Unspecified injury of dorsal vein of unspecified foot, sequela
S95.211S	Laceration of dorsal vein of right foot, sequela
S95.212S	Laceration of dorsal vein of left foot, sequela
S95.219S	Laceration of dorsal vein of unspecified foot, sequela
S95.291S	Other specified injury of dorsal vein of right foot, sequela
S95.292S	Other specified injury of dorsal vein of left foot, sequela
S95.299S	Other specified injury of dorsal vein of unspecified foot, sequela
S95.801S	Unspecified injury of other blood vessels at ankle and foot level, right leg, sequela
S95.802S	Unspecified injury of other blood vessels at ankle and foot level, left leg, sequela
S95.809S	Unspecified injury of other blood vessels at ankle and foot level, unspecified leg, sequela
S95.811S	Laceration of other blood vessels at ankle and foot level, right leg, sequela
S95.812S	Laceration of other blood vessels at ankle and foot level, left leg, sequela
S95.819S	Laceration of other blood vessels at ankle and foot level, unspecified leg, sequela
S95.891S	Other specified injury of other blood vessels at ankle and foot level, right leg, sequela
S95.892S	Other specified injury of other blood vessels at ankle and foot level, left leg, sequela
S95.899S	Other specified injury of other blood vessels at ankle and foot level, unspecified leg, sequela
S95.901S	Unspecified injury of unspecified blood vessel at ankle and foot level, right leg, sequela
S95.902S	Unspecified injury of unspecified blood vessel at ankle and foot level, left leg, sequela
S95.909S	Unspecified injury of unspecified blood vessel at ankle and foot level, unspecified leg, sequela



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

Code	Description
S95.911S	Laceration of unspecified blood vessel at ankle and foot level, right leg, sequela
S95.912S	Laceration of unspecified blood vessel at ankle and foot level, left leg, sequela
S95.919S	Laceration of unspecified blood vessel at ankle and foot level, unspecified leg, sequela
S95.991S	Other specified injury of unspecified blood vessel at ankle and foot level, right leg, sequela
S95.992S	Other specified injury of unspecified blood vessel at ankle and foot level, left leg, sequela
S95.999S	Other specified injury of unspecified blood vessel at ankle and foot level, unspecified leg, sequela
S96.001S	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, sequela
S96.002S	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, left foot, sequela
S96.009S	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.011A	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, initial encounter
S96.011S	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, sequela
S96.012A	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level, left foot, initial encounter
S96.012S	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level, left foot, sequela
S96.019A	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level, unspecified foot, initial encounter
S96.019S	Strain of muscle and tendon of long flexor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.021S	Laceration of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, sequela
S96.022S	Laceration of muscle and tendon of long flexor muscle of toe at ankle and foot level, left foot, sequela



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

Code	Description
S96.029S	Laceration of muscle and tendon of long flexor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.091S	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, sequela
S96.092S	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, left foot, sequela
S96.099S	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.101S	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, sequela
S96.102S	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, left foot, sequela
S96.109S	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.111A	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, initial encounter
S96.111S	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, sequela
S96.112A	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level, left foot, initial encounter
S96.112S	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level, left foot, sequela
S96.119A	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, initial encounter
S96.119S	Strain of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.121S	Laceration of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, sequela
S96.122S	Laceration of muscle and tendon of long extensor muscle of toe at ankle and foot level, left foot, sequela
S96.129S	Laceration of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, sequela



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

Code	Description
S96.191S	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, sequela
S96.192S	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, left foot, sequela
S96.199S	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, sequela
S96.201S	Unspecified injury of intrinsic muscle and tendon at ankle and foot level, right foot, sequela
S96.202S	Unspecified injury of intrinsic muscle and tendon at ankle and foot level, left foot, sequela
S96.209S	Unspecified injury of intrinsic muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.211A	Strain of intrinsic muscle and tendon at ankle and foot level, right foot, initial encounter
S96.211S	Strain of intrinsic muscle and tendon at ankle and foot level, right foot, sequela
S96.212A	Strain of intrinsic muscle and tendon at ankle and foot level, left foot, initial encounter
S96.212S	Strain of intrinsic muscle and tendon at ankle and foot level, left foot, sequela
S96.219A	Strain of intrinsic muscle and tendon at ankle and foot level, unspecified foot, initial encounter
S96.219S	Strain of intrinsic muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.221S	Laceration of intrinsic muscle and tendon at ankle and foot level, right foot, sequela
S96.222S	Laceration of intrinsic muscle and tendon at ankle and foot level, left foot, sequela
S96.229S	Laceration of intrinsic muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.291S	Other specified injury of intrinsic muscle and tendon at ankle and foot level, right foot, sequela
S96.292S	Other specified injury of intrinsic muscle and tendon at ankle and foot level, left foot, sequela
S96.299S	Other specified injury of intrinsic muscle and tendon at ankle and foot level, unspecified foot, sequela



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

Code	Description
S96.801S	Unspecified injury of other specified muscles and tendons at ankle and foot level, right foot, sequela
S96.802S	Unspecified injury of other specified muscles and tendons at ankle and foot level, left foot, sequela
S96.809S	Unspecified injury of other specified muscles and tendons at ankle and foot level, unspecified foot, sequela
S96.811A	Strain of other specified muscles and tendons at ankle and foot level, right foot, initial encounter
S96.811S	Strain of other specified muscles and tendons at ankle and foot level, right foot, sequela
S96.812A	Strain of other specified muscles and tendons at ankle and foot level, left foot, initial encounter
S96.812S	Strain of other specified muscles and tendons at ankle and foot level, left foot, sequela
S96.819A	Strain of other specified muscles and tendons at ankle and foot level, unspecified foot, initial encounter
S96.819S	Strain of other specified muscles and tendons at ankle and foot level, unspecified foot, sequela
S96.821S	Laceration of other specified muscles and tendons at ankle and foot level, right foot, sequela
S96.822S	Laceration of other specified muscles and tendons at ankle and foot level, left foot, sequela
S96.829S	Laceration of other specified muscles and tendons at ankle and foot level, unspecified foot, sequela
S96.891S	Other specified injury of other specified muscles and tendons at ankle and foot level, right foot, sequela
S96.892S	Other specified injury of other specified muscles and tendons at ankle and foot level, left foot, sequela
S96.899S	Other specified injury of other specified muscles and tendons at ankle and foot level, unspecified foot, sequela
S96.901S	Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, sequela



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

Code	Description
S96.902S	Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, sequela
S96.909S	Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.911A	Strain of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter
S96.911S	Strain of unspecified muscle and tendon at ankle and foot level, right foot, sequela
S96.912A	Strain of unspecified muscle and tendon at ankle and foot level, left foot, initial encounter
S96.912S	Strain of unspecified muscle and tendon at ankle and foot level, left foot, sequela
S96.919A	Strain of unspecified muscle and tendon at ankle and foot level, unspecified foot, initial encounter
S96.919S	Strain of unspecified muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.921S	Laceration of unspecified muscle and tendon at ankle and foot level, right foot, sequela
S96.922S	Laceration of unspecified muscle and tendon at ankle and foot level, left foot, sequela
S96.929S	Laceration of unspecified muscle and tendon at ankle and foot level, unspecified foot, sequela
S96.991S	Other specified injury of unspecified muscle and tendon at ankle and foot level, right foot, sequela
S96.992S	Other specified injury of unspecified muscle and tendon at ankle and foot level, left foot, sequela
S96.999S	Other specified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, sequela
S97.00XS	Crushing injury of unspecified ankle, sequela
S97.01XS	Crushing injury of right ankle, sequela
S97.02XS	Crushing injury of left ankle, sequela
S97.101S	Crushing injury of unspecified right toe(s), sequela
S97.102S	Crushing injury of unspecified left toe(s), sequela
S97.109S	Crushing injury of unspecified toe(s), sequela



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

Code	Description
S97.111S	Crushing injury of right great toe, sequela
S97.112S	Crushing injury of left great toe, sequela
S97.119S	Crushing injury of unspecified great toe, sequela
S97.121S	Crushing injury of right lesser toe(s), sequela
S97.122S	Crushing injury of left lesser toe(s), sequela
S97.129S	Crushing injury of unspecified lesser toe(s), sequela
S97.80XS	Crushing injury of unspecified foot, sequela
S97.81XS	Crushing injury of right foot, sequela
S97.82XS	Crushing injury of left foot, sequela
S98.011S	Complete traumatic amputation of right foot at ankle level, sequela
S98.012S	Complete traumatic amputation of left foot at ankle level, sequela
S98.019S	Complete traumatic amputation of unspecified foot at ankle level, sequela
S98.021S	Partial traumatic amputation of right foot at ankle level, sequela
S98.022S	Partial traumatic amputation of left foot at ankle level, sequela
S98.029S	Partial traumatic amputation of unspecified foot at ankle level, sequela
S98.111S	Complete traumatic amputation of right great toe, sequela
S98.112S	Complete traumatic amputation of left great toe, sequela
S98.119S	Complete traumatic amputation of unspecified great toe, sequela
S98.121S	Partial traumatic amputation of right great toe, sequela
S98.122S	Partial traumatic amputation of left great toe, sequela
S98.129S	Partial traumatic amputation of unspecified great toe, sequela
S98.131S	Complete traumatic amputation of one right lesser toe, sequela
S98.132S	Complete traumatic amputation of one left lesser toe, sequela
S98.139S	Complete traumatic amputation of one unspecified lesser toe, sequela
S98.141S	Partial traumatic amputation of one right lesser toe, sequela
S98.142S	Partial traumatic amputation of one left lesser toe, sequela
S98.149S	Partial traumatic amputation of one unspecified lesser toe, sequela
S98.211S	Complete traumatic amputation of two or more right lesser toes, sequela



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

Code	Description
S98.212S	Complete traumatic amputation of two or more left lesser toes, sequela
S98.219S	Complete traumatic amputation of two or more unspecified lesser toes, sequela
S98.221S	Partial traumatic amputation of two or more right lesser toes, sequela
S98.222S	Partial traumatic amputation of two or more left lesser toes, sequela
S98.229S	Partial traumatic amputation of two or more unspecified lesser toes, sequela
S98.311S	Complete traumatic amputation of right midfoot, sequela
S98.312S	Complete traumatic amputation of left midfoot, sequela
S98.319S	Complete traumatic amputation of unspecified midfoot, sequela
S98.321S	Partial traumatic amputation of right midfoot, sequela
S98.322S	Partial traumatic amputation of left midfoot, sequela
S98.329S	Partial traumatic amputation of unspecified midfoot, sequela
S98.911S	Complete traumatic amputation of right foot, level unspecified, sequela
S98.912S	Complete traumatic amputation of left foot, level unspecified, sequela
S98.919S	Complete traumatic amputation of unspecified foot, level unspecified, sequela
S98.921S	Partial traumatic amputation of right foot, level unspecified, sequela
S98.922S	Partial traumatic amputation of left foot, level unspecified, sequela
S98.929S	Partial traumatic amputation of unspecified foot, level unspecified, sequela
S99.811S	Other specified injuries of right ankle, sequela
S99.812S	Other specified injuries of left ankle, sequela
S99.819S	Other specified injuries of unspecified ankle, sequela
S99.821S	Other specified injuries of right foot, sequela
S99.822S	Other specified injuries of left foot, sequela
S99.829S	Other specified injuries of unspecified foot, sequela
S99.911S	Unspecified injury of right ankle, sequela
S99.912S	Unspecified injury of left ankle, sequela
S99.919S	Unspecified injury of unspecified ankle, sequela
S99.921S	Unspecified injury of right foot, sequela
S99.922S	Unspecified injury of left foot, sequela



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

Code	Description
S99.929S	Unspecified injury of unspecified foot, sequela
T07.XXXA	Unspecified multiple injuries, initial encounter
T07.XXXS	Unspecified multiple injuries, sequela
T14.8XXS	Other injury of unspecified body region, sequela
T14.90XA	Injury, unspecified, initial encounter
T14.90XS	Injury, unspecified, sequela
T14.91XA	Suicide attempt, initial encounter
T14.91XD	Suicide attempt, subsequent encounter
T14.91XS	Suicide attempt, sequela
T15.00XA	Foreign body in cornea, unspecified eye, initial encounter
T15.00XS	Foreign body in cornea, unspecified eye, sequela
T15.01XA	Foreign body in cornea, right eye, initial encounter
T15.01XS	Foreign body in cornea, right eye, sequela
T15.02XA	Foreign body in cornea, left eye, initial encounter
T15.02XS	Foreign body in cornea, left eye, sequela
T15.10XA	Foreign body in conjunctival sac, unspecified eye, initial encounter
T15.10XS	Foreign body in conjunctival sac, unspecified eye, sequela
T15.11XA	Foreign body in conjunctival sac, right eye, initial encounter
T15.11XS	Foreign body in conjunctival sac, right eye, sequela
T15.12XA	Foreign body in conjunctival sac, left eye, initial encounter
T15.12XS	Foreign body in conjunctival sac, left eye, sequela
T15.80XA	Foreign body in other and multiple parts of external eye, unspecified eye, initial encounter
T15.80XS	Foreign body in other and multiple parts of external eye, unspecified eye, sequela
T15.81XA	Foreign body in other and multiple parts of external eye, right eye, initial encounter
T15.81XS	Foreign body in other and multiple parts of external eye, right eye, sequela
T15.82XA	Foreign body in other and multiple parts of external eye, left eye, initial encounter
T15.82XS	Foreign body in other and multiple parts of external eye, left eye, sequela
T15.90XA	Foreign body on external eye, part unspecified, unspecified eye, initial encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T15.90XS	Foreign body on external eye, part unspecified, unspecified eye, sequela
T15.91XA	Foreign body on external eye, part unspecified, right eye, initial encounter
T15.91XS	Foreign body on external eye, part unspecified, right eye, sequela
T15.92XA	Foreign body on external eye, part unspecified, left eye, initial encounter
T15.92XS	Foreign body on external eye, part unspecified, left eye, sequela
T16.1XXA	Foreign body in right ear, initial encounter
T16.1XXS	Foreign body in right ear, sequela
T16.2XXA	Foreign body in left ear, initial encounter
T16.2XXS	Foreign body in left ear, sequela
T16.9XXA	Foreign body in ear, unspecified ear, initial encounter
T16.9XXS	Foreign body in ear, unspecified ear, sequela
T17.0XXA	Foreign body in nasal sinus, initial encounter
T17.0XXS	Foreign body in nasal sinus, sequela
T17.1XXA	Foreign body in nostril, initial encounter
T17.1XXS	Foreign body in nostril, sequela
T17.200S	Unspecified foreign body in pharynx causing asphyxiation, sequela
T17.208S	Unspecified foreign body in pharynx causing other injury, sequela
T17.210S	Gastric contents in pharynx causing asphyxiation, sequela
T17.218S	Gastric contents in pharynx causing other injury, sequela
T17.220S	Food in pharynx causing asphyxiation, sequela
T17.228S	Food in pharynx causing other injury, sequela
T17.290S	Other foreign object in pharynx causing asphyxiation, sequela
T17.298S	Other foreign object in pharynx causing other injury, sequela
T17.300S	Unspecified foreign body in larynx causing asphyxiation, sequela
T17.308S	Unspecified foreign body in larynx causing other injury, sequela
T17.310S	Gastric contents in larynx causing asphyxiation, sequela
T17.318S	Gastric contents in larynx causing other injury, sequela
T17.320S	Food in larynx causing asphyxiation, sequela



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Code	Description
T17.328S	Food in larynx causing other injury, sequela
T17.390S	Other foreign object in larynx causing asphyxiation, sequela
T17.398S	Other foreign object in larynx causing other injury, sequela
T17.400S	Unspecified foreign body in trachea causing asphyxiation, sequela
T17.408S	Unspecified foreign body in trachea causing other injury, sequela
T17.410S	Gastric contents in trachea causing asphyxiation, sequela
T17.418S	Gastric contents in trachea causing other injury, sequela
T17.420S	Food in trachea causing asphyxiation, sequela
T17.428S	Food in trachea causing other injury, sequela
T17.490S	Other foreign object in trachea causing asphyxiation, sequela
T17.498S	Other foreign object in trachea causing other injury, sequela
T17.500S	Unspecified foreign body in bronchus causing asphyxiation, sequela
T17.508S	Unspecified foreign body in bronchus causing other injury, sequela
T17.510S	Gastric contents in bronchus causing asphyxiation, sequela
T17.518S	Gastric contents in bronchus causing other injury, sequela
T17.520S	Food in bronchus causing asphyxiation, sequela
T17.528S	Food in bronchus causing other injury, sequela
T17.590S	Other foreign object in bronchus causing asphyxiation, sequela
T17.598S	Other foreign object in bronchus causing other injury, sequela
T17.800S	Unspecified foreign body in other parts of respiratory tract causing asphyxiation, sequela
T17.808S	Unspecified foreign body in other parts of respiratory tract causing other injury, sequela
T17.810S	Gastric contents in other parts of respiratory tract causing asphyxiation, sequela
T17.818S	Gastric contents in other parts of respiratory tract causing other injury, sequela
T17.820S	Food in other parts of respiratory tract causing asphyxiation, sequela
T17.828S	Food in other parts of respiratory tract causing other injury, sequela
T17.890S	Other foreign object in other parts of respiratory tract causing asphyxiation, sequela
T17.898S	Other foreign object in other parts of respiratory tract causing other injury, sequela



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Code	Description
T17.900S	Unspecified foreign body in respiratory tract, part unspecified causing asphyxiation, sequela
T17.908S	Unspecified foreign body in respiratory tract, part unspecified causing other injury, sequela
T17.910S	Gastric contents in respiratory tract, part unspecified causing asphyxiation, sequela
T17.918S	Gastric contents in respiratory tract, part unspecified causing other injury, sequela
T17.920S	Food in respiratory tract, part unspecified causing asphyxiation, sequela
T17.928S	Food in respiratory tract, part unspecified causing other injury, sequela
T17.990S	Other foreign object in respiratory tract, part unspecified in causing asphyxiation, sequela
T17.998S	Other foreign object in respiratory tract, part unspecified causing other injury, sequela
T18.0XXS	Foreign body in mouth, sequela
T18.100S	Unspecified foreign body in esophagus causing compression of trachea, sequela
T18.108S	Unspecified foreign body in esophagus causing other injury, sequela
T18.110S	Gastric contents in esophagus causing compression of trachea, sequela
T18.118S	Gastric contents in esophagus causing other injury, sequela
T18.120S	Food in esophagus causing compression of trachea, sequela
T18.128S	Food in esophagus causing other injury, sequela
T18.190S	Other foreign object in esophagus causing compression of trachea, sequela
T18.198S	Other foreign object in esophagus causing other injury, sequela
T18.2XXS	Foreign body in stomach, sequela
T18.3XXS	Foreign body in small intestine, sequela
T18.4XXS	Foreign body in colon, sequela
T18.5XXS	Foreign body in anus and rectum, sequela
T18.8XXS	Foreign body in other parts of alimentary tract, sequela
T18.9XXS	Foreign body of alimentary tract, part unspecified, sequela
T19.0XXS	Foreign body in urethra, sequela
T19.1XXS	Foreign body in bladder, sequela
T19.2XXS	Foreign body in vulva and vagina, sequela

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Code	Description
T19.3XXS	Foreign body in uterus, sequela
T19.4XXS	Foreign body in penis, sequela
T19.8XXS	Foreign body in other parts of genitourinary tract, sequela
T19.9XXS	Foreign body in genitourinary tract, part unspecified, sequela
T20.00XS	Burn of unspecified degree of head, face, and neck, unspecified site, sequela
T20.011S	Burn of unspecified degree of right ear [any part, except ear drum], sequela
T20.012S	Burn of unspecified degree of left ear [any part, except ear drum], sequela
T20.019S	Burn of unspecified degree of unspecified ear [any part, except ear drum], sequela
T20.02XS	Burn of unspecified degree of lip(s), sequela
T20.03XS	Burn of unspecified degree of chin, sequela
T20.04XS	Burn of unspecified degree of nose (septum), sequela
T20.05XS	Burn of unspecified degree of scalp [any part], sequela
T20.06XS	Burn of unspecified degree of forehead and cheek, sequela
T20.07XS	Burn of unspecified degree of neck, sequela
T20.09XS	Burn of unspecified degree of multiple sites of head, face, and neck, sequela
T20.10XS	Burn of first degree of head, face, and neck, unspecified site, sequela
T20.111S	Burn of first degree of right ear [any part, except ear drum], sequela
T20.112S	Burn of first degree of left ear [any part, except ear drum], sequela
T20.119S	Burn of first degree of unspecified ear [any part, except ear drum], sequela
T20.12XS	Burn of first degree of lip(s), sequela
T20.13XS	Burn of first degree of chin, sequela
T20.14XS	Burn of first degree of nose (septum), sequela
T20.15XS	Burn of first degree of scalp [any part], sequela
T20.16XS	Burn of first degree of forehead and cheek, sequela
T20.17XS	Burn of first degree of neck, sequela
T20.19XS	Burn of first degree of multiple sites of head, face, and neck, sequela
T20.20XS	Burn of second degree of head, face, and neck, unspecified site, sequela
T20.211S	Burn of second degree of right ear [any part, except ear drum], sequela



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Code	Description
T20.212S	Burn of second degree of left ear [any part, except ear drum], sequela
T20.219S	Burn of second degree of unspecified ear [any part, except ear drum], sequela
T20.22XS	Burn of second degree of lip(s), sequela
T20.23XS	Burn of second degree of chin, sequela
T20.24XS	Burn of second degree of nose (septum), sequela
T20.25XS	Burn of second degree of scalp [any part], sequela
T20.26XS	Burn of second degree of forehead and cheek, sequela
T20.27XS	Burn of second degree of neck, sequela
T20.29XS	Burn of second degree of multiple sites of head, face, and neck, sequela
T20.30XS	Burn of third degree of head, face, and neck, unspecified site, sequela
T20.311S	Burn of third degree of right ear [any part, except ear drum], sequela
T20.312S	Burn of third degree of left ear [any part, except ear drum], sequela
T20.319S	Burn of third degree of unspecified ear [any part, except ear drum], sequela
T20.32XS	Burn of third degree of lip(s), sequela
T20.33XS	Burn of third degree of chin, sequela
T20.34XS	Burn of third degree of nose (septum), sequela
T20.35XS	Burn of third degree of scalp [any part], sequela
T20.36XS	Burn of third degree of forehead and cheek, sequela
T20.37XS	Burn of third degree of neck, sequela
T20.39XS	Burn of third degree of multiple sites of head, face, and neck, sequela
T20.40XS	Corrosion of unspecified degree of head, face, and neck, unspecified site, sequela
T20.411S	Corrosion of unspecified degree of right ear [any part, except ear drum], sequela
T20.412S	Corrosion of unspecified degree of left ear [any part, except ear drum], sequela
T20.419S	Corrosion of unspecified degree of unspecified ear [any part, except ear drum], sequela
T20.42XS	Corrosion of unspecified degree of lip(s), sequela
T20.43XS	Corrosion of unspecified degree of chin, sequela
T20.44XS	Corrosion of unspecified degree of nose (septum), sequela
T20.45XS	Corrosion of unspecified degree of scalp [any part], sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T20.46XS	Corrosion of unspecified degree of forehead and cheek, sequela
T20.47XS	Corrosion of unspecified degree of neck, sequela
T20.49XS	Corrosion of unspecified degree of multiple sites of head, face, and neck, sequela
T20.50XS	Corrosion of first degree of head, face, and neck, unspecified site, sequela
T20.511S	Corrosion of first degree of right ear [any part, except ear drum], sequela
T20.512S	Corrosion of first degree of left ear [any part, except ear drum], sequela
T20.519S	Corrosion of first degree of unspecified ear [any part, except ear drum], sequela
T20.52XS	Corrosion of first degree of lip(s), sequela
T20.53XS	Corrosion of first degree of chin, sequela
T20.54XS	Corrosion of first degree of nose (septum), sequela
T20.55XS	Corrosion of first degree of scalp [any part], sequela
T20.56XS	Corrosion of first degree of forehead and cheek, sequela
T20.57XS	Corrosion of first degree of neck, sequela
T20.59XS	Corrosion of first degree of multiple sites of head, face, and neck, sequela
T20.60XS	Corrosion of second degree of head, face, and neck, unspecified site, sequela
T20.611S	Corrosion of second degree of right ear [any part, except ear drum], sequela
T20.612S	Corrosion of second degree of left ear [any part, except ear drum], sequela
T20.619S	Corrosion of second degree of unspecified ear [any part, except ear drum], sequela
T20.62XS	Corrosion of second degree of lip(s), sequela
T20.63XS	Corrosion of second degree of chin, sequela
T20.64XS	Corrosion of second degree of nose (septum), sequela
T20.65XS	Corrosion of second degree of scalp [any part], sequela
T20.66XS	Corrosion of second degree of forehead and cheek, sequela
T20.67XS	Corrosion of second degree of neck, sequela
T20.69XS	Corrosion of second degree of multiple sites of head, face, and neck, sequela
T20.70XS	Corrosion of third degree of head, face, and neck, unspecified site, sequela
T20.711S	Corrosion of third degree of right ear [any part, except ear drum], sequela
T20.712S	Corrosion of third degree of left ear [any part, except ear drum], sequela



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Code	Description
T20.719S	Corrosion of third degree of unspecified ear [any part, except ear drum], sequela
T20.72XS	Corrosion of third degree of lip(s), sequela
T20.73XS	Corrosion of third degree of chin, sequela
T20.74XS	Corrosion of third degree of nose (septum), sequela
T20.75XS	Corrosion of third degree of scalp [any part], sequela
T20.76XS	Corrosion of third degree of forehead and cheek, sequela
T20.77XS	Corrosion of third degree of neck, sequela
T20.79XS	Corrosion of third degree of multiple sites of head, face, and neck, sequela
T21.00XS	Burn of unspecified degree of trunk, unspecified site, sequela
T21.01XS	Burn of unspecified degree of chest wall, sequela
T21.02XS	Burn of unspecified degree of abdominal wall, sequela
T21.03XS	Burn of unspecified degree of upper back, sequela
T21.04XS	Burn of unspecified degree of lower back, sequela
T21.05XS	Burn of unspecified degree of buttock, sequela
T21.06XS	Burn of unspecified degree of male genital region, sequela
T21.07XS	Burn of unspecified degree of female genital region, sequela
T21.09XS	Burn of unspecified degree of other site of trunk, sequela
T21.10XS	Burn of first degree of trunk, unspecified site, sequela
T21.11XS	Burn of first degree of chest wall, sequela
T21.12XS	Burn of first degree of abdominal wall, sequela
T21.13XS	Burn of first degree of upper back, sequela
T21.14XS	Burn of first degree of lower back, sequela
T21.15XS	Burn of first degree of buttock, sequela
T21.16XS	Burn of first degree of male genital region, sequela
T21.17XS	Burn of first degree of female genital region, sequela
T21.19XS	Burn of first degree of other site of trunk, sequela
T21.20XS	Burn of second degree of trunk, unspecified site, sequela
T21.21XS	Burn of second degree of chest wall, sequela

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Code	Description
T21.22XS	Burn of second degree of abdominal wall, sequela
T21.23XS	Burn of second degree of upper back, sequela
T21.24XS	Burn of second degree of lower back, sequela
T21.25XS	Burn of second degree of buttock, sequela
T21.26XS	Burn of second degree of male genital region, sequela
T21.27XS	Burn of second degree of female genital region, sequela
T21.29XS	Burn of second degree of other site of trunk, sequela
T21.30XS	Burn of third degree of trunk, unspecified site, sequela
T21.31XS	Burn of third degree of chest wall, sequela
T21.32XS	Burn of third degree of abdominal wall, sequela
T21.33XS	Burn of third degree of upper back, sequela
T21.34XS	Burn of third degree of lower back, sequela
T21.35XS	Burn of third degree of buttock, sequela
T21.36XS	Burn of third degree of male genital region, sequela
T21.37XS	Burn of third degree of female genital region, sequela
T21.39XS	Burn of third degree of other site of trunk, sequela
T21.40XS	Corrosion of unspecified degree of trunk, unspecified site, sequela
T21.41XS	Corrosion of unspecified degree of chest wall, sequela
T21.42XS	Corrosion of unspecified degree of abdominal wall, sequela
T21.43XS	Corrosion of unspecified degree of upper back, sequela
T21.44XS	Corrosion of unspecified degree of lower back, sequela
T21.45XS	Corrosion of unspecified degree of buttock, sequela
T21.46XS	Corrosion of unspecified degree of male genital region, sequela
T21.47XS	Corrosion of unspecified degree of female genital region, sequela
T21.49XS	Corrosion of unspecified degree of other site of trunk, sequela
T21.50XS	Corrosion of first degree of trunk, unspecified site, sequela
T21.51XS	Corrosion of first degree of chest wall, sequela
T21.52XS	Corrosion of first degree of abdominal wall, sequela



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Code	Description
T21.53XS	Corrosion of first degree of upper back, sequela
T21.54XS	Corrosion of first degree of lower back, sequela
T21.55XS	Corrosion of first degree of buttock, sequela
T21.56XS	Corrosion of first degree of male genital region, sequela
T21.57XS	Corrosion of first degree of female genital region, sequela
T21.59XS	Corrosion of first degree of other site of trunk, sequela
T21.60XS	Corrosion of second degree of trunk, unspecified site, sequela
T21.61XS	Corrosion of second degree of chest wall, sequela
T21.62XS	Corrosion of second degree of abdominal wall, sequela
T21.63XS	Corrosion of second degree of upper back, sequela
T21.64XS	Corrosion of second degree of lower back, sequela
T21.65XS	Corrosion of second degree of buttock, sequela
T21.66XS	Corrosion of second degree of male genital region, sequela
T21.67XS	Corrosion of second degree of female genital region, sequela
T21.69XS	Corrosion of second degree of other site of trunk, sequela
T21.70XS	Corrosion of third degree of trunk, unspecified site, sequela
T21.71XS	Corrosion of third degree of chest wall, sequela
T21.72XS	Corrosion of third degree of abdominal wall, sequela
T21.73XS	Corrosion of third degree of upper back, sequela
T21.74XS	Corrosion of third degree of lower back, sequela
T21.75XS	Corrosion of third degree of buttock, sequela
T21.76XS	Corrosion of third degree of male genital region, sequela
T21.77XS	Corrosion of third degree of female genital region, sequela
T21.79XS	Corrosion of third degree of other site of trunk, sequela
T22.00XS	Burn of unspecified degree of shoulder and upper limb, except wrist and hand, unspecified site, sequela
T22.011S	Burn of unspecified degree of right forearm, sequela
T22.012S	Burn of unspecified degree of left forearm, sequela
T22.019S	Burn of unspecified degree of unspecified forearm, sequela

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Code	Description
T22.021S	Burn of unspecified degree of right elbow, sequela
T22.022S	Burn of unspecified degree of left elbow, sequela
T22.029S	Burn of unspecified degree of unspecified elbow, sequela
T22.031S	Burn of unspecified degree of right upper arm, sequela
T22.032S	Burn of unspecified degree of left upper arm, sequela
T22.039S	Burn of unspecified degree of unspecified upper arm, sequela
T22.041S	Burn of unspecified degree of right axilla, sequela
T22.042S	Burn of unspecified degree of left axilla, sequela
T22.049S	Burn of unspecified degree of unspecified axilla, sequela
T22.051S	Burn of unspecified degree of right shoulder, sequela
T22.052S	Burn of unspecified degree of left shoulder, sequela
T22.059S	Burn of unspecified degree of unspecified shoulder, sequela
T22.061S	Burn of unspecified degree of right scapular region, sequela
T22.062S	Burn of unspecified degree of left scapular region, sequela
T22.069S	Burn of unspecified degree of unspecified scapular region, sequela
T22.091S	Burn of unspecified degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.092S	Burn of unspecified degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela
T22.099S	Burn of unspecified degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T22.10XS	Burn of first degree of shoulder and upper limb, except wrist and hand, unspecified site, sequela
T22.111S	Burn of first degree of right forearm, sequela
T22.112S	Burn of first degree of left forearm, sequela
T22.119S	Burn of first degree of unspecified forearm, sequela
T22.121S	Burn of first degree of right elbow, sequela
T22.122S	Burn of first degree of left elbow, sequela
T22.129S	Burn of first degree of unspecified elbow, sequela
T22.131S	Burn of first degree of right upper arm, sequela

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Code	Description
T22.132S	Burn of first degree of left upper arm, sequela
T22.139S	Burn of first degree of unspecified upper arm, sequela
T22.141S	Burn of first degree of right axilla, sequela
T22.142S	Burn of first degree of left axilla, sequela
T22.149S	Burn of first degree of unspecified axilla, sequela
T22.151S	Burn of first degree of right shoulder, sequela
T22.152S	Burn of first degree of left shoulder, sequela
T22.159S	Burn of first degree of unspecified shoulder, sequela
T22.161S	Burn of first degree of right scapular region, sequela
T22.162S	Burn of first degree of left scapular region, sequela
T22.169S	Burn of first degree of unspecified scapular region, sequela
T22.191S	Burn of first degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.192S	Burn of first degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela
T22.199S	Burn of first degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T22.20XS	Burn of second degree of shoulder and upper limb, except wrist and hand, unspecified site, sequela
T22.211S	Burn of second degree of right forearm, sequela
T22.212S	Burn of second degree of left forearm, sequela
T22.219S	Burn of second degree of unspecified forearm, sequela
T22.221S	Burn of second degree of right elbow, sequela
T22.222S	Burn of second degree of left elbow, sequela
T22.229S	Burn of second degree of unspecified elbow, sequela
T22.231S	Burn of second degree of right upper arm, sequela
T22.232S	Burn of second degree of left upper arm, sequela
T22.239S	Burn of second degree of unspecified upper arm, sequela
T22.241S	Burn of second degree of right axilla, sequela
T22.242S	Burn of second degree of left axilla, sequela

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Code	Description
T22.249S	Burn of second degree of unspecified axilla, sequela
T22.251S	Burn of second degree of right shoulder, sequela
T22.252S	Burn of second degree of left shoulder, sequela
T22.259S	Burn of second degree of unspecified shoulder, sequela
T22.261S	Burn of second degree of right scapular region, sequela
T22.262S	Burn of second degree of left scapular region, sequela
T22.269S	Burn of second degree of unspecified scapular region, sequela
T22.291S	Burn of second degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.292S	Burn of second degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela
T22.299S	Burn of second degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T22.30XS	Burn of third degree of shoulder and upper limb, except wrist and hand, unspecified site, sequela
T22.311S	Burn of third degree of right forearm, sequela
T22.312S	Burn of third degree of left forearm, sequela
T22.319S	Burn of third degree of unspecified forearm, sequela
T22.321S	Burn of third degree of right elbow, sequela
T22.322S	Burn of third degree of left elbow, sequela
T22.329S	Burn of third degree of unspecified elbow, sequela
T22.331S	Burn of third degree of right upper arm, sequela
T22.332S	Burn of third degree of left upper arm, sequela
T22.339S	Burn of third degree of unspecified upper arm, sequela
T22.341S	Burn of third degree of right axilla, sequela
T22.342S	Burn of third degree of left axilla, sequela
T22.349S	Burn of third degree of unspecified axilla, sequela
T22.351S	Burn of third degree of right shoulder, sequela
T22.352S	Burn of third degree of left shoulder, sequela
T22.359S	Burn of third degree of unspecified shoulder, sequela

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Code	Description
T22.361S	Burn of third degree of right scapular region, sequela
T22.362S	Burn of third degree of left scapular region, sequela
T22.369S	Burn of third degree of unspecified scapular region, sequela
T22.391S	Burn of third degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.392S	Burn of third degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela
T22.399S	Burn of third degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T22.40XS	Corrosion of unspecified degree of shoulder and upper limb, except wrist and hand, unspecified site, sequela
T22.411S	Corrosion of unspecified degree of right forearm, sequela
T22.412S	Corrosion of unspecified degree of left forearm, sequela
T22.419S	Corrosion of unspecified degree of unspecified forearm, sequela
T22.421S	Corrosion of unspecified degree of right elbow, sequela
T22.422S	Corrosion of unspecified degree of left elbow, sequela
T22.429S	Corrosion of unspecified degree of unspecified elbow, sequela
T22.431S	Corrosion of unspecified degree of right upper arm, sequela
T22.432S	Corrosion of unspecified degree of left upper arm, sequela
T22.439S	Corrosion of unspecified degree of unspecified upper arm, sequela
T22.441S	Corrosion of unspecified degree of right axilla, sequela
T22.442S	Corrosion of unspecified degree of left axilla, sequela
T22.449S	Corrosion of unspecified degree of unspecified axilla, sequela
T22.451S	Corrosion of unspecified degree of right shoulder, sequela
T22.452S	Corrosion of unspecified degree of left shoulder, sequela
T22.459S	Corrosion of unspecified degree of unspecified shoulder, sequela
T22.461S	Corrosion of unspecified degree of right scapular region, sequela
T22.462S	Corrosion of unspecified degree of left scapular region, sequela
T22.469S	Corrosion of unspecified degree of unspecified scapular region, sequela



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

Code	Description
T22.491S	Corrosion of unspecified degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.492S	Corrosion of unspecified degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela
T22.499S	Corrosion of unspecified degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T22.50XS	Corrosion of first degree of shoulder and upper limb, except wrist and hand unspecified site, sequela
T22.511S	Corrosion of first degree of right forearm, sequela
T22.512S	Corrosion of first degree of left forearm, sequela
T22.519S	Corrosion of first degree of unspecified forearm, sequela
T22.521S	Corrosion of first degree of right elbow, sequela
T22.522S	Corrosion of first degree of left elbow, sequela
T22.529S	Corrosion of first degree of unspecified elbow, sequela
T22.531S	Corrosion of first degree of right upper arm, sequela
T22.532S	Corrosion of first degree of left upper arm, sequela
T22.539S	Corrosion of first degree of unspecified upper arm, sequela
T22.541S	Corrosion of first degree of right axilla, sequela
T22.542S	Corrosion of first degree of left axilla, sequela
T22.549S	Corrosion of first degree of unspecified axilla, sequela
T22.551S	Corrosion of first degree of right shoulder, sequela
T22.552S	Corrosion of first degree of left shoulder, sequela
T22.559S	Corrosion of first degree of unspecified shoulder, sequela
T22.561S	Corrosion of first degree of right scapular region, sequela
T22.562S	Corrosion of first degree of left scapular region, sequela
T22.569S	Corrosion of first degree of unspecified scapular region, sequela
T22.591S	Corrosion of first degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.592S	Corrosion of first degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela



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

Code	Description
T22.599S	Corrosion of first degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T22.60XS	Corrosion of second degree of shoulder and upper limb, except wrist and hand, unspecified site, sequela
T22.611S	Corrosion of second degree of right forearm, sequela
T22.612S	Corrosion of second degree of left forearm, sequela
T22.619S	Corrosion of second degree of unspecified forearm, sequela
T22.621S	Corrosion of second degree of right elbow, sequela
T22.622S	Corrosion of second degree of left elbow, sequela
T22.629S	Corrosion of second degree of unspecified elbow, sequela
T22.631S	Corrosion of second degree of right upper arm, sequela
T22.632S	Corrosion of second degree of left upper arm, sequela
T22.639S	Corrosion of second degree of unspecified upper arm, sequela
T22.641S	Corrosion of second degree of right axilla, sequela
T22.642S	Corrosion of second degree of left axilla, sequela
T22.649S	Corrosion of second degree of unspecified axilla, sequela
T22.651S	Corrosion of second degree of right shoulder, sequela
T22.652S	Corrosion of second degree of left shoulder, sequela
T22.659S	Corrosion of second degree of unspecified shoulder, sequela
T22.661S	Corrosion of second degree of right scapular region, sequela
T22.662S	Corrosion of second degree of left scapular region, sequela
T22.669S	Corrosion of second degree of unspecified scapular region, sequela
T22.691S	Corrosion of second degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.692S	Corrosion of second degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela
T22.699S	Corrosion of second degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T22.70XS	Corrosion of third degree of shoulder and upper limb, except wrist and hand, unspecified site, sequela



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

Code	Description
T22.711S	Corrosion of third degree of right forearm, sequela
T22.712S	Corrosion of third degree of left forearm, sequela
T22.719S	Corrosion of third degree of unspecified forearm, sequela
T22.721S	Corrosion of third degree of right elbow, sequela
T22.722S	Corrosion of third degree of left elbow, sequela
T22.729S	Corrosion of third degree of unspecified elbow, sequela
T22.731S	Corrosion of third degree of right upper arm, sequela
T22.732S	Corrosion of third degree of left upper arm, sequela
T22.739S	Corrosion of third degree of unspecified upper arm, sequela
T22.741S	Corrosion of third degree of right axilla, sequela
T22.742S	Corrosion of third degree of left axilla, sequela
T22.749S	Corrosion of third degree of unspecified axilla, sequela
T22.751S	Corrosion of third degree of right shoulder, sequela
T22.752S	Corrosion of third degree of left shoulder, sequela
T22.759S	Corrosion of third degree of unspecified shoulder, sequela
T22.761S	Corrosion of third degree of right scapular region, sequela
T22.762S	Corrosion of third degree of left scapular region, sequela
T22.769S	Corrosion of third degree of unspecified scapular region, sequela
T22.791S	Corrosion of third degree of multiple sites of right shoulder and upper limb, except wrist and hand, sequela
T22.792S	Corrosion of third degree of multiple sites of left shoulder and upper limb, except wrist and hand, sequela
T22.799S	Corrosion of third degree of multiple sites of unspecified shoulder and upper limb, except wrist and hand, sequela
T23.001S	Burn of unspecified degree of right hand, unspecified site, sequela
T23.002S	Burn of unspecified degree of left hand, unspecified site, sequela
T23.009S	Burn of unspecified degree of unspecified hand, unspecified site, sequela
T23.011S	Burn of unspecified degree of right thumb (nail), sequela
T23.012S	Burn of unspecified degree of left thumb (nail), sequela



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

Code	Description
T23.019S	Burn of unspecified degree of unspecified thumb (nail), sequela
T23.021S	Burn of unspecified degree of single right finger (nail) except thumb, sequela
T23.022S	Burn of unspecified degree of single left finger (nail) except thumb, sequela
T23.029S	Burn of unspecified degree of unspecified single finger (nail) except thumb, sequela
T23.031S	Burn of unspecified degree of multiple right fingers (nail), not including thumb, sequela
T23.032S	Burn of unspecified degree of multiple left fingers (nail), not including thumb, sequela
T23.039S	Burn of unspecified degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.041S	Burn of unspecified degree of multiple right fingers (nail), including thumb, sequela
T23.042S	Burn of unspecified degree of multiple left fingers (nail), including thumb, sequela
T23.049S	Burn of unspecified degree of unspecified multiple fingers (nail), including thumb, sequela
T23.051S	Burn of unspecified degree of right palm, sequela
T23.052S	Burn of unspecified degree of left palm, sequela
T23.059S	Burn of unspecified degree of unspecified palm, sequela
T23.061S	Burn of unspecified degree of back of right hand, sequela
T23.062S	Burn of unspecified degree of back of left hand, sequela
T23.069S	Burn of unspecified degree of back of unspecified hand, sequela
T23.071S	Burn of unspecified degree of right wrist, sequela
T23.072S	Burn of unspecified degree of left wrist, sequela
T23.079S	Burn of unspecified degree of unspecified wrist, sequela
T23.091S	Burn of unspecified degree of multiple sites of right wrist and hand, sequela
T23.092S	Burn of unspecified degree of multiple sites of left wrist and hand, sequela
T23.099S	Burn of unspecified degree of multiple sites of unspecified wrist and hand, sequela
T23.101S	Burn of first degree of right hand, unspecified site, sequela
T23.102S	Burn of first degree of left hand, unspecified site, sequela
T23.109S	Burn of first degree of unspecified hand, unspecified site, sequela
T23.111S	Burn of first degree of right thumb (nail), sequela

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

Code	Description
T23.112S	Burn of first degree of left thumb (nail), sequela
T23.119S	Burn of first degree of unspecified thumb (nail), sequela
T23.121S	Burn of first degree of single right finger (nail) except thumb, sequela
T23.122S	Burn of first degree of single left finger (nail) except thumb, sequela
T23.129S	Burn of first degree of unspecified single finger (nail) except thumb, sequela
T23.131S	Burn of first degree of multiple right fingers (nail), not including thumb, sequela
T23.132S	Burn of first degree of multiple left fingers (nail), not including thumb, sequela
T23.139S	Burn of first degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.141S	Burn of first degree of multiple right fingers (nail), including thumb, sequela
T23.142S	Burn of first degree of multiple left fingers (nail), including thumb, sequela
T23.149S	Burn of first degree of unspecified multiple fingers (nail), including thumb, sequela
T23.151S	Burn of first degree of right palm, sequela
T23.152S	Burn of first degree of left palm, sequela
T23.159S	Burn of first degree of unspecified palm, sequela
T23.161S	Burn of first degree of back of right hand, sequela
T23.162S	Burn of first degree of back of left hand, sequela
T23.169S	Burn of first degree of back of unspecified hand, sequela
T23.171S	Burn of first degree of right wrist, sequela
T23.172S	Burn of first degree of left wrist, sequela
T23.179S	Burn of first degree of unspecified wrist, sequela
T23.191S	Burn of first degree of multiple sites of right wrist and hand, sequela
T23.192S	Burn of first degree of multiple sites of left wrist and hand, sequela
T23.199S	Burn of first degree of multiple sites of unspecified wrist and hand, sequela
T23.201S	Burn of second degree of right hand, unspecified site, sequela
T23.202S	Burn of second degree of left hand, unspecified site, sequela
T23.209S	Burn of second degree of unspecified hand, unspecified site, sequela
T23.211S	Burn of second degree of right thumb (nail), sequela
T23.212S	Burn of second degree of left thumb (nail), sequela

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

Code	Description
T23.219S	Burn of second degree of unspecified thumb (nail), sequela
T23.221S	Burn of second degree of single right finger (nail) except thumb, sequela
T23.222S	Burn of second degree of single left finger (nail) except thumb, sequela
T23.229S	Burn of second degree of unspecified single finger (nail) except thumb, sequela
T23.231S	Burn of second degree of multiple right fingers (nail), not including thumb, sequela
T23.232S	Burn of second degree of multiple left fingers (nail), not including thumb, sequela
T23.239S	Burn of second degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.241S	Burn of second degree of multiple right fingers (nail), including thumb, sequela
T23.242S	Burn of second degree of multiple left fingers (nail), including thumb, sequela
T23.249S	Burn of second degree of unspecified multiple fingers (nail), including thumb, sequela
T23.251S	Burn of second degree of right palm, sequela
T23.252S	Burn of second degree of left palm, sequela
T23.259S	Burn of second degree of unspecified palm, sequela
T23.261S	Burn of second degree of back of right hand, sequela
T23.262S	Burn of second degree of back of left hand, sequela
T23.269S	Burn of second degree of back of unspecified hand, sequela
T23.271S	Burn of second degree of right wrist, sequela
T23.272S	Burn of second degree of left wrist, sequela
T23.279S	Burn of second degree of unspecified wrist, sequela
T23.291S	Burn of second degree of multiple sites of right wrist and hand, sequela
T23.292S	Burn of second degree of multiple sites of left wrist and hand, sequela
T23.299S	Burn of second degree of multiple sites of unspecified wrist and hand, sequela
T23.301S	Burn of third degree of right hand, unspecified site, sequela
T23.302S	Burn of third degree of left hand, unspecified site, sequela
T23.309S	Burn of third degree of unspecified hand, unspecified site, sequela
T23.311S	Burn of third degree of right thumb (nail), sequela
T23.312S	Burn of third degree of left thumb (nail), sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T23.319S	Burn of third degree of unspecified thumb (nail), sequela
T23.321S	Burn of third degree of single right finger (nail) except thumb, sequela
T23.322S	Burn of third degree of single left finger (nail) except thumb, sequela
T23.329S	Burn of third degree of unspecified single finger (nail) except thumb, sequela
T23.331S	Burn of third degree of multiple right fingers (nail), not including thumb, sequela
T23.332S	Burn of third degree of multiple left fingers (nail), not including thumb, sequela
T23.339S	Burn of third degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.341S	Burn of third degree of multiple right fingers (nail), including thumb, sequela
T23.342S	Burn of third degree of multiple left fingers (nail), including thumb, sequela
T23.349S	Burn of third degree of unspecified multiple fingers (nail), including thumb, sequela
T23.351S	Burn of third degree of right palm, sequela
T23.352S	Burn of third degree of left palm, sequela
T23.359S	Burn of third degree of unspecified palm, sequela
T23.361S	Burn of third degree of back of right hand, sequela
T23.362S	Burn of third degree of back of left hand, sequela
T23.369S	Burn of third degree of back of unspecified hand, sequela
T23.371S	Burn of third degree of right wrist, sequela
T23.372S	Burn of third degree of left wrist, sequela
T23.379S	Burn of third degree of unspecified wrist, sequela
T23.391S	Burn of third degree of multiple sites of right wrist and hand, sequela
T23.392S	Burn of third degree of multiple sites of left wrist and hand, sequela
T23.399S	Burn of third degree of multiple sites of unspecified wrist and hand, sequela
T23.401S	Corrosion of unspecified degree of right hand, unspecified site, sequela
T23.402S	Corrosion of unspecified degree of left hand, unspecified site, sequela
T23.409S	Corrosion of unspecified degree of unspecified hand, unspecified site, sequela
T23.411S	Corrosion of unspecified degree of right thumb (nail), sequela
T23.412S	Corrosion of unspecified degree of left thumb (nail), sequela
T23.419S	Corrosion of unspecified degree of unspecified thumb (nail), sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T23.421S	Corrosion of unspecified degree of single right finger (nail) except thumb, sequela
T23.422S	Corrosion of unspecified degree of single left finger (nail) except thumb, sequela
T23.429S	Corrosion of unspecified degree of unspecified single finger (nail) except thumb, sequela
T23.431S	Corrosion of unspecified degree of multiple right fingers (nail), not including thumb, sequela
T23.432S	Corrosion of unspecified degree of multiple left fingers (nail), not including thumb, sequela
T23.439S	Corrosion of unspecified degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.441S	Corrosion of unspecified degree of multiple right fingers (nail), including thumb, sequela
T23.442S	Corrosion of unspecified degree of multiple left fingers (nail), including thumb, sequela
T23.449S	Corrosion of unspecified degree of unspecified multiple fingers (nail), including thumb, sequela
T23.451S	Corrosion of unspecified degree of right palm, sequela
T23.452S	Corrosion of unspecified degree of left palm, sequela
T23.459S	Corrosion of unspecified degree of unspecified palm, sequela
T23.461S	Corrosion of unspecified degree of back of right hand, sequela
T23.462S	Corrosion of unspecified degree of back of left hand, sequela
T23.469S	Corrosion of unspecified degree of back of unspecified hand, sequela
T23.471S	Corrosion of unspecified degree of right wrist, sequela
T23.472S	Corrosion of unspecified degree of left wrist, sequela
T23.479S	Corrosion of unspecified degree of unspecified wrist, sequela
T23.491S	Corrosion of unspecified degree of multiple sites of right wrist and hand, sequela
T23.492S	Corrosion of unspecified degree of multiple sites of left wrist and hand, sequela
T23.499S	Corrosion of unspecified degree of multiple sites of unspecified wrist and hand, sequela
T23.501S	Corrosion of first degree of right hand, unspecified site, sequela
T23.502S	Corrosion of first degree of left hand, unspecified site, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T23.509S	Corrosion of first degree of unspecified hand, unspecified site, sequela
T23.511S	Corrosion of first degree of right thumb (nail), sequela
T23.512S	Corrosion of first degree of left thumb (nail), sequela
T23.519S	Corrosion of first degree of unspecified thumb (nail), sequela
T23.521S	Corrosion of first degree of single right finger (nail) except thumb, sequela
T23.522S	Corrosion of first degree of single left finger (nail) except thumb, sequela
T23.529S	Corrosion of first degree of unspecified single finger (nail) except thumb, sequela
T23.531S	Corrosion of first degree of multiple right fingers (nail), not including thumb, sequela
T23.532S	Corrosion of first degree of multiple left fingers (nail), not including thumb, sequela
T23.539S	Corrosion of first degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.541S	Corrosion of first degree of multiple right fingers (nail), including thumb, sequela
T23.542S	Corrosion of first degree of multiple left fingers (nail), including thumb, sequela
T23.549S	Corrosion of first degree of unspecified multiple fingers (nail), including thumb, sequela
T23.551S	Corrosion of first degree of right palm, sequela
T23.552S	Corrosion of first degree of left palm, sequela
T23.559S	Corrosion of first degree of unspecified palm, sequela
T23.561S	Corrosion of first degree of back of right hand, sequela
T23.562S	Corrosion of first degree of back of left hand, sequela
T23.569S	Corrosion of first degree of back of unspecified hand, sequela
T23.571S	Corrosion of first degree of right wrist, sequela
T23.572S	Corrosion of first degree of left wrist, sequela
T23.579S	Corrosion of first degree of unspecified wrist, sequela
T23.591S	Corrosion of first degree of multiple sites of right wrist and hand, sequela
T23.592S	Corrosion of first degree of multiple sites of left wrist and hand, sequela
T23.599S	Corrosion of first degree of multiple sites of unspecified wrist and hand, sequela
T23.601S	Corrosion of second degree of right hand, unspecified site, sequela
T23.602S	Corrosion of second degree of left hand, unspecified site, sequela



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

Code	Description
T23.609S	Corrosion of second degree of unspecified hand, unspecified site, sequela
T23.611S	Corrosion of second degree of right thumb (nail), sequela
T23.612S	Corrosion of second degree of left thumb (nail), sequela
T23.619S	Corrosion of second degree of unspecified thumb (nail), sequela
T23.621S	Corrosion of second degree of single right finger (nail) except thumb, sequela
T23.622S	Corrosion of second degree of single left finger (nail) except thumb, sequela
T23.629S	Corrosion of second degree of unspecified single finger (nail) except thumb, sequela
T23.631S	Corrosion of second degree of multiple right fingers (nail), not including thumb, sequela
T23.632S	Corrosion of second degree of multiple left fingers (nail), not including thumb, sequela
T23.639S	Corrosion of second degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.641S	Corrosion of second degree of multiple right fingers (nail), including thumb, sequela
T23.642S	Corrosion of second degree of multiple left fingers (nail), including thumb, sequela
T23.649S	Corrosion of second degree of unspecified multiple fingers (nail), including thumb, sequela
T23.651S	Corrosion of second degree of right palm, sequela
T23.652S	Corrosion of second degree of left palm, sequela
T23.659S	Corrosion of second degree of unspecified palm, sequela
T23.661S	Corrosion of second degree back of right hand, sequela
T23.662S	Corrosion of second degree back of left hand, sequela
T23.669S	Corrosion of second degree back of unspecified hand, sequela
T23.671S	Corrosion of second degree of right wrist, sequela
T23.672S	Corrosion of second degree of left wrist, sequela
T23.679S	Corrosion of second degree of unspecified wrist, sequela
T23.691S	Corrosion of second degree of multiple sites of right wrist and hand, sequela
T23.692S	Corrosion of second degree of multiple sites of left wrist and hand, sequela
T23.699S	Corrosion of second degree of multiple sites of unspecified wrist and hand, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T23.701S	Corrosion of third degree of right hand, unspecified site, sequela
T23.702S	Corrosion of third degree of left hand, unspecified site, sequela
T23.709S	Corrosion of third degree of unspecified hand, unspecified site, sequela
T23.711S	Corrosion of third degree of right thumb (nail), sequela
T23.712S	Corrosion of third degree of left thumb (nail), sequela
T23.719S	Corrosion of third degree of unspecified thumb (nail), sequela
T23.721S	Corrosion of third degree of single right finger (nail) except thumb, sequela
T23.722S	Corrosion of third degree of single left finger (nail) except thumb, sequela
T23.729S	Corrosion of third degree of unspecified single finger (nail) except thumb, sequela
T23.731S	Corrosion of third degree of multiple right fingers (nail), not including thumb, sequela
T23.732S	Corrosion of third degree of multiple left fingers (nail), not including thumb, sequela
T23.739S	Corrosion of third degree of unspecified multiple fingers (nail), not including thumb, sequela
T23.741S	Corrosion of third degree of multiple right fingers (nail), including thumb, sequela
T23.742S	Corrosion of third degree of multiple left fingers (nail), including thumb, sequela
T23.749S	Corrosion of third degree of unspecified multiple fingers (nail), including thumb, sequela
T23.751S	Corrosion of third degree of right palm, sequela
T23.752S	Corrosion of third degree of left palm, sequela
T23.759S	Corrosion of third degree of unspecified palm, sequela
T23.761S	Corrosion of third degree of back of right hand, sequela
T23.762S	Corrosion of third degree of back of left hand, sequela
T23.769S	Corrosion of third degree back of unspecified hand, sequela
T23.771S	Corrosion of third degree of right wrist, sequela
T23.772S	Corrosion of third degree of left wrist, sequela
T23.779S	Corrosion of third degree of unspecified wrist, sequela
T23.791S	Corrosion of third degree of multiple sites of right wrist and hand, sequela
T23.792S	Corrosion of third degree of multiple sites of left wrist and hand, sequela



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

Code	Description
T23.799S	Corrosion of third degree of multiple sites of unspecified wrist and hand, sequela
T24.001S	Burn of unspecified degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.002S	Burn of unspecified degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.009S	Burn of unspecified degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.011S	Burn of unspecified degree of right thigh, sequela
T24.012S	Burn of unspecified degree of left thigh, sequela
T24.019S	Burn of unspecified degree of unspecified thigh, sequela
T24.021S	Burn of unspecified degree of right knee, sequela
T24.022S	Burn of unspecified degree of left knee, sequela
T24.029S	Burn of unspecified degree of unspecified knee, sequela
T24.031S	Burn of unspecified degree of right lower leg, sequela
T24.032S	Burn of unspecified degree of left lower leg, sequela
T24.039S	Burn of unspecified degree of unspecified lower leg, sequela
T24.091S	Burn of unspecified degree of multiple sites of right lower limb, except ankle and foot, sequela
T24.092S	Burn of unspecified degree of multiple sites of left lower limb, except ankle and foot, sequela
T24.099S	Burn of unspecified degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T24.101S	Burn of first degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.102S	Burn of first degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.109S	Burn of first degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.111S	Burn of first degree of right thigh, sequela
T24.112S	Burn of first degree of left thigh, sequela
T24.119S	Burn of first degree of unspecified thigh, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T24.121S	Burn of first degree of right knee, sequela
T24.122S	Burn of first degree of left knee, sequela
T24.129S	Burn of first degree of unspecified knee, sequela
T24.131S	Burn of first degree of right lower leg, sequela
T24.132S	Burn of first degree of left lower leg, sequela
T24.139S	Burn of first degree of unspecified lower leg, sequela
T24.191S	Burn of first degree of multiple sites of right lower limb, except ankle and foot, sequela
T24.192S	Burn of first degree of multiple sites of left lower limb, except ankle and foot, sequela
T24.199S	Burn of first degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T24.201S	Burn of second degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.202S	Burn of second degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.209S	Burn of second degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.211S	Burn of second degree of right thigh, sequela
T24.212S	Burn of second degree of left thigh, sequela
T24.219S	Burn of second degree of unspecified thigh, sequela
T24.221S	Burn of second degree of right knee, sequela
T24.222S	Burn of second degree of left knee, sequela
T24.229S	Burn of second degree of unspecified knee, sequela
T24.231S	Burn of second degree of right lower leg, sequela
T24.232S	Burn of second degree of left lower leg, sequela
T24.239S	Burn of second degree of unspecified lower leg, sequela
T24.291S	Burn of second degree of multiple sites of right lower limb, except ankle and foot, sequela
T24.292S	Burn of second degree of multiple sites of left lower limb, except ankle and foot, sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
T24.299S	Burn of second degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T24.301S	Burn of third degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.302S	Burn of third degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.309S	Burn of third degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.311S	Burn of third degree of right thigh, sequela
T24.312S	Burn of third degree of left thigh, sequela
T24.319S	Burn of third degree of unspecified thigh, sequela
T24.321S	Burn of third degree of right knee, sequela
T24.322S	Burn of third degree of left knee, sequela
T24.329S	Burn of third degree of unspecified knee, sequela
T24.331S	Burn of third degree of right lower leg, sequela
T24.332S	Burn of third degree of left lower leg, sequela
T24.339S	Burn of third degree of unspecified lower leg, sequela
T24.391S	Burn of third degree of multiple sites of right lower limb, except ankle and foot, sequela
T24.392S	Burn of third degree of multiple sites of left lower limb, except ankle and foot, sequela
T24.399S	Burn of third degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T24.401S	Corrosion of unspecified degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.402S	Corrosion of unspecified degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.409S	Corrosion of unspecified degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.411S	Corrosion of unspecified degree of right thigh, sequela
T24.412S	Corrosion of unspecified degree of left thigh, sequela



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

Code	Description
T24.419S	Corrosion of unspecified degree of unspecified thigh, sequela
T24.421S	Corrosion of unspecified degree of right knee, sequela
T24.422S	Corrosion of unspecified degree of left knee, sequela
T24.429S	Corrosion of unspecified degree of unspecified knee, sequela
T24.431S	Corrosion of unspecified degree of right lower leg, sequela
T24.432S	Corrosion of unspecified degree of left lower leg, sequela
T24.439S	Corrosion of unspecified degree of unspecified lower leg, sequela
T24.491S	Corrosion of unspecified degree of multiple sites of right lower limb, except ankle and foot, sequela
T24.492S	Corrosion of unspecified degree of multiple sites of left lower limb, except ankle and foot, sequela
T24.499S	Corrosion of unspecified degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T24.501S	Corrosion of first degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.502S	Corrosion of first degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.509S	Corrosion of first degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.511S	Corrosion of first degree of right thigh, sequela
T24.512S	Corrosion of first degree of left thigh, sequela
T24.519S	Corrosion of first degree of unspecified thigh, sequela
T24.521S	Corrosion of first degree of right knee, sequela
T24.522S	Corrosion of first degree of left knee, sequela
T24.529S	Corrosion of first degree of unspecified knee, sequela
T24.531S	Corrosion of first degree of right lower leg, sequela
T24.532S	Corrosion of first degree of left lower leg, sequela
T24.539S	Corrosion of first degree of unspecified lower leg, sequela
T24.591S	Corrosion of first degree of multiple sites of right lower limb, except ankle and foot, sequela



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

Code	Description
T24.592S	Corrosion of first degree of multiple sites of left lower limb, except ankle and foot, sequela
T24.599S	Corrosion of first degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T24.601S	Corrosion of second degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.602S	Corrosion of second degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.609S	Corrosion of second degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.611S	Corrosion of second degree of right thigh, sequela
T24.612S	Corrosion of second degree of left thigh, sequela
T24.619S	Corrosion of second degree of unspecified thigh, sequela
T24.621S	Corrosion of second degree of right knee, sequela
T24.622S	Corrosion of second degree of left knee, sequela
T24.629S	Corrosion of second degree of unspecified knee, sequela
T24.631S	Corrosion of second degree of right lower leg, sequela
T24.632S	Corrosion of second degree of left lower leg, sequela
T24.639S	Corrosion of second degree of unspecified lower leg, sequela
T24.691S	Corrosion of second degree of multiple sites of right lower limb, except ankle and foot, sequela
T24.692S	Corrosion of second degree of multiple sites of left lower limb, except ankle and foot, sequela
T24.699S	Corrosion of second degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T24.701S	Corrosion of third degree of unspecified site of right lower limb, except ankle and foot, sequela
T24.702S	Corrosion of third degree of unspecified site of left lower limb, except ankle and foot, sequela
T24.709S	Corrosion of third degree of unspecified site of unspecified lower limb, except ankle and foot, sequela
T24.711S	Corrosion of third degree of right thigh, sequela



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

Code	Description
T24.712S	Corrosion of third degree of left thigh, sequela
T24.719S	Corrosion of third degree of unspecified thigh, sequela
T24.721S	Corrosion of third degree of right knee, sequela
T24.722S	Corrosion of third degree of left knee, sequela
T24.729S	Corrosion of third degree of unspecified knee, sequela
T24.731S	Corrosion of third degree of right lower leg, sequela
T24.732S	Corrosion of third degree of left lower leg, sequela
T24.739S	Corrosion of third degree of unspecified lower leg, sequela
T24.791S	Corrosion of third degree of multiple sites of right lower limb, except ankle and foot, sequela
T24.792S	Corrosion of third degree of multiple sites of left lower limb, except ankle and foot, sequela
T24.799S	Corrosion of third degree of multiple sites of unspecified lower limb, except ankle and foot, sequela
T25.011S	Burn of unspecified degree of right ankle, sequela
T25.012S	Burn of unspecified degree of left ankle, sequela
T25.019S	Burn of unspecified degree of unspecified ankle, sequela
T25.021S	Burn of unspecified degree of right foot, sequela
T25.022S	Burn of unspecified degree of left foot, sequela
T25.029S	Burn of unspecified degree of unspecified foot, sequela
T25.031S	Burn of unspecified degree of right toe(s) (nail), sequela
T25.032S	Burn of unspecified degree of left toe(s) (nail), sequela
T25.039S	Burn of unspecified degree of unspecified toe(s) (nail), sequela
T25.091S	Burn of unspecified degree of multiple sites of right ankle and foot, sequela
T25.092S	Burn of unspecified degree of multiple sites of left ankle and foot, sequela
T25.099S	Burn of unspecified degree of multiple sites of unspecified ankle and foot, sequela
T25.111S	Burn of first degree of right ankle, sequela
T25.112S	Burn of first degree of left ankle, sequela
T25.119S	Burn of first degree of unspecified ankle, sequela



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

Code	Description
T25.121S	Burn of first degree of right foot, sequela
T25.122S	Burn of first degree of left foot, sequela
T25.129S	Burn of first degree of unspecified foot, sequela
T25.131S	Burn of first degree of right toe(s) (nail), sequela
T25.132S	Burn of first degree of left toe(s) (nail), sequela
T25.139S	Burn of first degree of unspecified toe(s) (nail), sequela
T25.191S	Burn of first degree of multiple sites of right ankle and foot, sequela
T25.192S	Burn of first degree of multiple sites of left ankle and foot, sequela
T25.199S	Burn of first degree of multiple sites of unspecified ankle and foot, sequela
T25.211S	Burn of second degree of right ankle, sequela
T25.212S	Burn of second degree of left ankle, sequela
T25.219S	Burn of second degree of unspecified ankle, sequela
T25.221S	Burn of second degree of right foot, sequela
T25.222S	Burn of second degree of left foot, sequela
T25.229S	Burn of second degree of unspecified foot, sequela
T25.231S	Burn of second degree of right toe(s) (nail), sequela
T25.232S	Burn of second degree of left toe(s) (nail), sequela
T25.239S	Burn of second degree of unspecified toe(s) (nail), sequela
T25.291S	Burn of second degree of multiple sites of right ankle and foot, sequela
T25.292S	Burn of second degree of multiple sites of left ankle and foot, sequela
T25.299S	Burn of second degree of multiple sites of unspecified ankle and foot, sequela
T25.311S	Burn of third degree of right ankle, sequela
T25.312S	Burn of third degree of left ankle, sequela
T25.319S	Burn of third degree of unspecified ankle, sequela
T25.321S	Burn of third degree of right foot, sequela
T25.322S	Burn of third degree of left foot, sequela
T25.329S	Burn of third degree of unspecified foot, sequela
T25.331S	Burn of third degree of right toe(s) (nail), sequela



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

Code	Description
T25.332S	Burn of third degree of left toe(s) (nail), sequela
T25.339S	Burn of third degree of unspecified toe(s) (nail), sequela
T25.391S	Burn of third degree of multiple sites of right ankle and foot, sequela
T25.392S	Burn of third degree of multiple sites of left ankle and foot, sequela
T25.399S	Burn of third degree of multiple sites of unspecified ankle and foot, sequela
T25.411S	Corrosion of unspecified degree of right ankle, sequela
T25.412S	Corrosion of unspecified degree of left ankle, sequela
T25.419S	Corrosion of unspecified degree of unspecified ankle, sequela
T25.421S	Corrosion of unspecified degree of right foot, sequela
T25.422S	Corrosion of unspecified degree of left foot, sequela
T25.429S	Corrosion of unspecified degree of unspecified foot, sequela
T25.431S	Corrosion of unspecified degree of right toe(s) (nail), sequela
T25.432S	Corrosion of unspecified degree of left toe(s) (nail), sequela
T25.439S	Corrosion of unspecified degree of unspecified toe(s) (nail), sequela
T25.491S	Corrosion of unspecified degree of multiple sites of right ankle and foot, sequela
T25.492S	Corrosion of unspecified degree of multiple sites of left ankle and foot, sequela
T25.499S	Corrosion of unspecified degree of multiple sites of unspecified ankle and foot, sequela
T25.511S	Corrosion of first degree of right ankle, sequela
T25.512S	Corrosion of first degree of left ankle, sequela
T25.519S	Corrosion of first degree of unspecified ankle, sequela
T25.521S	Corrosion of first degree of right foot, sequela
T25.522S	Corrosion of first degree of left foot, sequela
T25.529S	Corrosion of first degree of unspecified foot, sequela
T25.531S	Corrosion of first degree of right toe(s) (nail), sequela
T25.532S	Corrosion of first degree of left toe(s) (nail), sequela
T25.539S	Corrosion of first degree of unspecified toe(s) (nail), sequela
T25.591S	Corrosion of first degree of multiple sites of right ankle and foot, sequela
T25.592S	Corrosion of first degree of multiple sites of left ankle and foot, sequela

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

Code	Description
T25.599S	Corrosion of first degree of multiple sites of unspecified ankle and foot, sequela
T25.611S	Corrosion of second degree of right ankle, sequela
T25.612S	Corrosion of second degree of left ankle, sequela
T25.619S	Corrosion of second degree of unspecified ankle, sequela
T25.621S	Corrosion of second degree of right foot, sequela
T25.622S	Corrosion of second degree of left foot, sequela
T25.629S	Corrosion of second degree of unspecified foot, sequela
T25.631S	Corrosion of second degree of right toe(s) (nail), sequela
T25.632S	Corrosion of second degree of left toe(s) (nail), sequela
T25.639S	Corrosion of second degree of unspecified toe(s) (nail), sequela
T25.691S	Corrosion of second degree of right ankle and foot, sequela
T25.692S	Corrosion of second degree of left ankle and foot, sequela
T25.699S	Corrosion of second degree of unspecified ankle and foot, sequela
T25.711S	Corrosion of third degree of right ankle, sequela
T25.712S	Corrosion of third degree of left ankle, sequela
T25.719S	Corrosion of third degree of unspecified ankle, sequela
T25.721S	Corrosion of third degree of right foot, sequela
T25.722S	Corrosion of third degree of left foot, sequela
T25.729S	Corrosion of third degree of unspecified foot, sequela
T25.731S	Corrosion of third degree of right toe(s) (nail), sequela
T25.732S	Corrosion of third degree of left toe(s) (nail), sequela
T25.739S	Corrosion of third degree of unspecified toe(s) (nail), sequela
T25.791S	Corrosion of third degree of multiple sites of right ankle and foot, sequela
T25.792S	Corrosion of third degree of multiple sites of left ankle and foot, sequela
T25.799S	Corrosion of third degree of multiple sites of unspecified ankle and foot, sequela
T26.00XS	Burn of unspecified eyelid and periocular area, sequela
T26.01XS	Burn of right eyelid and periocular area, sequela
T26.02XS	Burn of left eyelid and periocular area, sequela



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

Code	Description
T26.10XS	Burn of cornea and conjunctival sac, unspecified eye, sequela
T26.11XS	Burn of cornea and conjunctival sac, right eye, sequela
T26.12XS	Burn of cornea and conjunctival sac, left eye, sequela
T26.20XS	Burn with resulting rupture and destruction of unspecified eyeball, sequela
T26.21XS	Burn with resulting rupture and destruction of right eyeball, sequela
T26.22XS	Burn with resulting rupture and destruction of left eyeball, sequela
T26.30XS	Burns of other specified parts of unspecified eye and adnexa, sequela
T26.31XS	Burns of other specified parts of right eye and adnexa, sequela
T26.32XS	Burns of other specified parts of left eye and adnexa, sequela
T26.40XS	Burn of unspecified eye and adnexa, part unspecified, sequela
T26.41XS	Burn of right eye and adnexa, part unspecified, sequela
T26.42XS	Burn of left eye and adnexa, part unspecified, sequela
T26.50XS	Corrosion of unspecified eyelid and periocular area, sequela
T26.51XS	Corrosion of right eyelid and periocular area, sequela
T26.52XS	Corrosion of left eyelid and periocular area, sequela
T26.60XS	Corrosion of cornea and conjunctival sac, unspecified eye, sequela
T26.61XS	Corrosion of cornea and conjunctival sac, right eye, sequela
T26.62XS	Corrosion of cornea and conjunctival sac, left eye, sequela
T26.70XS	Corrosion with resulting rupture and destruction of unspecified eyeball, sequela
T26.71XS	Corrosion with resulting rupture and destruction of right eyeball, sequela
T26.72XS	Corrosion with resulting rupture and destruction of left eyeball, sequela
T26.80XS	Corrosions of other specified parts of unspecified eye and adnexa, sequela
T26.81XS	Corrosions of other specified parts of right eye and adnexa, sequela
T26.82XS	Corrosions of other specified parts of left eye and adnexa, sequela
T26.90XS	Corrosion of unspecified eye and adnexa, part unspecified, sequela
T26.91XS	Corrosion of right eye and adnexa, part unspecified, sequela
T26.92XS	Corrosion of left eye and adnexa, part unspecified, sequela
T27.0XXS	Burn of larynx and trachea, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T27.1XXS	Burn involving larynx and trachea with lung, sequela
T27.2XXS	Burn of other parts of respiratory tract, sequela
T27.3XXS	Burn of respiratory tract, part unspecified, sequela
T27.4XXS	Corrosion of larynx and trachea, sequela
T27.5XXS	Corrosion involving larynx and trachea with lung, sequela
T27.6XXS	Corrosion of other parts of respiratory tract, sequela
T27.7XXS	Corrosion of respiratory tract, part unspecified, sequela
T28.0XXS	Burn of mouth and pharynx, sequela
T28.1XXS	Burn of esophagus, sequela
T28.2XXS	Burn of other parts of alimentary tract, sequela
T28.3XXS	Burn of internal genitourinary organs, sequela
T28.40XS	Burn of unspecified internal organ, sequela
T28.411S	Burn of right ear drum, sequela
T28.412S	Burn of left ear drum, sequela
T28.419S	Burn of unspecified ear drum, sequela
T28.49XS	Burn of other internal organ, sequela
T28.5XXS	Corrosion of mouth and pharynx, sequela
T28.6XXS	Corrosion of esophagus, sequela
T28.7XXS	Corrosion of other parts of alimentary tract, sequela
T28.8XXS	Corrosion of internal genitourinary organs, sequela
T28.90XS	Corrosions of unspecified internal organs, sequela
T28.911S	Corrosions of right ear drum, sequela
T28.912S	Corrosions of left ear drum, sequela
T28.919S	Corrosions of unspecified ear drum, sequela
T28.99XS	Corrosions of other internal organs, sequela
T33.011S	Superficial frostbite of right ear, sequela
T33.012S	Superficial frostbite of left ear, sequela
T33.019S	Superficial frostbite of unspecified ear, sequela



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

Code	Description
T33.02XS	Superficial frostbite of nose, sequela
T33.09XS	Superficial frostbite of other part of head, sequela
T33.1XXS	Superficial frostbite of neck, sequela
T33.2XXS	Superficial frostbite of thorax, sequela
T33.3XXS	Superficial frostbite of abdominal wall, lower back and pelvis, sequela
T33.40XS	Superficial frostbite of unspecified arm, sequela
T33.41XS	Superficial frostbite of right arm, sequela
T33.42XS	Superficial frostbite of left arm, sequela
T33.511S	Superficial frostbite of right wrist, sequela
T33.512S	Superficial frostbite of left wrist, sequela
T33.519S	Superficial frostbite of unspecified wrist, sequela
T33.521S	Superficial frostbite of right hand, sequela
T33.522S	Superficial frostbite of left hand, sequela
T33.529S	Superficial frostbite of unspecified hand, sequela
T33.531S	Superficial frostbite of right finger(s), sequela
T33.532S	Superficial frostbite of left finger(s), sequela
T33.539S	Superficial frostbite of unspecified finger(s), sequela
T33.60XS	Superficial frostbite of unspecified hip and thigh, sequela
T33.61XS	Superficial frostbite of right hip and thigh, sequela
T33.62XS	Superficial frostbite of left hip and thigh, sequela
T33.70XS	Superficial frostbite of unspecified knee and lower leg, sequela
T33.71XS	Superficial frostbite of right knee and lower leg, sequela
T33.72XS	Superficial frostbite of left knee and lower leg, sequela
T33.811S	Superficial frostbite of right ankle, sequela
T33.812S	Superficial frostbite of left ankle, sequela
T33.819S	Superficial frostbite of unspecified ankle, sequela
T33.821S	Superficial frostbite of right foot, sequela
T33.822S	Superficial frostbite of left foot, sequela



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

Code	Description
T33.829S	Superficial frostbite of unspecified foot, sequela
T33.831S	Superficial frostbite of right toe(s), sequela
T33.832S	Superficial frostbite of left toe(s), sequela
T33.839S	Superficial frostbite of unspecified toe(s), sequela
T33.90XS	Superficial frostbite of unspecified sites, sequela
T33.99XS	Superficial frostbite of other sites, sequela
T34.011S	Frostbite with tissue necrosis of right ear, sequela
T34.012S	Frostbite with tissue necrosis of left ear, sequela
T34.019S	Frostbite with tissue necrosis of unspecified ear, sequela
T34.02XS	Frostbite with tissue necrosis of nose, sequela
T34.09XS	Frostbite with tissue necrosis of other part of head, sequela
T34.1XXS	Frostbite with tissue necrosis of neck, sequela
T34.2XXS	Frostbite with tissue necrosis of thorax, sequela
T34.3XXS	Frostbite with tissue necrosis of abdominal wall, lower back and pelvis, sequela
T34.40XS	Frostbite with tissue necrosis of unspecified arm, sequela
T34.41XS	Frostbite with tissue necrosis of right arm, sequela
T34.42XS	Frostbite with tissue necrosis of left arm, sequela
T34.511S	Frostbite with tissue necrosis of right wrist, sequela
T34.512S	Frostbite with tissue necrosis of left wrist, sequela
T34.519S	Frostbite with tissue necrosis of unspecified wrist, sequela
T34.521S	Frostbite with tissue necrosis of right hand, sequela
T34.522S	Frostbite with tissue necrosis of left hand, sequela
T34.529S	Frostbite with tissue necrosis of unspecified hand, sequela
T34.531S	Frostbite with tissue necrosis of right finger(s), sequela
T34.532S	Frostbite with tissue necrosis of left finger(s), sequela
T34.539S	Frostbite with tissue necrosis of unspecified finger(s), sequela
T34.60XS	Frostbite with tissue necrosis of unspecified hip and thigh, sequela
T34.61XS	Frostbite with tissue necrosis of right hip and thigh, sequela



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

Code	Description
T34.62XS	Frostbite with tissue necrosis of left hip and thigh, sequela
T34.70XS	Frostbite with tissue necrosis of unspecified knee and lower leg, sequela
T34.71XS	Frostbite with tissue necrosis of right knee and lower leg, sequela
T34.72XS	Frostbite with tissue necrosis of left knee and lower leg, sequela
T34.811S	Frostbite with tissue necrosis of right ankle, sequela
T34.812S	Frostbite with tissue necrosis of left ankle, sequela
T34.819S	Frostbite with tissue necrosis of unspecified ankle, sequela
T34.821S	Frostbite with tissue necrosis of right foot, sequela
T34.822S	Frostbite with tissue necrosis of left foot, sequela
T34.829S	Frostbite with tissue necrosis of unspecified foot, sequela
T34.831S	Frostbite with tissue necrosis of right toe(s), sequela
T34.832S	Frostbite with tissue necrosis of left toe(s), sequela
T34.839S	Frostbite with tissue necrosis of unspecified toe(s), sequela
T34.90XS	Frostbite with tissue necrosis of unspecified sites, sequela
T34.99XS	Frostbite with tissue necrosis of other sites, sequela
T36.0X1S	Poisoning by penicillins, accidental (unintentional), sequela
T36.0X2S	Poisoning by penicillins, intentional self-harm, sequela
T36.0X3S	Poisoning by penicillins, assault, sequela
T36.0X4S	Poisoning by penicillins, undetermined, sequela
T36.0X5S	Adverse effect of penicillins, sequela
T36.0X6A	Underdosing of penicillins, initial encounter
T36.0X6D	Underdosing of penicillins, subsequent encounter
T36.0X6S	Underdosing of penicillins, sequela
T36.1X1S	Poisoning by cephalosporins and other beta-lactam antibiotics, accidental (unintentional), sequela
T36.1X2S	Poisoning by cephalosporins and other beta-lactam antibiotics, intentional self-harm, sequela
T36.1X3S	Poisoning by cephalosporins and other beta-lactam antibiotics, assault, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T36.1X4S	Poisoning by cephalosporins and other beta-lactam antibiotics, undetermined, sequela
T36.1X5S	Adverse effect of cephalosporins and other beta-lactam antibiotics, sequela
T36.1X6A	Underdosing of cephalosporins and other beta-lactam antibiotics, initial encounter
T36.1X6D	Underdosing of cephalosporins and other beta-lactam antibiotics, subsequent encounter
T36.1X6S	Underdosing of cephalosporins and other beta-lactam antibiotics, sequela
T36.2X1S	Poisoning by chloramphenicol group, accidental (unintentional), sequela
T36.2X2S	Poisoning by chloramphenicol group, intentional self-harm, sequela
T36.2X3S	Poisoning by chloramphenicol group, assault, sequela
T36.2X4S	Poisoning by chloramphenicol group, undetermined, sequela
T36.2X5S	Adverse effect of chloramphenicol group, sequela
T36.2X6A	Underdosing of chloramphenicol group, initial encounter
T36.2X6D	Underdosing of chloramphenicol group, subsequent encounter
T36.2X6S	Underdosing of chloramphenicol group, sequela
T36.3X1S	Poisoning by macrolides, accidental (unintentional), sequela
T36.3X2S	Poisoning by macrolides, intentional self-harm, sequela
T36.3X3S	Poisoning by macrolides, assault, sequela
T36.3X4S	Poisoning by macrolides, undetermined, sequela
T36.3X5S	Adverse effect of macrolides, sequela
T36.3X6A	Underdosing of macrolides, initial encounter
T36.3X6D	Underdosing of macrolides, subsequent encounter
T36.3X6S	Underdosing of macrolides, sequela
T36.4X1S	Poisoning by tetracyclines, accidental (unintentional), sequela
T36.4X2S	Poisoning by tetracyclines, intentional self-harm, sequela
T36.4X3S	Poisoning by tetracyclines, assault, sequela
T36.4X4S	Poisoning by tetracyclines, undetermined, sequela
T36.4X5S	Adverse effect of tetracyclines, sequela
T36.4X6A	Underdosing of tetracyclines, initial encounter

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Code	Description
T36.4X6D	Underdosing of tetracyclines, subsequent encounter
T36.4X6S	Underdosing of tetracyclines, sequela
T36.5X1S	Poisoning by aminoglycosides, accidental (unintentional), sequela
T36.5X2S	Poisoning by aminoglycosides, intentional self-harm, sequela
T36.5X3S	Poisoning by aminoglycosides, assault, sequela
T36.5X4S	Poisoning by aminoglycosides, undetermined, sequela
T36.5X5S	Adverse effect of aminoglycosides, sequela
T36.5X6A	Underdosing of aminoglycosides, initial encounter
T36.5X6D	Underdosing of aminoglycosides, subsequent encounter
T36.5X6S	Underdosing of aminoglycosides, sequela
T36.6X1S	Poisoning by rifampicins, accidental (unintentional), sequela
T36.6X2S	Poisoning by rifampicins, intentional self-harm, sequela
T36.6X3S	Poisoning by rifampicins, assault, sequela
T36.6X4S	Poisoning by rifampicins, undetermined, sequela
T36.6X5S	Adverse effect of rifampicins, sequela
T36.6X6A	Underdosing of rifampicins, initial encounter
T36.6X6D	Underdosing of rifampicins, subsequent encounter
T36.6X6S	Underdosing of rifampicins, sequela
T36.7X1S	Poisoning by antifungal antibiotics, systemically used, accidental (unintentional), sequela
T36.7X2S	Poisoning by antifungal antibiotics, systemically used, intentional self-harm, sequela
T36.7X3S	Poisoning by antifungal antibiotics, systemically used, assault, sequela
T36.7X4S	Poisoning by antifungal antibiotics, systemically used, undetermined, sequela
T36.7X5S	Adverse effect of antifungal antibiotics, systemically used, sequela
T36.7X6A	Underdosing of antifungal antibiotics, systemically used, initial encounter
T36.7X6D	Underdosing of antifungal antibiotics, systemically used, subsequent encounter
T36.7X6S	Underdosing of antifungal antibiotics, systemically used, sequela
T36.8X1S	Poisoning by other systemic antibiotics, accidental (unintentional), sequela
T36.8X2S	Poisoning by other systemic antibiotics, intentional self-harm, sequela

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Code	Description
T36.8X3S	Poisoning by other systemic antibiotics, assault, sequela
T36.8X4S	Poisoning by other systemic antibiotics, undetermined, sequela
T36.8X5S	Adverse effect of other systemic antibiotics, sequela
T36.8X6A	Underdosing of other systemic antibiotics, initial encounter
T36.8X6D	Underdosing of other systemic antibiotics, subsequent encounter
T36.8X6S	Underdosing of other systemic antibiotics, sequela
T36.91XS	Poisoning by unspecified systemic antibiotic, accidental (unintentional), sequela
T36.92XS	Poisoning by unspecified systemic antibiotic, intentional self-harm, sequela
T36.93XS	Poisoning by unspecified systemic antibiotic, assault, sequela
T36.94XS	Poisoning by unspecified systemic antibiotic, undetermined, sequela
T36.95XS	Adverse effect of unspecified systemic antibiotic, sequela
T36.96XA	Underdosing of unspecified systemic antibiotic, initial encounter
T36.96XD	Underdosing of unspecified systemic antibiotic, subsequent encounter
T36.96XS	Underdosing of unspecified systemic antibiotic, sequela
T37.0X1S	Poisoning by sulfonamides, accidental (unintentional), sequela
T37.0X2S	Poisoning by sulfonamides, intentional self-harm, sequela
T37.0X3S	Poisoning by sulfonamides, assault, sequela
T37.0X4S	Poisoning by sulfonamides, undetermined, sequela
T37.0X5S	Adverse effect of sulfonamides, sequela
T37.0X6A	Underdosing of sulfonamides, initial encounter
T37.0X6D	Underdosing of sulfonamides, subsequent encounter
T37.0X6S	Underdosing of sulfonamides, sequela
T37.1X1S	Poisoning by antimycobacterial drugs, accidental (unintentional), sequela
T37.1X2S	Poisoning by antimycobacterial drugs, intentional self-harm, sequela
T37.1X3S	Poisoning by antimycobacterial drugs, assault, sequela
T37.1X4S	Poisoning by antimycobacterial drugs, undetermined, sequela
T37.1X5S	Adverse effect of antimycobacterial drugs, sequela
T37.1X6A	Underdosing of antimycobacterial drugs, initial encounter

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Code	Description
T37.1X6D	Underdosing of antimycobacterial drugs, subsequent encounter
T37.1X6S	Underdosing of antimycobacterial drugs, sequela
T37.2X1S	Poisoning by antimalarials and drugs acting on other blood protozoa, accidental (unintentional), sequela
T37.2X2S	Poisoning by antimalarials and drugs acting on other blood protozoa, intentional self-harm, sequela
T37.2X3S	Poisoning by antimalarials and drugs acting on other blood protozoa, assault, sequela
T37.2X4S	Poisoning by antimalarials and drugs acting on other blood protozoa, undetermined, sequela
T37.2X5S	Adverse effect of antimalarials and drugs acting on other blood protozoa, sequela
T37.2X6A	Underdosing of antimalarials and drugs acting on other blood protozoa, initial encounter
T37.2X6D	Underdosing of antimalarials and drugs acting on other blood protozoa, subsequent encounter
T37.2X6S	Underdosing of antimalarials and drugs acting on other blood protozoa, sequela
T37.3X1S	Poisoning by other antiprotozoal drugs, accidental (unintentional), sequela
T37.3X2S	Poisoning by other antiprotozoal drugs, intentional self-harm, sequela
T37.3X3S	Poisoning by other antiprotozoal drugs, assault, sequela
T37.3X4S	Poisoning by other antiprotozoal drugs, undetermined, sequela
T37.3X5S	Adverse effect of other antiprotozoal drugs, sequela
T37.3X6A	Underdosing of other antiprotozoal drugs, initial encounter
T37.3X6D	Underdosing of other antiprotozoal drugs, subsequent encounter
T37.3X6S	Underdosing of other antiprotozoal drugs, sequela
T37.4X1S	Poisoning by anthelmintics, accidental (unintentional), sequela
T37.4X2S	Poisoning by anthelmintics, intentional self-harm, sequela
T37.4X3S	Poisoning by anthelmintics, assault, sequela
T37.4X4S	Poisoning by anthelmintics, undetermined, sequela
T37.4X5S	Adverse effect of anthelmintics, sequela
T37.4X6A	Underdosing of anthelmintics, initial encounter



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Code	Description
T37.4X6D	Underdosing of anthelmintics, subsequent encounter
T37.4X6S	Underdosing of anthelmintics, sequela
T37.5X1S	Poisoning by antiviral drugs, accidental (unintentional), sequela
T37.5X2S	Poisoning by antiviral drugs, intentional self-harm, sequela
T37.5X3S	Poisoning by antiviral drugs, assault, sequela
T37.5X4S	Poisoning by antiviral drugs, undetermined, sequela
T37.5X5S	Adverse effect of antiviral drugs, sequela
T37.5X6A	Underdosing of antiviral drugs, initial encounter
T37.5X6D	Underdosing of antiviral drugs, subsequent encounter
T37.5X6S	Underdosing of antiviral drugs, sequela
T37.8X1S	Poisoning by other specified systemic anti-infectives and antiparasitics, accidental (unintentional), sequela
T37.8X2S	Poisoning by other specified systemic anti-infectives and antiparasitics, intentional self-harm, sequela
T37.8X3S	Poisoning by other specified systemic anti-infectives and antiparasitics, assault, sequela
T37.8X4S	Poisoning by other specified systemic anti-infectives and antiparasitics, undetermined, sequela
T37.8X5S	Adverse effect of other specified systemic anti-infectives and antiparasitics, sequela
T37.8X6A	Underdosing of other specified systemic anti-infectives and antiparasitics, initial encounter
T37.8X6D	Underdosing of other specified systemic anti-infectives and antiparasitics, subsequent encounter
T37.8X6S	Underdosing of other specified systemic anti-infectives and antiparasitics, sequela
T37.91XS	Poisoning by unspecified systemic anti-infective and antiparasitics, accidental (unintentional), sequela
T37.92XS	Poisoning by unspecified systemic anti-infective and antiparasitics, intentional self-harm, sequela
T37.93XS	Poisoning by unspecified systemic anti-infective and antiparasitics, assault, sequela
T37.94XS	Poisoning by unspecified systemic anti-infective and antiparasitics, undetermined, sequela



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Code	Description
T37.95XS	Adverse effect of unspecified systemic anti-infective and antiparasitic, sequela
T37.96XA	Underdosing of unspecified systemic anti-infectives and antiparasitics, initial encounter
T37.96XD	Underdosing of unspecified systemic anti-infectives and antiparasitics, subsequent encounter
T37.96XS	Underdosing of unspecified systemic anti-infectives and antiparasitics, sequela
T38.0X1S	Poisoning by glucocorticoids and synthetic analogues, accidental (unintentional), sequela
T38.0X2S	Poisoning by glucocorticoids and synthetic analogues, intentional self-harm, sequela
T38.0X3S	Poisoning by glucocorticoids and synthetic analogues, assault, sequela
T38.0X4S	Poisoning by glucocorticoids and synthetic analogues, undetermined, sequela
T38.0X5S	Adverse effect of glucocorticoids and synthetic analogues, sequela
T38.0X6A	Underdosing of glucocorticoids and synthetic analogues, initial encounter
T38.0X6D	Underdosing of glucocorticoids and synthetic analogues, subsequent encounter
T38.0X6S	Underdosing of glucocorticoids and synthetic analogues, sequela
T38.1X1S	Poisoning by thyroid hormones and substitutes, accidental (unintentional), sequela
T38.1X2S	Poisoning by thyroid hormones and substitutes, intentional self-harm, sequela
T38.1X3S	Poisoning by thyroid hormones and substitutes, assault, sequela
T38.1X4S	Poisoning by thyroid hormones and substitutes, undetermined, sequela
T38.1X5S	Adverse effect of thyroid hormones and substitutes, sequela
T38.1X6A	Underdosing of thyroid hormones and substitutes, initial encounter
T38.1X6D	Underdosing of thyroid hormones and substitutes, subsequent encounter
T38.1X6S	Underdosing of thyroid hormones and substitutes, sequela
T38.2X1S	Poisoning by antithyroid drugs, accidental (unintentional), sequela
T38.2X2S	Poisoning by antithyroid drugs, intentional self-harm, sequela
T38.2X3S	Poisoning by antithyroid drugs, assault, sequela
T38.2X4S	Poisoning by antithyroid drugs, undetermined, sequela
T38.2X5S	Adverse effect of antithyroid drugs, sequela
T38.2X6A	Underdosing of antithyroid drugs, initial encounter

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Code	Description
T38.2X6D	Underdosing of antithyroid drugs, subsequent encounter
T38.2X6S	Underdosing of antithyroid drugs, sequela
T38.3X1S	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), sequela
T38.3X2S	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, intentional self-harm, sequela
T38.3X3S	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, sequela
T38.3X4S	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, sequela
T38.3X5S	Adverse effect of insulin and oral hypoglycemic [antidiabetic] drugs, sequela
T38.3X6A	Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter
T38.3X6D	Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter
T38.3X6S	Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, sequela
T38.4X1S	Poisoning by oral contraceptives, accidental (unintentional), sequela
T38.4X2S	Poisoning by oral contraceptives, intentional self-harm, sequela
T38.4X3S	Poisoning by oral contraceptives, assault, sequela
T38.4X4S	Poisoning by oral contraceptives, undetermined, sequela
T38.4X5S	Adverse effect of oral contraceptives, sequela
T38.4X6A	Underdosing of oral contraceptives, initial encounter
T38.4X6D	Underdosing of oral contraceptives, subsequent encounter
T38.4X6S	Underdosing of oral contraceptives, sequela
T38.5X1S	Poisoning by other estrogens and progestogens, accidental (unintentional), sequela
T38.5X2S	Poisoning by other estrogens and progestogens, intentional self-harm, sequela
T38.5X3S	Poisoning by other estrogens and progestogens, assault, sequela
T38.5X4S	Poisoning by other estrogens and progestogens, undetermined, sequela
T38.5X5S	Adverse effect of other estrogens and progestogens, sequela
T38.5X6A	Underdosing of other estrogens and progestogens, initial encounter
T38.5X6D	Underdosing of other estrogens and progestogens, subsequent encounter
T38.5X6S	Underdosing of other estrogens and progestogens, sequela

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Code	Description
T38.6X1S	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, accidental (unintentional), sequela
T38.6X2S	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm, sequela
T38.6X3S	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, assault, sequela
T38.6X4S	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, undetermined, sequela
T38.6X5S	Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, sequela
T38.6X6A	Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter
T38.6X6D	Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, subsequent encounter
T38.6X6S	Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, sequela
T38.7X1S	Poisoning by androgens and anabolic congeners, accidental (unintentional), sequela
T38.7X2S	Poisoning by androgens and anabolic congeners, intentional self-harm, sequela
T38.7X3S	Poisoning by androgens and anabolic congeners, assault, sequela
T38.7X4S	Poisoning by androgens and anabolic congeners, undetermined, sequela
T38.7X5S	Adverse effect of androgens and anabolic congeners, sequela
T38.7X6A	Underdosing of androgens and anabolic congeners, initial encounter
T38.7X6D	Underdosing of androgens and anabolic congeners, subsequent encounter
T38.7X6S	Underdosing of androgens and anabolic congeners, sequela
T38.801S	Poisoning by unspecified hormones and synthetic substitutes, accidental (unintentional), sequela
T38.802S	Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm, sequela
T38.803S	Poisoning by unspecified hormones and synthetic substitutes, assault, sequela
T38.804S	Poisoning by unspecified hormones and synthetic substitutes, undetermined, sequela



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Code	Description
T38.805S	Adverse effect of unspecified hormones and synthetic substitutes, sequela
T38.806A	Underdosing of unspecified hormones and synthetic substitutes, initial encounter
T38.806D	Underdosing of unspecified hormones and synthetic substitutes, subsequent encounter
T38.806S	Underdosing of unspecified hormones and synthetic substitutes, sequela
T38.811S	Poisoning by anterior pituitary [adenohypophyseal] hormones, accidental (unintentional), sequela
T38.812S	Poisoning by anterior pituitary [adenohypophyseal] hormones, intentional self-harm, sequela
T38.813S	Poisoning by anterior pituitary [adenohypophyseal] hormones, assault, sequela
T38.814S	Poisoning by anterior pituitary [adenohypophyseal] hormones, undetermined, sequela
T38.815S	Adverse effect of anterior pituitary [adenohypophyseal] hormones, sequela
T38.816A	Underdosing of anterior pituitary [adenohypophyseal] hormones, initial encounter
T38.816D	Underdosing of anterior pituitary [adenohypophyseal] hormones, subsequent encounter
T38.816S	Underdosing of anterior pituitary [adenohypophyseal] hormones, sequela
T38.891S	Poisoning by other hormones and synthetic substitutes, accidental (unintentional), sequela
T38.892S	Poisoning by other hormones and synthetic substitutes, intentional self-harm, sequela
T38.893S	Poisoning by other hormones and synthetic substitutes, assault, sequela
T38.894S	Poisoning by other hormones and synthetic substitutes, undetermined, sequela
T38.895S	Adverse effect of other hormones and synthetic substitutes, sequela
T38.896A	Underdosing of other hormones and synthetic substitutes, initial encounter
T38.896D	Underdosing of other hormones and synthetic substitutes, subsequent encounter
T38.896S	Underdosing of other hormones and synthetic substitutes, sequela
T38.901S	Poisoning by unspecified hormone antagonists, accidental (unintentional), sequela
T38.902S	Poisoning by unspecified hormone antagonists, intentional self-harm, sequela
T38.903S	Poisoning by unspecified hormone antagonists, assault, sequela



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Code	Description
T38.904S	Poisoning by unspecified hormone antagonists, undetermined, sequela
T38.905S	Adverse effect of unspecified hormone antagonists, sequela
T38.906A	Underdosing of unspecified hormone antagonists, initial encounter
T38.906D	Underdosing of unspecified hormone antagonists, subsequent encounter
T38.906S	Underdosing of unspecified hormone antagonists, sequela
T38.991S	Poisoning by other hormone antagonists, accidental (unintentional), sequela
T38.992S	Poisoning by other hormone antagonists, intentional self-harm, sequela
T38.993S	Poisoning by other hormone antagonists, assault, sequela
T38.994S	Poisoning by other hormone antagonists, undetermined, sequela
T38.995S	Adverse effect of other hormone antagonists, sequela
T38.996A	Underdosing of other hormone antagonists, initial encounter
T38.996D	Underdosing of other hormone antagonists, subsequent encounter
T38.996S	Underdosing of other hormone antagonists, sequela
T39.011S	Poisoning by aspirin, accidental (unintentional), sequela
T39.012S	Poisoning by aspirin, intentional self-harm, sequela
T39.013S	Poisoning by aspirin, assault, sequela
T39.014S	Poisoning by aspirin, undetermined, sequela
T39.015S	Adverse effect of aspirin, sequela
T39.016A	Underdosing of aspirin, initial encounter
T39.016D	Underdosing of aspirin, subsequent encounter
T39.016S	Underdosing of aspirin, sequela
T39.091S	Poisoning by salicylates, accidental (unintentional), sequela
T39.092S	Poisoning by salicylates, intentional self-harm, sequela
T39.093S	Poisoning by salicylates, assault, sequela
T39.094S	Poisoning by salicylates, undetermined, sequela
T39.095S	Adverse effect of salicylates, sequela
T39.096A	Underdosing of salicylates, initial encounter
T39.096D	Underdosing of salicylates, subsequent encounter



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Code	Description
T39.096S	Underdosing of salicylates, sequela
T39.1X1S	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), sequela
T39.1X2S	Poisoning by 4-Aminophenol derivatives, intentional self-harm, sequela
T39.1X3S	Poisoning by 4-Aminophenol derivatives, assault, sequela
T39.1X4S	Poisoning by 4-Aminophenol derivatives, undetermined, sequela
T39.1X5S	Adverse effect of 4-Aminophenol derivatives, sequela
T39.1X6A	Underdosing of 4-Aminophenol derivatives, initial encounter
T39.1X6D	Underdosing of 4-Aminophenol derivatives, subsequent encounter
T39.1X6S	Underdosing of 4-Aminophenol derivatives, sequela
T39.2X1S	Poisoning by pyrazolone derivatives, accidental (unintentional), sequela
T39.2X2S	Poisoning by pyrazolone derivatives, intentional self-harm, sequela
T39.2X3S	Poisoning by pyrazolone derivatives, assault, sequela
T39.2X4S	Poisoning by pyrazolone derivatives, undetermined, sequela
T39.2X5S	Adverse effect of pyrazolone derivatives, sequela
T39.2X6A	Underdosing of pyrazolone derivatives, initial encounter
T39.2X6D	Underdosing of pyrazolone derivatives, subsequent encounter
T39.2X6S	Underdosing of pyrazolone derivatives, sequela
T39.311S	Poisoning by propionic acid derivatives, accidental (unintentional), sequela
T39.312S	Poisoning by propionic acid derivatives, intentional self-harm, sequela
T39.313S	Poisoning by propionic acid derivatives, assault, sequela
T39.314S	Poisoning by propionic acid derivatives, undetermined, sequela
T39.315S	Adverse effect of propionic acid derivatives, sequela
T39.316A	Underdosing of propionic acid derivatives, initial encounter
T39.316D	Underdosing of propionic acid derivatives, subsequent encounter
T39.316S	Underdosing of propionic acid derivatives, sequela
T39.391S	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), sequela
T39.392S	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm, sequela

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Code	Description
T39.393S	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault, sequela
T39.394S	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, sequela
T39.395S	Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], sequela
T39.396A	Underdosing of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter
T39.396D	Underdosing of other nonsteroidal anti-inflammatory drugs [NSAID], subsequent encounter
T39.396S	Underdosing of other nonsteroidal anti-inflammatory drugs [NSAID], sequela
T39.4X1S	Poisoning by antirheumatics, not elsewhere classified, accidental (unintentional), sequela
T39.4X2S	Poisoning by antirheumatics, not elsewhere classified, intentional self-harm, sequela
T39.4X3S	Poisoning by antirheumatics, not elsewhere classified, assault, sequela
T39.4X4S	Poisoning by antirheumatics, not elsewhere classified, undetermined, sequela
T39.4X5S	Adverse effect of antirheumatics, not elsewhere classified, sequela
T39.4X6A	Underdosing of antirheumatics, not elsewhere classified, initial encounter
T39.4X6D	Underdosing of antirheumatics, not elsewhere classified, subsequent encounter
T39.4X6S	Underdosing of antirheumatics, not elsewhere classified, sequela
T39.8X1S	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, accidental (unintentional), sequela
T39.8X2S	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, intentional self-harm, sequela
T39.8X3S	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, assault, sequela
T39.8X4S	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, undetermined, sequela
T39.8X5S	Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified, sequela
T39.8X6A	Underdosing of other nonopioid analgesics and antipyretics, not elsewhere classified, initial encounter



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Code	Description
T39.8X6D	Underdosing of other nonopioid analgesics and antipyretics, not elsewhere classified, subsequent encounter
T39.8X6S	Underdosing of other nonopioid analgesics and antipyretics, not elsewhere classified, sequela
T39.91XS	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, accidental (unintentional), sequela
T39.92XS	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, intentional self-harm, sequela
T39.93XS	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, assault, sequela
T39.94XS	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, undetermined, sequela
T39.95XS	Adverse effect of unspecified nonopioid analgesic, antipyretic and antirheumatic, sequela
T39.96XA	Underdosing of unspecified nonopioid analgesic, antipyretic and antirheumatic, initial encounter
T39.96XD	Underdosing of unspecified nonopioid analgesic, antipyretic and antirheumatic, subsequent encounter
T39.96XS	Underdosing of unspecified nonopioid analgesic, antipyretic and antirheumatic, sequela
T40.0X1S	Poisoning by opium, accidental (unintentional), sequela
T40.0X2S	Poisoning by opium, intentional self-harm, sequela
T40.0X3S	Poisoning by opium, assault, sequela
T40.0X4S	Poisoning by opium, undetermined, sequela
T40.0X5S	Adverse effect of opium, sequela
T40.0X6A	Underdosing of opium, initial encounter
T40.0X6D	Underdosing of opium, subsequent encounter
T40.0X6S	Underdosing of opium, sequela
T40.1X1S	Poisoning by heroin, accidental (unintentional), sequela
T40.1X2S	Poisoning by heroin, intentional self-harm, sequela
T40.1X3S	Poisoning by heroin, assault, sequela



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T40.1X4S	Poisoning by heroin, undetermined, sequela
T40.2X1S	Poisoning by other opioids, accidental (unintentional), sequela
T40.2X2S	Poisoning by other opioids, intentional self-harm, sequela
T40.2X3S	Poisoning by other opioids, assault, sequela
T40.2X4S	Poisoning by other opioids, undetermined, sequela
T40.2X5S	Adverse effect of other opioids, sequela
T40.2X6A	Underdosing of other opioids, initial encounter
T40.2X6D	Underdosing of other opioids, subsequent encounter
T40.2X6S	Underdosing of other opioids, sequela
T40.3X1S	Poisoning by methadone, accidental (unintentional), sequela
T40.3X2S	Poisoning by methadone, intentional self-harm, sequela
T40.3X3S	Poisoning by methadone, assault, sequela
T40.3X4S	Poisoning by methadone, undetermined, sequela
T40.3X5S	Adverse effect of methadone, sequela
T40.3X6A	Underdosing of methadone, initial encounter
T40.3X6D	Underdosing of methadone, subsequent encounter
T40.3X6S	Underdosing of methadone, sequela
T40.5X1S	Poisoning by cocaine, accidental (unintentional), sequela
T40.5X2S	Poisoning by cocaine, intentional self-harm, sequela
T40.5X3S	Poisoning by cocaine, assault, sequela
T40.5X4S	Poisoning by cocaine, undetermined, sequela
T40.5X5S	Adverse effect of cocaine, sequela
T40.5X6A	Underdosing of cocaine, initial encounter
T40.5X6D	Underdosing of cocaine, subsequent encounter
T40.5X6S	Underdosing of cocaine, sequela
T40.601S	Poisoning by unspecified narcotics, accidental (unintentional), sequela
T40.602S	Poisoning by unspecified narcotics, intentional self-harm, sequela
T40.603S	Poisoning by unspecified narcotics, assault, sequela

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Code	Description
T40.604S	Poisoning by unspecified narcotics, undetermined, sequela
T40.605S	Adverse effect of unspecified narcotics, sequela
T40.606A	Underdosing of unspecified narcotics, initial encounter
T40.606D	Underdosing of unspecified narcotics, subsequent encounter
T40.606S	Underdosing of unspecified narcotics, sequela
T40.691S	Poisoning by other narcotics, accidental (unintentional), sequela
T40.692S	Poisoning by other narcotics, intentional self-harm, sequela
T40.693S	Poisoning by other narcotics, assault, sequela
T40.694S	Poisoning by other narcotics, undetermined, sequela
T40.695S	Adverse effect of other narcotics, sequela
T40.696A	Underdosing of other narcotics, initial encounter
T40.696D	Underdosing of other narcotics, subsequent encounter
T40.696S	Underdosing of other narcotics, sequela
T40.7X1S	Poisoning by cannabis (derivatives), accidental (unintentional), sequela
T40.7X2S	Poisoning by cannabis (derivatives), intentional self-harm, sequela
T40.7X3S	Poisoning by cannabis (derivatives), assault, sequela
T40.7X4S	Poisoning by cannabis (derivatives), undetermined, sequela
T40.7X5S	Adverse effect of cannabis (derivatives), sequela
T40.7X6A	Underdosing of cannabis (derivatives), initial encounter
T40.7X6D	Underdosing of cannabis (derivatives), subsequent encounter
T40.7X6S	Underdosing of cannabis (derivatives), sequela
T40.8X1S	Poisoning by lysergide [LSD], accidental (unintentional), sequela
T40.8X2S	Poisoning by lysergide [LSD], intentional self-harm, sequela
T40.8X3S	Poisoning by lysergide [LSD], assault, sequela
T40.8X4S	Poisoning by lysergide [LSD], undetermined, sequela
T40.901S	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), sequela
T40.902S	Poisoning by unspecified psychodysleptics [hallucinogens], intentional self-harm, sequela

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Code	Description
T40.903S	Poisoning by unspecified psychodysleptics [hallucinogens], assault, sequela
T40.904S	Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, sequela
T40.905S	Adverse effect of unspecified psychodysleptics [hallucinogens], sequela
T40.906A	Underdosing of unspecified psychodysleptics [hallucinogens], initial encounter
T40.906D	Underdosing of unspecified psychodysleptics [hallucinogens], subsequent encounter
T40.906S	Underdosing of unspecified psychodysleptics [hallucinogens], sequela
T40.991S	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), sequela
T40.992S	Poisoning by other psychodysleptics [hallucinogens], intentional self-harm, sequela
T40.993S	Poisoning by other psychodysleptics [hallucinogens], assault, sequela
T40.994S	Poisoning by other psychodysleptics [hallucinogens], undetermined, sequela
T40.995S	Adverse effect of other psychodysleptics [hallucinogens], sequela
T40.996A	Underdosing of other psychodysleptics [hallucinogens], initial encounter
T40.996D	Underdosing of other psychodysleptics [hallucinogens], subsequent encounter
T40.996S	Underdosing of other psychodysleptics [hallucinogens], sequela
T41.0X1S	Poisoning by inhaled anesthetics, accidental (unintentional), sequela
T41.0X2S	Poisoning by inhaled anesthetics, intentional self-harm, sequela
T41.0X3S	Poisoning by inhaled anesthetics, assault, sequela
T41.0X4S	Poisoning by inhaled anesthetics, undetermined, sequela
T41.0X5S	Adverse effect of inhaled anesthetics, sequela
T41.0X6A	Underdosing of inhaled anesthetics, initial encounter
T41.0X6D	Underdosing of inhaled anesthetics, subsequent encounter
T41.0X6S	Underdosing of inhaled anesthetics, sequela
T41.1X1S	Poisoning by intravenous anesthetics, accidental (unintentional), sequela
T41.1X2S	Poisoning by intravenous anesthetics, intentional self-harm, sequela
T41.1X3S	Poisoning by intravenous anesthetics, assault, sequela
T41.1X4S	Poisoning by intravenous anesthetics, undetermined, sequela
T41.1X5S	Adverse effect of intravenous anesthetics, sequela

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Code	Description
T41.1X6A	Underdosing of intravenous anesthetics, initial encounter
T41.1X6D	Underdosing of intravenous anesthetics, subsequent encounter
T41.1X6S	Underdosing of intravenous anesthetics, sequela
T41.201S	Poisoning by unspecified general anesthetics, accidental (unintentional), sequela
T41.202S	Poisoning by unspecified general anesthetics, intentional self-harm, sequela
T41.203S	Poisoning by unspecified general anesthetics, assault, sequela
T41.204S	Poisoning by unspecified general anesthetics, undetermined, sequela
T41.205S	Adverse effect of unspecified general anesthetics, sequela
T41.206A	Underdosing of unspecified general anesthetics, initial encounter
T41.206D	Underdosing of unspecified general anesthetics, subsequent encounter
T41.206S	Underdosing of unspecified general anesthetics, sequela
T41.291S	Poisoning by other general anesthetics, accidental (unintentional), sequela
T41.292S	Poisoning by other general anesthetics, intentional self-harm, sequela
T41.293S	Poisoning by other general anesthetics, assault, sequela
T41.294S	Poisoning by other general anesthetics, undetermined, sequela
T41.295S	Adverse effect of other general anesthetics, sequela
T41.296A	Underdosing of other general anesthetics, initial encounter
T41.296D	Underdosing of other general anesthetics, subsequent encounter
T41.296S	Underdosing of other general anesthetics, sequela
T41.3X1S	Poisoning by local anesthetics, accidental (unintentional), sequela
T41.3X2S	Poisoning by local anesthetics, intentional self-harm, sequela
T41.3X3S	Poisoning by local anesthetics, assault, sequela
T41.3X4S	Poisoning by local anesthetics, undetermined, sequela
T41.3X5S	Adverse effect of local anesthetics, sequela
T41.3X6A	Underdosing of local anesthetics, initial encounter
T41.3X6D	Underdosing of local anesthetics, subsequent encounter
T41.3X6S	Underdosing of local anesthetics, sequela
T41.41XS	Poisoning by unspecified anesthetic, accidental (unintentional), sequela



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T41.42XS	Poisoning by unspecified anesthetic, intentional self-harm, sequela
T41.43XS	Poisoning by unspecified anesthetic, assault, sequela
T41.44XS	Poisoning by unspecified anesthetic, undetermined, sequela
T41.45XS	Adverse effect of unspecified anesthetic, sequela
T41.46XA	Underdosing of unspecified anesthetics, initial encounter
T41.46XD	Underdosing of unspecified anesthetics, subsequent encounter
T41.46XS	Underdosing of unspecified anesthetics, sequela
T41.5X1S	Poisoning by therapeutic gases, accidental (unintentional), sequela
T41.5X2S	Poisoning by therapeutic gases, intentional self-harm, sequela
T41.5X3S	Poisoning by therapeutic gases, assault, sequela
T41.5X4S	Poisoning by therapeutic gases, undetermined, sequela
T41.5X5S	Adverse effect of therapeutic gases, sequela
T41.5X6A	Underdosing of therapeutic gases, initial encounter
T41.5X6D	Underdosing of therapeutic gases, subsequent encounter
T41.5X6S	Underdosing of therapeutic gases, sequela
T42.0X1S	Poisoning by hydantoin derivatives, accidental (unintentional), sequela
T42.0X2S	Poisoning by hydantoin derivatives, intentional self-harm, sequela
T42.0X3S	Poisoning by hydantoin derivatives, assault, sequela
T42.0X4S	Poisoning by hydantoin derivatives, undetermined, sequela
T42.0X5S	Adverse effect of hydantoin derivatives, sequela
T42.0X6A	Underdosing of hydantoin derivatives, initial encounter
T42.0X6D	Underdosing of hydantoin derivatives, subsequent encounter
T42.0X6S	Underdosing of hydantoin derivatives, sequela
T42.1X2S	Poisoning by iminostilbenes, intentional self-harm, sequela
T42.1X3S	Poisoning by iminostilbenes, assault, sequela
T42.1X4S	Poisoning by iminostilbenes, undetermined, sequela
T42.1X5S	Adverse effect of iminostilbenes, sequela
T42.1X6A	Underdosing of iminostilbenes, initial encounter

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T42.1X6D	Underdosing of iminostilbenes, subsequent encounter
T42.1X6S	Underdosing of iminostilbenes, sequela
T42.2X1S	Poisoning by succinimides and oxazolidinediones, accidental (unintentional), sequela
T42.2X2S	Poisoning by succinimides and oxazolidinediones, intentional self-harm, sequela
T42.2X3S	Poisoning by succinimides and oxazolidinediones, assault, sequela
T42.2X4S	Poisoning by succinimides and oxazolidinediones, undetermined, sequela
T42.2X5S	Adverse effect of succinimides and oxazolidinediones, sequela
T42.2X6A	Underdosing of succinimides and oxazolidinediones, initial encounter
T42.2X6D	Underdosing of succinimides and oxazolidinediones, subsequent encounter
T42.2X6S	Underdosing of succinimides and oxazolidinediones, sequela
T42.3X1S	Poisoning by barbiturates, accidental (unintentional), sequela
T42.3X2S	Poisoning by barbiturates, intentional self-harm, sequela
T42.3X3S	Poisoning by barbiturates, assault, sequela
T42.3X4S	Poisoning by barbiturates, undetermined, sequela
T42.3X5S	Adverse effect of barbiturates, sequela
T42.3X6A	Underdosing of barbiturates, initial encounter
T42.3X6D	Underdosing of barbiturates, subsequent encounter
T42.3X6S	Underdosing of barbiturates, sequela
T42.4X1S	Poisoning by benzodiazepines, accidental (unintentional), sequela
T42.4X2S	Poisoning by benzodiazepines, intentional self-harm, sequela
T42.4X3S	Poisoning by benzodiazepines, assault, sequela
T42.4X4S	Poisoning by benzodiazepines, undetermined, sequela
T42.4X5S	Adverse effect of benzodiazepines, sequela
T42.4X6A	Underdosing of benzodiazepines, initial encounter
T42.4X6D	Underdosing of benzodiazepines, subsequent encounter
T42.4X6S	Underdosing of benzodiazepines, sequela
T42.5X1S	Poisoning by mixed antiepileptics, accidental (unintentional), sequela
T42.5X2S	Poisoning by mixed antiepileptics, intentional self-harm, sequela

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Code	Description
T42.5X3S	Poisoning by mixed antiepileptics, assault, sequela
T42.5X4S	Poisoning by mixed antiepileptics, undetermined, sequela
T42.5X5S	Adverse effect of mixed antiepileptics, sequela
T42.5X6A	Underdosing of mixed antiepileptics, initial encounter
T42.5X6D	Underdosing of mixed antiepileptics, subsequent encounter
T42.5X6S	Underdosing of mixed antiepileptics, sequela
T42.6X1S	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), sequela
T42.6X2S	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, sequela
T42.6X3S	Poisoning by other antiepileptic and sedative-hypnotic drugs, assault, sequela
T42.6X4S	Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, sequela
T42.6X5S	Adverse effect of other antiepileptic and sedative-hypnotic drugs, sequela
T42.6X6A	Underdosing of other antiepileptic and sedative-hypnotic drugs, initial encounter
T42.6X6D	Underdosing of other antiepileptic and sedative-hypnotic drugs, subsequent encounter
T42.6X6S	Underdosing of other antiepileptic and sedative-hypnotic drugs, sequela
T42.71XS	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), sequela
T42.72XS	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self-harm, sequela
T42.73XS	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, assault, sequela
T42.74XS	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, sequela
T42.75XS	Adverse effect of unspecified antiepileptic and sedative-hypnotic drugs, sequela
T42.76XA	Underdosing of unspecified antiepileptic and sedative-hypnotic drugs, initial encounter
T42.76XD	Underdosing of unspecified antiepileptic and sedative-hypnotic drugs, subsequent encounter



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T42.76XS	Underdosing of unspecified antiepileptic and sedative-hypnotic drugs, sequela
T42.8X1S	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, accidental (unintentional), sequela
T42.8X2S	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, intentional self-harm, sequela
T42.8X3S	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, assault, sequela
T42.8X4S	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, undetermined, sequela
T42.8X5S	Adverse effect of antiparkinsonism drugs and other central muscle-tone depressants, sequela
T42.8X6A	Underdosing of antiparkinsonism drugs and other central muscle-tone depressants, initial encounter
T42.8X6D	Underdosing of antiparkinsonism drugs and other central muscle-tone depressants, subsequent encounter
T42.8X6S	Underdosing of antiparkinsonism drugs and other central muscle-tone depressants, sequela
T43.011S	Poisoning by tricyclic antidepressants, accidental (unintentional), sequela
T43.012S	Poisoning by tricyclic antidepressants, intentional self-harm, sequela
T43.013S	Poisoning by tricyclic antidepressants, assault, sequela
T43.014S	Poisoning by tricyclic antidepressants, undetermined, sequela
T43.015S	Adverse effect of tricyclic antidepressants, sequela
T43.016A	Underdosing of tricyclic antidepressants, initial encounter
T43.016D	Underdosing of tricyclic antidepressants, subsequent encounter
T43.016S	Underdosing of tricyclic antidepressants, sequela
T43.021S	Poisoning by tetracyclic antidepressants, accidental (unintentional), sequela
T43.022S	Poisoning by tetracyclic antidepressants, intentional self-harm, sequela
T43.023S	Poisoning by tetracyclic antidepressants, assault, sequela
T43.024S	Poisoning by tetracyclic antidepressants, undetermined, sequela
T43.025S	Adverse effect of tetracyclic antidepressants, sequela
T43.026A	Underdosing of tetracyclic antidepressants, initial encounter

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T43.026D	Underdosing of tetracyclic antidepressants, subsequent encounter
T43.026S	Underdosing of tetracyclic antidepressants, sequela
T43.1X1S	Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), sequela
T43.1X2S	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, sequela
T43.1X3S	Poisoning by monoamine-oxidase-inhibitor antidepressants, assault, sequela
T43.1X4S	Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, sequela
T43.1X5S	Adverse effect of monoamine-oxidase-inhibitor antidepressants, sequela
T43.1X6A	Underdosing of monoamine-oxidase-inhibitor antidepressants, initial encounter
T43.1X6D	Underdosing of monoamine-oxidase-inhibitor antidepressants, subsequent encounter
T43.1X6S	Underdosing of monoamine-oxidase-inhibitor antidepressants, sequela
T43.201S	Poisoning by unspecified antidepressants, accidental (unintentional), sequela
T43.202S	Poisoning by unspecified antidepressants, intentional self-harm, sequela
T43.203S	Poisoning by unspecified antidepressants, assault, sequela
T43.204S	Poisoning by unspecified antidepressants, undetermined, sequela
T43.205S	Adverse effect of unspecified antidepressants, sequela
T43.206A	Underdosing of unspecified antidepressants, initial encounter
T43.206D	Underdosing of unspecified antidepressants, subsequent encounter
T43.206S	Underdosing of unspecified antidepressants, sequela
T43.211S	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), sequela
T43.212S	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, sequela
T43.213S	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, assault, sequela
T43.214S	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, sequela
T43.215S	Adverse effect of selective serotonin and norepinephrine reuptake inhibitors, sequela



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T43.216A	Underdosing of selective serotonin and norepinephrine reuptake inhibitors, initial encounter
T43.216D	Underdosing of selective serotonin and norepinephrine reuptake inhibitors, subsequent encounter
T43.216S	Underdosing of selective serotonin and norepinephrine reuptake inhibitors, sequela
T43.221S	Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), sequela
T43.222S	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, sequela
T43.223S	Poisoning by selective serotonin reuptake inhibitors, assault, sequela
T43.224S	Poisoning by selective serotonin reuptake inhibitors, undetermined, sequela
T43.225S	Adverse effect of selective serotonin reuptake inhibitors, sequela
T43.226A	Underdosing of selective serotonin reuptake inhibitors, initial encounter
T43.226D	Underdosing of selective serotonin reuptake inhibitors, subsequent encounter
T43.226S	Underdosing of selective serotonin reuptake inhibitors, sequela
T43.291S	Poisoning by other antidepressants, accidental (unintentional), sequela
T43.292S	Poisoning by other antidepressants, intentional self-harm, sequela
T43.293S	Poisoning by other antidepressants, assault, sequela
T43.294S	Poisoning by other antidepressants, undetermined, sequela
T43.295S	Adverse effect of other antidepressants, sequela
T43.296A	Underdosing of other antidepressants, initial encounter
T43.296D	Underdosing of other antidepressants, subsequent encounter
T43.296S	Underdosing of other antidepressants, sequela
T43.3X1S	Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), sequela
T43.3X2S	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, sequela
T43.3X3S	Poisoning by phenothiazine antipsychotics and neuroleptics, assault, sequela
T43.3X4S	Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, sequela
T43.3X5S	Adverse effect of phenothiazine antipsychotics and neuroleptics, sequela
T43.3X6A	Underdosing of phenothiazine antipsychotics and neuroleptics, initial encounter



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Code	Description
T43.3X6D	Underdosing of phenothiazine antipsychotics and neuroleptics, subsequent encounter
T43.3X6S	Underdosing of phenothiazine antipsychotics and neuroleptics, sequela
T43.4X1S	Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), sequela
T43.4X2S	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, sequela
T43.4X3S	Poisoning by butyrophenone and thiothixene neuroleptics, assault, sequela
T43.4X4S	Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, sequela
T43.4X5S	Adverse effect of butyrophenone and thiothixene neuroleptics, sequela
T43.4X6A	Underdosing of butyrophenone and thiothixene neuroleptics, initial encounter
T43.4X6D	Underdosing of butyrophenone and thiothixene neuroleptics, subsequent encounter
T43.4X6S	Underdosing of butyrophenone and thiothixene neuroleptics, sequela
T43.501S	Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), sequela
T43.502S	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, sequela
T43.503S	Poisoning by unspecified antipsychotics and neuroleptics, assault, sequela
T43.504S	Poisoning by unspecified antipsychotics and neuroleptics, undetermined, sequela
T43.505S	Adverse effect of unspecified antipsychotics and neuroleptics, sequela
T43.506A	Underdosing of unspecified antipsychotics and neuroleptics, initial encounter
T43.506D	Underdosing of unspecified antipsychotics and neuroleptics, subsequent encounter
T43.506S	Underdosing of unspecified antipsychotics and neuroleptics, sequela
T43.591S	Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), sequela
T43.592S	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, sequela
T43.593S	Poisoning by other antipsychotics and neuroleptics, assault, sequela
T43.594S	Poisoning by other antipsychotics and neuroleptics, undetermined, sequela
T43.595S	Adverse effect of other antipsychotics and neuroleptics, sequela
T43.596A	Underdosing of other antipsychotics and neuroleptics, initial encounter



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Code	Description
T43.596D	Underdosing of other antipsychotics and neuroleptics, subsequent encounter
T43.596S	Underdosing of other antipsychotics and neuroleptics, sequela
T43.601S	Poisoning by unspecified psychostimulants, accidental (unintentional), sequela
T43.602S	Poisoning by unspecified psychostimulants, intentional self-harm, sequela
T43.603S	Poisoning by unspecified psychostimulants, assault, sequela
T43.604S	Poisoning by unspecified psychostimulants, undetermined, sequela
T43.605S	Adverse effect of unspecified psychostimulants, sequela
T43.606A	Underdosing of unspecified psychostimulants, initial encounter
T43.606D	Underdosing of unspecified psychostimulants, subsequent encounter
T43.606S	Underdosing of unspecified psychostimulants, sequela
T43.611S	Poisoning by caffeine, accidental (unintentional), sequela
T43.612S	Poisoning by caffeine, intentional self-harm, sequela
T43.613S	Poisoning by caffeine, assault, sequela
T43.614S	Poisoning by caffeine, undetermined, sequela
T43.615S	Adverse effect of caffeine, sequela
T43.616A	Underdosing of caffeine, initial encounter
T43.616D	Underdosing of caffeine, subsequent encounter
T43.616S	Underdosing of caffeine, sequela
T43.621S	Poisoning by amphetamines, accidental (unintentional), sequela
T43.622S	Poisoning by amphetamines, intentional self-harm, sequela
T43.623S	Poisoning by amphetamines, assault, sequela
T43.624S	Poisoning by amphetamines, undetermined, sequela
T43.625S	Adverse effect of amphetamines, sequela
T43.626A	Underdosing of amphetamines, initial encounter
T43.626D	Underdosing of amphetamines, subsequent encounter
T43.626S	Underdosing of amphetamines, sequela
T43.631S	Poisoning by methylphenidate, accidental (unintentional), sequela
T43.632S	Poisoning by methylphenidate, intentional self-harm, sequela



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Code	Description
T43.633S	Poisoning by methylphenidate, assault, sequela
T43.634S	Poisoning by methylphenidate, undetermined, sequela
T43.635S	Adverse effect of methylphenidate, sequela
T43.636A	Underdosing of methylphenidate, initial encounter
T43.636D	Underdosing of methylphenidate, subsequent encounter
T43.636S	Underdosing of methylphenidate, sequela
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
T43.644S	Poisoning by ecstasy, undetermined, sequela
T43.691S	Poisoning by other psychostimulants, accidental (unintentional), sequela
T43.692S	Poisoning by other psychostimulants, intentional self-harm, sequela
T43.693S	Poisoning by other psychostimulants, assault, sequela
T43.694S	Poisoning by other psychostimulants, undetermined, sequela
T43.695S	Adverse effect of other psychostimulants, sequela
T43.696A	Underdosing of other psychostimulants, initial encounter
T43.696D	Underdosing of other psychostimulants, subsequent encounter
T43.696S	Underdosing of other psychostimulants, sequela
T43.8X1S	Poisoning by other psychotropic drugs, accidental (unintentional), sequela
T43.8X2S	Poisoning by other psychotropic drugs, intentional self-harm, sequela



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

Code	Description
T43.8X3S	Poisoning by other psychotropic drugs, assault, sequela
T43.8X4S	Poisoning by other psychotropic drugs, undetermined, sequela
T43.8X5S	Adverse effect of other psychotropic drugs, sequela
T43.8X6A	Underdosing of other psychotropic drugs, initial encounter
T43.8X6D	Underdosing of other psychotropic drugs, subsequent encounter
T43.8X6S	Underdosing of other psychotropic drugs, sequela
T43.91XS	Poisoning by unspecified psychotropic drug, accidental (unintentional), sequela
T43.92XS	Poisoning by unspecified psychotropic drug, intentional self-harm, sequela
T43.93XS	Poisoning by unspecified psychotropic drug, assault, sequela
T43.94XS	Poisoning by unspecified psychotropic drug, undetermined, sequela
T43.95XS	Adverse effect of unspecified psychotropic drug, sequela
T43.96XA	Underdosing of unspecified psychotropic drug, initial encounter
T43.96XD	Underdosing of unspecified psychotropic drug, subsequent encounter
T43.96XS	Underdosing of unspecified psychotropic drug, sequela
T44.0X1S	Poisoning by anticholinesterase agents, accidental (unintentional), sequela
T44.0X2S	Poisoning by anticholinesterase agents, intentional self-harm, sequela
T44.0X3S	Poisoning by anticholinesterase agents, assault, sequela
T44.0X4S	Poisoning by anticholinesterase agents, undetermined, sequela
T44.0X5S	Adverse effect of anticholinesterase agents, sequela
T44.0X6A	Underdosing of anticholinesterase agents, initial encounter
T44.0X6D	Underdosing of anticholinesterase agents, subsequent encounter
T44.0X6S	Underdosing of anticholinesterase agents, sequela
T44.1X1S	Poisoning by other parasympathomimetics [cholinergics], accidental (unintentional), sequela
T44.1X2S	Poisoning by other parasympathomimetics [cholinergics], intentional self-harm, sequela
T44.1X3S	Poisoning by other parasympathomimetics [cholinergics], assault, sequela
T44.1X4S	Poisoning by other parasympathomimetics [cholinergics], undetermined, sequela
T44.1X5S	Adverse effect of other parasympathomimetics [cholinergics], sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T44.1X6A	Underdosing of other parasympathomimetics [cholinergics], initial encounter
T44.1X6D	Underdosing of other parasympathomimetics [cholinergics], subsequent encounter
T44.1X6S	Underdosing of other parasympathomimetics [cholinergics], sequela
T44.2X1S	Poisoning by ganglionic blocking drugs, accidental (unintentional), sequela
T44.2X2S	Poisoning by ganglionic blocking drugs, intentional self-harm, sequela
T44.2X3S	Poisoning by ganglionic blocking drugs, assault, sequela
T44.2X4S	Poisoning by ganglionic blocking drugs, undetermined, sequela
T44.2X5S	Adverse effect of ganglionic blocking drugs, sequela
T44.2X6A	Underdosing of ganglionic blocking drugs, initial encounter
T44.2X6D	Underdosing of ganglionic blocking drugs, subsequent encounter
T44.2X6S	Underdosing of ganglionic blocking drugs, sequela
T44.3X1S	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, accidental (unintentional), sequela
T44.3X2S	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, intentional self-harm, sequela
T44.3X3S	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, assault, sequela
T44.3X4S	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, undetermined, sequela
T44.3X5S	Adverse effect of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, sequela
T44.3X6A	Underdosing of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, initial encounter
T44.3X6D	Underdosing of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, subsequent encounter
T44.3X6S	Underdosing of other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, sequela
T44.4X1S	Poisoning by predominantly alpha-adrenoreceptor agonists, accidental (unintentional), sequela
T44.4X2S	Poisoning by predominantly alpha-adrenoreceptor agonists, intentional self-harm, sequela



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

Code	Description
T44.4X3S	Poisoning by predominantly alpha-adrenoreceptor agonists, assault, sequela
T44.4X4S	Poisoning by predominantly alpha-adrenoreceptor agonists, undetermined, sequela
T44.4X5S	Adverse effect of predominantly alpha-adrenoreceptor agonists, sequela
T44.4X6A	Underdosing of predominantly alpha-adrenoreceptor agonists, initial encounter
T44.4X6D	Underdosing of predominantly alpha-adrenoreceptor agonists, subsequent encounter
T44.4X6S	Underdosing of predominantly alpha-adrenoreceptor agonists, sequela
T44.5X1S	Poisoning by predominantly beta-adrenoreceptor agonists, accidental (unintentional), sequela
T44.5X2S	Poisoning by predominantly beta-adrenoreceptor agonists, intentional self-harm, sequela
T44.5X3S	Poisoning by predominantly beta-adrenoreceptor agonists, assault, sequela
T44.5X4S	Poisoning by predominantly beta-adrenoreceptor agonists, undetermined, sequela
T44.5X5S	Adverse effect of predominantly beta-adrenoreceptor agonists, sequela
T44.5X6A	Underdosing of predominantly beta-adrenoreceptor agonists, initial encounter
T44.5X6D	Underdosing of predominantly beta-adrenoreceptor agonists, subsequent encounter
T44.5X6S	Underdosing of predominantly beta-adrenoreceptor agonists, sequela
T44.6X1S	Poisoning by alpha-adrenoreceptor antagonists, accidental (unintentional), sequela
T44.6X2S	Poisoning by alpha-adrenoreceptor antagonists, intentional self-harm, sequela
T44.6X3S	Poisoning by alpha-adrenoreceptor antagonists, assault, sequela
T44.6X4S	Poisoning by alpha-adrenoreceptor antagonists, undetermined, sequela
T44.6X5S	Adverse effect of alpha-adrenoreceptor antagonists, sequela
T44.6X6A	Underdosing of alpha-adrenoreceptor antagonists, initial encounter
T44.6X6D	Underdosing of alpha-adrenoreceptor antagonists, subsequent encounter
T44.6X6S	Underdosing of alpha-adrenoreceptor antagonists, sequela
T44.7X1S	Poisoning by beta-adrenoreceptor antagonists, accidental (unintentional), sequela
T44.7X2S	Poisoning by beta-adrenoreceptor antagonists, intentional self-harm, sequela
T44.7X3S	Poisoning by beta-adrenoreceptor antagonists, assault, sequela
T44.7X4S	Poisoning by beta-adrenoreceptor antagonists, undetermined, sequela



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Code	Description
T44.7X5S	Adverse effect of beta-adrenoreceptor antagonists, sequela
T44.7X6A	Underdosing of beta-adrenoreceptor antagonists, initial encounter
T44.7X6D	Underdosing of beta-adrenoreceptor antagonists, subsequent encounter
T44.7X6S	Underdosing of beta-adrenoreceptor antagonists, sequela
T44.8X1S	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, accidental (unintentional), sequela
T44.8X2S	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, intentional self-harm, sequela
T44.8X3S	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, assault, sequela
T44.8X4S	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, undetermined, sequela
T44.8X5S	Adverse effect of centrally-acting and adrenergic-neuron-blocking agents, sequela
T44.8X6A	Underdosing of centrally-acting and adrenergic-neuron-blocking agents, initial encounter
T44.8X6D	Underdosing of centrally-acting and adrenergic-neuron-blocking agents, subsequent encounter
T44.8X6S	Underdosing of centrally-acting and adrenergic-neuron-blocking agents, sequela
T44.901S	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, accidental (unintentional), sequela
T44.902S	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, intentional self-harm, sequela
T44.903S	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, assault, sequela
T44.904S	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, undetermined, sequela
T44.905S	Adverse effect of unspecified drugs primarily affecting the autonomic nervous system, sequela
T44.906A	Underdosing of unspecified drugs primarily affecting the autonomic nervous system, initial encounter
T44.906D	Underdosing of unspecified drugs primarily affecting the autonomic nervous system, subsequent encounter



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Code	Description
T44.906S	Underdosing of unspecified drugs primarily affecting the autonomic nervous system, sequela
T44.991S	Poisoning by other drug primarily affecting the autonomic nervous system, accidental (unintentional), sequela
T44.992S	Poisoning by other drug primarily affecting the autonomic nervous system, intentional self-harm, sequela
T44.993S	Poisoning by other drug primarily affecting the autonomic nervous system, assault, sequela
T44.994S	Poisoning by other drug primarily affecting the autonomic nervous system, undetermined, sequela
T44.995S	Adverse effect of other drug primarily affecting the autonomic nervous system, sequela
T44.996A	Underdosing of other drug primarily affecting the autonomic nervous system, initial encounter
T44.996D	Underdosing of other drug primarily affecting the autonomic nervous system, subsequent encounter
T44.996S	Underdosing of other drug primarily affecting the autonomic nervous system, sequela
T45.0X1S	Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), sequela
T45.0X2S	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, sequela
T45.0X3S	Poisoning by antiallergic and antiemetic drugs, assault, sequela
T45.0X4S	Poisoning by antiallergic and antiemetic drugs, undetermined, sequela
T45.0X5S	Adverse effect of antiallergic and antiemetic drugs, sequela
T45.0X6A	Underdosing of antiallergic and antiemetic drugs, initial encounter
T45.0X6D	Underdosing of antiallergic and antiemetic drugs, subsequent encounter
T45.0X6S	Underdosing of antiallergic and antiemetic drugs, sequela
T45.1X1S	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), sequela
T45.1X2S	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, sequela
T45.1X3S	Poisoning by antineoplastic and immunosuppressive drugs, assault, sequela
T45.1X4S	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.1X6A	Underdosing of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X6D	Underdosing of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X6S	Underdosing of antineoplastic and immunosuppressive drugs, sequela
T45.2X1S	Poisoning by vitamins, accidental (unintentional), sequela
T45.2X2S	Poisoning by vitamins, intentional self-harm, sequela
T45.2X3S	Poisoning by vitamins, assault, sequela
T45.2X4S	Poisoning by vitamins, undetermined, sequela
T45.2X5S	Adverse effect of vitamins, sequela
T45.2X6A	Underdosing of vitamins, initial encounter
T45.2X6D	Underdosing of vitamins, subsequent encounter
T45.2X6S	Underdosing of vitamins, sequela
T45.3X1S	Poisoning by enzymes, accidental (unintentional), sequela
T45.3X2S	Poisoning by enzymes, intentional self-harm, sequela
T45.3X3S	Poisoning by enzymes, assault, sequela
T45.3X4S	Poisoning by enzymes, undetermined, sequela
T45.3X5S	Adverse effect of enzymes, sequela
T45.3X6A	Underdosing of enzymes, initial encounter
T45.3X6D	Underdosing of enzymes, subsequent encounter
T45.3X6S	Underdosing of enzymes, sequela
T45.4X1S	Poisoning by iron and its compounds, accidental (unintentional), sequela
T45.4X2S	Poisoning by iron and its compounds, intentional self-harm, sequela
T45.4X3S	Poisoning by iron and its compounds, assault, sequela
T45.4X4S	Poisoning by iron and its compounds, undetermined, sequela
T45.4X5S	Adverse effect of iron and its compounds, sequela
T45.4X6A	Underdosing of iron and its compounds, initial encounter
T45.4X6D	Underdosing of iron and its compounds, subsequent encounter
T45.4X6S	Underdosing of iron and its compounds, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T45.511S	Poisoning by anticoagulants, accidental (unintentional), sequela
T45.512S	Poisoning by anticoagulants, intentional self-harm, sequela
T45.513S	Poisoning by anticoagulants, assault, sequela
T45.514S	Poisoning by anticoagulants, undetermined, sequela
T45.515S	Adverse effect of anticoagulants, sequela
T45.516A	Underdosing of anticoagulants, initial encounter
T45.516D	Underdosing of anticoagulants, subsequent encounter
T45.516S	Underdosing of anticoagulants, sequela
T45.521S	Poisoning by antithrombotic drugs, accidental (unintentional), sequela
T45.522S	Poisoning by antithrombotic drugs, intentional self-harm, sequela
T45.523S	Poisoning by antithrombotic drugs, assault, sequela
T45.524S	Poisoning by antithrombotic drugs, undetermined, sequela
T45.525S	Adverse effect of antithrombotic drugs, sequela
T45.526A	Underdosing of antithrombotic drugs, initial encounter
T45.526D	Underdosing of antithrombotic drugs, subsequent encounter
T45.526S	Underdosing of antithrombotic drugs, sequela
T45.601S	Poisoning by unspecified fibrinolysis-affecting drugs, accidental (unintentional), sequela
T45.602S	Poisoning by unspecified fibrinolysis-affecting drugs, intentional self-harm, sequela
T45.603S	Poisoning by unspecified fibrinolysis-affecting drugs, assault, sequela
T45.604S	Poisoning by unspecified fibrinolysis-affecting drugs, undetermined, sequela
T45.605S	Adverse effect of unspecified fibrinolysis-affecting drugs, sequela
T45.606A	Underdosing of unspecified fibrinolysis-affecting drugs, initial encounter
T45.606D	Underdosing of unspecified fibrinolysis-affecting drugs, subsequent encounter
T45.606S	Underdosing of unspecified fibrinolysis-affecting drugs, sequela
T45.611S	Poisoning by thrombolytic drug, accidental (unintentional), sequela
T45.612S	Poisoning by thrombolytic drug, intentional self-harm, sequela
T45.613S	Poisoning by thrombolytic drug, assault, sequela
T45.614S	Poisoning by thrombolytic drug, undetermined, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T45.615S	Adverse effect of thrombolytic drugs, sequela
T45.616A	Underdosing of thrombolytic drugs, initial encounter
T45.616D	Underdosing of thrombolytic drugs, subsequent encounter
T45.616S	Underdosing of thrombolytic drugs, sequela
T45.621S	Poisoning by hemostatic drug, accidental (unintentional), sequela
T45.622S	Poisoning by hemostatic drug, intentional self-harm, sequela
T45.623S	Poisoning by hemostatic drug, assault, sequela
T45.624S	Poisoning by hemostatic drug, undetermined, sequela
T45.625S	Adverse effect of hemostatic drug, sequela
T45.626A	Underdosing of hemostatic drugs, initial encounter
T45.626D	Underdosing of hemostatic drugs, subsequent encounter
T45.626S	Underdosing of hemostatic drugs, sequela
T45.691S	Poisoning by other fibrinolysis-affecting drugs, accidental (unintentional), sequela
T45.692S	Poisoning by other fibrinolysis-affecting drugs, intentional self-harm, sequela
T45.693S	Poisoning by other fibrinolysis-affecting drugs, assault, sequela
T45.694S	Poisoning by other fibrinolysis-affecting drugs, undetermined, sequela
T45.695S	Adverse effect of other fibrinolysis-affecting drugs, sequela
T45.696A	Underdosing of other fibrinolysis-affecting drugs, initial encounter
T45.696D	Underdosing of other fibrinolysis-affecting drugs, subsequent encounter
T45.696S	Underdosing of other fibrinolysis-affecting drugs, sequela
T45.7X1S	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, accidental (unintentional), sequela
T45.7X2S	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, intentional self-harm, sequela
T45.7X3S	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, assault, sequela
T45.7X4S	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, undetermined, sequela
T45.7X5S	Adverse effect of anticoagulant antagonists, vitamin K and other coagulants, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T45.7X6A	Underdosing of anticoagulant antagonist, vitamin K and other coagulants, initial encounter
T45.7X6D	Underdosing of anticoagulant antagonist, vitamin K and other coagulants, subsequent encounter
T45.7X6S	Underdosing of anticoagulant antagonist, vitamin K and other coagulants, sequela
T45.8X1S	Poisoning by other primarily systemic and hematological agents, accidental (unintentional), sequela
T45.8X2S	Poisoning by other primarily systemic and hematological agents, intentional self-harm, sequela
T45.8X3S	Poisoning by other primarily systemic and hematological agents, assault, sequela
T45.8X4S	Poisoning by other primarily systemic and hematological agents, undetermined, sequela
T45.8X5S	Adverse effect of other primarily systemic and hematological agents, sequela
T45.8X6A	Underdosing of other primarily systemic and hematological agents, initial encounter
T45.8X6D	Underdosing of other primarily systemic and hematological agents, subsequent encounter
T45.8X6S	Underdosing of other primarily systemic and hematological agents, sequela
T45.91XS	Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional), sequela
T45.92XS	Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, sequela
T45.93XS	Poisoning by unspecified primarily systemic and hematological agent, assault, sequela
T45.94XS	Poisoning by unspecified primarily systemic and hematological agent, undetermined, sequela
T45.95XS	Adverse effect of unspecified primarily systemic and hematological agent, sequela
T45.96XA	Underdosing of unspecified primarily systemic and hematological agent, initial encounter
T45.96XD	Underdosing of unspecified primarily systemic and hematological agent, subsequent encounter
T45.96XS	Underdosing of unspecified primarily systemic and hematological agent, sequela



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

Code	Description
T46.0X1S	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), sequela
T46.0X2S	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, sequela
T46.0X3S	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, sequela
T46.0X4S	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, sequela
T46.0X5S	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, sequela
T46.0X6A	Underdosing of cardiac-stimulant glycosides and drugs of similar action, initial encounter
T46.0X6D	Underdosing of cardiac-stimulant glycosides and drugs of similar action, subsequent encounter
T46.0X6S	Underdosing of cardiac-stimulant glycosides and drugs of similar action, sequela
T46.1X1S	Poisoning by calcium-channel blockers, accidental (unintentional), sequela
T46.1X2S	Poisoning by calcium-channel blockers, intentional self-harm, sequela
T46.1X3S	Poisoning by calcium-channel blockers, assault, sequela
T46.1X4S	Poisoning by calcium-channel blockers, undetermined, sequela
T46.1X5S	Adverse effect of calcium-channel blockers, sequela
T46.1X6A	Underdosing of calcium-channel blockers, initial encounter
T46.1X6D	Underdosing of calcium-channel blockers, subsequent encounter
T46.1X6S	Underdosing of calcium-channel blockers, sequela
T46.2X1S	Poisoning by other antidysrhythmic drugs, accidental (unintentional), sequela
T46.2X2S	Poisoning by other antidysrhythmic drugs, intentional self-harm, sequela
T46.2X3S	Poisoning by other antidysrhythmic drugs, assault, sequela
T46.2X4S	Poisoning by other antidysrhythmic drugs, undetermined, sequela
T46.2X5S	Adverse effect of other antidysrhythmic drugs, sequela
T46.2X6A	Underdosing of other antidysrhythmic drugs, initial encounter
T46.2X6D	Underdosing of other antidysrhythmic drugs, subsequent encounter
T46.2X6S	Underdosing of other antidysrhythmic drugs, sequela



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

Code	Description
T46.3X1S	Poisoning by coronary vasodilators, accidental (unintentional), sequela
T46.3X2S	Poisoning by coronary vasodilators, intentional self-harm, sequela
T46.3X3S	Poisoning by coronary vasodilators, assault, sequela
T46.3X4S	Poisoning by coronary vasodilators, undetermined, sequela
T46.3X5S	Adverse effect of coronary vasodilators, sequela
T46.3X6A	Underdosing of coronary vasodilators, initial encounter
T46.3X6D	Underdosing of coronary vasodilators, subsequent encounter
T46.3X6S	Underdosing of coronary vasodilators, sequela
T46.4X1S	Poisoning by angiotensin-converting-enzyme inhibitors, accidental (unintentional), sequela
T46.4X2S	Poisoning by angiotensin-converting-enzyme inhibitors, intentional self-harm, sequela
T46.4X3S	Poisoning by angiotensin-converting-enzyme inhibitors, assault, sequela
T46.4X4S	Poisoning by angiotensin-converting-enzyme inhibitors, undetermined, sequela
T46.4X5S	Adverse effect of angiotensin-converting-enzyme inhibitors, sequela
T46.4X6A	Underdosing of angiotensin-converting-enzyme inhibitors, initial encounter
T46.4X6D	Underdosing of angiotensin-converting-enzyme inhibitors, subsequent encounter
T46.4X6S	Underdosing of angiotensin-converting-enzyme inhibitors, sequela
T46.5X1S	Poisoning by other antihypertensive drugs, accidental (unintentional), sequela
T46.5X2S	Poisoning by other antihypertensive drugs, intentional self-harm, sequela
T46.5X3S	Poisoning by other antihypertensive drugs, assault, sequela
T46.5X4S	Poisoning by other antihypertensive drugs, undetermined, sequela
T46.5X5S	Adverse effect of other antihypertensive drugs, sequela
T46.5X6A	Underdosing of other antihypertensive drugs, initial encounter
T46.5X6D	Underdosing of other antihypertensive drugs, subsequent encounter
T46.5X6S	Underdosing of other antihypertensive drugs, sequela
T46.6X1S	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, accidental (unintentional), sequela
T46.6X2S	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, intentional self-harm, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T46.6X3S	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, assault, sequela
T46.6X4S	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, undetermined, sequela
T46.6X5S	Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, sequela
T46.6X6A	Underdosing of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter
T46.6X6D	Underdosing of antihyperlipidemic and antiarteriosclerotic drugs, subsequent encounter
T46.6X6S	Underdosing of antihyperlipidemic and antiarteriosclerotic drugs, sequela
T46.7X1S	Poisoning by peripheral vasodilators, accidental (unintentional), sequela
T46.7X2S	Poisoning by peripheral vasodilators, intentional self-harm, sequela
T46.7X3S	Poisoning by peripheral vasodilators, assault, sequela
T46.7X4S	Poisoning by peripheral vasodilators, undetermined, sequela
T46.7X5S	Adverse effect of peripheral vasodilators, sequela
T46.7X6A	Underdosing of peripheral vasodilators, initial encounter
T46.7X6D	Underdosing of peripheral vasodilators, subsequent encounter
T46.7X6S	Underdosing of peripheral vasodilators, sequela
T46.8X1S	Poisoning by antivaricose drugs, including sclerosing agents, accidental (unintentional), sequela
T46.8X2S	Poisoning by antivaricose drugs, including sclerosing agents, intentional self-harm, sequela
T46.8X3S	Poisoning by antivaricose drugs, including sclerosing agents, assault, sequela
T46.8X4S	Poisoning by antivaricose drugs, including sclerosing agents, undetermined, sequela
T46.8X5S	Adverse effect of antivaricose drugs, including sclerosing agents, sequela
T46.8X6A	Underdosing of antivaricose drugs, including sclerosing agents, initial encounter
T46.8X6D	Underdosing of antivaricose drugs, including sclerosing agents, subsequent encounter
T46.8X6S	Underdosing of antivaricose drugs, including sclerosing agents, sequela
T46.901S	Poisoning by unspecified agents primarily affecting the cardiovascular system, accidental (unintentional), sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T46.902S	Poisoning by unspecified agents primarily affecting the cardiovascular system, intentional self-harm, sequela
T46.903S	Poisoning by unspecified agents primarily affecting the cardiovascular system, assault, sequela
T46.904S	Poisoning by unspecified agents primarily affecting the cardiovascular system, undetermined, sequela
T46.905S	Adverse effect of unspecified agents primarily affecting the cardiovascular system, sequela
T46.906A	Underdosing of unspecified agents primarily affecting the cardiovascular system, initial encounter
T46.906D	Underdosing of unspecified agents primarily affecting the cardiovascular system, subsequent encounter
T46.906S	Underdosing of unspecified agents primarily affecting the cardiovascular system, sequela
T46.991S	Poisoning by other agents primarily affecting the cardiovascular system, accidental (unintentional), sequela
T46.992S	Poisoning by other agents primarily affecting the cardiovascular system, intentional self-harm, sequela
T46.993S	Poisoning by other agents primarily affecting the cardiovascular system, assault, sequela
T46.994S	Poisoning by other agents primarily affecting the cardiovascular system, undetermined, sequela
T46.995S	Adverse effect of other agents primarily affecting the cardiovascular system, sequela
T46.996A	Underdosing of other agents primarily affecting the cardiovascular system, initial encounter
T46.996D	Underdosing of other agents primarily affecting the cardiovascular system, subsequent encounter
T46.996S	Underdosing of other agents primarily affecting the cardiovascular system, sequela
T47.0X1S	Poisoning by histamine H2-receptor blockers, accidental (unintentional), sequela
T47.0X2S	Poisoning by histamine H2-receptor blockers, intentional self-harm, sequela
T47.0X3S	Poisoning by histamine H2-receptor blockers, assault, sequela
T47.0X4S	Poisoning by histamine H2-receptor blockers, undetermined, sequela

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

Code	Description
T47.0X5S	Adverse effect of histamine H2-receptor blockers, sequela
T47.0X6A	Underdosing of histamine H2-receptor blockers, initial encounter
T47.0X6D	Underdosing of histamine H2-receptor blockers, subsequent encounter
T47.0X6S	Underdosing of histamine H2-receptor blockers, sequela
T47.1X1S	Poisoning by other antacids and anti-gastric-secretion drugs, accidental (unintentional), sequela
T47.1X2S	Poisoning by other antacids and anti-gastric-secretion drugs, intentional self-harm, sequela
T47.1X3S	Poisoning by other antacids and anti-gastric-secretion drugs, assault, sequela
T47.1X4S	Poisoning by other antacids and anti-gastric-secretion drugs, undetermined, sequela
T47.1X5S	Adverse effect of other antacids and anti-gastric-secretion drugs, sequela
T47.1X6A	Underdosing of other antacids and anti-gastric-secretion drugs, initial encounter
T47.1X6D	Underdosing of other antacids and anti-gastric-secretion drugs, subsequent encounter
T47.1X6S	Underdosing of other antacids and anti-gastric-secretion drugs, sequela
T47.2X1S	Poisoning by stimulant laxatives, accidental (unintentional), sequela
T47.2X2S	Poisoning by stimulant laxatives, intentional self-harm, sequela
T47.2X3S	Poisoning by stimulant laxatives, assault, sequela
T47.2X4S	Poisoning by stimulant laxatives, undetermined, sequela
T47.2X5S	Adverse effect of stimulant laxatives, sequela
T47.2X6A	Underdosing of stimulant laxatives, initial encounter
T47.2X6D	Underdosing of stimulant laxatives, subsequent encounter
T47.2X6S	Underdosing of stimulant laxatives, sequela
T47.3X1S	Poisoning by saline and osmotic laxatives, accidental (unintentional), sequela
T47.3X2S	Poisoning by saline and osmotic laxatives, intentional self-harm, sequela
T47.3X3S	Poisoning by saline and osmotic laxatives, assault, sequela
T47.3X4S	Poisoning by saline and osmotic laxatives, undetermined, sequela
T47.3X5S	Adverse effect of saline and osmotic laxatives, sequela
T47.3X6A	Underdosing of saline and osmotic laxatives, initial encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T47.3X6D	Underdosing of saline and osmotic laxatives, subsequent encounter
T47.3X6S	Underdosing of saline and osmotic laxatives, sequela
T47.4X1S	Poisoning by other laxatives, accidental (unintentional), sequela
T47.4X2S	Poisoning by other laxatives, intentional self-harm, sequela
T47.4X3S	Poisoning by other laxatives, assault, sequela
T47.4X4S	Poisoning by other laxatives, undetermined, sequela
T47.4X5S	Adverse effect of other laxatives, sequela
T47.4X6A	Underdosing of other laxatives, initial encounter
T47.4X6D	Underdosing of other laxatives, subsequent encounter
T47.4X6S	Underdosing of other laxatives, sequela
T47.5X1S	Poisoning by digestants, accidental (unintentional), sequela
T47.5X2S	Poisoning by digestants, intentional self-harm, sequela
T47.5X3S	Poisoning by digestants, assault, sequela
T47.5X4S	Poisoning by digestants, undetermined, sequela
T47.5X5S	Adverse effect of digestants, sequela
T47.5X6A	Underdosing of digestants, initial encounter
T47.5X6D	Underdosing of digestants, subsequent encounter
T47.5X6S	Underdosing of digestants, sequela
T47.6X1S	Poisoning by antidiarrheal drugs, accidental (unintentional), sequela
T47.6X2S	Poisoning by antidiarrheal drugs, intentional self-harm, sequela
T47.6X3S	Poisoning by antidiarrheal drugs, assault, sequela
T47.6X4S	Poisoning by antidiarrheal drugs, undetermined, sequela
T47.6X5S	Adverse effect of antidiarrheal drugs, sequela
T47.6X6A	Underdosing of antidiarrheal drugs, initial encounter
T47.6X6D	Underdosing of antidiarrheal drugs, subsequent encounter
T47.6X6S	Underdosing of antidiarrheal drugs, sequela
T47.7X1S	Poisoning by emetics, accidental (unintentional), sequela
T47.7X2S	Poisoning by emetics, intentional self-harm, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T47.7X3S	Poisoning by emetics, assault, sequela
T47.7X4S	Poisoning by emetics, undetermined, sequela
T47.7X5S	Adverse effect of emetics, sequela
T47.7X6A	Underdosing of emetics, initial encounter
T47.7X6D	Underdosing of emetics, subsequent encounter
T47.7X6S	Underdosing of emetics, sequela
T47.8X1S	Poisoning by other agents primarily affecting gastrointestinal system, accidental (unintentional), sequela
T47.8X2S	Poisoning by other agents primarily affecting gastrointestinal system, intentional self-harm, sequela
T47.8X3S	Poisoning by other agents primarily affecting gastrointestinal system, assault, sequela
T47.8X4S	Poisoning by other agents primarily affecting gastrointestinal system, undetermined, sequela
T47.8X5S	Adverse effect of other agents primarily affecting gastrointestinal system, sequela
T47.8X6A	Underdosing of other agents primarily affecting gastrointestinal system, initial encounter
T47.8X6D	Underdosing of other agents primarily affecting gastrointestinal system, subsequent encounter
T47.8X6S	Underdosing of other agents primarily affecting gastrointestinal system, sequela
T47.91XS	Poisoning by unspecified agents primarily affecting the gastrointestinal system, accidental (unintentional), sequela
T47.92XS	Poisoning by unspecified agents primarily affecting the gastrointestinal system, intentional self-harm, sequela
T47.93XS	Poisoning by unspecified agents primarily affecting the gastrointestinal system, assault, sequela
T47.94XS	Poisoning by unspecified agents primarily affecting the gastrointestinal system, undetermined, sequela
T47.95XS	Adverse effect of unspecified agents primarily affecting the gastrointestinal system, sequela
T47.96XA	Underdosing of unspecified agents primarily affecting the gastrointestinal system, initial encounter



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

Code	Description
T47.96XD	Underdosing of unspecified agents primarily affecting the gastrointestinal system, subsequent encounter
T47.96XS	Underdosing of unspecified agents primarily affecting the gastrointestinal system, sequela
T48.0X1S	Poisoning by oxytocic drugs, accidental (unintentional), sequela
T48.0X2S	Poisoning by oxytocic drugs, intentional self-harm, sequela
T48.0X3S	Poisoning by oxytocic drugs, assault, sequela
T48.0X4S	Poisoning by oxytocic drugs, undetermined, sequela
T48.0X5S	Adverse effect of oxytocic drugs, sequela
T48.0X6A	Underdosing of oxytocic drugs, initial encounter
T48.0X6D	Underdosing of oxytocic drugs, subsequent encounter
T48.0X6S	Underdosing of oxytocic drugs, sequela
T48.1X1S	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], accidental (unintentional), sequela
T48.1X2S	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], intentional self-harm, sequela
T48.1X3S	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], assault, sequela
T48.1X4S	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], undetermined, sequela
T48.1X5S	Adverse effect of skeletal muscle relaxants [neuromuscular blocking agents], sequela
T48.1X6A	Underdosing of skeletal muscle relaxants [neuromuscular blocking agents], initial encounter
T48.1X6D	Underdosing of skeletal muscle relaxants [neuromuscular blocking agents], subsequent encounter
T48.1X6S	Underdosing of skeletal muscle relaxants [neuromuscular blocking agents], sequela
T48.201S	Poisoning by unspecified drugs acting on muscles, accidental (unintentional), sequela
T48.202S	Poisoning by unspecified drugs acting on muscles, intentional self-harm, sequela
T48.203S	Poisoning by unspecified drugs acting on muscles, assault, sequela



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Code	Description
T48.204S	Poisoning by unspecified drugs acting on muscles, undetermined, sequela
T48.205S	Adverse effect of unspecified drugs acting on muscles, sequela
T48.206A	Underdosing of unspecified drugs acting on muscles, initial encounter
T48.206D	Underdosing of unspecified drugs acting on muscles, subsequent encounter
T48.206S	Underdosing of unspecified drugs acting on muscles, sequela
T48.291S	Poisoning by other drugs acting on muscles, accidental (unintentional), sequela
T48.292S	Poisoning by other drugs acting on muscles, intentional self-harm, sequela
T48.293S	Poisoning by other drugs acting on muscles, assault, sequela
T48.294S	Poisoning by other drugs acting on muscles, undetermined, sequela
T48.295S	Adverse effect of other drugs acting on muscles, sequela
T48.296A	Underdosing of other drugs acting on muscles, initial encounter
T48.296D	Underdosing of other drugs acting on muscles, subsequent encounter
T48.296S	Underdosing of other drugs acting on muscles, sequela
T48.3X1S	Poisoning by antitussives, accidental (unintentional), sequela
T48.3X2S	Poisoning by antitussives, intentional self-harm, sequela
T48.3X3S	Poisoning by antitussives, assault, sequela
T48.3X4S	Poisoning by antitussives, undetermined, sequela
T48.3X5S	Adverse effect of antitussives, sequela
T48.3X6A	Underdosing of antitussives, initial encounter
T48.3X6D	Underdosing of antitussives, subsequent encounter
T48.3X6S	Underdosing of antitussives, sequela
T48.4X1S	Poisoning by expectorants, accidental (unintentional), sequela
T48.4X2S	Poisoning by expectorants, intentional self-harm, sequela
T48.4X3S	Poisoning by expectorants, assault, sequela
T48.4X4S	Poisoning by expectorants, undetermined, sequela
T48.4X5S	Adverse effect of expectorants, sequela
T48.4X6A	Underdosing of expectorants, initial encounter
T48.4X6D	Underdosing of expectorants, subsequent encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
T48.4X6S	Underdosing of expectorants, sequela
T48.5X1S	Poisoning by other anti-common-cold drugs, accidental (unintentional), sequela
T48.5X2S	Poisoning by other anti-common-cold drugs, intentional self-harm, sequela
T48.5X3S	Poisoning by other anti-common-cold drugs, assault, sequela
T48.5X4S	Poisoning by other anti-common-cold drugs, undetermined, sequela
T48.5X5S	Adverse effect of other anti-common-cold drugs, sequela
T48.5X6A	Underdosing of other anti-common-cold drugs, initial encounter
T48.5X6D	Underdosing of other anti-common-cold drugs, subsequent encounter
T48.5X6S	Underdosing of other anti-common-cold drugs, sequela
T48.6X1S	Poisoning by antiasthmatics, accidental (unintentional), sequela
T48.6X2S	Poisoning by antiasthmatics, intentional self-harm, sequela
T48.6X3S	Poisoning by antiasthmatics, assault, sequela
T48.6X4S	Poisoning by antiasthmatics, undetermined, sequela
T48.6X5S	Adverse effect of antiasthmatics, sequela
T48.6X6A	Underdosing of antiasthmatics, initial encounter
T48.6X6D	Underdosing of antiasthmatics, subsequent encounter
T48.6X6S	Underdosing of antiasthmatics, sequela
T48.901S	Poisoning by unspecified agents primarily acting on the respiratory system, accidental (unintentional), sequela
T48.902S	Poisoning by unspecified agents primarily acting on the respiratory system, intentional self-harm, sequela
T48.903S	Poisoning by unspecified agents primarily acting on the respiratory system, assault, sequela
T48.904S	Poisoning by unspecified agents primarily acting on the respiratory system, undetermined, sequela
T48.905S	Adverse effect of unspecified agents primarily acting on the respiratory system, sequela
T48.906A	Underdosing of unspecified agents primarily acting on the respiratory system, initial encounter



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

Code	Description
T48.906D	Underdosing of unspecified agents primarily acting on the respiratory system, subsequent encounter
T48.906S	Underdosing of unspecified agents primarily acting on the respiratory system, sequela
T48.991S	Poisoning by other agents primarily acting on the respiratory system, accidental (unintentional), sequela
T48.992S	Poisoning by other agents primarily acting on the respiratory system, intentional self-harm, sequela
T48.993S	Poisoning by other agents primarily acting on the respiratory system, assault, sequela
T48.994S	Poisoning by other agents primarily acting on the respiratory system, undetermined, sequela
T48.995S	Adverse effect of other agents primarily acting on the respiratory system, sequela
T48.996A	Underdosing of other agents primarily acting on the respiratory system, initial encounter
T48.996D	Underdosing of other agents primarily acting on the respiratory system, subsequent encounter
T48.996S	Underdosing of other agents primarily acting on the respiratory system, sequela
T49.0X1S	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, accidental (unintentional), sequela
T49.0X2S	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, intentional self-harm, sequela
T49.0X3S	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, assault, sequela
T49.0X4S	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, undetermined, sequela
T49.0X5S	Adverse effect of local antifungal, anti-infective and anti-inflammatory drugs, sequela
T49.0X6A	Underdosing of local antifungal, anti-infective and anti-inflammatory drugs, initial encounter
T49.0X6D	Underdosing of local antifungal, anti-infective and anti-inflammatory drugs, subsequent encounter
T49.0X6S	Underdosing of local antifungal, anti-infective and anti-inflammatory drugs, sequela



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

Code	Description
T49.1X1S	Poisoning by antipruritics, accidental (unintentional), sequela
T49.1X2S	Poisoning by antipruritics, intentional self-harm, sequela
T49.1X3S	Poisoning by antipruritics, assault, sequela
T49.1X4S	Poisoning by antipruritics, undetermined, sequela
T49.1X5S	Adverse effect of antipruritics, sequela
T49.1X6A	Underdosing of antipruritics, initial encounter
T49.1X6D	Underdosing of antipruritics, subsequent encounter
T49.1X6S	Underdosing of antipruritics, sequela
T49.2X1S	Poisoning by local astringents and local detergents, accidental (unintentional), sequela
T49.2X2S	Poisoning by local astringents and local detergents, intentional self-harm, sequela
T49.2X3S	Poisoning by local astringents and local detergents, assault, sequela
T49.2X4S	Poisoning by local astringents and local detergents, undetermined, sequela
T49.2X5S	Adverse effect of local astringents and local detergents, sequela
T49.2X6A	Underdosing of local astringents and local detergents, initial encounter
T49.2X6D	Underdosing of local astringents and local detergents, subsequent encounter
T49.2X6S	Underdosing of local astringents and local detergents, sequela
T49.3X1S	Poisoning by emollients, demulcents and protectants, accidental (unintentional), sequela
T49.3X2S	Poisoning by emollients, demulcents and protectants, intentional self-harm, sequela
T49.3X3S	Poisoning by emollients, demulcents and protectants, assault, sequela
T49.3X4S	Poisoning by emollients, demulcents and protectants, undetermined, sequela
T49.3X5S	Adverse effect of emollients, demulcents and protectants, sequela
T49.3X6A	Underdosing of emollients, demulcents and protectants, initial encounter
T49.3X6D	Underdosing of emollients, demulcents and protectants, subsequent encounter
T49.3X6S	Underdosing of emollients, demulcents and protectants, sequela
T49.4X1S	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, accidental (unintentional), sequela
T49.4X2S	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, intentional self-harm, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T49.4X3S	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, assault, sequela
T49.4X4S	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, undetermined, sequela
T49.4X5S	Adverse effect of keratolytics, keratoplastics, and other hair treatment drugs and preparations, sequela
T49.4X6A	Underdosing of keratolytics, keratoplastics, and other hair treatment drugs and preparations, initial encounter
T49.4X6D	Underdosing of keratolytics, keratoplastics, and other hair treatment drugs and preparations, subsequent encounter
T49.4X6S	Underdosing of keratolytics, keratoplastics, and other hair treatment drugs and preparations, sequela
T49.5X1S	Poisoning by ophthalmological drugs and preparations, accidental (unintentional), sequela
T49.5X2S	Poisoning by ophthalmological drugs and preparations, intentional self-harm, sequela
T49.5X3S	Poisoning by ophthalmological drugs and preparations, assault, sequela
T49.5X4S	Poisoning by ophthalmological drugs and preparations, undetermined, sequela
T49.5X5S	Adverse effect of ophthalmological drugs and preparations, sequela
T49.5X6A	Underdosing of ophthalmological drugs and preparations, initial encounter
T49.5X6D	Underdosing of ophthalmological drugs and preparations, subsequent encounter
T49.5X6S	Underdosing of ophthalmological drugs and preparations, sequela
T49.6X1S	Poisoning by otorhinolaryngological drugs and preparations, accidental (unintentional), sequela
T49.6X2S	Poisoning by otorhinolaryngological drugs and preparations, intentional self-harm, sequela
T49.6X3S	Poisoning by otorhinolaryngological drugs and preparations, assault, sequela
T49.6X4S	Poisoning by otorhinolaryngological drugs and preparations, undetermined, sequela
T49.6X5S	Adverse effect of otorhinolaryngological drugs and preparations, sequela
T49.6X6A	Underdosing of otorhinolaryngological drugs and preparations, initial encounter
T49.6X6D	Underdosing of otorhinolaryngological drugs and preparations, subsequent encounter



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

Code	Description
T49.6X6S	Underdosing of otorhinolaryngological drugs and preparations, sequela
T49.7X1S	Poisoning by dental drugs, topically applied, accidental (unintentional), sequela
T49.7X2S	Poisoning by dental drugs, topically applied, intentional self-harm, sequela
T49.7X3S	Poisoning by dental drugs, topically applied, assault, sequela
T49.7X4S	Poisoning by dental drugs, topically applied, undetermined, sequela
T49.7X5S	Adverse effect of dental drugs, topically applied, sequela
T49.7X6A	Underdosing of dental drugs, topically applied, initial encounter
T49.7X6D	Underdosing of dental drugs, topically applied, subsequent encounter
T49.7X6S	Underdosing of dental drugs, topically applied, sequela
T49.8X1S	Poisoning by other topical agents, accidental (unintentional), sequela
T49.8X2S	Poisoning by other topical agents, intentional self-harm, sequela
T49.8X3S	Poisoning by other topical agents, assault, sequela
T49.8X4S	Poisoning by other topical agents, undetermined, sequela
T49.8X5S	Adverse effect of other topical agents, sequela
T49.8X6A	Underdosing of other topical agents, initial encounter
T49.8X6D	Underdosing of other topical agents, subsequent encounter
T49.8X6S	Underdosing of other topical agents, sequela
T49.91XS	Poisoning by unspecified topical agent, accidental (unintentional), sequela
T49.92XS	Poisoning by unspecified topical agent, intentional self-harm, sequela
T49.93XS	Poisoning by unspecified topical agent, assault, sequela
T49.94XS	Poisoning by unspecified topical agent, undetermined, sequela
T49.95XS	Adverse effect of unspecified topical agent, sequela
T49.96XA	Underdosing of unspecified topical agent, initial encounter
T49.96XD	Underdosing of unspecified topical agent, subsequent encounter
T49.96XS	Underdosing of unspecified topical agent, sequela
T50.0X1S	Poisoning by mineralocorticoids and their antagonists, accidental (unintentional), sequela
T50.0X2S	Poisoning by mineralocorticoids and their antagonists, intentional self-harm, sequela

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Fu Associates, Ltd.

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T50.0X3S	Poisoning by mineralocorticoids and their antagonists, assault, sequela
T50.0X4S	Poisoning by mineralocorticoids and their antagonists, undetermined, sequela
T50.0X5S	Adverse effect of mineralocorticoids and their antagonists, sequela
T50.0X6A	Underdosing of mineralocorticoids and their antagonists, initial encounter
T50.0X6D	Underdosing of mineralocorticoids and their antagonists, subsequent encounter
T50.0X6S	Underdosing of mineralocorticoids and their antagonists, sequela
T50.1X1S	Poisoning by loop [high-ceiling] diuretics, accidental (unintentional), sequela
T50.1X2S	Poisoning by loop [high-ceiling] diuretics, intentional self-harm, sequela
T50.1X3S	Poisoning by loop [high-ceiling] diuretics, assault, sequela
T50.1X4S	Poisoning by loop [high-ceiling] diuretics, undetermined, sequela
T50.1X5S	Adverse effect of loop [high-ceiling] diuretics, sequela
T50.1X6A	Underdosing of loop [high-ceiling] diuretics, initial encounter
T50.1X6D	Underdosing of loop [high-ceiling] diuretics, subsequent encounter
T50.1X6S	Underdosing of loop [high-ceiling] diuretics, sequela
T50.2X1S	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, accidental (unintentional), sequela
T50.2X2S	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, intentional self-harm, sequela
T50.2X3S	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, assault, sequela
T50.2X4S	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, undetermined, sequela
T50.2X5S	Adverse effect of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, sequela
T50.2X6A	Underdosing of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, initial encounter
T50.2X6D	Underdosing of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, subsequent encounter
T50.2X6S	Underdosing of carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, sequela



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

Code	Description
T50.3X1S	Poisoning by electrolytic, caloric and water-balance agents, accidental (unintentional), sequela
T50.3X2S	Poisoning by electrolytic, caloric and water-balance agents, intentional self-harm, sequela
T50.3X3S	Poisoning by electrolytic, caloric and water-balance agents, assault, sequela
T50.3X4S	Poisoning by electrolytic, caloric and water-balance agents, undetermined, sequela
T50.3X5S	Adverse effect of electrolytic, caloric and water-balance agents, sequela
T50.3X6A	Underdosing of electrolytic, caloric and water-balance agents, initial encounter
T50.3X6D	Underdosing of electrolytic, caloric and water-balance agents, subsequent encounter
T50.3X6S	Underdosing of electrolytic, caloric and water-balance agents, sequela
T50.4X1S	Poisoning by drugs affecting uric acid metabolism, accidental (unintentional), sequela
T50.4X2S	Poisoning by drugs affecting uric acid metabolism, intentional self-harm, sequela
T50.4X3S	Poisoning by drugs affecting uric acid metabolism, assault, sequela
T50.4X4S	Poisoning by drugs affecting uric acid metabolism, undetermined, sequela
T50.4X5S	Adverse effect of drugs affecting uric acid metabolism, sequela
T50.4X6A	Underdosing of drugs affecting uric acid metabolism, initial encounter
T50.4X6D	Underdosing of drugs affecting uric acid metabolism, subsequent encounter
T50.4X6S	Underdosing of drugs affecting uric acid metabolism, sequela
T50.5X1S	Poisoning by appetite depressants, accidental (unintentional), sequela
T50.5X2S	Poisoning by appetite depressants, intentional self-harm, sequela
T50.5X3S	Poisoning by appetite depressants, assault, sequela
T50.5X4S	Poisoning by appetite depressants, undetermined, sequela
T50.5X5S	Adverse effect of appetite depressants, sequela
T50.5X6A	Underdosing of appetite depressants, initial encounter
T50.5X6D	Underdosing of appetite depressants, subsequent encounter
T50.5X6S	Underdosing of appetite depressants, sequela
T50.6X1S	Poisoning by antidotes and chelating agents, accidental (unintentional), sequela
T50.6X2S	Poisoning by antidotes and chelating agents, intentional self-harm, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T50.6X3S	Poisoning by antidotes and chelating agents, assault, sequela
T50.6X4S	Poisoning by antidotes and chelating agents, undetermined, sequela
T50.6X5S	Adverse effect of antidotes and chelating agents, sequela
T50.6X6A	Underdosing of antidotes and chelating agents, initial encounter
T50.6X6D	Underdosing of antidotes and chelating agents, subsequent encounter
T50.6X6S	Underdosing of antidotes and chelating agents, sequela
T50.7X1S	Poisoning by analeptics and opioid receptor antagonists, accidental (unintentional), sequela
T50.7X2S	Poisoning by analeptics and opioid receptor antagonists, intentional self-harm, sequela
T50.7X3S	Poisoning by analeptics and opioid receptor antagonists, assault, sequela
T50.7X4S	Poisoning by analeptics and opioid receptor antagonists, undetermined, sequela
T50.7X5S	Adverse effect of analeptics and opioid receptor antagonists, sequela
T50.7X6A	Underdosing of analeptics and opioid receptor antagonists, initial encounter
T50.7X6D	Underdosing of analeptics and opioid receptor antagonists, subsequent encounter
T50.7X6S	Underdosing of analeptics and opioid receptor antagonists, sequela
T50.8X1S	Poisoning by diagnostic agents, accidental (unintentional), sequela
T50.8X2S	Poisoning by diagnostic agents, intentional self-harm, sequela
T50.8X3S	Poisoning by diagnostic agents, assault, sequela
T50.8X4S	Poisoning by diagnostic agents, undetermined, sequela
T50.8X5S	Adverse effect of diagnostic agents, sequela
T50.8X6A	Underdosing of diagnostic agents, initial encounter
T50.8X6D	Underdosing of diagnostic agents, subsequent encounter
T50.8X6S	Underdosing of diagnostic agents, sequela
T50.901S	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), sequela
T50.902S	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, sequela
T50.903S	Poisoning by unspecified drugs, medicaments and biological substances, assault, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T50.904S	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, sequela
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
T50.906A	Underdosing of unspecified drugs, medicaments and biological substances, initial encounter
T50.906D	Underdosing of unspecified drugs, medicaments and biological substances, subsequent encounter
T50.906S	Underdosing of unspecified drugs, medicaments and biological substances, sequela
T50.911S	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), sequela
T50.912S	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, sequela
T50.913S	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, sequela
T50.914S	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, sequela
T50.915S	Adverse effect of multiple unspecified drugs, medicaments and biological substances, sequela
T50.916A	Underdosing of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.916D	Underdosing of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.916S	Underdosing of multiple unspecified drugs, medicaments and biological substances, sequela
T50.991S	Poisoning by other drugs, medicaments and biological substances, accidental (unintentional), sequela
T50.992S	Poisoning by other drugs, medicaments and biological substances, intentional self-harm, sequela
T50.993S	Poisoning by other drugs, medicaments and biological substances, assault, sequela
T50.994S	Poisoning by other drugs, medicaments and biological substances, undetermined, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T50.995S	Adverse effect of other drugs, medicaments and biological substances, sequela
T50.996A	Underdosing of other drugs, medicaments and biological substances, initial encounter
T50.996D	Underdosing of other drugs, medicaments and biological substances, subsequent encounter
T50.996S	Underdosing of other drugs, medicaments and biological substances, sequela
T50.A11S	Poisoning by pertussis vaccine, including combinations with a pertussis component, accidental (unintentional), sequela
T50.A12S	Poisoning by pertussis vaccine, including combinations with a pertussis component, intentional self-harm, sequela
T50.A13S	Poisoning by pertussis vaccine, including combinations with a pertussis component, assault, sequela
T50.A14S	Poisoning by pertussis vaccine, including combinations with a pertussis component, undetermined, sequela
T50.A15S	Adverse effect of pertussis vaccine, including combinations with a pertussis component, sequela
T50.A16A	Underdosing of pertussis vaccine, including combinations with a pertussis component, initial encounter
T50.A16D	Underdosing of pertussis vaccine, including combinations with a pertussis component, subsequent encounter
T50.A16S	Underdosing of pertussis vaccine, including combinations with a pertussis component, sequela
T50.A21S	Poisoning by mixed bacterial vaccines without a pertussis component, accidental (unintentional), sequela
T50.A22S	Poisoning by mixed bacterial vaccines without a pertussis component, intentional self-harm, sequela
T50.A23S	Poisoning by mixed bacterial vaccines without a pertussis component, assault, sequela
T50.A24S	Poisoning by mixed bacterial vaccines without a pertussis component, undetermined, sequela
T50.A25S	Adverse effect of mixed bacterial vaccines without a pertussis component, sequela
T50.A26A	Underdosing of mixed bacterial vaccines without a pertussis component, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
T50.A26D	Underdosing of mixed bacterial vaccines without a pertussis component, subsequent encounter
T50.A26S	Underdosing of mixed bacterial vaccines without a pertussis component, sequela
T50.A91S	Poisoning by other bacterial vaccines, accidental (unintentional), sequela
T50.A92S	Poisoning by other bacterial vaccines, intentional self-harm, sequela
T50.A93S	Poisoning by other bacterial vaccines, assault, sequela
T50.A94S	Poisoning by other bacterial vaccines, undetermined, sequela
T50.A95S	Adverse effect of other bacterial vaccines, sequela
T50.A96A	Underdosing of other bacterial vaccines, initial encounter
T50.A96D	Underdosing of other bacterial vaccines, subsequent encounter
T50.A96S	Underdosing of other bacterial vaccines, sequela
T50.B11S	Poisoning by smallpox vaccines, accidental (unintentional), sequela
T50.B12S	Poisoning by smallpox vaccines, intentional self-harm, sequela
T50.B13S	Poisoning by smallpox vaccines, assault, sequela
T50.B14S	Poisoning by smallpox vaccines, undetermined, sequela
T50.B15S	Adverse effect of smallpox vaccines, sequela
T50.B16A	Underdosing of smallpox vaccines, initial encounter
T50.B16D	Underdosing of smallpox vaccines, subsequent encounter
T50.B16S	Underdosing of smallpox vaccines, sequela
T50.B91S	Poisoning by other viral vaccines, accidental (unintentional), sequela
T50.B92S	Poisoning by other viral vaccines, intentional self-harm, sequela
T50.B93S	Poisoning by other viral vaccines, assault, sequela
T50.B94S	Poisoning by other viral vaccines, undetermined, sequela
T50.B95S	Adverse effect of other viral vaccines, sequela
T50.B96A	Underdosing of other viral vaccines, initial encounter
T50.B96D	Underdosing of other viral vaccines, subsequent encounter
T50.B96S	Underdosing of other viral vaccines, sequela
T50.Z11S	Poisoning by immunoglobulin, accidental (unintentional), sequela
T50.Z12S	Poisoning by immunoglobulin, intentional self-harm, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T50.Z13S	Poisoning by immunoglobulin, assault, sequela
T50.Z14S	Poisoning by immunoglobulin, undetermined, sequela
T50.Z15S	Adverse effect of immunoglobulin, sequela
T50.Z16A	Underdosing of immunoglobulin, initial encounter
T50.Z16D	Underdosing of immunoglobulin, subsequent encounter
T50.Z16S	Underdosing of immunoglobulin, sequela
T50.Z91S	Poisoning by other vaccines and biological substances, accidental (unintentional), sequela
T50.Z92S	Poisoning by other vaccines and biological substances, intentional self-harm, sequela
T50.Z93S	Poisoning by other vaccines and biological substances, assault, sequela
T50.Z94S	Poisoning by other vaccines and biological substances, undetermined, sequela
T50.Z95S	Adverse effect of other vaccines and biological substances, sequela
T50.Z96A	Underdosing of other vaccines and biological substances, initial encounter
T50.Z96D	Underdosing of other vaccines and biological substances, subsequent encounter
T50.Z96S	Underdosing of other vaccines and biological substances, sequela
T51.0X1S	Toxic effect of ethanol, accidental (unintentional), sequela
T51.0X2S	Toxic effect of ethanol, intentional self-harm, sequela
T51.0X3S	Toxic effect of ethanol, assault, sequela
T51.0X4S	Toxic effect of ethanol, undetermined, sequela
T51.1X1S	Toxic effect of methanol, accidental (unintentional), sequela
T51.1X2S	Toxic effect of methanol, intentional self-harm, sequela
T51.1X3S	Toxic effect of methanol, assault, sequela
T51.1X4S	Toxic effect of methanol, undetermined, sequela
T51.2X1S	Toxic effect of 2-Propanol, accidental (unintentional), sequela
T51.2X2S	Toxic effect of 2-Propanol, intentional self-harm, sequela
T51.2X3S	Toxic effect of 2-Propanol, assault, sequela
T51.2X4S	Toxic effect of 2-Propanol, undetermined, sequela
T51.3X1S	Toxic effect of fusel oil, accidental (unintentional), sequela

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Fu Associates, Ltd.

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T51.3X2S	Toxic effect of fusel oil, intentional self-harm, sequela
T51.3X3S	Toxic effect of fusel oil, assault, sequela
T51.3X4S	Toxic effect of fusel oil, undetermined, sequela
T51.8X1S	Toxic effect of other alcohols, accidental (unintentional), sequela
T51.8X2S	Toxic effect of other alcohols, intentional self-harm, sequela
T51.8X3S	Toxic effect of other alcohols, assault, sequela
T51.8X4S	Toxic effect of other alcohols, undetermined, sequela
T51.91XS	Toxic effect of unspecified alcohol, accidental (unintentional), sequela
T51.92XS	Toxic effect of unspecified alcohol, intentional self-harm, sequela
T51.93XS	Toxic effect of unspecified alcohol, assault, sequela
T51.94XS	Toxic effect of unspecified alcohol, undetermined, sequela
T52.0X1S	Toxic effect of petroleum products, accidental (unintentional), sequela
T52.0X2S	Toxic effect of petroleum products, intentional self-harm, sequela
T52.0X3S	Toxic effect of petroleum products, assault, sequela
T52.0X4S	Toxic effect of petroleum products, undetermined, sequela
T52.1X1S	Toxic effect of benzene, accidental (unintentional), sequela
T52.1X2S	Toxic effect of benzene, intentional self-harm, sequela
T52.1X3S	Toxic effect of benzene, assault, sequela
T52.1X4S	Toxic effect of benzene, undetermined, sequela
T52.2X1S	Toxic effect of homologues of benzene, accidental (unintentional), sequela
T52.2X2S	Toxic effect of homologues of benzene, intentional self-harm, sequela
T52.2X3S	Toxic effect of homologues of benzene, assault, sequela
T52.2X4S	Toxic effect of homologues of benzene, undetermined, sequela
T52.3X1S	Toxic effect of glycols, accidental (unintentional), sequela
T52.3X2S	Toxic effect of glycols, intentional self-harm, sequela
T52.3X3S	Toxic effect of glycols, assault, sequela
T52.3X4S	Toxic effect of glycols, undetermined, sequela
T52.4X1S	Toxic effect of ketones, accidental (unintentional), sequela



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Code	Description
T52.4X2S	Toxic effect of ketones, intentional self-harm, sequela
T52.4X3S	Toxic effect of ketones, assault, sequela
T52.4X4S	Toxic effect of ketones, undetermined, sequela
T52.8X1S	Toxic effect of other organic solvents, accidental (unintentional), sequela
T52.8X2S	Toxic effect of other organic solvents, intentional self-harm, sequela
T52.8X3S	Toxic effect of other organic solvents, assault, sequela
T52.8X4S	Toxic effect of other organic solvents, undetermined, sequela
T52.91XS	Toxic effect of unspecified organic solvent, accidental (unintentional), sequela
T52.92XS	Toxic effect of unspecified organic solvent, intentional self-harm, sequela
T52.93XS	Toxic effect of unspecified organic solvent, assault, sequela
T52.94XS	Toxic effect of unspecified organic solvent, undetermined, sequela
T53.0X1S	Toxic effect of carbon tetrachloride, accidental (unintentional), sequela
T53.0X2S	Toxic effect of carbon tetrachloride, intentional self-harm, sequela
T53.0X3S	Toxic effect of carbon tetrachloride, assault, sequela
T53.0X4S	Toxic effect of carbon tetrachloride, undetermined, sequela
T53.1X1S	Toxic effect of chloroform, accidental (unintentional), sequela
T53.1X2S	Toxic effect of chloroform, intentional self-harm, sequela
T53.1X3S	Toxic effect of chloroform, assault, sequela
T53.1X4S	Toxic effect of chloroform, undetermined, sequela
T53.2X1S	Toxic effect of trichloroethylene, accidental (unintentional), sequela
T53.2X2S	Toxic effect of trichloroethylene, intentional self-harm, sequela
T53.2X3S	Toxic effect of trichloroethylene, assault, sequela
T53.2X4S	Toxic effect of trichloroethylene, undetermined, sequela
T53.3X1S	Toxic effect of tetrachloroethylene, accidental (unintentional), sequela
T53.3X2S	Toxic effect of tetrachloroethylene, intentional self-harm, sequela
T53.3X3S	Toxic effect of tetrachloroethylene, assault, sequela
T53.3X4S	Toxic effect of tetrachloroethylene, undetermined, sequela
T53.4X1S	Toxic effect of dichloromethane, accidental (unintentional), sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T53.4X2S	Toxic effect of dichloromethane, intentional self-harm, sequela
T53.4X3S	Toxic effect of dichloromethane, assault, sequela
T53.4X4S	Toxic effect of dichloromethane, undetermined, sequela
T53.5X1S	Toxic effect of chlorofluorocarbons, accidental (unintentional), sequela
T53.5X2S	Toxic effect of chlorofluorocarbons, intentional self-harm, sequela
T53.5X3S	Toxic effect of chlorofluorocarbons, assault, sequela
T53.5X4S	Toxic effect of chlorofluorocarbons, undetermined, sequela
T53.6X1S	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, accidental (unintentional), sequela
T53.6X2S	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, intentional self-harm, sequela
T53.6X3S	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, assault, sequela
T53.6X4S	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, undetermined, sequela
T53.7X1S	Toxic effect of other halogen derivatives of aromatic hydrocarbons, accidental (unintentional), sequela
T53.7X2S	Toxic effect of other halogen derivatives of aromatic hydrocarbons, intentional self-harm, sequela
T53.7X3S	Toxic effect of other halogen derivatives of aromatic hydrocarbons, assault, sequela
T53.7X4S	Toxic effect of other halogen derivatives of aromatic hydrocarbons, undetermined, sequela
T53.91XS	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, accidental (unintentional), sequela
T53.92XS	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, intentional self-harm, sequela
T53.93XS	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, assault, sequela
T53.94XS	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, undetermined, sequela
T54.0X1S	Toxic effect of phenol and phenol homologues, accidental (unintentional), sequela
T54.0X2S	Toxic effect of phenol and phenol homologues, intentional self-harm, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T54.0X3S	Toxic effect of phenol and phenol homologues, assault, sequela
T54.0X4S	Toxic effect of phenol and phenol homologues, undetermined, sequela
T54.1X1S	Toxic effect of other corrosive organic compounds, accidental (unintentional), sequela
T54.1X2S	Toxic effect of other corrosive organic compounds, intentional self-harm, sequela
T54.1X3S	Toxic effect of other corrosive organic compounds, assault, sequela
T54.1X4S	Toxic effect of other corrosive organic compounds, undetermined, sequela
T54.2X1S	Toxic effect of corrosive acids and acid-like substances, accidental (unintentional), sequela
T54.2X2S	Toxic effect of corrosive acids and acid-like substances, intentional self-harm, sequela
T54.2X3S	Toxic effect of corrosive acids and acid-like substances, assault, sequela
T54.2X4S	Toxic effect of corrosive acids and acid-like substances, undetermined, sequela
T54.3X1S	Toxic effect of corrosive alkalis and alkali-like substances, accidental (unintentional), sequela
T54.3X2S	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, sequela
T54.3X3S	Toxic effect of corrosive alkalis and alkali-like substances, assault, sequela
T54.3X4S	Toxic effect of corrosive alkalis and alkali-like substances, undetermined, sequela
T54.91XS	Toxic effect of unspecified corrosive substance, accidental (unintentional), sequela
T54.92XS	Toxic effect of unspecified corrosive substance, intentional self-harm, sequela
T54.93XS	Toxic effect of unspecified corrosive substance, assault, sequela
T54.94XS	Toxic effect of unspecified corrosive substance, undetermined, sequela
T55.0X1S	Toxic effect of soaps, accidental (unintentional), sequela
T55.0X2S	Toxic effect of soaps, intentional self-harm, sequela
T55.0X3S	Toxic effect of soaps, assault, sequela
T55.0X4S	Toxic effect of soaps, undetermined, sequela
T55.1X1S	Toxic effect of detergents, accidental (unintentional), sequela
T55.1X2S	Toxic effect of detergents, intentional self-harm, sequela
T55.1X3S	Toxic effect of detergents, assault, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T55.1X4S	Toxic effect of detergents, undetermined, sequela
T56.0X1S	Toxic effect of lead and its compounds, accidental (unintentional), sequela
T56.0X2S	Toxic effect of lead and its compounds, intentional self-harm, sequela
T56.0X3S	Toxic effect of lead and its compounds, assault, sequela
T56.0X4S	Toxic effect of lead and its compounds, undetermined, sequela
T56.1X1S	Toxic effect of mercury and its compounds, accidental (unintentional), sequela
T56.1X2S	Toxic effect of mercury and its compounds, intentional self-harm, sequela
T56.1X3S	Toxic effect of mercury and its compounds, assault, sequela
T56.1X4S	Toxic effect of mercury and its compounds, undetermined, sequela
T56.2X1S	Toxic effect of chromium and its compounds, accidental (unintentional), sequela
T56.2X2S	Toxic effect of chromium and its compounds, intentional self-harm, sequela
T56.2X3S	Toxic effect of chromium and its compounds, assault, sequela
T56.2X4S	Toxic effect of chromium and its compounds, undetermined, sequela
T56.3X1S	Toxic effect of cadmium and its compounds, accidental (unintentional), sequela
T56.3X2S	Toxic effect of cadmium and its compounds, intentional self-harm, sequela
T56.3X3S	Toxic effect of cadmium and its compounds, assault, sequela
T56.3X4S	Toxic effect of cadmium and its compounds, undetermined, sequela
T56.4X1S	Toxic effect of copper and its compounds, accidental (unintentional), sequela
T56.4X2S	Toxic effect of copper and its compounds, intentional self-harm, sequela
T56.4X3S	Toxic effect of copper and its compounds, assault, sequela
T56.4X4S	Toxic effect of copper and its compounds, undetermined, sequela
T56.5X1S	Toxic effect of zinc and its compounds, accidental (unintentional), sequela
T56.5X2S	Toxic effect of zinc and its compounds, intentional self-harm, sequela
T56.5X3S	Toxic effect of zinc and its compounds, assault, sequela
T56.5X4S	Toxic effect of zinc and its compounds, undetermined, sequela
T56.6X1S	Toxic effect of tin and its compounds, accidental (unintentional), sequela
T56.6X2S	Toxic effect of tin and its compounds, intentional self-harm, sequela
T56.6X3S	Toxic effect of tin and its compounds, assault, sequela



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Code	Description
T56.6X4S	Toxic effect of tin and its compounds, undetermined, sequela
T56.7X1S	Toxic effect of beryllium and its compounds, accidental (unintentional), sequela
T56.7X2S	Toxic effect of beryllium and its compounds, intentional self-harm, sequela
T56.7X3S	Toxic effect of beryllium and its compounds, assault, sequela
T56.7X4S	Toxic effect of beryllium and its compounds, undetermined, sequela
T56.811S	Toxic effect of thallium, accidental (unintentional), sequela
T56.812S	Toxic effect of thallium, intentional self-harm, sequela
T56.813S	Toxic effect of thallium, assault, sequela
T56.814S	Toxic effect of thallium, undetermined, sequela
T56.891S	Toxic effect of other metals, accidental (unintentional), sequela
T56.892S	Toxic effect of other metals, intentional self-harm, sequela
T56.893S	Toxic effect of other metals, assault, sequela
T56.894S	Toxic effect of other metals, undetermined, sequela
T56.91XS	Toxic effect of unspecified metal, accidental (unintentional), sequela
T56.92XS	Toxic effect of unspecified metal, intentional self-harm, sequela
T56.93XS	Toxic effect of unspecified metal, assault, sequela
T56.94XS	Toxic effect of unspecified metal, undetermined, sequela
T57.0X1S	Toxic effect of arsenic and its compounds, accidental (unintentional), sequela
T57.0X2S	Toxic effect of arsenic and its compounds, intentional self-harm, sequela
T57.0X3S	Toxic effect of arsenic and its compounds, assault, sequela
T57.0X4S	Toxic effect of arsenic and its compounds, undetermined, sequela
T57.1X1S	Toxic effect of phosphorus and its compounds, accidental (unintentional), sequela
T57.1X2S	Toxic effect of phosphorus and its compounds, intentional self-harm, sequela
T57.1X3S	Toxic effect of phosphorus and its compounds, assault, sequela
T57.1X4S	Toxic effect of phosphorus and its compounds, undetermined, sequela
T57.2X1S	Toxic effect of manganese and its compounds, accidental (unintentional), sequela
T57.2X2S	Toxic effect of manganese and its compounds, intentional self-harm, sequela
T57.2X3S	Toxic effect of manganese and its compounds, assault, sequela

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Fu Associates, Ltd.

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Code	Description
T57.2X4S	Toxic effect of manganese and its compounds, undetermined, sequela
T57.3X1S	Toxic effect of hydrogen cyanide, accidental (unintentional), sequela
T57.3X2S	Toxic effect of hydrogen cyanide, intentional self-harm, sequela
T57.3X3S	Toxic effect of hydrogen cyanide, assault, sequela
T57.3X4S	Toxic effect of hydrogen cyanide, undetermined, sequela
T57.8X1S	Toxic effect of other specified inorganic substances, accidental (unintentional), sequela
T57.8X2S	Toxic effect of other specified inorganic substances, intentional self-harm, sequela
T57.8X3S	Toxic effect of other specified inorganic substances, assault, sequela
T57.8X4S	Toxic effect of other specified inorganic substances, undetermined, sequela
T57.91XS	Toxic effect of unspecified inorganic substance, accidental (unintentional), sequela
T57.92XS	Toxic effect of unspecified inorganic substance, intentional self-harm, sequela
T57.93XS	Toxic effect of unspecified inorganic substance, assault, sequela
T57.94XS	Toxic effect of unspecified inorganic substance, undetermined, sequela
T58.01XS	Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional), sequela
T58.02XS	Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm, sequela
T58.03XS	Toxic effect of carbon monoxide from motor vehicle exhaust, assault, sequela
T58.04XS	Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined, sequela
T58.11XS	Toxic effect of carbon monoxide from utility gas, accidental (unintentional), sequela
T58.12XS	Toxic effect of carbon monoxide from utility gas, intentional self-harm, sequela
T58.13XS	Toxic effect of carbon monoxide from utility gas, assault, sequela
T58.14XS	Toxic effect of carbon monoxide from utility gas, undetermined, sequela
T58.2X1S	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional), sequela
T58.2X2S	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm, sequela



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Code	Description
T58.2X3S	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault, sequela
T58.2X4S	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined, sequela
T58.8X1S	Toxic effect of carbon monoxide from other source, accidental (unintentional), sequela
T58.8X2S	Toxic effect of carbon monoxide from other source, intentional self-harm, sequela
T58.8X3S	Toxic effect of carbon monoxide from other source, assault, sequela
T58.8X4S	Toxic effect of carbon monoxide from other source, undetermined, sequela
T58.91XS	Toxic effect of carbon monoxide from unspecified source, accidental (unintentional), sequela
T58.92XS	Toxic effect of carbon monoxide from unspecified source, intentional self-harm, sequela
T58.93XS	Toxic effect of carbon monoxide from unspecified source, assault, sequela
T58.94XS	Toxic effect of carbon monoxide from unspecified source, undetermined, sequela
T59.0X1S	Toxic effect of nitrogen oxides, accidental (unintentional), sequela
T59.0X2S	Toxic effect of nitrogen oxides, intentional self-harm, sequela
T59.0X3S	Toxic effect of nitrogen oxides, assault, sequela
T59.0X4S	Toxic effect of nitrogen oxides, undetermined, sequela
T59.1X1S	Toxic effect of sulfur dioxide, accidental (unintentional), sequela
T59.1X2S	Toxic effect of sulfur dioxide, intentional self-harm, sequela
T59.1X3S	Toxic effect of sulfur dioxide, assault, sequela
T59.1X4S	Toxic effect of sulfur dioxide, undetermined, sequela
T59.2X1S	Toxic effect of formaldehyde, accidental (unintentional), sequela
T59.2X2S	Toxic effect of formaldehyde, intentional self-harm, sequela
T59.2X3S	Toxic effect of formaldehyde, assault, sequela
T59.2X4S	Toxic effect of formaldehyde, undetermined, sequela
T59.3X1S	Toxic effect of lacrimogenic gas, accidental (unintentional), sequela
T59.3X2S	Toxic effect of lacrimogenic gas, intentional self-harm, sequela
T59.3X3S	Toxic effect of lacrimogenic gas, assault, sequela

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Code	Description
T59.3X4S	Toxic effect of lacrimogenic gas, undetermined, sequela
T59.4X1S	Toxic effect of chlorine gas, accidental (unintentional), sequela
T59.4X2S	Toxic effect of chlorine gas, intentional self-harm, sequela
T59.4X3S	Toxic effect of chlorine gas, assault, sequela
T59.4X4S	Toxic effect of chlorine gas, undetermined, sequela
T59.5X1S	Toxic effect of fluorine gas and hydrogen fluoride, accidental (unintentional), sequela
T59.5X2S	Toxic effect of fluorine gas and hydrogen fluoride, intentional self-harm, sequela
T59.5X3S	Toxic effect of fluorine gas and hydrogen fluoride, assault, sequela
T59.5X4S	Toxic effect of fluorine gas and hydrogen fluoride, undetermined, sequela
T59.6X1S	Toxic effect of hydrogen sulfide, accidental (unintentional), sequela
T59.6X2S	Toxic effect of hydrogen sulfide, intentional self-harm, sequela
T59.6X3S	Toxic effect of hydrogen sulfide, assault, sequela
T59.6X4S	Toxic effect of hydrogen sulfide, undetermined, sequela
T59.7X1S	Toxic effect of carbon dioxide, accidental (unintentional), sequela
T59.7X2S	Toxic effect of carbon dioxide, intentional self-harm, sequela
T59.7X3S	Toxic effect of carbon dioxide, assault, sequela
T59.7X4S	Toxic effect of carbon dioxide, undetermined, sequela
T59.811S	Toxic effect of smoke, accidental (unintentional), sequela
T59.812S	Toxic effect of smoke, intentional self-harm, sequela
T59.813S	Toxic effect of smoke, assault, sequela
T59.814S	Toxic effect of smoke, undetermined, sequela
T59.891S	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), sequela
T59.892S	Toxic effect of other specified gases, fumes and vapors, intentional self-harm, sequela
T59.893S	Toxic effect of other specified gases, fumes and vapors, assault, sequela
T59.894S	Toxic effect of other specified gases, fumes and vapors, undetermined, sequela
T59.91XS	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), sequela

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Code	Description
T59.92XS	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, sequela
T59.93XS	Toxic effect of unspecified gases, fumes and vapors, assault, sequela
T59.94XS	Toxic effect of unspecified gases, fumes and vapors, undetermined, sequela
T60.0X1S	Toxic effect of organophosphate and carbamate insecticides, accidental (unintentional), sequela
T60.0X2S	Toxic effect of organophosphate and carbamate insecticides, intentional self-harm, sequela
T60.0X3S	Toxic effect of organophosphate and carbamate insecticides, assault, sequela
T60.0X4S	Toxic effect of organophosphate and carbamate insecticides, undetermined, sequela
T60.1X1S	Toxic effect of halogenated insecticides, accidental (unintentional), sequela
T60.1X2S	Toxic effect of halogenated insecticides, intentional self-harm, sequela
T60.1X3S	Toxic effect of halogenated insecticides, assault, sequela
T60.1X4S	Toxic effect of halogenated insecticides, undetermined, sequela
T60.2X1S	Toxic effect of other insecticides, accidental (unintentional), sequela
T60.2X2S	Toxic effect of other insecticides, intentional self-harm, sequela
T60.2X3S	Toxic effect of other insecticides, assault, sequela
T60.2X4S	Toxic effect of other insecticides, undetermined, sequela
T60.3X1S	Toxic effect of herbicides and fungicides, accidental (unintentional), sequela
T60.3X2S	Toxic effect of herbicides and fungicides, intentional self-harm, sequela
T60.3X3S	Toxic effect of herbicides and fungicides, assault, sequela
T60.3X4S	Toxic effect of herbicides and fungicides, undetermined, sequela
T60.4X1S	Toxic effect of rodenticides, accidental (unintentional), sequela
T60.4X2S	Toxic effect of rodenticides, intentional self-harm, sequela
T60.4X3S	Toxic effect of rodenticides, assault, sequela
T60.4X4S	Toxic effect of rodenticides, undetermined, sequela
T60.8X1S	Toxic effect of other pesticides, accidental (unintentional), sequela
T60.8X2S	Toxic effect of other pesticides, intentional self-harm, sequela
T60.8X3S	Toxic effect of other pesticides, assault, sequela



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Code	Description
T60.8X4S	Toxic effect of other pesticides, undetermined, sequela
T60.91XS	Toxic effect of unspecified pesticide, accidental (unintentional), sequela
T60.92XS	Toxic effect of unspecified pesticide, intentional self-harm, sequela
T60.93XS	Toxic effect of unspecified pesticide, assault, sequela
T60.94XS	Toxic effect of unspecified pesticide, undetermined, sequela
T61.01XS	Ciguatera fish poisoning, accidental (unintentional), sequela
T61.02XS	Ciguatera fish poisoning, intentional self-harm, sequela
T61.03XS	Ciguatera fish poisoning, assault, sequela
T61.04XS	Ciguatera fish poisoning, undetermined, sequela
T61.11XS	Scombroid fish poisoning, accidental (unintentional), sequela
T61.12XS	Scombroid fish poisoning, intentional self-harm, sequela
T61.13XS	Scombroid fish poisoning, assault, sequela
T61.14XS	Scombroid fish poisoning, undetermined, sequela
T61.771S	Other fish poisoning, accidental (unintentional), sequela
T61.772S	Other fish poisoning, intentional self-harm, sequela
T61.773S	Other fish poisoning, assault, sequela
T61.774S	Other fish poisoning, undetermined, sequela
T61.781S	Other shellfish poisoning, accidental (unintentional), sequela
T61.782S	Other shellfish poisoning, intentional self-harm, sequela
T61.783S	Other shellfish poisoning, assault, sequela
T61.784S	Other shellfish poisoning, undetermined, sequela
T61.8X1S	Toxic effect of other seafood, accidental (unintentional), sequela
T61.8X2S	Toxic effect of other seafood, intentional self-harm, sequela
T61.8X3S	Toxic effect of other seafood, assault, sequela
T61.8X4S	Toxic effect of other seafood, undetermined, sequela
T61.91XS	Toxic effect of unspecified seafood, accidental (unintentional), sequela
T61.92XS	Toxic effect of unspecified seafood, intentional self-harm, sequela
T61.93XS	Toxic effect of unspecified seafood, assault, sequela



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Code	Description
T61.94XS	Toxic effect of unspecified seafood, undetermined, sequela
T62.0X1S	Toxic effect of ingested mushrooms, accidental (unintentional), sequela
T62.0X2S	Toxic effect of ingested mushrooms, intentional self-harm, sequela
T62.0X3S	Toxic effect of ingested mushrooms, assault, sequela
T62.0X4S	Toxic effect of ingested mushrooms, undetermined, sequela
T62.1X1S	Toxic effect of ingested berries, accidental (unintentional), sequela
T62.1X2S	Toxic effect of ingested berries, intentional self-harm, sequela
T62.1X3S	Toxic effect of ingested berries, assault, sequela
T62.1X4S	Toxic effect of ingested berries, undetermined, sequela
T62.2X1S	Toxic effect of other ingested (parts of) plant(s), accidental (unintentional), sequela
T62.2X2S	Toxic effect of other ingested (parts of) plant(s), intentional self-harm, sequela
T62.2X3S	Toxic effect of other ingested (parts of) plant(s), assault, sequela
T62.2X4S	Toxic effect of other ingested (parts of) plant(s), undetermined, sequela
T62.8X1S	Toxic effect of other specified noxious substances eaten as food, accidental (unintentional), sequela
T62.8X2S	Toxic effect of other specified noxious substances eaten as food, intentional self-harm, sequela
T62.8X3S	Toxic effect of other specified noxious substances eaten as food, assault, sequela
T62.8X4S	Toxic effect of other specified noxious substances eaten as food, undetermined, sequela
T62.91XS	Toxic effect of unspecified noxious substance eaten as food, accidental (unintentional), sequela
T62.92XS	Toxic effect of unspecified noxious substance eaten as food, intentional self-harm, sequela
T62.93XS	Toxic effect of unspecified noxious substance eaten as food, assault, sequela
T62.94XS	Toxic effect of unspecified noxious substance eaten as food, undetermined, sequela
T63.001S	Toxic effect of unspecified snake venom, accidental (unintentional), sequela
T63.002S	Toxic effect of unspecified snake venom, intentional self-harm, sequela
T63.003S	Toxic effect of unspecified snake venom, assault, sequela



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Code	Description
T63.004S	Toxic effect of unspecified snake venom, undetermined, sequela
T63.011S	Toxic effect of rattlesnake venom, accidental (unintentional), sequela
T63.012S	Toxic effect of rattlesnake venom, intentional self-harm, sequela
T63.013S	Toxic effect of rattlesnake venom, assault, sequela
T63.014S	Toxic effect of rattlesnake venom, undetermined, sequela
T63.021S	Toxic effect of coral snake venom, accidental (unintentional), sequela
T63.022S	Toxic effect of coral snake venom, intentional self-harm, sequela
T63.023S	Toxic effect of coral snake venom, assault, sequela
T63.024S	Toxic effect of coral snake venom, undetermined, sequela
T63.031S	Toxic effect of taipan venom, accidental (unintentional), sequela
T63.032S	Toxic effect of taipan venom, intentional self-harm, sequela
T63.033S	Toxic effect of taipan venom, assault, sequela
T63.034S	Toxic effect of taipan venom, undetermined, sequela
T63.041S	Toxic effect of cobra venom, accidental (unintentional), sequela
T63.042S	Toxic effect of cobra venom, intentional self-harm, sequela
T63.043S	Toxic effect of cobra venom, assault, sequela
T63.044S	Toxic effect of cobra venom, undetermined, sequela
T63.061S	Toxic effect of venom of other North and South American snake, accidental (unintentional), sequela
T63.062S	Toxic effect of venom of other North and South American snake, intentional self-harm, sequela
T63.063S	Toxic effect of venom of other North and South American snake, assault, sequela
T63.064S	Toxic effect of venom of other North and South American snake, undetermined, sequela
T63.071S	Toxic effect of venom of other Australian snake, accidental (unintentional), sequela
T63.072S	Toxic effect of venom of other Australian snake, intentional self-harm, sequela
T63.073S	Toxic effect of venom of other Australian snake, assault, sequela
T63.074S	Toxic effect of venom of other Australian snake, undetermined, sequela
T63.081S	Toxic effect of venom of other African and Asian snake, accidental (unintentional), sequela

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Code	Description
T63.082S	Toxic effect of venom of other African and Asian snake, intentional self-harm, sequela
T63.083S	Toxic effect of venom of other African and Asian snake, assault, sequela
T63.084S	Toxic effect of venom of other African and Asian snake, undetermined, sequela
T63.091S	Toxic effect of venom of other snake, accidental (unintentional), sequela
T63.092S	Toxic effect of venom of other snake, intentional self-harm, sequela
T63.093S	Toxic effect of venom of other snake, assault, sequela
T63.094S	Toxic effect of venom of other snake, undetermined, sequela
T63.111S	Toxic effect of venom of gila monster, accidental (unintentional), sequela
T63.112S	Toxic effect of venom of gila monster, intentional self-harm, sequela
T63.113S	Toxic effect of venom of gila monster, assault, sequela
T63.114S	Toxic effect of venom of gila monster, undetermined, sequela
T63.121S	Toxic effect of venom of other venomous lizard, accidental (unintentional), sequela
T63.122S	Toxic effect of venom of other venomous lizard, intentional self-harm, sequela
T63.123S	Toxic effect of venom of other venomous lizard, assault, sequela
T63.124S	Toxic effect of venom of other venomous lizard, undetermined, sequela
T63.191S	Toxic effect of venom of other reptiles, accidental (unintentional), sequela
T63.192S	Toxic effect of venom of other reptiles, intentional self-harm, sequela
T63.193S	Toxic effect of venom of other reptiles, assault, sequela
T63.194S	Toxic effect of venom of other reptiles, undetermined, sequela
T63.2X1S	Toxic effect of venom of scorpion, accidental (unintentional), sequela
T63.2X2S	Toxic effect of venom of scorpion, intentional self-harm, sequela
T63.2X3S	Toxic effect of venom of scorpion, assault, sequela
T63.2X4S	Toxic effect of venom of scorpion, undetermined, sequela
T63.301S	Toxic effect of unspecified spider venom, accidental (unintentional), sequela
T63.302S	Toxic effect of unspecified spider venom, intentional self-harm, sequela
T63.303S	Toxic effect of unspecified spider venom, assault, sequela
T63.304S	Toxic effect of unspecified spider venom, undetermined, sequela
T63.311S	Toxic effect of venom of black widow spider, accidental (unintentional), sequela

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Code	Description
T63.312S	Toxic effect of venom of black widow spider, intentional self-harm, sequela
T63.313S	Toxic effect of venom of black widow spider, assault, sequela
T63.314S	Toxic effect of venom of black widow spider, undetermined, sequela
T63.321S	Toxic effect of venom of tarantula, accidental (unintentional), sequela
T63.322S	Toxic effect of venom of tarantula, intentional self-harm, sequela
T63.323S	Toxic effect of venom of tarantula, assault, sequela
T63.324S	Toxic effect of venom of tarantula, undetermined, sequela
T63.331S	Toxic effect of venom of brown recluse spider, accidental (unintentional), sequela
T63.332S	Toxic effect of venom of brown recluse spider, intentional self-harm, sequela
T63.333S	Toxic effect of venom of brown recluse spider, assault, sequela
T63.334S	Toxic effect of venom of brown recluse spider, undetermined, sequela
T63.391S	Toxic effect of venom of other spider, accidental (unintentional), sequela
T63.392S	Toxic effect of venom of other spider, intentional self-harm, sequela
T63.393S	Toxic effect of venom of other spider, assault, sequela
T63.394S	Toxic effect of venom of other spider, undetermined, sequela
T63.411S	Toxic effect of venom of centipedes and venomous millipedes, accidental (unintentional), sequela
T63.412S	Toxic effect of venom of centipedes and venomous millipedes, intentional self-harm, sequela
T63.413S	Toxic effect of venom of centipedes and venomous millipedes, assault, sequela
T63.414S	Toxic effect of venom of centipedes and venomous millipedes, undetermined, sequela
T63.421S	Toxic effect of venom of ants, accidental (unintentional), sequela
T63.422S	Toxic effect of venom of ants, intentional self-harm, sequela
T63.423S	Toxic effect of venom of ants, assault, sequela
T63.424S	Toxic effect of venom of ants, undetermined, sequela
T63.431S	Toxic effect of venom of caterpillars, accidental (unintentional), sequela
T63.432S	Toxic effect of venom of caterpillars, intentional self-harm, sequela
T63.433S	Toxic effect of venom of caterpillars, assault, sequela



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Code	Description
T63.434S	Toxic effect of venom of caterpillars, undetermined, sequela
T63.441S	Toxic effect of venom of bees, accidental (unintentional), sequela
T63.442S	Toxic effect of venom of bees, intentional self-harm, sequela
T63.443S	Toxic effect of venom of bees, assault, sequela
T63.444S	Toxic effect of venom of bees, undetermined, sequela
T63.451S	Toxic effect of venom of hornets, accidental (unintentional), sequela
T63.452S	Toxic effect of venom of hornets, intentional self-harm, sequela
T63.453S	Toxic effect of venom of hornets, assault, sequela
T63.454S	Toxic effect of venom of hornets, undetermined, sequela
T63.461S	Toxic effect of venom of wasps, accidental (unintentional), sequela
T63.462S	Toxic effect of venom of wasps, intentional self-harm, sequela
T63.463S	Toxic effect of venom of wasps, assault, sequela
T63.464S	Toxic effect of venom of wasps, undetermined, sequela
T63.481S	Toxic effect of venom of other arthropod, accidental (unintentional), sequela
T63.482S	Toxic effect of venom of other arthropod, intentional self-harm, sequela
T63.483S	Toxic effect of venom of other arthropod, assault, sequela
T63.484S	Toxic effect of venom of other arthropod, undetermined, sequela
T63.511S	Toxic effect of contact with stingray, accidental (unintentional), sequela
T63.512S	Toxic effect of contact with stingray, intentional self-harm, sequela
T63.513S	Toxic effect of contact with stingray, assault, sequela
T63.514S	Toxic effect of contact with stingray, undetermined, sequela
T63.591S	Toxic effect of contact with other venomous fish, accidental (unintentional), sequela
T63.592S	Toxic effect of contact with other venomous fish, intentional self-harm, sequela
T63.593S	Toxic effect of contact with other venomous fish, assault, sequela
T63.594S	Toxic effect of contact with other venomous fish, undetermined, sequela
T63.611S	Toxic effect of contact with Portugese Man-o-war, accidental (unintentional), sequela
T63.612S	Toxic effect of contact with Portugese Man-o-war, intentional self-harm, sequela
T63.613S	Toxic effect of contact with Portugese Man-o-war, assault, sequela

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Code	Description
T63.614S	Toxic effect of contact with Portugese Man-o-war, undetermined, sequela
T63.621S	Toxic effect of contact with other jellyfish, accidental (unintentional), sequela
T63.622S	Toxic effect of contact with other jellyfish, intentional self-harm, sequela
T63.623S	Toxic effect of contact with other jellyfish, assault, sequela
T63.624S	Toxic effect of contact with other jellyfish, undetermined, sequela
T63.631S	Toxic effect of contact with sea anemone, accidental (unintentional), sequela
T63.632S	Toxic effect of contact with sea anemone, intentional self-harm, sequela
T63.633S	Toxic effect of contact with sea anemone, assault, sequela
T63.634S	Toxic effect of contact with sea anemone, undetermined, sequela
T63.691S	Toxic effect of contact with other venomous marine animals, accidental (unintentional), sequela
T63.692S	Toxic effect of contact with other venomous marine animals, intentional self-harm, sequela
T63.693S	Toxic effect of contact with other venomous marine animals, assault, sequela
T63.694S	Toxic effect of contact with other venomous marine animals, undetermined, sequela
T63.711S	Toxic effect of contact with venomous marine plant, accidental (unintentional), sequela
T63.712S	Toxic effect of contact with venomous marine plant, intentional self-harm, sequela
T63.713S	Toxic effect of contact with venomous marine plant, assault, sequela
T63.714S	Toxic effect of contact with venomous marine plant, undetermined, sequela
T63.791S	Toxic effect of contact with other venomous plant, accidental (unintentional), sequela
T63.792S	Toxic effect of contact with other venomous plant, intentional self-harm, sequela
T63.793S	Toxic effect of contact with other venomous plant, assault, sequela
T63.794S	Toxic effect of contact with other venomous plant, undetermined, sequela
T63.811S	Toxic effect of contact with venomous frog, accidental (unintentional), sequela
T63.812S	Toxic effect of contact with venomous frog, intentional self-harm, sequela
T63.813S	Toxic effect of contact with venomous frog, assault, sequela
T63.814S	Toxic effect of contact with venomous frog, undetermined, sequela
T63.821S	Toxic effect of contact with venomous toad, accidental (unintentional), sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T63.822S	Toxic effect of contact with venomous toad, intentional self-harm, sequela
T63.823S	Toxic effect of contact with venomous toad, assault, sequela
T63.824S	Toxic effect of contact with venomous toad, undetermined, sequela
T63.831S	Toxic effect of contact with other venomous amphibian, accidental (unintentional), sequela
T63.832S	Toxic effect of contact with other venomous amphibian, intentional self-harm, sequela
T63.833S	Toxic effect of contact with other venomous amphibian, assault, sequela
T63.834S	Toxic effect of contact with other venomous amphibian, undetermined, sequela
T63.891S	Toxic effect of contact with other venomous animals, accidental (unintentional), sequela
T63.892S	Toxic effect of contact with other venomous animals, intentional self-harm, sequela
T63.893S	Toxic effect of contact with other venomous animals, assault, sequela
T63.894S	Toxic effect of contact with other venomous animals, undetermined, sequela
T63.91XS	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), sequela
T63.92XS	Toxic effect of contact with unspecified venomous animal, intentional self-harm, sequela
T63.93XS	Toxic effect of contact with unspecified venomous animal, assault, sequela
T63.94XS	Toxic effect of contact with unspecified venomous animal, undetermined, sequela
T64.01XS	Toxic effect of aflatoxin, accidental (unintentional), sequela
T64.02XS	Toxic effect of aflatoxin, intentional self-harm, sequela
T64.03XS	Toxic effect of aflatoxin, assault, sequela
T64.04XS	Toxic effect of aflatoxin, undetermined, sequela
T64.81XS	Toxic effect of other mycotoxin food contaminants, accidental (unintentional), sequela
T64.82XS	Toxic effect of other mycotoxin food contaminants, intentional self-harm, sequela
T64.83XS	Toxic effect of other mycotoxin food contaminants, assault, sequela
T64.84XS	Toxic effect of other mycotoxin food contaminants, undetermined, sequela
T65.0X1S	Toxic effect of cyanides, accidental (unintentional), sequela



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Code	Description
T65.0X2S	Toxic effect of cyanides, intentional self-harm, sequela
T65.0X3S	Toxic effect of cyanides, assault, sequela
T65.0X4S	Toxic effect of cyanides, undetermined, sequela
T65.1X1S	Toxic effect of strychnine and its salts, accidental (unintentional), sequela
T65.1X2S	Toxic effect of strychnine and its salts, intentional self-harm, sequela
T65.1X3S	Toxic effect of strychnine and its salts, assault, sequela
T65.1X4S	Toxic effect of strychnine and its salts, undetermined, sequela
T65.211S	Toxic effect of chewing tobacco, accidental (unintentional), sequela
T65.212S	Toxic effect of chewing tobacco, intentional self-harm, sequela
T65.213S	Toxic effect of chewing tobacco, assault, sequela
T65.214S	Toxic effect of chewing tobacco, undetermined, sequela
T65.221S	Toxic effect of tobacco cigarettes, accidental (unintentional), sequela
T65.222S	Toxic effect of tobacco cigarettes, intentional self-harm, sequela
T65.223S	Toxic effect of tobacco cigarettes, assault, sequela
T65.224S	Toxic effect of tobacco cigarettes, undetermined, sequela
T65.291S	Toxic effect of other tobacco and nicotine, accidental (unintentional), sequela
T65.292S	Toxic effect of other tobacco and nicotine, intentional self-harm, sequela
T65.293S	Toxic effect of other tobacco and nicotine, assault, sequela
T65.294S	Toxic effect of other tobacco and nicotine, undetermined, sequela
T65.3X1S	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, accidental (unintentional), sequela
T65.3X2S	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, intentional self-harm, sequela
T65.3X3S	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, assault, sequela
T65.3X4S	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, undetermined, sequela
T65.4X1S	Toxic effect of carbon disulfide, accidental (unintentional), sequela
T65.4X2S	Toxic effect of carbon disulfide, intentional self-harm, sequela
T65.4X3S	Toxic effect of carbon disulfide, assault, sequela

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T65.4X4S	Toxic effect of carbon disulfide, undetermined, sequela
T65.5X1S	Toxic effect of nitroglycerin and other nitric acids and esters, accidental (unintentional), sequela
T65.5X2S	Toxic effect of nitroglycerin and other nitric acids and esters, intentional self-harm, sequela
T65.5X3S	Toxic effect of nitroglycerin and other nitric acids and esters, assault, sequela
T65.5X4S	Toxic effect of nitroglycerin and other nitric acids and esters, undetermined, sequela
T65.6X1S	Toxic effect of paints and dyes, not elsewhere classified, accidental (unintentional), sequela
T65.6X2S	Toxic effect of paints and dyes, not elsewhere classified, intentional self-harm, sequela
T65.6X3S	Toxic effect of paints and dyes, not elsewhere classified, assault, sequela
T65.6X4S	Toxic effect of paints and dyes, not elsewhere classified, undetermined, sequela
T65.811S	Toxic effect of latex, accidental (unintentional), sequela
T65.812S	Toxic effect of latex, intentional self-harm, sequela
T65.813S	Toxic effect of latex, assault, sequela
T65.814S	Toxic effect of latex, undetermined, sequela
T65.821S	Toxic effect of harmful algae and algae toxins, accidental (unintentional), sequela
T65.822S	Toxic effect of harmful algae and algae toxins, intentional self-harm, sequela
T65.823S	Toxic effect of harmful algae and algae toxins, assault, sequela
T65.824S	Toxic effect of harmful algae and algae toxins, undetermined, sequela
T65.831S	Toxic effect of fiberglass, accidental (unintentional), sequela
T65.832S	Toxic effect of fiberglass, intentional self-harm, sequela
T65.833S	Toxic effect of fiberglass, assault, sequela
T65.834S	Toxic effect of fiberglass, undetermined, sequela
T65.891S	Toxic effect of other specified substances, accidental (unintentional), sequela
T65.892S	Toxic effect of other specified substances, intentional self-harm, sequela
T65.893S	Toxic effect of other specified substances, assault, sequela
T65.894S	Toxic effect of other specified substances, undetermined, sequela
T65.91XS	Toxic effect of unspecified substance, accidental (unintentional), sequela

NCD 190.15

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
T65.92XS	Toxic effect of unspecified substance, intentional self-harm, sequela
T65.93XS	Toxic effect of unspecified substance, assault, sequela
T65.94XS	Toxic effect of unspecified substance, undetermined, sequela
T66.XXXS	Radiation sickness, unspecified, sequela
T67.01XS	Heatstroke and sunstroke, sequela
T67.02XS	Exertional heatstroke, sequela
T67.09XS	Other heatstroke and sunstroke, sequela
T67.1XXS	Heat syncope, sequela
T67.2XXS	Heat cramp, sequela
T67.3XXS	Heat exhaustion, anhydrotic, sequela
T67.4XXS	Heat exhaustion due to salt depletion, sequela
T67.5XXS	Heat exhaustion, unspecified, sequela
T67.6XXS	Heat fatigue, transient, sequela
T67.7XXS	Heat edema, sequela
T67.8XXS	Other effects of heat and light, sequela
T67.9XXS	Effect of heat and light, unspecified, sequela
T68.XXXS	Hypothermia, sequela
T69.011S	Immersion hand, right hand, sequela
T69.012S	Immersion hand, left hand, sequela
T69.019S	Immersion hand, unspecified hand, sequela
T69.021S	Immersion foot, right foot, sequela
T69.022S	Immersion foot, left foot, sequela
T69.029S	Immersion foot, unspecified foot, sequela
T69.1XXS	Chilblains, sequela
T69.8XXS	Other specified effects of reduced temperature, sequela
T69.9XXS	Effect of reduced temperature, unspecified, sequela
T70.0XXS	Otitic barotrauma, sequela
T70.1XXS	Sinus barotrauma, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T70.20XS	Unspecified effects of high altitude, sequela
T70.29XS	Other effects of high altitude, sequela
T70.3XXS	Caisson disease [decompression sickness], sequela
T70.4XXS	Effects of high-pressure fluids, sequela
T70.8XXS	Other effects of air pressure and water pressure, sequela
T70.9XXS	Effect of air pressure and water pressure, unspecified, sequela
T71.111S	Asphyxiation due to smothering under pillow, accidental, sequela
T71.112S	Asphyxiation due to smothering under pillow, intentional self-harm, sequela
T71.113S	Asphyxiation due to smothering under pillow, assault, sequela
T71.114S	Asphyxiation due to smothering under pillow, undetermined, sequela
T71.121S	Asphyxiation due to plastic bag, accidental, sequela
T71.122S	Asphyxiation due to plastic bag, intentional self-harm, sequela
T71.123S	Asphyxiation due to plastic bag, assault, sequela
T71.124S	Asphyxiation due to plastic bag, undetermined, sequela
T71.131S	Asphyxiation due to being trapped in bed linens, accidental, sequela
T71.132S	Asphyxiation due to being trapped in bed linens, intentional self-harm, sequela
T71.133S	Asphyxiation due to being trapped in bed linens, assault, sequela
T71.134S	Asphyxiation due to being trapped in bed linens, undetermined, sequela
T71.141S	Asphyxiation due to smothering under another person's body (in bed), accidental, sequela
T71.143S	Asphyxiation due to smothering under another person's body (in bed), assault, sequela
T71.144S	Asphyxiation due to smothering under another person's body (in bed), undetermined, sequela
T71.151S	Asphyxiation due to smothering in furniture, accidental, sequela
T71.152S	Asphyxiation due to smothering in furniture, intentional self-harm, sequela
T71.153S	Asphyxiation due to smothering in furniture, assault, sequela
T71.154S	Asphyxiation due to smothering in furniture, undetermined, sequela
T71.161S	Asphyxiation due to hanging, accidental, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T71.162S	Asphyxiation due to hanging, intentional self-harm, sequela
T71.163S	Asphyxiation due to hanging, assault, sequela
T71.164S	Asphyxiation due to hanging, undetermined, sequela
T71.191S	Asphyxiation due to mechanical threat to breathing due to other causes, accidental, sequela
T71.192S	Asphyxiation due to mechanical threat to breathing due to other causes, intentional self-harm, sequela
T71.193S	Asphyxiation due to mechanical threat to breathing due to other causes, assault, sequela
T71.194S	Asphyxiation due to mechanical threat to breathing due to other causes, undetermined, sequela
T71.20XS	Asphyxiation due to systemic oxygen deficiency due to low oxygen content in ambient air due to unspecified cause, sequela
T71.21XS	Asphyxiation due to cave-in or falling earth, sequela
T71.221S	Asphyxiation due to being trapped in a car trunk, accidental, sequela
T71.222S	Asphyxiation due to being trapped in a car trunk, intentional self-harm, sequela
T71.223S	Asphyxiation due to being trapped in a car trunk, assault, sequela
T71.224S	Asphyxiation due to being trapped in a car trunk, undetermined, sequela
T71.231S	Asphyxiation due to being trapped in a (discarded) refrigerator, accidental, sequela
T71.232S	Asphyxiation due to being trapped in a (discarded) refrigerator, intentional self-harm, sequela
T71.233S	Asphyxiation due to being trapped in a (discarded) refrigerator, assault, sequela
T71.234S	Asphyxiation due to being trapped in a (discarded) refrigerator, undetermined, sequela
T71.29XS	Asphyxiation due to being trapped in other low oxygen environment, sequela
T71.9XXS	Asphyxiation due to unspecified cause, sequela
T73.0XXS	Starvation, sequela
T73.1XXS	Deprivation of water, sequela
T73.2XXS	Exhaustion due to exposure, sequela
T73.3XXS	Exhaustion due to excessive exertion, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T73.8XXS	Other effects of deprivation, sequela
T73.9XXS	Effect of deprivation, unspecified, sequela
T74.01XS	Adult neglect or abandonment, confirmed, sequela
T74.02XS	Child neglect or abandonment, confirmed, sequela
T74.11XS	Adult physical abuse, confirmed, sequela
T74.12XS	Child physical abuse, confirmed, sequela
T74.21XS	Adult sexual abuse, confirmed, sequela
T74.22XS	Child sexual abuse, confirmed, sequela
T74.31XS	Adult psychological abuse, confirmed, sequela
T74.32XS	Child psychological abuse, confirmed, sequela
T74.4XXS	Shaken infant syndrome, sequela
T74.51XA	Adult forced sexual exploitation, confirmed, initial encounter
T74.51XD	Adult forced sexual exploitation, confirmed, subsequent encounter
T74.51XS	Adult forced sexual exploitation, confirmed, sequela
T74.52XA	Child sexual exploitation, confirmed, initial encounter
T74.52XD	Child sexual exploitation, confirmed, subsequent encounter
T74.52XS	Child sexual exploitation, confirmed, sequela
T74.61XA	Adult forced labor exploitation, confirmed, initial encounter
T74.61XD	Adult forced labor exploitation, confirmed, subsequent encounter
T74.61XS	Adult forced labor exploitation, confirmed, sequela
T74.62XA	Child forced labor exploitation, confirmed, initial encounter
T74.62XD	Child forced labor exploitation, confirmed, subsequent encounter
T74.62XS	Child forced labor exploitation, confirmed, sequela
T74.91XS	Unspecified adult maltreatment, confirmed, sequela
T74.92XS	Unspecified child maltreatment, confirmed, sequela
T75.00XS	Unspecified effects of lightning, sequela
T75.01XS	Shock due to being struck by lightning, sequela
T75.09XS	Other effects of lightning, sequela



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

Code	Description
T75.1XXS	Unspecified effects of drowning and nonfatal submersion, sequela
T75.20XS	Unspecified effects of vibration, sequela
T75.21XS	Pneumatic hammer syndrome, sequela
T75.22XS	Traumatic vasospastic syndrome, sequela
T75.23XS	Vertigo from infrasound, sequela
T75.29XS	Other effects of vibration, sequela
T75.3XXS	Motion sickness, sequela
T75.4XXS	Electrocution, sequela
T75.81XS	Effects of abnormal gravitation [G] forces, sequela
T75.82XS	Effects of weightlessness, sequela
T75.89XS	Other specified effects of external causes, sequela
T76.01XS	Adult neglect or abandonment, suspected, sequela
T76.02XS	Child neglect or abandonment, suspected, sequela
T76.11XS	Adult physical abuse, suspected, sequela
T76.12XS	Child physical abuse, suspected, sequela
T76.21XS	Adult sexual abuse, suspected, sequela
T76.22XS	Child sexual abuse, suspected, sequela
T76.31XS	Adult psychological abuse, suspected, sequela
T76.32XS	Child psychological abuse, suspected, sequela
T76.51XA	Adult forced sexual exploitation, suspected, initial encounter
T76.51XD	Adult forced sexual exploitation, suspected, subsequent encounter
T76.51XS	Adult forced sexual exploitation, suspected, sequela
T76.52XA	Child sexual exploitation, suspected, initial encounter
T76.52XD	Child sexual exploitation, suspected, subsequent encounter
T76.52XS	Child sexual exploitation, suspected, sequela
T76.61XA	Adult forced labor exploitation, suspected, initial encounter
T76.61XD	Adult forced labor exploitation, suspected, subsequent encounter
T76.61XS	Adult forced labor exploitation, suspected, sequela



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

Code	Description
T76.62XA	Child forced labor exploitation, suspected, initial encounter
T76.62XD	Child forced labor exploitation, suspected, subsequent encounter
T76.62XS	Child forced labor exploitation, suspected, sequela
T76.91XS	Unspecified adult maltreatment, suspected, sequela
T76.92XS	Unspecified child maltreatment, suspected, sequela
T78.00XS	Anaphylactic reaction due to unspecified food, sequela
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XS	Anaphylactic reaction due to other food products, sequela
T78.1XXS	Other adverse food reactions, not elsewhere classified, sequela
T78.2XXS	Anaphylactic shock, unspecified, sequela
T78.3XXS	Angioneurotic edema, sequela
T78.40XS	Allergy, unspecified, sequela
T78.41XS	Arthus phenomenon, sequela
T78.49XS	Other allergy, sequela
T78.8XXS	Other adverse effects, not elsewhere classified, sequela
T79.0XXS	Air embolism (traumatic), sequela
T79.1XXS	Fat embolism (traumatic), sequela
T79.2XXS	Traumatic secondary and recurrent hemorrhage and seroma, sequela
T79.4XXS	Traumatic shock, sequela
T79.5XXS	Traumatic anuria, sequela
T79.6XXS	Traumatic ischemia of muscle, sequela



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

Code	Description
T79.7XXS	Traumatic subcutaneous emphysema, sequela
T79.8XXS	Other early complications of trauma, sequela
T79.9XXS	Unspecified early complication of trauma, sequela
T79.A0XS	Compartment syndrome, unspecified, sequela
T79.A11S	Traumatic compartment syndrome of right upper extremity, sequela
T79.A12S	Traumatic compartment syndrome of left upper extremity, sequela
T79.A19S	Traumatic compartment syndrome of unspecified upper extremity, sequela
T79.A21S	Traumatic compartment syndrome of right lower extremity, sequela
T79.A22S	Traumatic compartment syndrome of left lower extremity, sequela
T79.A29S	Traumatic compartment syndrome of unspecified lower extremity, sequela
T79.A3XS	Traumatic compartment syndrome of abdomen, sequela
T79.A9XS	Traumatic compartment syndrome of other sites, sequela
T80.0XXS	Air embolism following infusion, transfusion and therapeutic injection, sequela
T80.1XXS	Vascular complications following infusion, transfusion and therapeutic injection, sequela
T80.211S	Bloodstream infection due to central venous catheter, sequela
T80.212S	Local infection due to central venous catheter, sequela
T80.218S	Other infection due to central venous catheter, sequela
T80.219S	Unspecified infection due to central venous catheter, sequela
T80.22XS	Acute infection following transfusion, infusion, or injection of blood and blood products, sequela
T80.29XS	Infection following other infusion, transfusion and therapeutic injection, sequela
T80.30XS	ABO incompatibility reaction due to transfusion of blood or blood products, unspecified, sequela
T80.310S	ABO incompatibility with acute hemolytic transfusion reaction, sequela
T80.311S	ABO incompatibility with delayed hemolytic transfusion reaction, sequela
T80.319S	ABO incompatibility with hemolytic transfusion reaction, unspecified, sequela
T80.39XS	Other ABO incompatibility reaction due to transfusion of blood or blood products, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T80.40XS	Rh incompatibility reaction due to transfusion of blood or blood products, unspecified, sequela
T80.410S	Rh incompatibility with acute hemolytic transfusion reaction, sequela
T80.411S	Rh incompatibility with delayed hemolytic transfusion reaction, sequela
T80.419S	Rh incompatibility with hemolytic transfusion reaction, unspecified, sequela
T80.49XS	Other Rh incompatibility reaction due to transfusion of blood or blood products, sequela
T80.51XS	Anaphylactic reaction due to administration of blood and blood products, sequela
T80.52XS	Anaphylactic reaction due to vaccination, sequela
T80.59XS	Anaphylactic reaction due to other serum, sequela
T80.61XS	Other serum reaction due to administration of blood and blood products, sequela
T80.62XS	Other serum reaction due to vaccination, sequela
T80.69XS	Other serum reaction due to other serum, sequela
T80.810S	Extravasation of vesicant antineoplastic chemotherapy, sequela
T80.818S	Extravasation of other vesicant agent, sequela
T80.89XS	Other complications following infusion, transfusion and therapeutic injection, sequela
T80.90XS	Unspecified complication following infusion and therapeutic injection, sequela
T80.910S	Acute hemolytic transfusion reaction, unspecified incompatibility, sequela
T80.911S	Delayed hemolytic transfusion reaction, unspecified incompatibility, sequela
T80.919S	Hemolytic transfusion reaction, unspecified incompatibility, unspecified as acute or delayed, sequela
T80.92XS	Unspecified transfusion reaction, sequela
T80.A0XS	Non-ABO incompatibility reaction due to transfusion of blood or blood products, unspecified, sequela
T80.A10S	Non-ABO incompatibility with acute hemolytic transfusion reaction, sequela
T80.A11S	Non-ABO incompatibility with delayed hemolytic transfusion reaction, sequela
T80.A19S	Non-ABO incompatibility with hemolytic transfusion reaction, unspecified, sequela
T80.A9XS	Other non-ABO incompatibility reaction due to transfusion of blood or blood products, sequela



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

Code	Description
T81.10XS	Postprocedural shock unspecified, sequela
T81.11XS	Postprocedural cardiogenic shock, sequela
T81.12XS	Postprocedural septic shock, sequela
T81.19XS	Other postprocedural shock, sequela
T81.30XS	Disruption of wound, unspecified, sequela
T81.31XS	Disruption of external operation (surgical) wound, not elsewhere classified, sequela
T81.32XS	Disruption of internal operation (surgical) wound, not elsewhere classified, sequela
T81.33XS	Disruption of traumatic injury wound repair, sequela
T81.40XA	Infection following a procedure, unspecified, initial encounter
T81.40XD	Infection following a procedure, unspecified, subsequent encounter
T81.40XS	Infection following a procedure, unspecified, sequela
T81.41XA	Infection following a procedure, superficial incisional surgical site, initial encounter
T81.41XD	Infection following a procedure, superficial incisional surgical site, subsequent encounter
T81.41XS	Infection following a procedure, superficial incisional surgical site, sequela
T81.42XA	Infection following a procedure, deep incisional surgical site, initial encounter
T81.42XD	Infection following a procedure, deep incisional surgical site, subsequent encounter
T81.42XS	Infection following a procedure, deep incisional surgical site, sequela
T81.43XA	Infection following a procedure, organ and space surgical site, initial encounter
T81.43XD	Infection following a procedure, organ and space surgical site, subsequent encounter
T81.43XS	Infection following a procedure, organ and space surgical site, sequela
T81.44XA	Sepsis following a procedure, initial encounter
T81.44XD	Sepsis following a procedure, subsequent encounter
T81.44XS	Sepsis following a procedure, sequela
T81.49XA	Infection following a procedure, other surgical site, initial encounter
T81.49XD	Infection following a procedure, other surgical site, subsequent encounter
T81.49XS	Infection following a procedure, other surgical site, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
T81.500S	Unspecified complication of foreign body accidentally left in body following surgical operation, sequela
T81.501S	Unspecified complication of foreign body accidentally left in body following infusion or transfusion, sequela
T81.502S	Unspecified complication of foreign body accidentally left in body following kidney dialysis, sequela
T81.503S	Unspecified complication of foreign body accidentally left in body following injection or immunization, sequela
T81.504S	Unspecified complication of foreign body accidentally left in body following endoscopic examination, sequela
T81.505S	Unspecified complication of foreign body accidentally left in body following heart catheterization, sequela
T81.506S	Unspecified complication of foreign body accidentally left in body following aspiration, puncture or other catheterization, sequela
T81.507S	Unspecified complication of foreign body accidentally left in body following removal of catheter or packing, sequela
T81.508S	Unspecified complication of foreign body accidentally left in body following other procedure, sequela
T81.509S	Unspecified complication of foreign body accidentally left in body following unspecified procedure, sequela
T81.510S	Adhesions due to foreign body accidentally left in body following surgical operation, sequela
T81.511S	Adhesions due to foreign body accidentally left in body following infusion or transfusion, sequela
T81.512S	Adhesions due to foreign body accidentally left in body following kidney dialysis, sequela
T81.513S	Adhesions due to foreign body accidentally left in body following injection or immunization, sequela
T81.514S	Adhesions due to foreign body accidentally left in body following endoscopic examination, sequela
T81.515S	Adhesions due to foreign body accidentally left in body following heart catheterization, sequela



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

Code	Description
T81.516S	Adhesions due to foreign body accidentally left in body following aspiration, puncture or other catheterization, sequela
T81.517S	Adhesions due to foreign body accidentally left in body following removal of catheter or packing, sequela
T81.518S	Adhesions due to foreign body accidentally left in body following other procedure, sequela
T81.519S	Adhesions due to foreign body accidentally left in body following unspecified procedure, sequela
T81.520S	Obstruction due to foreign body accidentally left in body following surgical operation, sequela
T81.521S	Obstruction due to foreign body accidentally left in body following infusion or transfusion, sequela
T81.522S	Obstruction due to foreign body accidentally left in body following kidney dialysis, sequela
T81.523S	Obstruction due to foreign body accidentally left in body following injection or immunization, sequela
T81.524S	Obstruction due to foreign body accidentally left in body following endoscopic examination, sequela
T81.525S	Obstruction due to foreign body accidentally left in body following heart catheterization, sequela
T81.526S	Obstruction due to foreign body accidentally left in body following aspiration, puncture or other catheterization, sequela
T81.527S	Obstruction due to foreign body accidentally left in body following removal of catheter or packing, sequela
T81.528S	Obstruction due to foreign body accidentally left in body following other procedure, sequela
T81.529S	Obstruction due to foreign body accidentally left in body following unspecified procedure, sequela
T81.530S	Perforation due to foreign body accidentally left in body following surgical operation, sequela
T81.531S	Perforation due to foreign body accidentally left in body following infusion or transfusion, sequela



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

Code	Description
T81.532S	Perforation due to foreign body accidentally left in body following kidney dialysis, sequela
T81.533S	Perforation due to foreign body accidentally left in body following injection or immunization, sequela
T81.534S	Perforation due to foreign body accidentally left in body following endoscopic examination, sequela
T81.535S	Perforation due to foreign body accidentally left in body following heart catheterization, sequela
T81.536S	Perforation due to foreign body accidentally left in body following aspiration, puncture or other catheterization, sequela
T81.537S	Perforation due to foreign body accidentally left in body following removal of catheter or packing, sequela
T81.538S	Perforation due to foreign body accidentally left in body following other procedure, sequela
T81.539S	Perforation due to foreign body accidentally left in body following unspecified procedure, sequela
T81.590S	Other complications of foreign body accidentally left in body following surgical operation, sequela
T81.591S	Other complications of foreign body accidentally left in body following infusion or transfusion, sequela
T81.592S	Other complications of foreign body accidentally left in body following kidney dialysis, sequela
T81.593S	Other complications of foreign body accidentally left in body following injection or immunization, sequela
T81.594S	Other complications of foreign body accidentally left in body following endoscopic examination, sequela
T81.595S	Other complications of foreign body accidentally left in body following heart catheterization, sequela
T81.596S	Other complications of foreign body accidentally left in body following aspiration, puncture or other catheterization, sequela
T81.597S	Other complications of foreign body accidentally left in body following removal of catheter or packing, sequela



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

Code	Description
T81.598S	Other complications of foreign body accidentally left in body following other procedure, sequela
T81.599S	Other complications of foreign body accidentally left in body following unspecified procedure, sequela
T81.60XS	Unspecified acute reaction to foreign substance accidentally left during a procedure, sequela
T81.61XS	Aseptic peritonitis due to foreign substance accidentally left during a procedure, sequela
T81.69XS	Other acute reaction to foreign substance accidentally left during a procedure, sequela
T81.710S	Complication of mesenteric artery following a procedure, not elsewhere classified, sequela
T81.711S	Complication of renal artery following a procedure, not elsewhere classified, sequela
T81.718S	Complication of other artery following a procedure, not elsewhere classified, sequela
T81.719S	Complication of unspecified artery following a procedure, not elsewhere classified, sequela
T81.72XS	Complication of vein following a procedure, not elsewhere classified, sequela
T81.81XS	Complication of inhalation therapy, sequela
T81.82XS	Emphysema (subcutaneous) resulting from a procedure, sequela
T81.83XS	Persistent postprocedural fistula, sequela
T81.89XS	Other complications of procedures, not elsewhere classified, sequela
T81.9XXS	Unspecified complication of procedure, sequela
T82.01XS	Breakdown (mechanical) of heart valve prosthesis, sequela
T82.02XS	Displacement of heart valve prosthesis, sequela
T82.03XS	Leakage of heart valve prosthesis, sequela
T82.09XS	Other mechanical complication of heart valve prosthesis, sequela
T82.110S	Breakdown (mechanical) of cardiac electrode, sequela
T82.111S	Breakdown (mechanical) of cardiac pulse generator (battery), sequela
T82.118S	Breakdown (mechanical) of other cardiac electronic device, sequela



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Code	Description
T82.119S	Breakdown (mechanical) of unspecified cardiac electronic device, sequela
T82.120S	Displacement of cardiac electrode, sequela
T82.121S	Displacement of cardiac pulse generator (battery), sequela
T82.128S	Displacement of other cardiac electronic device, sequela
T82.129S	Displacement of unspecified cardiac electronic device, sequela
T82.190S	Other mechanical complication of cardiac electrode, sequela
T82.191S	Other mechanical complication of cardiac pulse generator (battery), sequela
T82.198S	Other mechanical complication of other cardiac electronic device, sequela
T82.199S	Other mechanical complication of unspecified cardiac device, sequela
T82.211S	Breakdown (mechanical) of coronary artery bypass graft, sequela
T82.212S	Displacement of coronary artery bypass graft, sequela
T82.213S	Leakage of coronary artery bypass graft, sequela
T82.218S	Other mechanical complication of coronary artery bypass graft, sequela
T82.221S	Breakdown (mechanical) of biological heart valve graft, sequela
T82.222S	Displacement of biological heart valve graft, sequela
T82.223S	Leakage of biological heart valve graft, sequela
T82.228S	Other mechanical complication of biological heart valve graft, sequela
T82.310S	Breakdown (mechanical) of aortic (bifurcation) graft (replacement), sequela
T82.311S	Breakdown (mechanical) of carotid arterial graft (bypass), sequela
T82.312S	Breakdown (mechanical) of femoral arterial graft (bypass), sequela
T82.318S	Breakdown (mechanical) of other vascular grafts, sequela
T82.319S	Breakdown (mechanical) of unspecified vascular grafts, sequela
T82.320S	Displacement of aortic (bifurcation) graft (replacement), sequela
T82.321S	Displacement of carotid arterial graft (bypass), sequela
T82.322S	Displacement of femoral arterial graft (bypass), sequela
T82.328S	Displacement of other vascular grafts, sequela
T82.329S	Displacement of unspecified vascular grafts, sequela
T82.330S	Leakage of aortic (bifurcation) graft (replacement), sequela



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Code	Description
T82.331S	Leakage of carotid arterial graft (bypass), sequela
T82.332S	Leakage of femoral arterial graft (bypass), sequela
T82.338S	Leakage of other vascular grafts, sequela
T82.339S	Leakage of unspecified vascular graft, sequela
T82.390S	Other mechanical complication of aortic (bifurcation) graft (replacement), sequela
T82.391S	Other mechanical complication of carotid arterial graft (bypass), sequela
T82.392S	Other mechanical complication of femoral arterial graft (bypass), sequela
T82.398S	Other mechanical complication of other vascular grafts, sequela
T82.399S	Other mechanical complication of unspecified vascular grafts, sequela
T82.41XS	Breakdown (mechanical) of vascular dialysis catheter, sequela
T82.42XS	Displacement of vascular dialysis catheter, sequela
T82.43XS	Leakage of vascular dialysis catheter, sequela
T82.49XS	Other complication of vascular dialysis catheter, sequela
T82.510S	Breakdown (mechanical) of surgically created arteriovenous fistula, sequela
T82.511S	Breakdown (mechanical) of surgically created arteriovenous shunt, sequela
T82.512S	Breakdown (mechanical) of artificial heart, sequela
T82.513S	Breakdown (mechanical) of balloon (counterpulsation) device, sequela
T82.514S	Breakdown (mechanical) of infusion catheter, sequela
T82.515S	Breakdown (mechanical) of umbrella device, sequela
T82.518S	Breakdown (mechanical) of other cardiac and vascular devices and implants, sequela
T82.519S	Breakdown (mechanical) of unspecified cardiac and vascular devices and implants, sequela
T82.520S	Displacement of surgically created arteriovenous fistula, sequela
T82.521S	Displacement of surgically created arteriovenous shunt, sequela
T82.522S	Displacement of artificial heart, sequela
T82.523S	Displacement of balloon (counterpulsation) device, sequela
T82.524S	Displacement of infusion catheter, sequela
T82.525S	Displacement of umbrella device, sequela

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Code	Description
T82.528S	Displacement of other cardiac and vascular devices and implants, sequela
T82.529S	Displacement of unspecified cardiac and vascular devices and implants, sequela
T82.530S	Leakage of surgically created arteriovenous fistula, sequela
T82.531S	Leakage of surgically created arteriovenous shunt, sequela
T82.532S	Leakage of artificial heart, sequela
T82.533S	Leakage of balloon (counterpulsation) device, sequela
T82.534S	Leakage of infusion catheter, sequela
T82.535S	Leakage of umbrella device, sequela
T82.538S	Leakage of other cardiac and vascular devices and implants, sequela
T82.539S	Leakage of unspecified cardiac and vascular devices and implants, sequela
T82.590S	Other mechanical complication of surgically created arteriovenous fistula, sequela
T82.591S	Other mechanical complication of surgically created arteriovenous shunt, sequela
T82.592S	Other mechanical complication of artificial heart, sequela
T82.593S	Other mechanical complication of balloon (counterpulsation) device, sequela
T82.594S	Other mechanical complication of infusion catheter, sequela
T82.595S	Other mechanical complication of umbrella device, sequela
T82.598S	Other mechanical complication of other cardiac and vascular devices and implants, sequela
T82.599S	Other mechanical complication of unspecified cardiac and vascular devices and implants, sequela
T82.6XXS	Infection and inflammatory reaction due to cardiac valve prosthesis, sequela
T82.7XXS	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, sequela
T82.817S	Embolism due to cardiac prosthetic devices, implants and grafts, sequela
T82.818S	Embolism due to vascular prosthetic devices, implants and grafts, sequela
T82.827S	Fibrosis due to cardiac prosthetic devices, implants and grafts, sequela
T82.828S	Fibrosis due to vascular prosthetic devices, implants and grafts, sequela
T82.837S	Hemorrhage due to cardiac prosthetic devices, implants and grafts, sequela
T82.838S	Hemorrhage due to vascular prosthetic devices, implants and grafts, sequela

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Code	Description
T82.847S	Pain due to cardiac prosthetic devices, implants and grafts, sequela
T82.848S	Pain due to vascular prosthetic devices, implants and grafts, sequela
T82.857S	Stenosis of other cardiac prosthetic devices, implants and grafts, sequela
T82.858S	Stenosis of other vascular prosthetic devices, implants and grafts, sequela
T82.867S	Thrombosis due to cardiac prosthetic devices, implants and grafts, sequela
T82.868S	Thrombosis due to vascular prosthetic devices, implants and grafts, sequela
T82.897S	Other specified complication of cardiac prosthetic devices, implants and grafts, sequela
T82.898S	Other specified complication of vascular prosthetic devices, implants and grafts, sequela
T82.9XXS	Unspecified complication of cardiac and vascular prosthetic device, implant and graft, sequela
T83.010S	Breakdown (mechanical) of cystostomy catheter, sequela
T83.018S	Breakdown (mechanical) of other urinary catheter, sequela
T83.020S	Displacement of cystostomy catheter, sequela
T83.028S	Displacement of other urinary catheter, sequela
T83.030S	Leakage of cystostomy catheter, sequela
T83.038S	Leakage of other urinary catheter, sequela
T83.090S	Other mechanical complication of cystostomy catheter, sequela
T83.098S	Other mechanical complication of other urinary catheter, sequela
T83.110S	Breakdown (mechanical) of urinary electronic stimulator device, sequela
T83.111S	Breakdown (mechanical) of implanted urinary sphincter, sequela
T83.112S	Breakdown (mechanical) of indwelling ureteral stent, sequela
T83.118S	Breakdown (mechanical) of other urinary devices and implants, sequela
T83.120S	Displacement of urinary electronic stimulator device, sequela
T83.121S	Displacement of implanted urinary sphincter, sequela
T83.122S	Displacement of indwelling ureteral stent, sequela
T83.128S	Displacement of other urinary devices and implants, sequela
T83.190S	Other mechanical complication of urinary electronic stimulator device, sequela



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Code	Description
T83.191S	Other mechanical complication of implanted urinary sphincter, sequela
T83.192S	Other mechanical complication of indwelling ureteral stent, sequela
T83.198S	Other mechanical complication of other urinary devices and implants, sequela
T83.21XS	Breakdown (mechanical) of graft of urinary organ, sequela
T83.22XS	Displacement of graft of urinary organ, sequela
T83.23XS	Leakage of graft of urinary organ, sequela
T83.29XS	Other mechanical complication of graft of urinary organ, sequela
T83.31XS	Breakdown (mechanical) of intrauterine contraceptive device, sequela
T83.32XS	Displacement of intrauterine contraceptive device, sequela
T83.39XS	Other mechanical complication of intrauterine contraceptive device, sequela
T83.410S	Breakdown (mechanical) of implanted penile prosthesis, sequela
T83.418S	Breakdown (mechanical) of other prosthetic devices, implants and grafts of genital tract, sequela
T83.420S	Displacement of implanted penile prosthesis, sequela
T83.428S	Displacement of other prosthetic devices, implants and grafts of genital tract, sequela
T83.490S	Other mechanical complication of implanted penile prosthesis, sequela
T83.498S	Other mechanical complication of other prosthetic devices, implants and grafts of genital tract, sequela
T83.711S	Erosion of implanted vaginal mesh to surrounding organ or tissue, sequela
T83.718S	Erosion of other implanted mesh to organ or tissue, sequela
T83.721S	Exposure of implanted vaginal mesh into vagina, sequela
T83.728S	Exposure of other implanted mesh into organ or tissue, sequela
T83.81XS	Embolism due to genitourinary prosthetic devices, implants and grafts, sequela
T83.82XS	Fibrosis due to genitourinary prosthetic devices, implants and grafts, sequela
T83.83XS	Hemorrhage due to genitourinary prosthetic devices, implants and grafts, sequela
T83.84XS	Pain due to genitourinary prosthetic devices, implants and grafts, sequela
T83.85XS	Stenosis due to genitourinary prosthetic devices, implants and grafts, sequela
T83.86XS	Thrombosis due to genitourinary prosthetic devices, implants and grafts, sequela



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Code	Description
T83.89XS	Other specified complication of genitourinary prosthetic devices, implants and grafts, sequela
T83.9XXS	Unspecified complication of genitourinary prosthetic device, implant and graft, sequela
T84.010S	Broken internal right hip prosthesis, sequela
T84.011S	Broken internal left hip prosthesis, sequela
T84.012S	Broken internal right knee prosthesis, sequela
T84.013S	Broken internal left knee prosthesis, sequela
T84.018S	Broken internal joint prosthesis, other site, sequela
T84.019S	Broken internal joint prosthesis, unspecified site, sequela
T84.020S	Dislocation of internal right hip prosthesis, sequela
T84.021S	Dislocation of internal left hip prosthesis, sequela
T84.022S	Instability of internal right knee prosthesis, sequela
T84.023S	Instability of internal left knee prosthesis, sequela
T84.028S	Dislocation of other internal joint prosthesis, sequela
T84.029S	Dislocation of unspecified internal joint prosthesis, sequela
T84.030S	Mechanical loosening of internal right hip prosthetic joint, sequela
T84.031S	Mechanical loosening of internal left hip prosthetic joint, sequela
T84.032S	Mechanical loosening of internal right knee prosthetic joint, sequela
T84.033S	Mechanical loosening of internal left knee prosthetic joint, sequela
T84.038S	Mechanical loosening of other internal prosthetic joint, sequela
T84.039S	Mechanical loosening of unspecified internal prosthetic joint, sequela
T84.050S	Periprosthetic osteolysis of internal prosthetic right hip joint, sequela
T84.051S	Periprosthetic osteolysis of internal prosthetic left hip joint, sequela
T84.052S	Periprosthetic osteolysis of internal prosthetic right knee joint, sequela
T84.053S	Periprosthetic osteolysis of internal prosthetic left knee joint, sequela
T84.058S	Periprosthetic osteolysis of other internal prosthetic joint, sequela
T84.059S	Periprosthetic osteolysis of unspecified internal prosthetic joint, sequela
T84.060S	Wear of articular bearing surface of internal prosthetic right hip joint, sequela



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Code	Description
T84.061S	Wear of articular bearing surface of internal prosthetic left hip joint, sequela
T84.062S	Wear of articular bearing surface of internal prosthetic right knee joint, sequela
T84.063S	Wear of articular bearing surface of internal prosthetic left knee joint, sequela
T84.068S	Wear of articular bearing surface of other internal prosthetic joint, sequela
T84.069S	Wear of articular bearing surface of unspecified internal prosthetic joint, sequela
T84.090S	Other mechanical complication of internal right hip prosthesis, sequela
T84.091S	Other mechanical complication of internal left hip prosthesis, sequela
T84.092S	Other mechanical complication of internal right knee prosthesis, sequela
T84.093S	Other mechanical complication of internal left knee prosthesis, sequela
T84.098S	Other mechanical complication of other internal joint prosthesis, sequela
T84.099S	Other mechanical complication of unspecified internal joint prosthesis, sequela
T84.110S	Breakdown (mechanical) of internal fixation device of right humerus, sequela
T84.111S	Breakdown (mechanical) of internal fixation device of left humerus, sequela
T84.112S	Breakdown (mechanical) of internal fixation device of bone of right forearm, sequela
T84.113S	Breakdown (mechanical) of internal fixation device of bone of left forearm, sequela
T84.114S	Breakdown (mechanical) of internal fixation device of right femur, sequela
T84.115S	Breakdown (mechanical) of internal fixation device of left femur, sequela
T84.116S	Breakdown (mechanical) of internal fixation device of bone of right lower leg, sequela
T84.117S	Breakdown (mechanical) of internal fixation device of bone of left lower leg, sequela
T84.119S	Breakdown (mechanical) of internal fixation device of unspecified bone of limb, sequela
T84.120S	Displacement of internal fixation device of right humerus, sequela
T84.121S	Displacement of internal fixation device of left humerus, sequela
T84.122S	Displacement of internal fixation device of bone of right forearm, sequela
T84.123S	Displacement of internal fixation device of bone of left forearm, sequela
T84.124S	Displacement of internal fixation device of right femur, sequela
T84.125S	Displacement of internal fixation device of left femur, sequela
T84.126S	Displacement of internal fixation device of bone of right lower leg, sequela

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Code	Description
T84.127S	Displacement of internal fixation device of bone of left lower leg, sequela
T84.129S	Displacement of internal fixation device of unspecified bone of limb, sequela
T84.190S	Other mechanical complication of internal fixation device of right humerus, sequela
T84.191S	Other mechanical complication of internal fixation device of left humerus, sequela
T84.192S	Other mechanical complication of internal fixation device of bone of right forearm, sequela
T84.193S	Other mechanical complication of internal fixation device of bone of left forearm, sequela
T84.194S	Other mechanical complication of internal fixation device of right femur, sequela
T84.195S	Other mechanical complication of internal fixation device of left femur, sequela
T84.196S	Other mechanical complication of internal fixation device of bone of right lower leg, sequela
T84.197S	Other mechanical complication of internal fixation device of bone of left lower leg, sequela
T84.199S	Other mechanical complication of internal fixation device of unspecified bone of limb, sequela
T84.210S	Breakdown (mechanical) of internal fixation device of bones of hand and fingers, sequela
T84.213S	Breakdown (mechanical) of internal fixation device of bones of foot and toes, sequela
T84.216S	Breakdown (mechanical) of internal fixation device of vertebrae, sequela
T84.218S	Breakdown (mechanical) of internal fixation device of other bones, sequela
T84.220S	Displacement of internal fixation device of bones of hand and fingers, sequela
T84.223S	Displacement of internal fixation device of bones of foot and toes, sequela
T84.226S	Displacement of internal fixation device of vertebrae, sequela
T84.228S	Displacement of internal fixation device of other bones, sequela
T84.290S	Other mechanical complication of internal fixation device of bones of hand and fingers, sequela
T84.293S	Other mechanical complication of internal fixation device of bones of foot and toes, sequela
T84.296S	Other mechanical complication of internal fixation device of vertebrae, sequela



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Code	Description
T84.298S	Other mechanical complication of internal fixation device of other bones, sequela
T84.310S	Breakdown (mechanical) of electronic bone stimulator, sequela
T84.318S	Breakdown (mechanical) of other bone devices, implants and grafts, sequela
T84.320S	Displacement of electronic bone stimulator, sequela
T84.328S	Displacement of other bone devices, implants and grafts, sequela
T84.390S	Other mechanical complication of electronic bone stimulator, sequela
T84.398S	Other mechanical complication of other bone devices, implants and grafts, sequela
T84.410S	Breakdown (mechanical) of muscle and tendon graft, sequela
T84.418S	Breakdown (mechanical) of other internal orthopedic devices, implants and grafts, sequela
T84.420S	Displacement of muscle and tendon graft, sequela
T84.428S	Displacement of other internal orthopedic devices, implants and grafts, sequela
T84.490S	Other mechanical complication of muscle and tendon graft, sequela
T84.498S	Other mechanical complication of other internal orthopedic devices, implants and grafts, sequela
T84.50XS	Infection and inflammatory reaction due to unspecified internal joint prosthesis, sequela
T84.51XS	Infection and inflammatory reaction due to internal right hip prosthesis, sequela
T84.52XS	Infection and inflammatory reaction due to internal left hip prosthesis, sequela
T84.53XS	Infection and inflammatory reaction due to internal right knee prosthesis, sequela
T84.54XS	Infection and inflammatory reaction due to internal left knee prosthesis, sequela
T84.59XS	Infection and inflammatory reaction due to other internal joint prosthesis, sequela
T84.60XS	Infection and inflammatory reaction due to internal fixation device of unspecified site, sequela
T84.610S	Infection and inflammatory reaction due to internal fixation device of right humerus, sequela
T84.611S	Infection and inflammatory reaction due to internal fixation device of left humerus, sequela
T84.612S	Infection and inflammatory reaction due to internal fixation device of right radius, sequela



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Code	Description
T84.613S	Infection and inflammatory reaction due to internal fixation device of left radius, sequela
T84.614S	Infection and inflammatory reaction due to internal fixation device of right ulna, sequela
T84.615S	Infection and inflammatory reaction due to internal fixation device of left ulna, sequela
T84.619S	Infection and inflammatory reaction due to internal fixation device of unspecified bone of arm, sequela
T84.620S	Infection and inflammatory reaction due to internal fixation device of right femur, sequela
T84.621S	Infection and inflammatory reaction due to internal fixation device of left femur, sequela
T84.622S	Infection and inflammatory reaction due to internal fixation device of right tibia, sequela
T84.623S	Infection and inflammatory reaction due to internal fixation device of left tibia, sequela
T84.624S	Infection and inflammatory reaction due to internal fixation device of right fibula, sequela
T84.625S	Infection and inflammatory reaction due to internal fixation device of left fibula, sequela
T84.629S	Infection and inflammatory reaction due to internal fixation device of unspecified bone of leg, sequela
T84.63XS	Infection and inflammatory reaction due to internal fixation device of spine, sequela
T84.69XS	Infection and inflammatory reaction due to internal fixation device of other site, sequela
T84.7XXS	Infection and inflammatory reaction due to other internal orthopedic prosthetic devices, implants and grafts, sequela
T84.81XS	Embolism due to internal orthopedic prosthetic devices, implants and grafts, sequela
T84.82XS	Fibrosis due to internal orthopedic prosthetic devices, implants and grafts, sequela
T84.83XS	Hemorrhage due to internal orthopedic prosthetic devices, implants and grafts, sequela
T84.84XS	Pain due to internal orthopedic prosthetic devices, implants and grafts, sequela

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Code	Description
T84.85XS	Stenosis due to internal orthopedic prosthetic devices, implants and grafts, sequela
T84.86XS	Thrombosis due to internal orthopedic prosthetic devices, implants and grafts, sequela
T84.89XS	Other specified complication of internal orthopedic prosthetic devices, implants and grafts, sequela
T84.9XXS	Unspecified complication of internal orthopedic prosthetic device, implant and graft, sequela
T85.01XS	Breakdown (mechanical) of ventricular intracranial (communicating) shunt, sequela
T85.02XS	Displacement of ventricular intracranial (communicating) shunt, sequela
T85.03XS	Leakage of ventricular intracranial (communicating) shunt, sequela
T85.09XS	Other mechanical complication of ventricular intracranial (communicating) shunt, sequela
T85.110S	Breakdown (mechanical) of implanted electronic neurostimulator of brain electrode (lead), sequela
T85.111S	Breakdown (mechanical) of implanted electronic neurostimulator of peripheral nerve electrode (lead), sequela
T85.112S	Breakdown (mechanical) of implanted electronic neurostimulator of spinal cord electrode (lead), sequela
T85.118S	Breakdown (mechanical) of other implanted electronic stimulator of nervous system, sequela
T85.120S	Displacement of implanted electronic neurostimulator of brain electrode (lead), sequela
T85.121S	Displacement of implanted electronic neurostimulator of peripheral nerve electrode (lead), sequela
T85.122S	Displacement of implanted electronic neurostimulator of spinal cord electrode (lead), sequela
T85.128S	Displacement of other implanted electronic stimulator of nervous system, sequela
T85.190S	Other mechanical complication of implanted electronic neurostimulator of brain electrode (lead), sequela
T85.191S	Other mechanical complication of implanted electronic neurostimulator of peripheral nerve electrode (lead), sequela
T85.192S	Other mechanical complication of implanted electronic neurostimulator of spinal cord electrode (lead), sequela

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Code	Description
T85.199S	Other mechanical complication of other implanted electronic stimulator of nervous system, sequela
T85.21XS	Breakdown (mechanical) of intraocular lens, sequela
T85.22XS	Displacement of intraocular lens, sequela
T85.29XS	Other mechanical complication of intraocular lens, sequela
T85.310S	Breakdown (mechanical) of prosthetic orbit of right eye, sequela
T85.311S	Breakdown (mechanical) of prosthetic orbit of left eye, sequela
T85.318S	Breakdown (mechanical) of other ocular prosthetic devices, implants and grafts, sequela
T85.320S	Displacement of prosthetic orbit of right eye, sequela
T85.321S	Displacement of prosthetic orbit of left eye, sequela
T85.328S	Displacement of other ocular prosthetic devices, implants and grafts, sequela
T85.390S	Other mechanical complication of prosthetic orbit of right eye, sequela
T85.391S	Other mechanical complication of prosthetic orbit of left eye, sequela
T85.398S	Other mechanical complication of other ocular prosthetic devices, implants and grafts, sequela
T85.41XS	Breakdown (mechanical) of breast prosthesis and implant, sequela
T85.42XS	Displacement of breast prosthesis and implant, sequela
T85.43XS	Leakage of breast prosthesis and implant, sequela
T85.44XS	Capsular contracture of breast implant, sequela
T85.49XS	Other mechanical complication of breast prosthesis and implant, sequela
T85.510S	Breakdown (mechanical) of bile duct prosthesis, sequela
T85.511S	Breakdown (mechanical) of esophageal anti-reflux device, sequela
T85.518S	Breakdown (mechanical) of other gastrointestinal prosthetic devices, implants and grafts, sequela
T85.520S	Displacement of bile duct prosthesis, sequela
T85.521S	Displacement of esophageal anti-reflux device, sequela
T85.528S	Displacement of other gastrointestinal prosthetic devices, implants and grafts, sequela
T85.590S	Other mechanical complication of bile duct prosthesis, sequela



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Code	Description
T85.591S	Other mechanical complication of esophageal anti-reflux device, sequela
T85.598S	Other mechanical complication of other gastrointestinal prosthetic devices, implants and grafts, sequela
T85.610S	Breakdown (mechanical) of cranial or spinal infusion catheter, sequela
T85.611S	Breakdown (mechanical) of intraperitoneal dialysis catheter, sequela
T85.612S	Breakdown (mechanical) of permanent sutures, sequela
T85.613S	Breakdown (mechanical) of artificial skin graft and decellularized allodermis, sequela
T85.614S	Breakdown (mechanical) of insulin pump, sequela
T85.618S	Breakdown (mechanical) of other specified internal prosthetic devices, implants and grafts, sequela
T85.620S	Displacement of cranial or spinal infusion catheter, sequela
T85.621S	Displacement of intraperitoneal dialysis catheter, sequela
T85.622S	Displacement of permanent sutures, sequela
T85.623S	Displacement of artificial skin graft and decellularized allodermis, sequela
T85.624S	Displacement of insulin pump, sequela
T85.628S	Displacement of other specified internal prosthetic devices, implants and grafts, sequela
T85.630S	Leakage of cranial or spinal infusion catheter, sequela
T85.631S	Leakage of intraperitoneal dialysis catheter, sequela
T85.633S	Leakage of insulin pump, sequela
T85.638S	Leakage of other specified internal prosthetic devices, implants and grafts, sequela
T85.690S	Other mechanical complication of cranial or spinal infusion catheter, sequela
T85.691S	Other mechanical complication of intraperitoneal dialysis catheter, sequela
T85.692S	Other mechanical complication of permanent sutures, sequela
T85.693S	Other mechanical complication of artificial skin graft and decellularized allodermis, sequela
T85.694S	Other mechanical complication of insulin pump, sequela
T85.698S	Other mechanical complication of other specified internal prosthetic devices, implants and grafts, sequela



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Code	Description
T85.71XS	Infection and inflammatory reaction due to peritoneal dialysis catheter, sequela
T85.72XS	Infection and inflammatory reaction due to insulin pump, sequela
T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequela
T85.9XXS	Unspecified complication of internal prosthetic device, implant and graft, sequela
T86.8409	Corneal transplant rejection, unspecified eye
T86.8419	Corneal transplant failure, unspecified eye
T86.8429	Corneal transplant infection, unspecified eye
T88.0XXS	Infection following immunization, sequela
T88.1XXS	Other complications following immunization, not elsewhere classified, sequela
T88.2XXS	Shock due to anesthesia, sequela
T88.3XXS	Malignant hyperthermia due to anesthesia, sequela
T88.4XXS	Failed or difficult intubation, sequela
T88.51XS	Hypothermia following anesthesia, sequela
T88.52XS	Failed moderate sedation during procedure, sequela
T88.59XS	Other complications of anesthesia, sequela
T88.6XXS	Anaphylactic reaction due to adverse effect of correct drug or medicament properly administered, sequela
T88.7XXS	Unspecified adverse effect of drug or medicament, sequela
T88.8XXS	Other specified complications of surgical and medical care, not elsewhere classified, sequela
T88.9XXS	Complication of surgical and medical care, unspecified, sequela
Z00.2	Encounter for examination for period of rapid growth in childhood
Z00.3	Encounter for examination for adolescent development state
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z01.020	Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Z01.021	Encounter for examination of eyes and vision following failed vision screening with abnormal findings



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

Code	Description
Z01.10	Encounter for examination of ears and hearing without abnormal findings
Z01.110	Encounter for hearing examination following failed hearing screening
Z01.118	Encounter for examination of ears and hearing with other abnormal findings
Z01.12	Encounter for hearing conservation and treatment
Z01.20	Encounter for dental examination and cleaning without abnormal findings
Z01.21	Encounter for dental examination and cleaning with abnormal findings
Z01.812	Encounter for preprocedural laboratory examination
Z01.82	Encounter for allergy testing
Z01.84	Encounter for antibody response examination
Z01.89	Encounter for other specified special examinations
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z12.11	Encounter for screening for malignant neoplasm of colon
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z12.39	Encounter for other screening for malignant neoplasm of breast
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.5	Encounter for screening for malignant neoplasm of prostate
Z13.1	Encounter for screening for diabetes mellitus
Z13.6	Encounter for screening for cardiovascular disorders
Z23	Encounter for immunization
Z28.83	Immunization not carried out due to unavailability of vaccine
Z30.011	Encounter for initial prescription of contraceptive pills
Z30.012	Encounter for prescription of emergency contraception
Z30.013	Encounter for initial prescription of injectable contraceptive
Z30.014	Encounter for initial prescription of intrauterine contraceptive device
Z30.018	Encounter for initial prescription of other contraceptives
Z30.019	Encounter for initial prescription of contraceptives, unspecified
Z30.02	Counseling and instruction in natural family planning to avoid pregnancy

NCD 190.15

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

Code	Description
Z30.09	Encounter for other general counseling and advice on contraception
Z30.2	Encounter for sterilization
Z30.40	Encounter for surveillance of contraceptives, unspecified
Z30.41	Encounter for surveillance of contraceptive pills
Z30.42	Encounter for surveillance of injectable contraceptive
Z30.430	Encounter for insertion of intrauterine contraceptive device
Z30.431	Encounter for routine checking of intrauterine contraceptive device
Z30.432	Encounter for removal of intrauterine contraceptive device
Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.49	Encounter for surveillance of other contraceptives
Z30.8	Encounter for other contraceptive management
Z30.9	Encounter for contraceptive management, unspecified
Z31.0	Encounter for reversal of previous sterilization
Z31.41	Encounter for fertility testing
Z31.42	Aftercare following sterilization reversal
Z31.430	Encounter of female for testing for genetic disease carrier status for procreative management
Z31.438	Encounter for other genetic testing of female for procreative management
Z31.440	Encounter of male for testing for genetic disease carrier status for procreative management
Z31.441	Encounter for testing of male partner of patient with recurrent pregnancy loss
Z31.448	Encounter for other genetic testing of male for procreative management
Z31.49	Encounter for other procreative investigation and testing
Z31.5	Encounter for procreative genetic counseling
Z31.61	Procreative counseling and advice using natural family planning
Z31.62	Encounter for fertility preservation counseling
Z31.69	Encounter for other general counseling and advice on procreation
Z31.81	Encounter for male factor infertility in female patient
Z31.82	Encounter for Rh incompatibility status

NCD 190.15

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

Code	Description
Z31.83	Encounter for assisted reproductive fertility procedure cycle
Z31.84	Encounter for fertility preservation procedure
Z31.89	Encounter for other procreative management
Z31.9	Encounter for procreative management, unspecified
Z32.00	Encounter for pregnancy test, result unknown
Z32.01	Encounter for pregnancy test, result positive
Z32.02	Encounter for pregnancy test, result negative
Z32.2	Encounter for childbirth instruction
Z32.3	Encounter for childcare instruction
Z3A.00	Weeks of gestation of pregnancy not specified
Z3A.01	Less than 8 weeks gestation of pregnancy
Z3A.08	8 weeks gestation of pregnancy
Z3A.09	9 weeks gestation of pregnancy
Z3A.10	10 weeks gestation of pregnancy
Z3A.11	11 weeks gestation of pregnancy
Z3A.12	12 weeks gestation of pregnancy
Z3A.13	13 weeks gestation of pregnancy
Z3A.14	14 weeks gestation of pregnancy
Z3A.15	15 weeks gestation of pregnancy
Z3A.16	16 weeks gestation of pregnancy
Z3A.17	17 weeks gestation of pregnancy
Z3A.18	18 weeks gestation of pregnancy
Z3A.19	19 weeks gestation of pregnancy
Z3A.20	20 weeks gestation of pregnancy
Z3A.21	21 weeks gestation of pregnancy
Z3A.22	22 weeks gestation of pregnancy
Z3A.23	23 weeks gestation of pregnancy
Z3A.24	24 weeks gestation of pregnancy



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

Code	Description
Z3A.25	25 weeks gestation of pregnancy
Z3A.26	26 weeks gestation of pregnancy
Z3A.27	27 weeks gestation of pregnancy
Z3A.28	28 weeks gestation of pregnancy
Z3A.29	29 weeks gestation of pregnancy
Z3A.30	30 weeks gestation of pregnancy
Z3A.31	31 weeks gestation of pregnancy
Z3A.32	32 weeks gestation of pregnancy
Z3A.33	33 weeks gestation of pregnancy
Z3A.34	34 weeks gestation of pregnancy
Z3A.35	35 weeks gestation of pregnancy
Z3A.36	36 weeks gestation of pregnancy
Z3A.37	37 weeks gestation of pregnancy
Z3A.38	38 weeks gestation of pregnancy
Z3A.39	39 weeks gestation of pregnancy
Z3A.40	40 weeks gestation of pregnancy
Z3A.41	41 weeks gestation of pregnancy
Z3A.42	42 weeks gestation of pregnancy
Z3A.49	Greater than 42 weeks gestation of pregnancy
Z40.03	Encounter for prophylactic removal of fallopian tube(s)
Z42.1	Encounter for breast reconstruction following mastectomy
Z42.8	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury
Z43.0	Encounter for attention to tracheostomy
Z43.1	Encounter for attention to gastrostomy
Z43.2	Encounter for attention to ileostomy
Z43.3	Encounter for attention to colostomy
Z43.4	Encounter for attention to other artificial openings of digestive tract
Z43.5	Encounter for attention to cystostomy

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

Code	Description
Z43.6	Encounter for attention to other artificial openings of urinary tract
Z43.7	Encounter for attention to artificial vagina
Z43.8	Encounter for attention to other artificial openings
Z43.9	Encounter for attention to unspecified artificial opening
Z44.001	Encounter for fitting and adjustment of unspecified right artificial arm
Z44.002	Encounter for fitting and adjustment of unspecified left artificial arm
Z44.009	Encounter for fitting and adjustment of unspecified artificial arm, unspecified arm
Z44.011	Encounter for fitting and adjustment of complete right artificial arm
Z44.012	Encounter for fitting and adjustment of complete left artificial arm
Z44.019	Encounter for fitting and adjustment of complete artificial arm, unspecified arm
Z44.021	Encounter for fitting and adjustment of partial artificial right arm
Z44.022	Encounter for fitting and adjustment of partial artificial left arm
Z44.029	Encounter for fitting and adjustment of partial artificial arm, unspecified arm
Z44.101	Encounter for fitting and adjustment of unspecified right artificial leg
Z44.102	Encounter for fitting and adjustment of unspecified left artificial leg
Z44.109	Encounter for fitting and adjustment of unspecified artificial leg, unspecified leg
Z44.111	Encounter for fitting and adjustment of complete right artificial leg
Z44.112	Encounter for fitting and adjustment of complete left artificial leg
Z44.119	Encounter for fitting and adjustment of complete artificial leg, unspecified leg
Z44.121	Encounter for fitting and adjustment of partial artificial right leg
Z44.122	Encounter for fitting and adjustment of partial artificial left leg
Z44.129	Encounter for fitting and adjustment of partial artificial leg, unspecified leg
Z44.20	Encounter for fitting and adjustment of artificial eye, unspecified
Z44.21	Encounter for fitting and adjustment of artificial right eye
Z44.22	Encounter for fitting and adjustment of artificial left eye
Z44.30	Encounter for fitting and adjustment of external breast prosthesis, unspecified breast
Z44.31	Encounter for fitting and adjustment of external right breast prosthesis
Z44.32	Encounter for fitting and adjustment of external left breast prosthesis



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

Code	Description
Z44.8	Encounter for fitting and adjustment of other external prosthetic devices
Z44.9	Encounter for fitting and adjustment of unspecified external prosthetic device
Z45.010	Encounter for checking and testing of cardiac pacemaker pulse generator [battery]
Z45.018	Encounter for adjustment and management of other part of cardiac pacemaker
Z45.02	Encounter for adjustment and management of automatic implantable cardiac defibrillator
Z45.09	Encounter for adjustment and management of other cardiac device
Z45.31	Encounter for adjustment and management of implanted visual substitution device
Z45.320	Encounter for adjustment and management of bone conduction device
Z45.321	Encounter for adjustment and management of cochlear device
Z45.328	Encounter for adjustment and management of other implanted hearing device
Z45.41	Encounter for adjustment and management of cerebrospinal fluid drainage device
Z45.42	Encounter for adjustment and management of neurostimulator
Z45.49	Encounter for adjustment and management of other implanted nervous system device
Z45.811	Encounter for adjustment or removal of right breast implant
Z45.812	Encounter for adjustment or removal of left breast implant
Z45.819	Encounter for adjustment or removal of unspecified breast implant
Z45.82	Encounter for adjustment or removal of myringotomy device (stent) (tube)
Z45.89	Encounter for adjustment and management of other implanted devices
Z45.9	Encounter for adjustment and management of unspecified implanted device
Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses
Z46.2	Encounter for fitting and adjustment of other devices related to nervous system and special senses
Z46.3	Encounter for fitting and adjustment of dental prosthetic device
Z46.4	Encounter for fitting and adjustment of orthodontic device
Z46.51	Encounter for fitting and adjustment of gastric lap band
Z46.59	Encounter for fitting and adjustment of other gastrointestinal appliance and device
Z46.6	Encounter for fitting and adjustment of urinary device



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

Code	Description
Z46.81	Encounter for fitting and adjustment of insulin pump
Z46.89	Encounter for fitting and adjustment of other specified devices
Z46.9	Encounter for fitting and adjustment of unspecified device
Z47.1	Aftercare following joint replacement surgery
Z47.2	Encounter for removal of internal fixation device
Z47.31	Aftercare following explantation of shoulder joint prosthesis
Z47.32	Aftercare following explantation of hip joint prosthesis
Z47.33	Aftercare following explantation of knee joint prosthesis
Z47.81	Encounter for orthopedic aftercare following surgical amputation
Z47.82	Encounter for orthopedic aftercare following scoliosis surgery
Z47.89	Encounter for other orthopedic aftercare
Z51.5	Encounter for palliative care
Z51.89	Encounter for other specified aftercare
Z52.000	Unspecified donor, whole blood
Z52.001	Unspecified donor, stem cells
Z52.008	Unspecified donor, other blood
Z52.010	Autologous donor, whole blood
Z52.011	Autologous donor, stem cells
Z52.018	Autologous donor, other blood
Z52.090	Other blood donor, whole blood
Z52.091	Other blood donor, stem cells
Z52.098	Other blood donor, other blood
Z52.10	Skin donor, unspecified
Z52.11	Skin donor, autologous
Z52.19	Skin donor, other
Z52.20	Bone donor, unspecified
Z52.21	Bone donor, autologous
Z52.29	Bone donor, other



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

Code	Description
Z52.3	Bone marrow donor
Z52.4	Kidney donor
Z52.5	Cornea donor
Z52.6	Liver donor
Z52.810	Egg (Oocyte) donor under age 35, anonymous recipient
Z52.811	Egg (Oocyte) donor under age 35, designated recipient
Z52.812	Egg (Oocyte) donor age 35 and over, anonymous recipient
Z52.813	Egg (Oocyte) donor age 35 and over, designated recipient
Z52.819	Egg (Oocyte) donor, unspecified
Z52.89	Donor of other specified organs or tissues
Z52.9	Donor of unspecified organ or tissue
Z53.1	Procedure and treatment not carried out because of patient's decision for reasons of belief and group pressure
Z55.0	Illiteracy and low-level literacy
Z55.1	Schooling unavailable and unattainable
Z55.2	Failed school examinations
Z55.3	Underachievement in school
Z55.4	Educational maladjustment and discord with teachers and classmates
Z55.8	Other problems related to education and literacy
Z55.9	Problems related to education and literacy, unspecified
Z56.1	Change of job
Z60.0	Problems of adjustment to life-cycle transitions
Z60.3	Acculturation difficulty
Z60.4	Social exclusion and rejection
Z60.5	Target of (perceived) adverse discrimination and persecution
Z60.8	Other problems related to social environment
Z60.9	Problem related to social environment, unspecified
Z62.0	Inadequate parental supervision and control
Z62.1	Parental overprotection



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

Code	Description
Z62.22	Institutional upbringing
Z62.29	Other upbringing away from parents
Z62.3	Hostility towards and scapegoating of child
Z62.6	Inappropriate (excessive) parental pressure
Z62.810	Personal history of physical and sexual abuse in childhood
Z62.811	Personal history of psychological abuse in childhood
Z62.812	Personal history of neglect in childhood
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z62.819	Personal history of unspecified abuse in childhood
Z62.820	Parent-biological child conflict
Z62.821	Parent-adopted child conflict
Z62.822	Parent-foster child conflict
Z62.890	Parent-child estrangement NEC
Z62.891	Sibling rivalry
Z62.898	Other specified problems related to upbringing
Z62.9	Problem related to upbringing, unspecified
Z63.0	Problems in relationship with spouse or partner
Z63.1	Problems in relationship with in-laws
Z63.31	Absence of family member due to military deployment
Z63.32	Other absence of family member
Z63.4	Disappearance and death of family member
Z63.5	Disruption of family by separation and divorce
Z63.6	Dependent relative needing care at home
Z63.71	Stress on family due to return of family member from military deployment
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household
Z63.8	Other specified problems related to primary support group
Z63.9	Problem related to primary support group, unspecified



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

Code	Description
Z64.0	Problems related to unwanted pregnancy
Z64.1	Problems related to multiparity
Z64.4	Discord with counselors
Z65.0	Conviction in civil and criminal proceedings without imprisonment
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.3	Problems related to other legal circumstances
Z65.4	Victim of crime and terrorism
Z65.5	Exposure to disaster, war and other hostilities
Z65.8	Other specified problems related to psychosocial circumstances
Z65.9	Problem related to unspecified psychosocial circumstances
Z66	Do not resuscitate
Z67.10	Type A blood, Rh positive
Z67.11	Type A blood, Rh negative
Z67.20	Type B blood, Rh positive
Z67.21	Type B blood, Rh negative
Z67.30	Type AB blood, Rh positive
Z67.31	Type AB blood, Rh negative
Z67.40	Type O blood, Rh positive
Z67.41	Type O blood, Rh negative
Z67.90	Unspecified blood type, Rh positive
Z67.91	Unspecified blood type, Rh negative
Z69.010	Encounter for mental health services for victim of parental child abuse
Z69.011	Encounter for mental health services for perpetrator of parental child abuse
Z69.020	Encounter for mental health services for victim of non-parental child abuse
Z69.021	Encounter for mental health services for perpetrator of non-parental child abuse
Z69.11	Encounter for mental health services for victim of spousal or partner abuse
Z69.12	Encounter for mental health services for perpetrator of spousal or partner abuse



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

Code	Description
Z69.81	Encounter for mental health services for victim of other abuse
Z69.82	Encounter for mental health services for perpetrator of other abuse
Z70.0	Counseling related to sexual attitude
Z70.1	Counseling related to patient's sexual behavior and orientation
Z70.2	Counseling related to sexual behavior and orientation of third party
Z70.3	Counseling related to combined concerns regarding sexual attitude, behavior and orientation
Z70.8	Other sex counseling
Z70.9	Sex counseling, unspecified
Z71.1	Person with feared health complaint in whom no diagnosis is made
Z71.2	Person consulting for explanation of examination or test findings
Z71.3	Dietary counseling and surveillance
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.42	Counseling for family member of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.52	Counseling for family member of drug abuser
Z71.6	Tobacco abuse counseling
Z71.7	Human immunodeficiency virus [HIV] counseling
Z71.81	Spiritual or religious counseling
Z71.82	Exercise counseling
Z71.83	Encounter for nonprocreative genetic counseling
Z71.84	Encounter for health counseling related to travel
Z71.89	Other specified counseling
Z71.9	Counseling, unspecified
Z72.6	Gambling and betting
Z72.810	Child and adolescent antisocial behavior
Z72.811	Adult antisocial behavior
Z73.4	Inadequate social skills, not elsewhere classified
Z73.5	Social role conflict, not elsewhere classified

NCD 190.15

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

Code	Description
Z73.6	Limitation of activities due to disability
Z73.82	Dual sensory impairment
Z74.01	Bed confinement status
Z74.09	Other reduced mobility
Z76.5	Malingering [conscious simulation]
Z76.82	Awaiting organ transplant status
Z76.89	Persons encountering health services in other specified circumstances
Z78.0	Asymptomatic menopausal state
Z78.1	Physical restraint status
Z78.9	Other specified health status
Z80.0	Family history of malignant neoplasm of digestive organs
Z80.3	Family history of malignant neoplasm of breast
Z86.51	Personal history of combat and operational stress reaction
Z86.59	Personal history of other mental and behavioral disorders
Z87.890	Personal history of sex reassignment
Z88.0	Allergy status to penicillin
Z88.1	Allergy status to other antibiotic agents
Z88.2	Allergy status to sulfonamides
Z88.3	Allergy status to other anti-infective agents
Z88.4	Allergy status to anesthetic agent
Z88.5	Allergy status to narcotic agent
Z88.6	Allergy status to analgesic agent
Z88.7	Allergy status to serum and vaccine
Z88.8	Allergy status to other drugs, medicaments and biological substances
Z89.011	Acquired absence of right thumb
Z89.012	Acquired absence of left thumb
Z89.019	Acquired absence of unspecified thumb
Z89.021	Acquired absence of right finger(s)



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

Code	Description
Z89.022	Acquired absence of left finger(s)
Z89.029	Acquired absence of unspecified finger(s)
Z89.111	Acquired absence of right hand
Z89.112	Acquired absence of left hand
Z89.119	Acquired absence of unspecified hand
Z89.121	Acquired absence of right wrist
Z89.122	Acquired absence of left wrist
Z89.129	Acquired absence of unspecified wrist
Z89.201	Acquired absence of right upper limb, unspecified level
Z89.202	Acquired absence of left upper limb, unspecified level
Z89.209	Acquired absence of unspecified upper limb, unspecified level
Z89.211	Acquired absence of right upper limb below elbow
Z89.212	Acquired absence of left upper limb below elbow
Z89.219	Acquired absence of unspecified upper limb below elbow
Z89.221	Acquired absence of right upper limb above elbow
Z89.222	Acquired absence of left upper limb above elbow
Z89.229	Acquired absence of unspecified upper limb above elbow
Z89.231	Acquired absence of right shoulder
Z89.232	Acquired absence of left shoulder
Z89.239	Acquired absence of unspecified shoulder
Z89.411	Acquired absence of right great toe
Z89.412	Acquired absence of left great toe
Z89.419	Acquired absence of unspecified great toe
Z89.421	Acquired absence of other right toe(s)
Z89.422	Acquired absence of other left toe(s)
Z89.429	Acquired absence of other toe(s), unspecified side
Z89.431	Acquired absence of right foot
Z89.432	Acquired absence of left foot



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

Code	Description
Z89.439	Acquired absence of unspecified foot
Z89.441	Acquired absence of right ankle
Z89.442	Acquired absence of left ankle
Z89.449	Acquired absence of unspecified ankle
Z89.511	Acquired absence of right leg below knee
Z89.512	Acquired absence of left leg below knee
Z89.519	Acquired absence of unspecified leg below knee
Z89.611	Acquired absence of right leg above knee
Z89.612	Acquired absence of left leg above knee
Z89.619	Acquired absence of unspecified leg above knee
Z89.621	Acquired absence of right hip joint
Z89.622	Acquired absence of left hip joint
Z89.629	Acquired absence of unspecified hip joint
Z89.9	Acquired absence of limb, unspecified
Z90.01	Acquired absence of eye
Z90.02	Acquired absence of larynx
Z90.09	Acquired absence of other part of head and neck
Z90.10	Acquired absence of unspecified breast and nipple
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples
Z90.2	Acquired absence of lung [part of]
Z90.3	Acquired absence of stomach [part of]
Z90.49	Acquired absence of other specified parts of digestive tract
Z90.5	Acquired absence of kidney
Z90.6	Acquired absence of other parts of urinary tract
Z90.721	Acquired absence of ovaries, unilateral
Z90.722	Acquired absence of ovaries, bilateral



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

Code	Description
Z90.79	Acquired absence of other genital organ(s)
Z90.81	Acquired absence of spleen
Z90.89	Acquired absence of other organs
Z91.15	Patient's noncompliance with renal dialysis
Z91.83	Wandering in diseases classified elsewhere
Z91.841	Risk for dental caries, low
Z91.842	Risk for dental caries, moderate
Z91.843	Risk for dental caries, high
Z91.849	Unspecified risk for dental caries
Z93.0	Tracheostomy status
Z93.1	Gastrostomy status
Z93.2	Ileostomy status
Z93.3	Colostomy status
Z93.4	Other artificial openings of gastrointestinal tract status
Z93.50	Unspecified cystostomy status
Z93.51	Cutaneous-vesicostomy status
Z93.52	Appendico-vesicostomy status
Z93.59	Other cystostomy status
Z93.6	Other artificial openings of urinary tract status
Z93.8	Other artificial opening status
Z93.9	Artificial opening status, unspecified
Z95.0	Presence of cardiac pacemaker
Z95.1	Presence of aortocoronary bypass graft
Z95.5	Presence of coronary angioplasty implant and graft
Z95.810	Presence of automatic (implantable) cardiac defibrillator
Z95.818	Presence of other cardiac implants and grafts
Z95.9	Presence of cardiac and vascular implant and graft, unspecified
Z96.1	Presence of intraocular lens



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

Code	Description
Z96.21	Cochlear implant status
Z96.22	Myringotomy tube(s) status
Z96.41	Presence of insulin pump (external) (internal)
Z97.0	Presence of artificial eye
Z97.2	Presence of dental prosthetic device (complete) (partial)
Z97.3	Presence of spectacles and contact lenses
Z97.4	Presence of external hearing-aid
Z97.5	Presence of (intrauterine) contraceptive device
Z97.8	Presence of other specified devices
Z98.0	Intestinal bypass and anastomosis status
Z98.1	Arthrodesis status
Z98.2	Presence of cerebrospinal fluid drainage device
Z98.3	Post therapeutic collapse of lung status
Z98.41	Cataract extraction status, right eye
Z98.42	Cataract extraction status, left eye
Z98.49	Cataract extraction status, unspecified eye
Z98.51	Tubal ligation status
Z98.52	Vasectomy status
Z98.61	Coronary angioplasty status
Z98.62	Peripheral vascular angioplasty status
Z98.810	Dental sealant status
Z98.811	Dental restoration status
Z98.818	Other dental procedure status
Z98.83	Filtering (vitreous) bleb after glaucoma surgery status
Z98.84	Bariatric surgery status
Z98.86	Personal history of breast implant removal
Z98.890	Other specified postprocedural states



**Medicare National Coverage Determinations (NCD)
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Code	Description
Z98.891	History of uterine scar from previous surgery
Z99.2	Dependence on renal dialysis

Documentation Required

Appropriate HCPCS/CPT code (s) must be used as described.

Sources of Information

Wintrobe's Clinical Hematology, G. Richard Lee et al editors, Lea & Febiger, 9th edition, Philadelphia PA 1993.

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Laboratory Test Handbook, D.S. Jacobs et al, Lexi-Comp Inc, 4th edition, Cleveland OH 1996.

Cancer: Principles & Practice of Oncology, DeVita, et al., 5th ed., Phil: Lippincott-Raven, 1997.

Cecil Textbook of Medicine, Bennett, et al., 20th edition, Philadelphia: W.B. Saunders, 1996.

Williams Hematology, Beutler, et al., 5th edition, New York: McGraw-Hill, 1995.



190.16 - Partial Thromboplastin Time (PTT)

Other Names/Abbreviations

PTT

Description

Basic plasma coagulation function is readily assessed with a few simple laboratory tests: The Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PTT test is an in vitro laboratory test used to assess the intrinsic coagulation pathway and monitor heparin therapy.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
85730	Thromboplastin time, partial (PTT); plasma or whole blood

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
A01.00	Typhoid fever, unspecified
A01.01	Typhoid meningitis
A01.02	Typhoid fever with heart involvement
A01.03	Typhoid pneumonia
A01.04	Typhoid arthritis
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A01.4	Paratyphoid fever, unspecified
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis



**Medicare National Coverage Determinations (NCD)
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Code	Description
A02.20	Localized salmonella infection, unspecified
A02.21	Salmonella meningitis
A02.22	Salmonella pneumonia
A02.23	Salmonella arthritis
A02.24	Salmonella osteomyelitis
A02.25	Salmonella pyelonephritis
A02.29	Salmonella with other localized infection
A02.8	Other specified salmonella infections
A02.9	Salmonella infection, unspecified
A41.9	Sepsis, unspecified organism
A91	Dengue hemorrhagic fever
A92.0	Chikungunya virus disease
A95.0	Sylvatic yellow fever
A95.1	Urban yellow fever
A95.9	Yellow fever, unspecified
A96.0	Junin hemorrhagic fever
A96.1	Machupo hemorrhagic fever
A96.8	Other arenaviral hemorrhagic fevers
A96.9	Arenaviral hemorrhagic fever, unspecified
A98.0	Crimean-Congo hemorrhagic fever
A98.1	Omsk hemorrhagic fever
A98.2	Kyasanur Forest disease
A98.5	Hemorrhagic fever with renal syndrome
A98.8	Other specified viral hemorrhagic fevers
A99	Unspecified viral hemorrhagic fever
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma



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Code	Description
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B25.1	Cytomegaloviral hepatitis
B25.2	Cytomegaloviral pancreatitis
B27.00	Gammaherpesviral mononucleosis without complication
B27.01	Gammaherpesviral mononucleosis with polyneuropathy
B27.02	Gammaherpesviral mononucleosis with meningitis
B27.09	Gammaherpesviral mononucleosis with other complications
B27.10	Cytomegaloviral mononucleosis without complications



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Code	Description
B27.11	Cytomegaloviral mononucleosis with polyneuropathy
B27.12	Cytomegaloviral mononucleosis with meningitis
B27.19	Cytomegaloviral mononucleosis with other complication
B27.80	Other infectious mononucleosis without complication
B27.81	Other infectious mononucleosis with polyneuropathy
B27.82	Other infectious mononucleosis with meningitis
B27.89	Other infectious mononucleosis with other complication
B27.90	Infectious mononucleosis, unspecified without complication
B27.91	Infectious mononucleosis, unspecified with polyneuropathy
B27.92	Infectious mononucleosis, unspecified with meningitis
B27.99	Infectious mononucleosis, unspecified with other complication
B52.0	Plasmodium malariae malaria with nephropathy
B65.0	Schistosomiasis due to Schistosoma haematobium [urinary schistosomiasis]
B66.1	Clonorchiasis
B66.3	Fascioliasis
B75	Trichinellosis
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus

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Code	Description
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C88.0	Waldenstrom macroglobulinemia
C88.8	Other malignant immunoproliferative diseases
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.1	Chronic myeloproliferative disease
D47.2	Monoclonal gammopathy
D47.3	Essential (hemorrhagic) thrombocythemia
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D49.9	Neoplasm of unspecified behavior of unspecified site



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Code	Description
D62	Acute posthemorrhagic anemia
D65	Disseminated intravascular coagulation [defibrination syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.0	Von Willebrand's disease
D68.1	Hereditary factor XI deficiency
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D68.312	Antiphospholipid antibody with hemorrhagic disorder
D68.318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D68.51	Activated protein C resistance
D68.52	Prothrombin gene mutation
D68.59	Other primary thrombophilia
D68.61	Antiphospholipid syndrome
D68.62	Lupus anticoagulant syndrome
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.0	Allergic purpura
D69.1	Qualitative platelet defects
D69.2	Other nonthrombocytopenic purpura
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia

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Code	Description
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D69.9	Hemorrhagic condition, unspecified
D75.1	Secondary polycythemia
D78.01	Intraoperative hemorrhage and hematoma of the spleen complicating a procedure on the spleen
D78.02	Intraoperative hemorrhage and hematoma of the spleen complicating other procedure
D78.21	Postprocedural hemorrhage of the spleen following a procedure on the spleen
D78.22	Postprocedural hemorrhage of the spleen following other procedure
D78.31	Postprocedural hematoma of the spleen following a procedure on the spleen
D78.32	Postprocedural hematoma of the spleen following other procedure
D86.0	Sarcoidosis of lung
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
D86.3	Sarcoidosis of skin
D86.81	Sarcoid meningitis
D86.82	Multiple cranial nerve palsies in sarcoidosis
D86.83	Sarcoid iridocyclitis
D86.84	Sarcoid pyelonephritis
D86.85	Sarcoid myocarditis
D86.86	Sarcoid arthropathy
D86.87	Sarcoid myositis
D86.89	Sarcoidosis of other sites
D86.9	Sarcoidosis, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.831	Cytokine release syndrome, grade 1



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Code	Description
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.835	Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified
E07.89	Other specified disorders of thyroid
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
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
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
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
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
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.65	Type 1 diabetes mellitus with hyperglycemia
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
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.65	Type 2 diabetes mellitus with hyperglycemia
E13.21	Other specified diabetes mellitus with diabetic nephropathy



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Code	Description
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E20.1	Pseudohypoparathyroidism
E36.01	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating an endocrine system procedure
E36.02	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating other procedure
E56.1	Deficiency of vitamin K
E75.26	Sulfatase deficiency
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria
E83.00	Disorder of copper metabolism, unspecified
E83.01	Wilson's disease
E83.09	Other disorders of copper metabolism
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
E83.30	Disorder of phosphorus metabolism, unspecified
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
E83.40	Disorders of magnesium metabolism, unspecified

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Code	Description
E83.41	Hypermagnesemia
E83.42	Hypomagnesemia
E83.49	Other disorders of magnesium metabolism
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E83.81	Hungry bone syndrome
E83.89	Other disorders of mineral metabolism
E83.9	Disorder of mineral metabolism, unspecified
E85.0	Non-neuropathic heredofamilial amyloidosis
E85.1	Neuropathic heredofamilial amyloidosis
E85.2	Heredofamilial amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.02	Plasminogen deficiency
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified
E89.810	Postprocedural hemorrhage of an endocrine system organ or structure following an endocrine system procedure
E89.811	Postprocedural hemorrhage of an endocrine system organ or structure following other procedure
E89.820	Postprocedural hematoma of an endocrine system organ or structure following an endocrine system procedure
E89.821	Postprocedural hematoma of an endocrine system organ or structure following other procedure
G08	Intracranial and intraspinal phlebitis and thrombophlebitis

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Code	Description
G45.3	Amaurosis fugax
G45.9	Transient cerebral ischemic attack, unspecified
G96.00	Cerebrospinal fluid leak, unspecified
G96.01	Cranial cerebrospinal fluid leak, spontaneous
G96.02	Spinal cerebrospinal fluid leak, spontaneous
G96.08	Other cranial cerebrospinal fluid leak
G96.09	Other spinal cerebrospinal fluid leak
G96.191	Perineural cyst
G96.198	Other disorders of meninges, not elsewhere classified
G96.810	Intracranial hypotension, unspecified
G96.811	Intracranial hypotension, spontaneous
G96.819	Other intracranial hypotension
G96.89	Other specified disorders of central nervous system
G97.31	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure
G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure
G97.51	Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure
G97.52	Postprocedural hemorrhage of a nervous system organ or structure following other procedure
G97.61	Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure
G97.62	Postprocedural hematoma of a nervous system organ or structure following other procedure
G97.83	Intracranial hypotension following lumbar cerebrospinal fluid shunting
G97.84	Intracranial hypotension following other procedure
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.89	Other specified disorders of eyelid



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Code	Description
H05.231	Hemorrhage of right orbit
H05.232	Hemorrhage of left orbit
H05.233	Hemorrhage of bilateral orbit
H05.239	Hemorrhage of unspecified orbit
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H11.30	Conjunctival hemorrhage, unspecified eye
H11.31	Conjunctival hemorrhage, right eye
H11.32	Conjunctival hemorrhage, left eye
H11.33	Conjunctival hemorrhage, bilateral
H31.301	Unspecified choroidal hemorrhage, right eye
H31.302	Unspecified choroidal hemorrhage, left eye
H31.303	Unspecified choroidal hemorrhage, bilateral
H31.309	Unspecified choroidal hemorrhage, unspecified eye
H31.311	Expulsive choroidal hemorrhage, right eye
H31.312	Expulsive choroidal hemorrhage, left eye
H31.313	Expulsive choroidal hemorrhage, bilateral
H31.319	Expulsive choroidal hemorrhage, unspecified eye
H31.321	Choroidal rupture, right eye
H31.322	Choroidal rupture, left eye
H31.323	Choroidal rupture, bilateral
H31.329	Choroidal rupture, unspecified eye
H31.411	Hemorrhagic choroidal detachment, right eye
H31.412	Hemorrhagic choroidal detachment, left eye
H31.413	Hemorrhagic choroidal detachment, bilateral
H31.419	Hemorrhagic choroidal detachment, unspecified eye
H34.00	Transient retinal artery occlusion, unspecified eye



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Code	Description
H34.01	Transient retinal artery occlusion, right eye
H34.02	Transient retinal artery occlusion, left eye
H34.03	Transient retinal artery occlusion, bilateral
H34.10	Central retinal artery occlusion, unspecified eye
H34.11	Central retinal artery occlusion, right eye
H34.12	Central retinal artery occlusion, left eye
H34.13	Central retinal artery occlusion, bilateral
H34.211	Partial retinal artery occlusion, right eye
H34.212	Partial retinal artery occlusion, left eye
H34.213	Partial retinal artery occlusion, bilateral
H34.219	Partial retinal artery occlusion, unspecified eye
H34.231	Retinal artery branch occlusion, right eye
H34.232	Retinal artery branch occlusion, left eye
H34.233	Retinal artery branch occlusion, bilateral
H34.239	Retinal artery branch occlusion, unspecified eye
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8121	Central retinal vein occlusion, left eye, with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8191	Central retinal vein occlusion, unspecified eye, with retinal neovascularization
H34.8192	Central retinal vein occlusion, unspecified eye, stable
H34.821	Venous engorgement, right eye



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Code	Description
H34.822	Venous engorgement, left eye
H34.823	Venous engorgement, bilateral
H34.829	Venous engorgement, unspecified eye
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
H34.8391	Tributary (branch) retinal vein occlusion, unspecified eye, with retinal neovascularization
H34.8392	Tributary (branch) retinal vein occlusion, unspecified eye, stable
H34.9	Unspecified retinal vascular occlusion
H35.60	Retinal hemorrhage, unspecified eye
H35.61	Retinal hemorrhage, right eye
H35.62	Retinal hemorrhage, left eye
H35.63	Retinal hemorrhage, bilateral
H35.731	Hemorrhagic detachment of retinal pigment epithelium, right eye
H35.732	Hemorrhagic detachment of retinal pigment epithelium, left eye
H35.733	Hemorrhagic detachment of retinal pigment epithelium, bilateral
H35.739	Hemorrhagic detachment of retinal pigment epithelium, unspecified eye
H43.10	Vitreous hemorrhage, unspecified eye
H43.11	Vitreous hemorrhage, right eye
H43.12	Vitreous hemorrhage, left eye
H43.13	Vitreous hemorrhage, bilateral

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Code	Description
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral eye
H44.811	Hemophthalmos, right eye
H44.812	Hemophthalmos, left eye
H44.813	Hemophthalmos, bilateral
H44.819	Hemophthalmos, unspecified eye
H47.021	Hemorrhage in optic nerve sheath, right eye
H47.022	Hemorrhage in optic nerve sheath, left eye
H47.023	Hemorrhage in optic nerve sheath, bilateral
H47.029	Hemorrhage in optic nerve sheath, unspecified eye
H53.9	Unspecified visual disturbance
H55.82	Deficient smooth pursuit eye movements
H59.111	Intraoperative hemorrhage and hematoma of right eye and adnexa complicating an ophthalmic procedure
H59.112	Intraoperative hemorrhage and hematoma of left eye and adnexa complicating an ophthalmic procedure
H59.113	Intraoperative hemorrhage and hematoma of eye and adnexa complicating an ophthalmic procedure, bilateral
H59.119	Intraoperative hemorrhage and hematoma of unspecified eye and adnexa complicating an ophthalmic procedure
H59.121	Intraoperative hemorrhage and hematoma of right eye and adnexa complicating other procedure
H59.122	Intraoperative hemorrhage and hematoma of left eye and adnexa complicating other procedure
H59.123	Intraoperative hemorrhage and hematoma of eye and adnexa complicating other procedure, bilateral
H59.129	Intraoperative hemorrhage and hematoma of unspecified eye and adnexa complicating other procedure
H59.311	Postprocedural hemorrhage of right eye and adnexa following an ophthalmic procedure



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Code	Description
H59.312	Postprocedural hemorrhage of left eye and adnexa following an ophthalmic procedure
H59.313	Postprocedural hemorrhage of eye and adnexa following an ophthalmic procedure, bilateral
H59.319	Postprocedural hemorrhage of unspecified eye and adnexa following an ophthalmic procedure
H59.321	Postprocedural hemorrhage of right eye and adnexa following other procedure
H59.322	Postprocedural hemorrhage of left eye and adnexa following other procedure
H59.323	Postprocedural hemorrhage of eye and adnexa following other procedure, bilateral
H59.329	Postprocedural hemorrhage of unspecified eye and adnexa following other procedure
H59.331	Postprocedural hematoma of right eye and adnexa following an ophthalmic procedure
H59.332	Postprocedural hematoma of left eye and adnexa following an ophthalmic procedure
H59.333	Postprocedural hematoma of eye and adnexa following an ophthalmic procedure, bilateral
H59.339	Postprocedural hematoma of unspecified eye and adnexa following an ophthalmic procedure
H59.341	Postprocedural hematoma of right eye and adnexa following other procedure
H59.342	Postprocedural hematoma of left eye and adnexa following other procedure
H59.343	Postprocedural hematoma of eye and adnexa following other procedure, bilateral
H59.349	Postprocedural hematoma of unspecified eye and adnexa following other procedure
H61.121	Hematoma of pinna, right ear
H61.122	Hematoma of pinna, left ear
H61.123	Hematoma of pinna, bilateral
H61.129	Hematoma of pinna, unspecified ear
H95.21	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating a procedure on the ear and mastoid process
H95.22	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating other procedure



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Code	Description
H95.41	Postprocedural hemorrhage of ear and mastoid process following a procedure on the ear and mastoid process
H95.42	Postprocedural hemorrhage of ear and mastoid process following other procedure
H95.51	Postprocedural hematoma of ear and mastoid process following a procedure on the ear and mastoid process
H95.52	Postprocedural hematoma of ear and mastoid process following other procedure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified
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
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall



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Code	Description
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
I23.0	Hemopericardium as current complication following acute myocardial infarction
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
I23.7	Postinfarction angina
I23.8	Other current complications following acute myocardial infarction
I27.83	Eisenmenger's syndrome
I31.2	Hemopericardium, not elsewhere classified
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I49.9	Cardiac arrhythmia, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure

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Code	Description
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I60.8	Other nontraumatic subarachnoid hemorrhage
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum

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Code	Description
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized
I61.8	Other nontraumatic intracerebral hemorrhage
I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I62.00	Nontraumatic subdural hemorrhage, unspecified
I62.01	Nontraumatic acute subdural hemorrhage
I62.02	Nontraumatic subacute subdural hemorrhage
I62.03	Nontraumatic chronic subdural hemorrhage
I62.1	Nontraumatic extradural hemorrhage
I62.9	Nontraumatic intracranial hemorrhage, unspecified
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery

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Code	Description
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery



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Code	Description
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery

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Code	Description
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery

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Code	Description
I63.89	Other cerebral infarction
I63.9	Cerebral infarction, unspecified
I65.01	Occlusion and stenosis of right vertebral artery
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery



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Code	Description
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I67.858	Other hereditary cerebrovascular disease
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
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
I70.461	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
I70.561	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



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Code	Description
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
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
I70.761	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
I73.01	Raynaud's syndrome with gangrene
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.11	Embolism and thrombosis of thoracic aorta
I74.19	Embolism and thrombosis of other parts of aorta
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified
I74.5	Embolism and thrombosis of iliac artery

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Code	Description
174.8	Embolism and thrombosis of other arteries
174.9	Embolism and thrombosis of unspecified artery
177.2	Rupture of artery
178.0	Hereditary hemorrhagic telangiectasia
180.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
180.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
180.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
180.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
180.10	Phlebitis and thrombophlebitis of unspecified femoral vein
180.11	Phlebitis and thrombophlebitis of right femoral vein
180.12	Phlebitis and thrombophlebitis of left femoral vein
180.13	Phlebitis and thrombophlebitis of femoral vein, bilateral
180.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
180.202	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
180.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
180.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
180.211	Phlebitis and thrombophlebitis of right iliac vein
180.212	Phlebitis and thrombophlebitis of left iliac vein
180.213	Phlebitis and thrombophlebitis of iliac vein, bilateral
180.219	Phlebitis and thrombophlebitis of unspecified iliac vein
180.221	Phlebitis and thrombophlebitis of right popliteal vein
180.222	Phlebitis and thrombophlebitis of left popliteal vein
180.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral
180.229	Phlebitis and thrombophlebitis of unspecified popliteal vein
180.231	Phlebitis and thrombophlebitis of right tibial vein
180.232	Phlebitis and thrombophlebitis of left tibial vein
180.233	Phlebitis and thrombophlebitis of tibial vein, bilateral

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Code	Description
180.239	Phlebitis and thrombophlebitis of unspecified tibial vein
180.241	Phlebitis and thrombophlebitis of right peroneal vein
180.242	Phlebitis and thrombophlebitis of left peroneal vein
180.243	Phlebitis and thrombophlebitis of peroneal vein, bilateral
180.249	Phlebitis and thrombophlebitis of unspecified peroneal vein
180.251	Phlebitis and thrombophlebitis of right calf muscular vein
180.252	Phlebitis and thrombophlebitis of left calf muscular vein
180.253	Phlebitis and thrombophlebitis of calf muscular vein, bilateral
180.259	Phlebitis and thrombophlebitis of unspecified calf muscular vein
180.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
180.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
180.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
180.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
180.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
180.8	Phlebitis and thrombophlebitis of other sites
180.9	Phlebitis and thrombophlebitis of unspecified site
182.0	Budd-Chiari syndrome
182.1	Thrombophlebitis migrans
182.210	Acute embolism and thrombosis of superior vena cava
182.211	Chronic embolism and thrombosis of superior vena cava
182.220	Acute embolism and thrombosis of inferior vena cava
182.221	Chronic embolism and thrombosis of inferior vena cava
182.290	Acute embolism and thrombosis of other thoracic veins
182.291	Chronic embolism and thrombosis of other thoracic veins
182.3	Embolism and thrombosis of renal vein
182.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity
182.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity
182.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral



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Code	Description
182.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
182.411	Acute embolism and thrombosis of right femoral vein
182.412	Acute embolism and thrombosis of left femoral vein
182.413	Acute embolism and thrombosis of femoral vein, bilateral
182.419	Acute embolism and thrombosis of unspecified femoral vein
182.421	Acute embolism and thrombosis of right iliac vein
182.422	Acute embolism and thrombosis of left iliac vein
182.423	Acute embolism and thrombosis of iliac vein, bilateral
182.429	Acute embolism and thrombosis of unspecified iliac vein
182.431	Acute embolism and thrombosis of right popliteal vein
182.432	Acute embolism and thrombosis of left popliteal vein
182.433	Acute embolism and thrombosis of popliteal vein, bilateral
182.439	Acute embolism and thrombosis of unspecified popliteal vein
182.441	Acute embolism and thrombosis of right tibial vein
182.442	Acute embolism and thrombosis of left tibial vein
182.443	Acute embolism and thrombosis of tibial vein, bilateral
182.449	Acute embolism and thrombosis of unspecified tibial vein
182.451	Acute embolism and thrombosis of right peroneal vein
182.452	Acute embolism and thrombosis of left peroneal vein
182.453	Acute embolism and thrombosis of peroneal vein, bilateral
182.459	Acute embolism and thrombosis of unspecified peroneal vein
182.461	Acute embolism and thrombosis of right calf muscular vein
182.462	Acute embolism and thrombosis of left calf muscular vein
182.463	Acute embolism and thrombosis of calf muscular vein, bilateral
182.469	Acute embolism and thrombosis of unspecified calf muscular vein
182.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity
182.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity



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Code	Description
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
I82.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity
I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
I82.509	Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity
I82.511	Chronic embolism and thrombosis of right femoral vein
I82.512	Chronic embolism and thrombosis of left femoral vein
I82.513	Chronic embolism and thrombosis of femoral vein, bilateral
I82.519	Chronic embolism and thrombosis of unspecified femoral vein
I82.521	Chronic embolism and thrombosis of right iliac vein
I82.522	Chronic embolism and thrombosis of left iliac vein



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Code	Description
I82.523	Chronic embolism and thrombosis of iliac vein, bilateral
I82.529	Chronic embolism and thrombosis of unspecified iliac vein
I82.531	Chronic embolism and thrombosis of right popliteal vein
I82.532	Chronic embolism and thrombosis of left popliteal vein
I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral
I82.539	Chronic embolism and thrombosis of unspecified popliteal vein
I82.541	Chronic embolism and thrombosis of right tibial vein
I82.542	Chronic embolism and thrombosis of left tibial vein
I82.543	Chronic embolism and thrombosis of tibial vein, bilateral
I82.549	Chronic embolism and thrombosis of unspecified tibial vein
I82.551	Chronic embolism and thrombosis of right peroneal vein
I82.552	Chronic embolism and thrombosis of left peroneal vein
I82.553	Chronic embolism and thrombosis of peroneal vein, bilateral
I82.559	Chronic embolism and thrombosis of unspecified peroneal vein
I82.561	Chronic embolism and thrombosis of right calf muscular vein
I82.562	Chronic embolism and thrombosis of left calf muscular vein
I82.563	Chronic embolism and thrombosis of calf muscular vein, bilateral
I82.569	Chronic embolism and thrombosis of unspecified calf muscular vein
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.599	Chronic embolism and thrombosis of other specified deep vein of unspecified lower extremity
I82.5Y1	Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity
I82.5Y2	Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity



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Code	Description
I82.5Y3	Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I82.5Y9	Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.5Z2	Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.5Z3	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
I82.5Z9	Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
I82.601	Acute embolism and thrombosis of unspecified veins of right upper extremity
I82.602	Acute embolism and thrombosis of unspecified veins of left upper extremity
I82.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral
I82.609	Acute embolism and thrombosis of unspecified veins of unspecified upper extremity
I82.611	Acute embolism and thrombosis of superficial veins of right upper extremity
I82.612	Acute embolism and thrombosis of superficial veins of left upper extremity
I82.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral
I82.619	Acute embolism and thrombosis of superficial veins of unspecified upper extremity
I82.621	Acute embolism and thrombosis of deep veins of right upper extremity
I82.622	Acute embolism and thrombosis of deep veins of left upper extremity
I82.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral
I82.629	Acute embolism and thrombosis of deep veins of unspecified upper extremity
I82.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity
I82.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity
I82.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral
I82.709	Chronic embolism and thrombosis of unspecified veins of unspecified upper extremity
I82.711	Chronic embolism and thrombosis of superficial veins of right upper extremity



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Code	Description
I82.712	Chronic embolism and thrombosis of superficial veins of left upper extremity
I82.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral
I82.719	Chronic embolism and thrombosis of superficial veins of unspecified upper extremity
I82.721	Chronic embolism and thrombosis of deep veins of right upper extremity
I82.722	Chronic embolism and thrombosis of deep veins of left upper extremity
I82.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral
I82.729	Chronic embolism and thrombosis of deep veins of unspecified upper extremity
I82.811	Embolism and thrombosis of superficial veins of right lower extremity
I82.812	Embolism and thrombosis of superficial veins of left lower extremity
I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral
I82.819	Embolism and thrombosis of superficial veins of unspecified lower extremity
I82.890	Acute embolism and thrombosis of other specified veins
I82.891	Chronic embolism and thrombosis of other specified veins
I82.90	Acute embolism and thrombosis of unspecified vein
I82.91	Chronic embolism and thrombosis of unspecified vein
I82.A11	Acute embolism and thrombosis of right axillary vein
I82.A12	Acute embolism and thrombosis of left axillary vein
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral
I82.A19	Acute embolism and thrombosis of unspecified axillary vein
I82.A21	Chronic embolism and thrombosis of right axillary vein
I82.A22	Chronic embolism and thrombosis of left axillary vein
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral
I82.A29	Chronic embolism and thrombosis of unspecified axillary vein
I82.B11	Acute embolism and thrombosis of right subclavian vein
I82.B12	Acute embolism and thrombosis of left subclavian vein
I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral
I82.B19	Acute embolism and thrombosis of unspecified subclavian vein
I82.B21	Chronic embolism and thrombosis of right subclavian vein

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Code	Description
I82.B22	Chronic embolism and thrombosis of left subclavian vein
I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral
I82.B29	Chronic embolism and thrombosis of unspecified subclavian vein
I82.C11	Acute embolism and thrombosis of right internal jugular vein
I82.C12	Acute embolism and thrombosis of left internal jugular vein
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral
I82.C19	Acute embolism and thrombosis of unspecified internal jugular vein
I82.C21	Chronic embolism and thrombosis of right internal jugular vein
I82.C22	Chronic embolism and thrombosis of left internal jugular vein
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral
I82.C29	Chronic embolism and thrombosis of unspecified internal jugular vein
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I86.4	Gastric varices
I86.8	Varicose veins of other specified sites
I87.8	Other specified disorders of veins
I96	Gangrene, not elsewhere classified
I97.410	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac catheterization
I97.411	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac bypass
I97.418	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other circulatory system procedure
I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other procedure
I97.610	Postprocedural hemorrhage of a circulatory system organ or structure following a cardiac catheterization
I97.611	Postprocedural hemorrhage of a circulatory system organ or structure following cardiac bypass



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Code	Description
I97.618	Postprocedural hemorrhage of a circulatory system organ or structure following other circulatory system procedure
I97.620	Postprocedural hemorrhage of a circulatory system organ or structure following other procedure
I97.621	Postprocedural hematoma of a circulatory system organ or structure following other procedure
I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization
I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac bypass
I97.638	Postprocedural hematoma of a circulatory system organ or structure following other circulatory system procedure
I97.810	Intraoperative cerebrovascular infarction during cardiac surgery
I97.811	Intraoperative cerebrovascular infarction during other surgery
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery
I97.821	Postprocedural cerebrovascular infarction following other surgery
I99.8	Other disorder of circulatory system
J95.61	Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating a respiratory system procedure
J95.62	Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating other procedure
J95.830	Postprocedural hemorrhage of a respiratory system organ or structure following a respiratory system procedure
J95.831	Postprocedural hemorrhage of a respiratory system organ or structure following other procedure
J95.860	Postprocedural hematoma of a respiratory system organ or structure following a respiratory system procedure
J95.861	Postprocedural hematoma of a respiratory system organ or structure following other procedure
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.8	Other specified diseases of esophagus
K25.0	Acute gastric ulcer with hemorrhage



**Medicare National Coverage Determinations (NCD)
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Code	Description
K25.1	Acute gastric ulcer with perforation
K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.1	Acute duodenal ulcer with perforation
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.3	Acute duodenal ulcer without hemorrhage or perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.5	Chronic or unspecified duodenal ulcer with perforation
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K26.7	Chronic duodenal ulcer without hemorrhage or perforation
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Acute peptic ulcer, site unspecified, with perforation
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage



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Code	Description
K28.1	Acute gastrojejunal ulcer with perforation
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K29.30	Chronic superficial gastritis without bleeding
K29.31	Chronic superficial gastritis with bleeding
K29.40	Chronic atrophic gastritis without bleeding
K29.41	Chronic atrophic gastritis with bleeding
K29.50	Unspecified chronic gastritis without bleeding
K29.51	Unspecified chronic gastritis with bleeding
K29.60	Other gastritis without bleeding
K29.61	Other gastritis with bleeding
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K31.811	Angiodysplasia of stomach and duodenum with bleeding
K31.82	Dieulafoy lesion (hemorrhagic) of stomach and duodenum

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Code	Description
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications



**Medicare National Coverage Determinations (NCD)
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Code	Description
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.81	Eosinophilic gastritis or gastroenteritis
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified



**Medicare National Coverage Determinations (NCD)
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Code	Description
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diffuse acute (reversible) ischemia of large intestine
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified
K55.041	Focal (segmental) acute infarction of large intestine
K55.042	Diffuse acute infarction of large intestine
K55.049	Acute infarction of large intestine, extent unspecified
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diffuse acute infarction of intestine, part unspecified
K55.069	Acute infarction of intestine, part and extent unspecified
K55.1	Chronic vascular disorders of intestine
K55.30	Necrotizing enterocolitis, unspecified
K55.31	Stage 1 necrotizing enterocolitis
K55.32	Stage 2 necrotizing enterocolitis
K55.33	Stage 3 necrotizing enterocolitis
K55.8	Other vascular disorders of intestine
K55.9	Vascular disorder of intestine, unspecified
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding



**Medicare National Coverage Determinations (NCD)
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Code	Description
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K59.31	Toxic megacolon
K62.5	Hemorrhage of anus and rectum
K66.1	Hemoperitoneum
K70.0	Alcoholic fatty liver
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Toxic liver disease with chronic active hepatitis with ascites



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Code	Description
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K72.00	Acute and subacute hepatic failure without 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
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.2	Nonspecific reactive hepatitis



**Medicare National Coverage Determinations (NCD)
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Code	Description
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.2	Central hemorrhagic necrosis of liver
K76.3	Infarction of liver
K76.4	Peliosis hepatis
K76.5	Hepatic veno-occlusive disease
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
K80.30	Calculus of bile duct with cholangitis, unspecified, without obstruction
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
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
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis
K83.01	Primary sclerosing cholangitis



**Medicare National Coverage Determinations (NCD)
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Code	Description
K83.09	Other cholangitis
K83.1	Obstruction of bile duct
K83.2	Perforation of bile duct
K83.3	Fistula of bile duct
K83.4	Spasm of sphincter of Oddi
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
K83.9	Disease of biliary tract, unspecified
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
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
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.0	Celiac disease



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Code	Description
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
K91.5	Postcholecystectomy syndrome
K91.61	Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a digestive system procedure
K91.62	Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating other procedure
K91.840	Postprocedural hemorrhage of a digestive system organ or structure following a digestive system procedure
K91.841	Postprocedural hemorrhage of a digestive system organ or structure following other procedure
K91.870	Postprocedural hematoma of a digestive system organ or structure following a digestive system procedure
K91.871	Postprocedural hematoma of a digestive system organ or structure following other procedure
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
L76.01	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating a dermatologic procedure
L76.02	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating other procedure
L76.21	Postprocedural hemorrhage of skin and subcutaneous tissue following a dermatologic procedure



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Code	Description
L76.22	Postprocedural hemorrhage of skin and subcutaneous tissue following other procedure
L76.31	Postprocedural hematoma of skin and subcutaneous tissue following a dermatologic procedure
L76.32	Postprocedural hematoma of skin and subcutaneous tissue following other procedure
M02.20	Postimmunization arthropathy, unspecified site
M02.211	Postimmunization arthropathy, right shoulder
M02.212	Postimmunization arthropathy, left shoulder
M02.219	Postimmunization arthropathy, unspecified shoulder
M02.221	Postimmunization arthropathy, right elbow
M02.222	Postimmunization arthropathy, left elbow
M02.229	Postimmunization arthropathy, unspecified elbow
M02.231	Postimmunization arthropathy, right wrist
M02.232	Postimmunization arthropathy, left wrist
M02.239	Postimmunization arthropathy, unspecified wrist
M02.241	Postimmunization arthropathy, right hand
M02.242	Postimmunization arthropathy, left hand
M02.249	Postimmunization arthropathy, unspecified hand
M02.251	Postimmunization arthropathy, right hip
M02.252	Postimmunization arthropathy, left hip
M02.259	Postimmunization arthropathy, unspecified hip
M02.261	Postimmunization arthropathy, right knee
M02.262	Postimmunization arthropathy, left knee
M02.269	Postimmunization arthropathy, unspecified knee
M02.271	Postimmunization arthropathy, right ankle and foot
M02.272	Postimmunization arthropathy, left ankle and foot
M02.279	Postimmunization arthropathy, unspecified ankle and foot
M02.28	Postimmunization arthropathy, vertebrae

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Code	Description
M02.29	Postimmunization arthropathy, multiple sites
M24.19	Other articular cartilage disorders, other specified site
M24.29	Disorder of ligament, other specified site
M24.39	Pathological dislocation of other specified joint, not elsewhere classified
M24.49	Recurrent dislocation, other specified joint
M24.59	Contracture, other specified joint
M24.69	Ankylosis, other specified joint
M24.89	Other specific joint derangement of other specified joint, not elsewhere classified
M25.00	Hemarthrosis, unspecified joint
M25.011	Hemarthrosis, right shoulder
M25.012	Hemarthrosis, left shoulder
M25.019	Hemarthrosis, unspecified shoulder
M25.021	Hemarthrosis, right elbow
M25.022	Hemarthrosis, left elbow
M25.029	Hemarthrosis, unspecified elbow
M25.031	Hemarthrosis, right wrist
M25.032	Hemarthrosis, left wrist
M25.039	Hemarthrosis, unspecified wrist
M25.041	Hemarthrosis, right hand
M25.042	Hemarthrosis, left hand
M25.049	Hemarthrosis, unspecified hand
M25.051	Hemarthrosis, right hip
M25.052	Hemarthrosis, left hip
M25.059	Hemarthrosis, unspecified hip
M25.061	Hemarthrosis, right knee
M25.062	Hemarthrosis, left knee
M25.069	Hemarthrosis, unspecified knee
M25.071	Hemarthrosis, right ankle



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Code	Description
M25.072	Hemarthrosis, left ankle
M25.073	Hemarthrosis, unspecified ankle
M25.074	Hemarthrosis, right foot
M25.075	Hemarthrosis, left foot
M25.076	Hemarthrosis, unspecified foot
M25.08	Hemarthrosis, other specified site
M25.39	Other instability, other specified joint
M25.59	Pain in other specified joint
M25.69	Stiffness of other specified joint, not elsewhere classified
M26.641	Arthritis of right temporomandibular joint
M26.642	Arthritis of left temporomandibular joint
M26.643	Arthritis of bilateral temporomandibular joint
M26.649	Arthritis of unspecified temporomandibular joint
M26.651	Arthropathy of right temporomandibular joint
M26.652	Arthropathy of left temporomandibular joint
M26.653	Arthropathy of bilateral temporomandibular joint
M26.659	Arthropathy of unspecified temporomandibular joint
M31.1	Thrombotic microangiopathy
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified



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Code	Description
M36.2	Hemophilic arthropathy
M36.3	Arthropathy in other blood disorders
M36.4	Arthropathy in hypersensitivity reactions classified elsewhere
M48.50XA	Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture
M48.51XA	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, initial encounter for fracture
M48.52XA	Collapsed vertebra, not elsewhere classified, cervical region, initial encounter for fracture
M48.53XA	Collapsed vertebra, not elsewhere classified, cervicothoracic region, initial encounter for fracture
M48.54XA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture
M48.55XA	Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture
M48.57XA	Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture
M48.58XA	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, initial encounter for fracture
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.603	Pain in arm, unspecified
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.606	Pain in leg, unspecified
M79.609	Pain in unspecified limb
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.629	Pain in unspecified upper arm



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Code	Description
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.639	Pain in unspecified forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.643	Pain in unspecified hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.659	Pain in unspecified thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.669	Pain in unspecified lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.673	Pain in unspecified foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M79.676	Pain in unspecified toe(s)
M79.89	Other specified soft tissue disorders
M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.011A	Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.012A	Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.019A	Age-related osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture



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Code	Description
M80.021A	Age-related osteoporosis with current pathological fracture, right humerus, initial encounter for fracture
M80.022A	Age-related osteoporosis with current pathological fracture, left humerus, initial encounter for fracture
M80.029A	Age-related osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture
M80.031A	Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture
M80.032A	Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.039A	Age-related osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture
M80.041A	Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.042A	Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture
M80.049A	Age-related osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture
M80.051A	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.052A	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.059A	Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture
M80.061A	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.062A	Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.069A	Age-related osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture
M80.071A	Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture



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Code	Description
M80.072A	Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.079A	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.0AXA	Age-related osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.0AXD	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.0AXG	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.0AXK	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.0AXP	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.0AXS	Age-related osteoporosis with current pathological fracture, other site, sequela
M80.80XA	Other osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.811A	Other osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.812A	Other osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.819A	Other osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture
M80.821A	Other osteoporosis with current pathological fracture, right humerus, initial encounter for fracture
M80.822A	Other osteoporosis with current pathological fracture, left humerus, initial encounter for fracture
M80.829A	Other osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture
M80.831A	Other osteoporosis with current pathological fracture, right forearm, initial encounter for fracture



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Code	Description
M80.832A	Other osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.839A	Other osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture
M80.841A	Other osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.842A	Other osteoporosis with current pathological fracture, left hand, initial encounter for fracture
M80.849A	Other osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture
M80.851A	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.852A	Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.859A	Other osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture
M80.861A	Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.862A	Other osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.869A	Other osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture
M80.871A	Other osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture
M80.872A	Other osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.879A	Other osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture
M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.8AXA	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture



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Code	Description
M80.8AXD	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.8AXG	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.8AXK	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.8AXP	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.8AXS	Other osteoporosis with current pathological fracture, other site, sequela
M84.40XA	Pathological fracture, unspecified site, initial encounter for fracture
M84.411A	Pathological fracture, right shoulder, initial encounter for fracture
M84.412A	Pathological fracture, left shoulder, initial encounter for fracture
M84.419A	Pathological fracture, unspecified shoulder, initial encounter for fracture
M84.421A	Pathological fracture, right humerus, initial encounter for fracture
M84.422A	Pathological fracture, left humerus, initial encounter for fracture
M84.429A	Pathological fracture, unspecified humerus, initial encounter for fracture
M84.431A	Pathological fracture, right ulna, initial encounter for fracture
M84.432A	Pathological fracture, left ulna, initial encounter for fracture
M84.433A	Pathological fracture, right radius, initial encounter for fracture
M84.434A	Pathological fracture, left radius, initial encounter for fracture
M84.439A	Pathological fracture, unspecified ulna and radius, initial encounter for fracture
M84.441A	Pathological fracture, right hand, initial encounter for fracture
M84.442A	Pathological fracture, left hand, initial encounter for fracture
M84.443A	Pathological fracture, unspecified hand, initial encounter for fracture
M84.444A	Pathological fracture, right finger(s), initial encounter for fracture
M84.445A	Pathological fracture, left finger(s), initial encounter for fracture
M84.446A	Pathological fracture, unspecified finger(s), initial encounter for fracture
M84.451A	Pathological fracture, right femur, initial encounter for fracture
M84.452A	Pathological fracture, left femur, initial encounter for fracture
M84.453A	Pathological fracture, unspecified femur, initial encounter for fracture

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Code	Description
M84.454A	Pathological fracture, pelvis, initial encounter for fracture
M84.459A	Pathological fracture, hip, unspecified, initial encounter for fracture
M84.461A	Pathological fracture, right tibia, initial encounter for fracture
M84.462A	Pathological fracture, left tibia, initial encounter for fracture
M84.463A	Pathological fracture, right fibula, initial encounter for fracture
M84.464A	Pathological fracture, left fibula, initial encounter for fracture
M84.469A	Pathological fracture, unspecified tibia and fibula, initial encounter for fracture
M84.471A	Pathological fracture, right ankle, initial encounter for fracture
M84.472A	Pathological fracture, left ankle, initial encounter for fracture
M84.473A	Pathological fracture, unspecified ankle, initial encounter for fracture
M84.474A	Pathological fracture, right foot, initial encounter for fracture
M84.475A	Pathological fracture, left foot, initial encounter for fracture
M84.476A	Pathological fracture, unspecified foot, initial encounter for fracture
M84.477A	Pathological fracture, right toe(s), initial encounter for fracture
M84.478A	Pathological fracture, left toe(s), initial encounter for fracture
M84.479A	Pathological fracture, unspecified toe(s), initial encounter for fracture
M84.48XA	Pathological fracture, other site, initial encounter for fracture
M84.50XA	Pathological fracture in neoplastic disease, unspecified site, initial encounter for fracture
M84.511A	Pathological fracture in neoplastic disease, right shoulder, initial encounter for fracture
M84.512A	Pathological fracture in neoplastic disease, left shoulder, initial encounter for fracture
M84.519A	Pathological fracture in neoplastic disease, unspecified shoulder, initial encounter for fracture
M84.521A	Pathological fracture in neoplastic disease, right humerus, initial encounter for fracture
M84.522A	Pathological fracture in neoplastic disease, left humerus, initial encounter for fracture



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Code	Description
M84.529A	Pathological fracture in neoplastic disease, unspecified humerus, initial encounter for fracture
M84.531A	Pathological fracture in neoplastic disease, right ulna, initial encounter for fracture
M84.532A	Pathological fracture in neoplastic disease, left ulna, initial encounter for fracture
M84.533A	Pathological fracture in neoplastic disease, right radius, initial encounter for fracture
M84.534A	Pathological fracture in neoplastic disease, left radius, initial encounter for fracture
M84.539A	Pathological fracture in neoplastic disease, unspecified ulna and radius, initial encounter for fracture
M84.541A	Pathological fracture in neoplastic disease, right hand, initial encounter for fracture
M84.542A	Pathological fracture in neoplastic disease, left hand, initial encounter for fracture
M84.549A	Pathological fracture in neoplastic disease, unspecified hand, initial encounter for fracture
M84.550A	Pathological fracture in neoplastic disease, pelvis, initial encounter for fracture
M84.551A	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture
M84.552A	Pathological fracture in neoplastic disease, left femur, initial encounter for fracture
M84.553A	Pathological fracture in neoplastic disease, unspecified femur, initial encounter for fracture
M84.559A	Pathological fracture in neoplastic disease, hip, unspecified, initial encounter for fracture
M84.561A	Pathological fracture in neoplastic disease, right tibia, initial encounter for fracture
M84.562A	Pathological fracture in neoplastic disease, left tibia, initial encounter for fracture
M84.563A	Pathological fracture in neoplastic disease, right fibula, initial encounter for fracture
M84.564A	Pathological fracture in neoplastic disease, left fibula, initial encounter for fracture
M84.569A	Pathological fracture in neoplastic disease, unspecified tibia and fibula, initial encounter for fracture
M84.571A	Pathological fracture in neoplastic disease, right ankle, initial encounter for fracture
M84.572A	Pathological fracture in neoplastic disease, left ankle, initial encounter for fracture
M84.573A	Pathological fracture in neoplastic disease, unspecified ankle, initial encounter for fracture
M84.574A	Pathological fracture in neoplastic disease, right foot, initial encounter for fracture



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Code	Description
M84.575A	Pathological fracture in neoplastic disease, left foot, initial encounter for fracture
M84.576A	Pathological fracture in neoplastic disease, unspecified foot, initial encounter for fracture
M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture
M84.60XA	Pathological fracture in other disease, unspecified site, initial encounter for fracture
M84.611A	Pathological fracture in other disease, right shoulder, initial encounter for fracture
M84.612A	Pathological fracture in other disease, left shoulder, initial encounter for fracture
M84.619A	Pathological fracture in other disease, unspecified shoulder, initial encounter for fracture
M84.621A	Pathological fracture in other disease, right humerus, initial encounter for fracture
M84.622A	Pathological fracture in other disease, left humerus, initial encounter for fracture
M84.629A	Pathological fracture in other disease, unspecified humerus, initial encounter for fracture
M84.631A	Pathological fracture in other disease, right ulna, initial encounter for fracture
M84.632A	Pathological fracture in other disease, left ulna, initial encounter for fracture
M84.633A	Pathological fracture in other disease, right radius, initial encounter for fracture
M84.634A	Pathological fracture in other disease, left radius, initial encounter for fracture
M84.639A	Pathological fracture in other disease, unspecified ulna and radius, initial encounter for fracture
M84.641A	Pathological fracture in other disease, right hand, initial encounter for fracture
M84.642A	Pathological fracture in other disease, left hand, initial encounter for fracture
M84.649A	Pathological fracture in other disease, unspecified hand, initial encounter for fracture
M84.650A	Pathological fracture in other disease, pelvis, initial encounter for fracture
M84.651A	Pathological fracture in other disease, right femur, initial encounter for fracture
M84.652A	Pathological fracture in other disease, left femur, initial encounter for fracture
M84.653A	Pathological fracture in other disease, unspecified femur, initial encounter for fracture
M84.659A	Pathological fracture in other disease, hip, unspecified, initial encounter for fracture



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Code	Description
M84.661A	Pathological fracture in other disease, right tibia, initial encounter for fracture
M84.662A	Pathological fracture in other disease, left tibia, initial encounter for fracture
M84.663A	Pathological fracture in other disease, right fibula, initial encounter for fracture
M84.664A	Pathological fracture in other disease, left fibula, initial encounter for fracture
M84.669A	Pathological fracture in other disease, unspecified tibia and fibula, initial encounter for fracture
M84.671A	Pathological fracture in other disease, right ankle, initial encounter for fracture
M84.672A	Pathological fracture in other disease, left ankle, initial encounter for fracture
M84.673A	Pathological fracture in other disease, unspecified ankle, initial encounter for fracture
M84.674A	Pathological fracture in other disease, right foot, initial encounter for fracture
M84.675A	Pathological fracture in other disease, left foot, initial encounter for fracture
M84.676A	Pathological fracture in other disease, unspecified foot, initial encounter for fracture
M84.68XA	Pathological fracture in other disease, other site, initial encounter for fracture
M84.751A	Incomplete atypical femoral fracture, right leg, initial encounter for fracture
M84.752A	Incomplete atypical femoral fracture, left leg, initial encounter for fracture
M84.753A	Incomplete atypical femoral fracture, unspecified leg, initial encounter for fracture
M84.754A	Complete transverse atypical femoral fracture, right leg, initial encounter for fracture
M84.755A	Complete transverse atypical femoral fracture, left leg, initial encounter for fracture
M84.756A	Complete transverse atypical femoral fracture, unspecified leg, initial encounter for fracture
M84.757A	Complete oblique atypical femoral fracture, right leg, initial encounter for fracture
M84.758A	Complete oblique atypical femoral fracture, left leg, initial encounter for fracture
M84.759A	Complete oblique atypical femoral fracture, unspecified leg, initial encounter for fracture
M92.591	Other juvenile osteochondrosis of tibia and fibula, right leg
M92.592	Other juvenile osteochondrosis of tibia and fibula, left leg
M92.593	Other juvenile osteochondrosis of tibia and fibula, bilateral
M92.599	Other juvenile osteochondrosis of tibia and fibula, unspecified leg



**Medicare National Coverage Determinations (NCD)
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Code	Description
M96.810	Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating a musculoskeletal system procedure
M96.811	Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating other procedure
M96.830	Postprocedural hemorrhage of a musculoskeletal structure following a musculoskeletal system procedure
M96.831	Postprocedural hemorrhage of a musculoskeletal structure following other procedure
M96.840	Postprocedural hematoma of a musculoskeletal structure following a musculoskeletal system procedure
M96.841	Postprocedural hematoma of a musculoskeletal structure following other procedure
M97.01XA	Periprosthetic fracture around internal prosthetic right hip joint, initial encounter
M97.02XA	Periprosthetic fracture around internal prosthetic left hip joint, initial encounter
M97.11XA	Periprosthetic fracture around internal prosthetic right knee joint, initial encounter
M97.12XA	Periprosthetic fracture around internal prosthetic left knee joint, initial encounter
M97.21XA	Periprosthetic fracture around internal prosthetic right ankle joint, initial encounter
M97.22XA	Periprosthetic fracture around internal prosthetic left ankle joint, initial encounter
M97.31XA	Periprosthetic fracture around internal prosthetic right shoulder joint, initial encounter
M97.32XA	Periprosthetic fracture around internal prosthetic left shoulder joint, initial encounter
N00.A	Acute nephritic syndrome with C3 glomerulonephritis
N01.A	Rapidly progressive nephritic syndrome with C3 glomerulonephritis
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis



**Medicare National Coverage Determinations (NCD)
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Code	Description
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N03.A	Chronic nephritic syndrome with C3 glomerulonephritis
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N04.9	Nephrotic syndrome with unspecified morphologic changes
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis
N06.9	Isolated proteinuria with unspecified morphologic lesion
N06.A	Isolated proteinuria with C3 glomerulonephritis
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis
N08	Glomerular disorders in diseases classified elsewhere
N15.9	Renal tubulo-interstitial disease, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis

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Fu Associates, Ltd.

July 2021



**Medicare National Coverage Determinations (NCD)
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Code	Description
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N19	Unspecified kidney failure
N28.0	Ischemia and infarction of kidney
N28.82	Megaloureter
N28.89	Other specified disorders of kidney and ureter
N32.89	Other specified disorders of bladder
N33	Bladder disorders in diseases classified elsewhere
N35.016	Post-traumatic urethral stricture, male, overlapping sites
N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
N50.1	Vascular disorders of male genital organs
N61.20	Granulomatous mastitis, unspecified breast
N61.21	Granulomatous mastitis, right breast
N61.22	Granulomatous mastitis, left breast
N61.23	Granulomatous mastitis, bilateral breast
N64.89	Other specified disorders of breast
N83.7	Hematoma of broad ligament
N85.7	Hematometra
N88.8	Other specified noninflammatory disorders of cervix uteri
N89.8	Other specified noninflammatory disorders of vagina
N90.89	Other specified noninflammatory disorders of vulva and perineum
N92.1	Excessive and frequent menstruation with irregular cycle
N92.4	Excessive bleeding in the premenopausal period
N93.0	Postcoital and contact bleeding



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Code	Description
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
N99.116	Postprocedural urethral stricture, male, overlapping sites
N99.510	Cystostomy hemorrhage
N99.511	Cystostomy infection
N99.512	Cystostomy malfunction
N99.518	Other cystostomy complication
N99.61	Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating a genitourinary system procedure
N99.62	Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating other procedure
N99.820	Postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure
N99.821	Postprocedural hemorrhage of a genitourinary system organ or structure following other procedure
N99.840	Postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure
N99.841	Postprocedural hematoma of a genitourinary system organ or structure following other procedure
O02.1	Missed abortion
O03.0	Genital tract and pelvic infection following incomplete spontaneous abortion
O03.1	Delayed or excessive hemorrhage following incomplete spontaneous abortion
O03.2	Embolism following incomplete spontaneous abortion
O03.30	Unspecified complication following incomplete spontaneous abortion
O03.31	Shock following incomplete spontaneous abortion
O03.32	Renal failure following incomplete spontaneous abortion
O03.33	Metabolic disorder following incomplete spontaneous abortion
O03.34	Damage to pelvic organs following incomplete spontaneous abortion
O03.35	Other venous complications following incomplete spontaneous abortion



**Medicare National Coverage Determinations (NCD)
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Code	Description
O03.36	Cardiac arrest following incomplete spontaneous abortion
O03.37	Sepsis following incomplete spontaneous abortion
O03.38	Urinary tract infection following incomplete spontaneous abortion
O03.39	Incomplete spontaneous abortion with other complications
O03.4	Incomplete spontaneous abortion without complication
O03.5	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
O03.6	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
O03.7	Embolism following complete or unspecified spontaneous abortion
O03.80	Unspecified complication following complete or unspecified spontaneous abortion
O03.81	Shock following complete or unspecified spontaneous abortion
O03.82	Renal failure following complete or unspecified spontaneous abortion
O03.83	Metabolic disorder following complete or unspecified spontaneous abortion
O03.84	Damage to pelvic organs following complete or unspecified spontaneous abortion
O03.85	Other venous complications following complete or unspecified spontaneous abortion
O03.86	Cardiac arrest following complete or unspecified spontaneous abortion
O03.87	Sepsis following complete or unspecified spontaneous abortion
O03.88	Urinary tract infection following complete or unspecified spontaneous abortion
O03.89	Complete or unspecified spontaneous abortion with other complications
O03.9	Complete or unspecified spontaneous abortion without complication
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O07.1	Delayed or excessive hemorrhage following failed attempted termination of pregnancy
O08.1	Delayed or excessive hemorrhage following ectopic and molar pregnancy
O08.2	Embolism following ectopic and molar pregnancy
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester
O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester



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Code	Description
O10.019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
O10.02	Pre-existing essential hypertension complicating childbirth
O10.03	Pre-existing essential hypertension complicating the puerperium
O10.111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10.112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.119	Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
O10.12	Pre-existing hypertensive heart disease complicating childbirth
O10.13	Pre-existing hypertensive heart disease complicating the puerperium
O10.211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10.212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10.213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.219	Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth
O10.23	Pre-existing hypertensive chronic kidney disease complicating the puerperium
O10.311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10.312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O10.33	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium



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Code	Description
O10.411	Pre-existing secondary hypertension complicating pregnancy, first trimester
O10.412	Pre-existing secondary hypertension complicating pregnancy, second trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O10.42	Pre-existing secondary hypertension complicating childbirth
O10.43	Pre-existing secondary hypertension complicating the puerperium
O10.911	Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10.912	Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10.913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10.919	Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O10.92	Unspecified pre-existing hypertension complicating childbirth
O10.93	Unspecified pre-existing hypertension complicating the puerperium
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O12.04	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester



**Medicare National Coverage Determinations (NCD)
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Code	Description
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O14.00	Mild to moderate pre-eclampsia, unspecified trimester
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.10	Severe pre-eclampsia, unspecified trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.24	HELLP syndrome, complicating childbirth
O14.25	HELLP syndrome, complicating the puerperium
O14.90	Unspecified pre-eclampsia, unspecified trimester
O14.92	Unspecified pre-eclampsia, second trimester
O14.93	Unspecified pre-eclampsia, third trimester
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O15.00	Eclampsia complicating pregnancy, unspecified trimester
O15.02	Eclampsia complicating pregnancy, second trimester
O15.03	Eclampsia complicating pregnancy, third trimester



**Medicare National Coverage Determinations (NCD)
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Code	Description
O15.1	Eclampsia complicating labor
O15.2	Eclampsia complicating the puerperium
O15.9	Eclampsia, unspecified as to time period
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
O16.9	Unspecified maternal hypertension, unspecified trimester
O20.0	Threatened abortion
O20.8	Other hemorrhage in early pregnancy
O20.9	Hemorrhage in early pregnancy, unspecified
O22.20	Superficial thrombophlebitis in pregnancy, unspecified trimester
O22.21	Superficial thrombophlebitis in pregnancy, first trimester
O22.22	Superficial thrombophlebitis in pregnancy, second trimester
O22.23	Superficial thrombophlebitis in pregnancy, third trimester
O22.30	Deep phlebothrombosis in pregnancy, unspecified trimester
O22.31	Deep phlebothrombosis in pregnancy, first trimester
O22.32	Deep phlebothrombosis in pregnancy, second trimester
O22.33	Deep phlebothrombosis in pregnancy, third trimester
O22.50	Cerebral venous thrombosis in pregnancy, unspecified trimester
O22.51	Cerebral venous thrombosis in pregnancy, first trimester
O22.52	Cerebral venous thrombosis in pregnancy, second trimester
O22.53	Cerebral venous thrombosis in pregnancy, third trimester
O22.91	Venous complication in pregnancy, unspecified, first trimester
O22.92	Venous complication in pregnancy, unspecified, second trimester
O22.93	Venous complication in pregnancy, unspecified, third trimester
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs



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Code	Description
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O26.611	Liver and biliary tract disorders in pregnancy, first trimester
O26.612	Liver and biliary tract disorders in pregnancy, second trimester
O26.613	Liver and biliary tract disorders in pregnancy, third trimester
O26.619	Liver and biliary tract disorders in pregnancy, unspecified trimester
O26.62	Liver and biliary tract disorders in childbirth
O26.851	Spotting complicating pregnancy, first trimester
O26.852	Spotting complicating pregnancy, second trimester
O26.853	Spotting complicating pregnancy, third trimester
O26.859	Spotting complicating pregnancy, unspecified trimester
O34.218	Maternal care for other type scar from previous cesarean delivery
O34.22	Maternal care for cesarean scar defect (isthmocele)
O41.1010	Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified
O41.1011	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1
O41.1012	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2
O41.1013	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3
O41.1014	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4
O41.1015	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5
O41.1019	Infection of amniotic sac and membranes, unspecified, first trimester, other fetus
O41.1020	Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified
O41.1021	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1
O41.1022	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2
O41.1023	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3
O41.1024	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4
O41.1025	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5
O41.1029	Infection of amniotic sac and membranes, unspecified, second trimester, other fetus

NCD 190.16

***July 2021 Changes
ICD-10-CM Version – Red**

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July 2021



**Medicare National Coverage Determinations (NCD)
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Code	Description
O41.1030	Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified
O41.1031	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1
O41.1032	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2
O41.1033	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3
O41.1034	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4
O41.1035	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5
O41.1039	Infection of amniotic sac and membranes, unspecified, third trimester, other fetus
O41.1090	Infection of amniotic sac and membranes, unspecified, unspecified trimester, not applicable or unspecified
O41.1091	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 1
O41.1092	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 2
O41.1093	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 3
O41.1094	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 4
O41.1095	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 5
O41.1099	Infection of amniotic sac and membranes, unspecified, unspecified trimester, other fetus
O41.1210	Chorioamnionitis, first trimester, not applicable or unspecified
O41.1211	Chorioamnionitis, first trimester, fetus 1
O41.1212	Chorioamnionitis, first trimester, fetus 2
O41.1213	Chorioamnionitis, first trimester, fetus 3
O41.1214	Chorioamnionitis, first trimester, fetus 4
O41.1215	Chorioamnionitis, first trimester, fetus 5
O41.1219	Chorioamnionitis, first trimester, other fetus
O41.1220	Chorioamnionitis, second trimester, not applicable or unspecified
O41.1221	Chorioamnionitis, second trimester, fetus 1

NCD 190.16

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ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
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Code	Description
O41.1222	Chorioamnionitis, second trimester, fetus 2
O41.1223	Chorioamnionitis, second trimester, fetus 3
O41.1224	Chorioamnionitis, second trimester, fetus 4
O41.1225	Chorioamnionitis, second trimester, fetus 5
O41.1229	Chorioamnionitis, second trimester, other fetus
O41.1230	Chorioamnionitis, third trimester, not applicable or unspecified
O41.1231	Chorioamnionitis, third trimester, fetus 1
O41.1232	Chorioamnionitis, third trimester, fetus 2
O41.1233	Chorioamnionitis, third trimester, fetus 3
O41.1234	Chorioamnionitis, third trimester, fetus 4
O41.1235	Chorioamnionitis, third trimester, fetus 5
O41.1239	Chorioamnionitis, third trimester, other fetus
O41.1290	Chorioamnionitis, unspecified trimester, not applicable or unspecified
O41.1291	Chorioamnionitis, unspecified trimester, fetus 1
O41.1292	Chorioamnionitis, unspecified trimester, fetus 2
O41.1293	Chorioamnionitis, unspecified trimester, fetus 3
O41.1294	Chorioamnionitis, unspecified trimester, fetus 4
O41.1295	Chorioamnionitis, unspecified trimester, fetus 5
O41.1299	Chorioamnionitis, unspecified trimester, other fetus
O41.1410	Placentitis, first trimester, not applicable or unspecified
O41.1411	Placentitis, first trimester, fetus 1
O41.1412	Placentitis, first trimester, fetus 2
O41.1413	Placentitis, first trimester, fetus 3
O41.1414	Placentitis, first trimester, fetus 4
O41.1415	Placentitis, first trimester, fetus 5
O41.1419	Placentitis, first trimester, other fetus
O41.1420	Placentitis, second trimester, not applicable or unspecified
O41.1421	Placentitis, second trimester, fetus 1



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Code	Description
O41.1422	Placentitis, second trimester, fetus 2
O41.1423	Placentitis, second trimester, fetus 3
O41.1424	Placentitis, second trimester, fetus 4
O41.1425	Placentitis, second trimester, fetus 5
O41.1429	Placentitis, second trimester, other fetus
O41.1430	Placentitis, third trimester, not applicable or unspecified
O41.1431	Placentitis, third trimester, fetus 1
O41.1432	Placentitis, third trimester, fetus 2
O41.1433	Placentitis, third trimester, fetus 3
O41.1434	Placentitis, third trimester, fetus 4
O41.1435	Placentitis, third trimester, fetus 5
O41.1439	Placentitis, third trimester, other fetus
O41.1490	Placentitis, unspecified trimester, not applicable or unspecified
O41.1491	Placentitis, unspecified trimester, fetus 1
O41.1492	Placentitis, unspecified trimester, fetus 2
O41.1493	Placentitis, unspecified trimester, fetus 3
O41.1494	Placentitis, unspecified trimester, fetus 4
O41.1495	Placentitis, unspecified trimester, fetus 5
O41.1499	Placentitis, unspecified trimester, other fetus
O43.011	Fetomaternal placental transfusion syndrome, first trimester
O43.012	Fetomaternal placental transfusion syndrome, second trimester
O43.013	Fetomaternal placental transfusion syndrome, third trimester
O43.019	Fetomaternal placental transfusion syndrome, unspecified trimester
O43.211	Placenta accreta, first trimester
O43.212	Placenta accreta, second trimester
O43.213	Placenta accreta, third trimester
O43.221	Placenta increta, first trimester
O43.222	Placenta increta, second trimester



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Code	Description
O43.223	Placenta increta, third trimester
O43.231	Placenta percreta, first trimester
O43.232	Placenta percreta, second trimester
O43.233	Placenta percreta, third trimester
O44.00	Complete placenta previa NOS or without hemorrhage, unspecified trimester
O44.01	Complete placenta previa NOS or without hemorrhage, first trimester
O44.02	Complete placenta previa NOS or without hemorrhage, second trimester
O44.03	Complete placenta previa NOS or without hemorrhage, third trimester
O44.10	Complete placenta previa with hemorrhage, unspecified trimester
O44.11	Complete placenta previa with hemorrhage, first trimester
O44.12	Complete placenta previa with hemorrhage, second trimester
O44.13	Complete placenta previa with hemorrhage, third trimester
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester



**Medicare National Coverage Determinations (NCD)
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Code	Description
O45.001	Premature separation of placenta with coagulation defect, unspecified, first trimester
O45.002	Premature separation of placenta with coagulation defect, unspecified, second trimester
O45.003	Premature separation of placenta with coagulation defect, unspecified, third trimester
O45.009	Premature separation of placenta with coagulation defect, unspecified, unspecified trimester
O45.011	Premature separation of placenta with afibrinogenemia, first trimester
O45.012	Premature separation of placenta with afibrinogenemia, second trimester
O45.013	Premature separation of placenta with afibrinogenemia, third trimester
O45.019	Premature separation of placenta with afibrinogenemia, unspecified trimester
O45.021	Premature separation of placenta with disseminated intravascular coagulation, first trimester
O45.022	Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45.023	Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45.029	Premature separation of placenta with disseminated intravascular coagulation, unspecified trimester
O45.091	Premature separation of placenta with other coagulation defect, first trimester
O45.092	Premature separation of placenta with other coagulation defect, second trimester
O45.093	Premature separation of placenta with other coagulation defect, third trimester
O45.099	Premature separation of placenta with other coagulation defect, unspecified trimester
O45.8X1	Other premature separation of placenta, first trimester
O45.8X2	Other premature separation of placenta, second trimester
O45.8X3	Other premature separation of placenta, third trimester
O45.8X9	Other premature separation of placenta, unspecified trimester
O45.90	Premature separation of placenta, unspecified, unspecified trimester
O45.91	Premature separation of placenta, unspecified, first trimester



**Medicare National Coverage Determinations (NCD)
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Code	Description
O45.92	Premature separation of placenta, unspecified, second trimester
O45.93	Premature separation of placenta, unspecified, third trimester
O46.001	Antepartum hemorrhage with coagulation defect, unspecified, first trimester
O46.002	Antepartum hemorrhage with coagulation defect, unspecified, second trimester
O46.003	Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46.009	Antepartum hemorrhage with coagulation defect, unspecified, unspecified trimester
O46.011	Antepartum hemorrhage with afibrinogenemia, first trimester
O46.012	Antepartum hemorrhage with afibrinogenemia, second trimester
O46.013	Antepartum hemorrhage with afibrinogenemia, third trimester
O46.019	Antepartum hemorrhage with afibrinogenemia, unspecified trimester
O46.021	Antepartum hemorrhage with disseminated intravascular coagulation, first trimester
O46.022	Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46.023	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46.029	Antepartum hemorrhage with disseminated intravascular coagulation, unspecified trimester
O46.091	Antepartum hemorrhage with other coagulation defect, first trimester
O46.092	Antepartum hemorrhage with other coagulation defect, second trimester
O46.093	Antepartum hemorrhage with other coagulation defect, third trimester
O46.099	Antepartum hemorrhage with other coagulation defect, unspecified trimester
O46.8X1	Other antepartum hemorrhage, first trimester
O46.8X2	Other antepartum hemorrhage, second trimester
O46.8X3	Other antepartum hemorrhage, third trimester
O46.8X9	Other antepartum hemorrhage, unspecified trimester
O46.90	Antepartum hemorrhage, unspecified, unspecified trimester
O46.91	Antepartum hemorrhage, unspecified, first trimester
O46.92	Antepartum hemorrhage, unspecified, second trimester
O46.93	Antepartum hemorrhage, unspecified, third trimester
O67.0	Intrapartum hemorrhage with coagulation defect



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Code	Description
O67.8	Other intrapartum hemorrhage
O67.9	Intrapartum hemorrhage, unspecified
O72.0	Third-stage hemorrhage
O72.1	Other immediate postpartum hemorrhage
O72.2	Delayed and secondary postpartum hemorrhage
O72.3	Postpartum coagulation defects
O86.00	Infection of obstetric surgical wound, unspecified
O86.01	Infection of obstetric surgical wound, superficial incisional site
O86.02	Infection of obstetric surgical wound, deep incisional site
O86.03	Infection of obstetric surgical wound, organ and space site
O86.04	Sepsis following an obstetrical procedure
O86.09	Infection of obstetric surgical wound, other surgical site
O87.0	Superficial thrombophlebitis in the puerperium
O87.1	Deep phlebothrombosis in the puerperium
O87.3	Cerebral venous thrombosis in the puerperium
O88.011	Air embolism in pregnancy, first trimester
O88.012	Air embolism in pregnancy, second trimester
O88.013	Air embolism in pregnancy, third trimester
O88.019	Air embolism in pregnancy, unspecified trimester
O88.02	Air embolism in childbirth
O88.03	Air embolism in the puerperium
O88.111	Amniotic fluid embolism in pregnancy, first trimester
O88.112	Amniotic fluid embolism in pregnancy, second trimester
O88.113	Amniotic fluid embolism in pregnancy, third trimester
O88.119	Amniotic fluid embolism in pregnancy, unspecified trimester
O88.12	Amniotic fluid embolism in childbirth
O88.13	Amniotic fluid embolism in the puerperium
O88.211	Thromboembolism in pregnancy, first trimester



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Code	Description
O88.212	Thromboembolism in pregnancy, second trimester
O88.213	Thromboembolism in pregnancy, third trimester
O88.219	Thromboembolism in pregnancy, unspecified trimester
O88.22	Thromboembolism in childbirth
O88.23	Thromboembolism in the puerperium
O88.311	Pyemic and septic embolism in pregnancy, first trimester
O88.312	Pyemic and septic embolism in pregnancy, second trimester
O88.313	Pyemic and septic embolism in pregnancy, third trimester
O88.319	Pyemic and septic embolism in pregnancy, unspecified trimester
O88.32	Pyemic and septic embolism in childbirth
O88.33	Pyemic and septic embolism in the puerperium
O88.811	Other embolism in pregnancy, first trimester
O88.812	Other embolism in pregnancy, second trimester
O88.813	Other embolism in pregnancy, third trimester
O88.819	Other embolism in pregnancy, unspecified trimester
O88.82	Other embolism in childbirth
O88.83	Other embolism in the puerperium
O90.2	Hematoma of obstetric wound
O99.111	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester
O99.112	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester
O99.113	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
O99.119	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, unspecified trimester
O99.12	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth
O99.13	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium



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Code	Description
O99.891	Other specified diseases and conditions complicating pregnancy
O99.892	Other specified diseases and conditions complicating childbirth
O99.893	Other specified diseases and conditions complicating puerperium
P02.1	Newborn affected by other forms of placental separation and hemorrhage
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P05.9	Newborn affected by slow intrauterine growth, unspecified
P10.0	Subdural hemorrhage due to birth injury
P10.1	Cerebral hemorrhage due to birth injury
P10.2	Intraventricular hemorrhage due to birth injury
P10.3	Subarachnoid hemorrhage due to birth injury
P10.4	Tentorial tear due to birth injury
P10.8	Other intracranial lacerations and hemorrhages due to birth injury
P10.9	Unspecified intracranial laceration and hemorrhage due to birth injury
P11.0	Cerebral edema due to birth injury
P11.1	Other specified brain damage due to birth injury
P11.2	Unspecified brain damage due to birth injury
P11.9	Birth injury to central nervous system, unspecified
P12.2	Epicranial subaponeurotic hemorrhage due to birth injury
P15.0	Birth injury to liver
P15.1	Birth injury to spleen
P15.2	Sternomastoid injury due to birth injury
P15.3	Birth injury to eye
P15.4	Birth injury to face
P15.5	Birth injury to external genitalia
P15.6	Subcutaneous fat necrosis due to birth injury
P15.8	Other specified birth injuries
P26.0	Tracheobronchial hemorrhage originating in the perinatal period



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Code	Description
P26.1	Massive pulmonary hemorrhage originating in the perinatal period
P26.8	Other pulmonary hemorrhages originating in the perinatal period
P26.9	Unspecified pulmonary hemorrhage originating in the perinatal period
P50.0	Newborn affected by intrauterine (fetal) blood loss from vasa previa
P50.1	Newborn affected by intrauterine (fetal) blood loss from ruptured cord
P50.2	Newborn affected by intrauterine (fetal) blood loss from placenta
P50.3	Newborn affected by hemorrhage into co-twin
P50.4	Newborn affected by hemorrhage into maternal circulation
P50.5	Newborn affected by intrauterine (fetal) blood loss from cut end of co-twin's cord
P50.8	Newborn affected by other intrauterine (fetal) blood loss
P50.9	Newborn affected by intrauterine (fetal) blood loss, unspecified
P51.0	Massive umbilical hemorrhage of newborn
P51.8	Other umbilical hemorrhages of newborn
P51.9	Umbilical hemorrhage of newborn, unspecified
P52.0	Intraventricular (nontraumatic) hemorrhage, grade 1, of newborn
P52.1	Intraventricular (nontraumatic) hemorrhage, grade 2, of newborn
P52.21	Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn
P52.22	Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn
P52.3	Unspecified intraventricular (nontraumatic) hemorrhage of newborn
P52.4	Intracerebral (nontraumatic) hemorrhage of newborn
P52.5	Subarachnoid (nontraumatic) hemorrhage of newborn
P52.6	Cerebellar (nontraumatic) and posterior fossa hemorrhage of newborn
P52.8	Other intracranial (nontraumatic) hemorrhages of newborn
P52.9	Intracranial (nontraumatic) hemorrhage of newborn, unspecified
P53	Hemorrhagic disease of newborn
P54.0	Neonatal hematemesis
P54.1	Neonatal melena
P54.2	Neonatal rectal hemorrhage



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Code	Description
P54.3	Other neonatal gastrointestinal hemorrhage
P54.4	Neonatal adrenal hemorrhage
P54.5	Neonatal cutaneous hemorrhage
P54.6	Neonatal vaginal hemorrhage
P54.8	Other specified neonatal hemorrhages
P54.9	Neonatal hemorrhage, unspecified
P57.8	Other specified kernicterus
P57.9	Kernicterus, unspecified
P58.0	Neonatal jaundice due to bruising
P58.1	Neonatal jaundice due to bleeding
P58.2	Neonatal jaundice due to infection
P58.3	Neonatal jaundice due to polycythemia
P58.41	Neonatal jaundice due to drugs or toxins transmitted from mother
P58.42	Neonatal jaundice due to drugs or toxins given to newborn
P58.5	Neonatal jaundice due to swallowed maternal blood
P58.8	Neonatal jaundice due to other specified excessive hemolysis
P58.9	Neonatal jaundice due to excessive hemolysis, unspecified
P59.0	Neonatal jaundice associated with preterm delivery
P59.1	Inspissated bile syndrome
P59.20	Neonatal jaundice from unspecified hepatocellular damage
P59.29	Neonatal jaundice from other hepatocellular damage
P59.3	Neonatal jaundice from breast milk inhibitor
P59.8	Neonatal jaundice from other specified causes
P59.9	Neonatal jaundice, unspecified
P60	Disseminated intravascular coagulation of newborn
P61.0	Transient neonatal thrombocytopenia
P61.1	Polycythemia neonatorum
P61.2	Anemia of prematurity



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Code	Description
P61.3	Congenital anemia from fetal blood loss
P61.4	Other congenital anemias, not elsewhere classified
P61.5	Transient neonatal neutropenia
P61.6	Other transient neonatal disorders of coagulation
P61.8	Other specified perinatal hematological disorders
P61.9	Perinatal hematological disorder, unspecified
R04.0	Epistaxis
R04.1	Hemorrhage from throat
R04.2	Hemoptysis
R04.81	Acute idiopathic pulmonary hemorrhage in infants
R04.89	Hemorrhage from other sites in respiratory passages
R04.9	Hemorrhage from respiratory passages, unspecified
R06.02	Shortness of breath
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.83	Colic
R10.84	Generalized abdominal pain



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Code	Description
R10.9	Unspecified abdominal pain
R17	Unspecified jaundice
R23.3	Spontaneous ecchymoses
R29.700	NIHSS score 0
R29.701	NIHSS score 1
R29.702	NIHSS score 2
R29.703	NIHSS score 3
R29.704	NIHSS score 4
R29.705	NIHSS score 5
R29.706	NIHSS score 6
R29.707	NIHSS score 7
R29.708	NIHSS score 8
R29.709	NIHSS score 9
R29.710	NIHSS score 10
R29.711	NIHSS score 11
R29.712	NIHSS score 12
R29.713	NIHSS score 13
R29.714	NIHSS score 14
R29.715	NIHSS score 15
R29.716	NIHSS score 16
R29.717	NIHSS score 17
R29.718	NIHSS score 18
R29.719	NIHSS score 19
R29.720	NIHSS score 20
R29.721	NIHSS score 21
R29.722	NIHSS score 22
R29.723	NIHSS score 23
R29.724	NIHSS score 24



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Code	Description
R29.725	NIHSS score 25
R29.726	NIHSS score 26
R29.727	NIHSS score 27
R29.728	NIHSS score 28
R29.729	NIHSS score 29
R29.730	NIHSS score 30
R29.731	NIHSS score 31
R29.732	NIHSS score 32
R29.733	NIHSS score 33
R29.734	NIHSS score 34
R29.735	NIHSS score 35
R29.736	NIHSS score 36
R29.737	NIHSS score 37
R29.738	NIHSS score 38
R29.739	NIHSS score 39
R29.740	NIHSS score 40
R29.741	NIHSS score 41
R29.742	NIHSS score 42
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.21	Asymptomatic microscopic hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission



**Medicare National Coverage Determinations (NCD)
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Code	Description
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission
R55	Syncope and collapse
R57.9	Shock, unspecified
R79.1	Abnormal coagulation profile
S00.03XA	Contusion of scalp, initial encounter
S00.10XA	Contusion of unspecified eyelid and periocular area, initial encounter
S00.11XA	Contusion of right eyelid and periocular area, initial encounter
S00.12XA	Contusion of left eyelid and periocular area, initial encounter
S00.33XA	Contusion of nose, initial encounter
S00.431A	Contusion of right ear, initial encounter
S00.432A	Contusion of left ear, initial encounter



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Code	Description
S00.439A	Contusion of unspecified ear, initial encounter
S00.531A	Contusion of lip, initial encounter
S00.532A	Contusion of oral cavity, initial encounter
S00.83XA	Contusion of other part of head, initial encounter
S00.93XA	Contusion of unspecified part of head, initial encounter
S01.90XA	Unspecified open wound of unspecified part of head, initial encounter
S02.0XXA	Fracture of vault of skull, initial encounter for closed fracture
S02.0XXB	Fracture of vault of skull, initial encounter for open fracture
S02.101A	Fracture of base of skull, right side, initial encounter for closed fracture
S02.101B	Fracture of base of skull, right side, initial encounter for open fracture
S02.102A	Fracture of base of skull, left side, initial encounter for closed fracture
S02.102B	Fracture of base of skull, left side, initial encounter for open fracture
S02.109A	Fracture of base of skull, unspecified side, initial encounter for closed fracture
S02.109B	Fracture of base of skull, unspecified side, initial encounter for open fracture
S02.110A	Type I occipital condyle fracture, unspecified side, initial encounter for closed fracture
S02.110B	Type I occipital condyle fracture, unspecified side, initial encounter for open fracture
S02.111A	Type II occipital condyle fracture, unspecified side, initial encounter for closed fracture
S02.111B	Type II occipital condyle fracture, unspecified side, initial encounter for open fracture
S02.112A	Type III occipital condyle fracture, unspecified side, initial encounter for closed fracture
S02.112B	Type III occipital condyle fracture, unspecified side, initial encounter for open fracture
S02.113A	Unspecified occipital condyle fracture, initial encounter for closed fracture
S02.113B	Unspecified occipital condyle fracture, initial encounter for open fracture
S02.118A	Other fracture of occiput, unspecified side, initial encounter for closed fracture
S02.118B	Other fracture of occiput, unspecified side, initial encounter for open fracture
S02.119A	Unspecified fracture of occiput, initial encounter for closed fracture



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

Code	Description
S02.119B	Unspecified fracture of occiput, initial encounter for open fracture
S02.11AA	Type I occipital condyle fracture, right side, initial encounter for closed fracture
S02.11AB	Type I occipital condyle fracture, right side, initial encounter for open fracture
S02.11BA	Type I occipital condyle fracture, left side, initial encounter for closed fracture
S02.11BB	Type I occipital condyle fracture, left side, initial encounter for open fracture
S02.11CA	Type II occipital condyle fracture, right side, initial encounter for closed fracture
S02.11CB	Type II occipital condyle fracture, right side, initial encounter for open fracture
S02.11DA	Type II occipital condyle fracture, left side, initial encounter for closed fracture
S02.11DB	Type II occipital condyle fracture, left side, initial encounter for open fracture
S02.11EA	Type III occipital condyle fracture, right side, initial encounter for closed fracture
S02.11EB	Type III occipital condyle fracture, right side, initial encounter for open fracture
S02.11FA	Type III occipital condyle fracture, left side, initial encounter for closed fracture
S02.11FB	Type III occipital condyle fracture, left side, initial encounter for open fracture
S02.11GA	Other fracture of occiput, right side, initial encounter for closed fracture
S02.11GB	Other fracture of occiput, right side, initial encounter for open fracture
S02.11HA	Other fracture of occiput, left side, initial encounter for closed fracture
S02.11HB	Other fracture of occiput, left side, initial encounter for open fracture
S02.121A	Fracture of orbital roof, right side, initial encounter for closed fracture
S02.121B	Fracture of orbital roof, right side, initial encounter for open fracture
S02.121D	Fracture of orbital roof, right side, subsequent encounter for fracture with routine healing
S02.121G	Fracture of orbital roof, right side, subsequent encounter for fracture with delayed healing
S02.121K	Fracture of orbital roof, right side, subsequent encounter for fracture with nonunion
S02.121S	Fracture of orbital roof, right side, sequela
S02.122A	Fracture of orbital roof, left side, initial encounter for closed fracture
S02.122B	Fracture of orbital roof, left side, initial encounter for open fracture
S02.122D	Fracture of orbital roof, left side, subsequent encounter for fracture with routine healing



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Code	Description
S02.122G	Fracture of orbital roof, left side, subsequent encounter for fracture with delayed healing
S02.122K	Fracture of orbital roof, left side, subsequent encounter for fracture with nonunion
S02.122S	Fracture of orbital roof, left side, sequela
S02.19XA	Other fracture of base of skull, initial encounter for closed fracture
S02.19XB	Other fracture of base of skull, initial encounter for open fracture
S02.30XA	Fracture of orbital floor, unspecified side, initial encounter for closed fracture
S02.30XB	Fracture of orbital floor, unspecified side, initial encounter for open fracture
S02.31XA	Fracture of orbital floor, right side, initial encounter for closed fracture
S02.31XB	Fracture of orbital floor, right side, initial encounter for open fracture
S02.32XA	Fracture of orbital floor, left side, initial encounter for closed fracture
S02.32XB	Fracture of orbital floor, left side, initial encounter for open fracture
S02.400A	Malar fracture, unspecified side, initial encounter for closed fracture
S02.400B	Malar fracture, unspecified side, initial encounter for open fracture
S02.401A	Maxillary fracture, unspecified side, initial encounter for closed fracture
S02.401B	Maxillary fracture, unspecified side, initial encounter for open fracture
S02.402A	Zygomatic fracture, unspecified side, initial encounter for closed fracture
S02.402B	Zygomatic fracture, unspecified side, initial encounter for open fracture
S02.40AA	Malar fracture, right side, initial encounter for closed fracture
S02.40AB	Malar fracture, right side, initial encounter for open fracture
S02.40BA	Malar fracture, left side, initial encounter for closed fracture
S02.40BB	Malar fracture, left side, initial encounter for open fracture
S02.40CA	Maxillary fracture, right side, initial encounter for closed fracture
S02.40CB	Maxillary fracture, right side, initial encounter for open fracture
S02.40DA	Maxillary fracture, left side, initial encounter for closed fracture
S02.40DB	Maxillary fracture, left side, initial encounter for open fracture
S02.40EA	Zygomatic fracture, right side, initial encounter for closed fracture
S02.40EB	Zygomatic fracture, right side, initial encounter for open fracture
S02.40FA	Zygomatic fracture, left side, initial encounter for closed fracture

NCD 190.16

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



**Medicare National Coverage Determinations (NCD)
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Code	Description
S02.40FB	Zygomatic fracture, left side, initial encounter for open fracture
S02.411A	LeFort I fracture, initial encounter for closed fracture
S02.411B	LeFort I fracture, initial encounter for open fracture
S02.412A	LeFort II fracture, initial encounter for closed fracture
S02.412B	LeFort II fracture, initial encounter for open fracture
S02.413A	LeFort III fracture, initial encounter for closed fracture
S02.413B	LeFort III fracture, initial encounter for open fracture
S02.42XA	Fracture of alveolus of maxilla, initial encounter for closed fracture
S02.42XB	Fracture of alveolus of maxilla, initial encounter for open fracture
S02.600A	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for closed fracture
S02.600B	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for open fracture
S02.601A	Fracture of unspecified part of body of right mandible, initial encounter for closed fracture
S02.601B	Fracture of unspecified part of body of right mandible, initial encounter for open fracture
S02.602A	Fracture of unspecified part of body of left mandible, initial encounter for closed fracture
S02.602B	Fracture of unspecified part of body of left mandible, initial encounter for open fracture
S02.609A	Fracture of mandible, unspecified, initial encounter for closed fracture
S02.609B	Fracture of mandible, unspecified, initial encounter for open fracture
S02.610A	Fracture of condylar process of mandible, unspecified side, initial encounter for closed fracture
S02.610B	Fracture of condylar process of mandible, unspecified side, initial encounter for open fracture
S02.611A	Fracture of condylar process of right mandible, initial encounter for closed fracture
S02.611B	Fracture of condylar process of right mandible, initial encounter for open fracture
S02.612A	Fracture of condylar process of left mandible, initial encounter for closed fracture
S02.612B	Fracture of condylar process of left mandible, initial encounter for open fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S02.620A	Fracture of subcondylar process of mandible, unspecified side, initial encounter for closed fracture
S02.620B	Fracture of subcondylar process of mandible, unspecified side, initial encounter for open fracture
S02.621A	Fracture of subcondylar process of right mandible, initial encounter for closed fracture
S02.621B	Fracture of subcondylar process of right mandible, initial encounter for open fracture
S02.622A	Fracture of subcondylar process of left mandible, initial encounter for closed fracture
S02.622B	Fracture of subcondylar process of left mandible, initial encounter for open fracture
S02.630A	Fracture of coronoid process of mandible, unspecified side, initial encounter for closed fracture
S02.630B	Fracture of coronoid process of mandible, unspecified side, initial encounter for open fracture
S02.631A	Fracture of coronoid process of right mandible, initial encounter for closed fracture
S02.631B	Fracture of coronoid process of right mandible, initial encounter for open fracture
S02.632A	Fracture of coronoid process of left mandible, initial encounter for closed fracture
S02.632B	Fracture of coronoid process of left mandible, initial encounter for open fracture
S02.640A	Fracture of ramus of mandible, unspecified side, initial encounter for closed fracture
S02.640B	Fracture of ramus of mandible, unspecified side, initial encounter for open fracture
S02.641A	Fracture of ramus of right mandible, initial encounter for closed fracture
S02.641B	Fracture of ramus of right mandible, initial encounter for open fracture
S02.642A	Fracture of ramus of left mandible, initial encounter for closed fracture
S02.642B	Fracture of ramus of left mandible, initial encounter for open fracture
S02.650A	Fracture of angle of mandible, unspecified side, initial encounter for closed fracture
S02.650B	Fracture of angle of mandible, unspecified side, initial encounter for open fracture
S02.651A	Fracture of angle of right mandible, initial encounter for closed fracture
S02.651B	Fracture of angle of right mandible, initial encounter for open fracture
S02.652A	Fracture of angle of left mandible, initial encounter for closed fracture
S02.652B	Fracture of angle of left mandible, initial encounter for open fracture



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Code	Description
S02.66XA	Fracture of symphysis of mandible, initial encounter for closed fracture
S02.66XB	Fracture of symphysis of mandible, initial encounter for open fracture
S02.670A	Fracture of alveolus of mandible, unspecified side, initial encounter for closed fracture
S02.670B	Fracture of alveolus of mandible, unspecified side, initial encounter for open fracture
S02.671A	Fracture of alveolus of right mandible, initial encounter for closed fracture
S02.671B	Fracture of alveolus of right mandible, initial encounter for open fracture
S02.672A	Fracture of alveolus of left mandible, initial encounter for closed fracture
S02.672B	Fracture of alveolus of left mandible, initial encounter for open fracture
S02.69XA	Fracture of mandible of other specified site, initial encounter for closed fracture
S02.69XB	Fracture of mandible of other specified site, initial encounter for open fracture
S02.80XA	Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture
S02.80XB	Fracture of other specified skull and facial bones, unspecified side, initial encounter for open fracture
S02.81XA	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture
S02.81XB	Fracture of other specified skull and facial bones, right side, initial encounter for open fracture
S02.82XA	Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture
S02.82XB	Fracture of other specified skull and facial bones, left side, initial encounter for open fracture
S02.831A	Fracture of medial orbital wall, right side, initial encounter for closed fracture
S02.831B	Fracture of medial orbital wall, right side, initial encounter for open fracture
S02.831D	Fracture of medial orbital wall, right side, subsequent encounter for fracture with routine healing
S02.831G	Fracture of medial orbital wall, right side, subsequent encounter for fracture with delayed healing
S02.831K	Fracture of medial orbital wall, right side, subsequent encounter for fracture with nonunion



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

Code	Description
S02.831S	Fracture of medial orbital wall, right side, sequela
S02.832A	Fracture of medial orbital wall, left side, initial encounter for closed fracture
S02.832B	Fracture of medial orbital wall, left side, initial encounter for open fracture
S02.832D	Fracture of medial orbital wall, left side, subsequent encounter for fracture with routine healing
S02.832G	Fracture of medial orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.832K	Fracture of medial orbital wall, left side, subsequent encounter for fracture with nonunion
S02.832S	Fracture of medial orbital wall, left side, sequela
S02.841A	Fracture of lateral orbital wall, right side, initial encounter for closed fracture
S02.841B	Fracture of lateral orbital wall, right side, initial encounter for open fracture
S02.841D	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with routine healing
S02.841G	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with delayed healing
S02.841K	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with nonunion
S02.841S	Fracture of lateral orbital wall, right side, sequela
S02.842A	Fracture of lateral orbital wall, left side, initial encounter for closed fracture
S02.842B	Fracture of lateral orbital wall, left side, initial encounter for open fracture
S02.842D	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with routine healing
S02.842G	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.842K	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with nonunion
S02.842S	Fracture of lateral orbital wall, left side, sequela
S02.91XA	Unspecified fracture of skull, initial encounter for closed fracture
S02.91XB	Unspecified fracture of skull, initial encounter for open fracture
S02.92XA	Unspecified fracture of facial bones, initial encounter for closed fracture



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

Code	Description
S02.92XB	Unspecified fracture of facial bones, initial encounter for open fracture
S05.10XA	Contusion of eyeball and orbital tissues, unspecified eye, initial encounter
S05.11XA	Contusion of eyeball and orbital tissues, right eye, initial encounter
S05.12XA	Contusion of eyeball and orbital tissues, left eye, initial encounter
S05.90XA	Unspecified injury of unspecified eye and orbit, initial encounter
S06.330A	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, initial encounter
S06.331A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter
S06.332A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.333A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.334A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.335A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.336A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.337A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.338A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.339A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter
S06.340A	Traumatic hemorrhage of right cerebrum without loss of consciousness, initial encounter
S06.341A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S06.342A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.343A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.344A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.345A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.346A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.347A	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.348A	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.349A	Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.350A	Traumatic hemorrhage of left cerebrum without loss of consciousness, initial encounter
S06.351A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, initial encounter
S06.352A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.353A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.354A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.355A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.356A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.357A	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S06.358A	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.359A	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.360A	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, initial encounter
S06.361A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter
S06.362A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.363A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.364A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.365A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.366A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.367A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.368A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.369A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter
S06.4X0A	Epidural hemorrhage without loss of consciousness, initial encounter
S06.4X1A	Epidural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.4X2A	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.4X3A	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter



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Code	Description
S06.4X4A	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.4X5A	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.4X6A	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.4X7A	Epidural hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.4X8A	Epidural hemorrhage with loss of consciousness of any duration with death due to other causes prior to regaining consciousness, initial encounter
S06.4X9A	Epidural hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.5X0A	Traumatic subdural hemorrhage without loss of consciousness, initial encounter
S06.5X1A	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.5X2A	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.5X3A	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.5X4A	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.5X5A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.5X6A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.5X7A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness, initial encounter
S06.5X8A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to other cause before regaining consciousness, initial encounter
S06.5X9A	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.6X0A	Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter



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Code	Description
S06.6X1A	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.6X2A	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.6X3A	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.6X4A	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.6X5A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.6X6A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.6X7A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.6X8A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.6X9A	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.890A	Other specified intracranial injury without loss of consciousness, initial encounter
S06.891A	Other specified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter
S06.892A	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.893A	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.894A	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.895A	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.896A	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S06.897A	Other specified intracranial injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.898A	Other specified intracranial injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.899A	Other specified intracranial injury with loss of consciousness of unspecified duration, initial encounter
S06.9X0A	Unspecified intracranial injury without loss of consciousness, initial encounter
S06.9X1A	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter
S06.9X2A	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.9X3A	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.9X4A	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.9X5A	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.9X6A	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.9X7A	Unspecified intracranial injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.9X8A	Unspecified intracranial injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.9X9A	Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter
S07.0XXA	Crushing injury of face, initial encounter
S07.1XXA	Crushing injury of skull, initial encounter
S07.8XXA	Crushing injury of other parts of head, initial encounter
S07.9XXA	Crushing injury of head, part unspecified, initial encounter
S09.0XXA	Injury of blood vessels of head, not elsewhere classified, initial encounter
S10.0XXA	Contusion of throat, initial encounter
S10.83XA	Contusion of other specified part of neck, initial encounter



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

Code	Description
S10.93XA	Contusion of unspecified part of neck, initial encounter
S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
S12.01XA	Stable burst fracture of first cervical vertebra, initial encounter for closed fracture
S12.01XB	Stable burst fracture of first cervical vertebra, initial encounter for open fracture
S12.02XA	Unstable burst fracture of first cervical vertebra, initial encounter for closed fracture
S12.02XB	Unstable burst fracture of first cervical vertebra, initial encounter for open fracture
S12.030A	Displaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture
S12.030B	Displaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture
S12.031A	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture
S12.031B	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture
S12.040A	Displaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture
S12.040B	Displaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture
S12.041A	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture
S12.041B	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture
S12.090A	Other displaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.090B	Other displaced fracture of first cervical vertebra, initial encounter for open fracture



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

Code	Description
S12.091A	Other nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.091B	Other nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
S12.110A	Anterior displaced Type II dens fracture, initial encounter for closed fracture
S12.110B	Anterior displaced Type II dens fracture, initial encounter for open fracture
S12.111A	Posterior displaced Type II dens fracture, initial encounter for closed fracture
S12.111B	Posterior displaced Type II dens fracture, initial encounter for open fracture
S12.112A	Nondisplaced Type II dens fracture, initial encounter for closed fracture
S12.112B	Nondisplaced Type II dens fracture, initial encounter for open fracture
S12.120A	Other displaced dens fracture, initial encounter for closed fracture
S12.120B	Other displaced dens fracture, initial encounter for open fracture
S12.121A	Other nondisplaced dens fracture, initial encounter for closed fracture
S12.121B	Other nondisplaced dens fracture, initial encounter for open fracture
S12.130A	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.130B	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.131A	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.131B	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.14XA	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for closed fracture



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

Code	Description
S12.14XB	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.150A	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.150B	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.151A	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.151B	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.190A	Other displaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.190B	Other displaced fracture of second cervical vertebra, initial encounter for open fracture
S12.191A	Other nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.191B	Other nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
S12.230A	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.230B	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.231A	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture



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

Code	Description
S12.231B	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.24XA	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.24XB	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.250A	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.250B	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.251A	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.251B	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.290A	Other displaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.290B	Other displaced fracture of third cervical vertebra, initial encounter for open fracture
S12.291A	Other nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.291B	Other nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.330A	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.330B	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture



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

Code	Description
S12.331A	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.331B	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.34XA	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.34XB	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.350A	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.350B	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.351A	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.351B	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.390A	Other displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.390B	Other displaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.391A	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.391B	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture



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

Code	Description
S12.430A	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.430B	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.431A	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.431B	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.44XA	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.44XB	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.450A	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.450B	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.451A	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.451B	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.490A	Other displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.490B	Other displaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.491A	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.491B	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture



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

Code	Description
S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.530A	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.530B	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.531A	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.531B	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.54XA	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.54XB	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.550A	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.550B	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.551A	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.551B	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.590A	Other displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.590B	Other displaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.591A	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.591B	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture



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

Code	Description
S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.630A	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.630B	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.631A	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.631B	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.64XA	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.64XB	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.650A	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.650B	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.651A	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.651B	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.690A	Other displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.690B	Other displaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.691A	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.691B	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.9XXA	Fracture of neck, unspecified, initial encounter



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

Code	Description
S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
S14.104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
S14.105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter
S14.106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter
S14.107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter
S14.109A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter
S14.111A	Complete lesion at C1 level of cervical spinal cord, initial encounter
S14.112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
S14.113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
S14.114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
S14.115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
S14.116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
S14.117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
S14.121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
S14.125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter
S14.127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter
S14.135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter



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

Code	Description
S14.137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
S14.152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
S14.153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
S14.154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
S14.155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter
S14.156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
S14.157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
S15.001A	Unspecified injury of right carotid artery, initial encounter
S15.002A	Unspecified injury of left carotid artery, initial encounter
S15.009A	Unspecified injury of unspecified carotid artery, initial encounter
S15.011A	Minor laceration of right carotid artery, initial encounter
S15.012A	Minor laceration of left carotid artery, initial encounter
S15.019A	Minor laceration of unspecified carotid artery, initial encounter
S15.021A	Major laceration of right carotid artery, initial encounter
S15.022A	Major laceration of left carotid artery, initial encounter
S15.029A	Major laceration of unspecified carotid artery, initial encounter
S15.091A	Other specified injury of right carotid artery, initial encounter
S15.092A	Other specified injury of left carotid artery, initial encounter
S15.099A	Other specified injury of unspecified carotid artery, initial encounter
S15.101A	Unspecified injury of right vertebral artery, initial encounter
S15.102A	Unspecified injury of left vertebral artery, initial encounter
S15.109A	Unspecified injury of unspecified vertebral artery, initial encounter
S15.111A	Minor laceration of right vertebral artery, initial encounter
S15.112A	Minor laceration of left vertebral artery, initial encounter
S15.119A	Minor laceration of unspecified vertebral artery, initial encounter
S15.121A	Major laceration of right vertebral artery, initial encounter
S15.122A	Major laceration of left vertebral artery, initial encounter



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

Code	Description
S15.129A	Major laceration of unspecified vertebral artery, initial encounter
S15.191A	Other specified injury of right vertebral artery, initial encounter
S15.192A	Other specified injury of left vertebral artery, initial encounter
S15.199A	Other specified injury of unspecified vertebral artery, initial encounter
S15.201A	Unspecified injury of right external jugular vein, initial encounter
S15.202A	Unspecified injury of left external jugular vein, initial encounter
S15.209A	Unspecified injury of unspecified external jugular vein, initial encounter
S15.211A	Minor laceration of right external jugular vein, initial encounter
S15.212A	Minor laceration of left external jugular vein, initial encounter
S15.219A	Minor laceration of unspecified external jugular vein, initial encounter
S15.221A	Major laceration of right external jugular vein, initial encounter
S15.222A	Major laceration of left external jugular vein, initial encounter
S15.229A	Major laceration of unspecified external jugular vein, initial encounter
S15.291A	Other specified injury of right external jugular vein, initial encounter
S15.292A	Other specified injury of left external jugular vein, initial encounter
S15.299A	Other specified injury of unspecified external jugular vein, initial encounter
S15.301A	Unspecified injury of right internal jugular vein, initial encounter
S15.302A	Unspecified injury of left internal jugular vein, initial encounter
S15.309A	Unspecified injury of unspecified internal jugular vein, initial encounter
S15.311A	Minor laceration of right internal jugular vein, initial encounter
S15.312A	Minor laceration of left internal jugular vein, initial encounter
S15.319A	Minor laceration of unspecified internal jugular vein, initial encounter
S15.321A	Major laceration of right internal jugular vein, initial encounter
S15.322A	Major laceration of left internal jugular vein, initial encounter
S15.329A	Major laceration of unspecified internal jugular vein, initial encounter
S15.391A	Other specified injury of right internal jugular vein, initial encounter
S15.392A	Other specified injury of left internal jugular vein, initial encounter
S15.399A	Other specified injury of unspecified internal jugular vein, initial encounter



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

Code	Description
S15.8XXA	Injury of other specified blood vessels at neck level, initial encounter
S15.9XXA	Injury of unspecified blood vessel at neck level, initial encounter
S17.0XXA	Crushing injury of larynx and trachea, initial encounter
S17.8XXA	Crushing injury of other specified parts of neck, initial encounter
S17.9XXA	Crushing injury of neck, part unspecified, initial encounter
S20.00XA	Contusion of breast, unspecified breast, initial encounter
S20.01XA	Contusion of right breast, initial encounter
S20.02XA	Contusion of left breast, initial encounter
S20.20XA	Contusion of thorax, unspecified, initial encounter
S20.211A	Contusion of right front wall of thorax, initial encounter
S20.212A	Contusion of left front wall of thorax, initial encounter
S20.213A	Contusion of bilateral front wall of thorax, initial encounter
S20.213D	Contusion of bilateral front wall of thorax, subsequent encounter
S20.213S	Contusion of bilateral front wall of thorax, sequela
S20.214A	Contusion of middle front wall of thorax, initial encounter
S20.214D	Contusion of middle front wall of thorax, subsequent encounter
S20.214S	Contusion of middle front wall of thorax, sequela
S20.219A	Contusion of unspecified front wall of thorax, initial encounter
S20.221A	Contusion of right back wall of thorax, initial encounter
S20.222A	Contusion of left back wall of thorax, initial encounter
S20.223A	Contusion of bilateral back wall of thorax, initial encounter
S20.223D	Contusion of bilateral back wall of thorax, subsequent encounter
S20.223S	Contusion of bilateral back wall of thorax, sequela
S20.224A	Contusion of middle back wall of thorax, initial encounter
S20.224D	Contusion of middle back wall of thorax, subsequent encounter
S20.224S	Contusion of middle back wall of thorax, sequela
S20.229A	Contusion of unspecified back wall of thorax, initial encounter
S20.303A	Unspecified superficial injuries of bilateral front wall of thorax, initial encounter



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

Code	Description
S20.303D	Unspecified superficial injuries of bilateral front wall of thorax, subsequent encounter
S20.303S	Unspecified superficial injuries of bilateral front wall of thorax, sequela
S20.304A	Unspecified superficial injuries of middle front wall of thorax, initial encounter
S20.304D	Unspecified superficial injuries of middle front wall of thorax, subsequent encounter
S20.304S	Unspecified superficial injuries of middle front wall of thorax, sequela
S20.313A	Abrasion of bilateral front wall of thorax, initial encounter
S20.313D	Abrasion of bilateral front wall of thorax, subsequent encounter
S20.313S	Abrasion of bilateral front wall of thorax, sequela
S20.314A	Abrasion of middle front wall of thorax, initial encounter
S20.314D	Abrasion of middle front wall of thorax, subsequent encounter
S20.314S	Abrasion of middle front wall of thorax, sequela
S20.323A	Blister (nonthermal) of bilateral front wall of thorax, initial encounter
S20.323D	Blister (nonthermal) of bilateral front wall of thorax, subsequent encounter
S20.323S	Blister (nonthermal) of bilateral front wall of thorax, sequela
S20.324A	Blister (nonthermal) of middle front wall of thorax, initial encounter
S20.324D	Blister (nonthermal) of middle front wall of thorax, subsequent encounter
S20.324S	Blister (nonthermal) of middle front wall of thorax, sequela
S20.343A	External constriction of bilateral front wall of thorax, initial encounter
S20.343D	External constriction of bilateral front wall of thorax, subsequent encounter
S20.343S	External constriction of bilateral front wall of thorax, sequela
S20.344A	External constriction of middle front wall of thorax, initial encounter
S20.344D	External constriction of middle front wall of thorax, subsequent encounter
S20.344S	External constriction of middle front wall of thorax, sequela
S20.353A	Superficial foreign body of bilateral front wall of thorax, initial encounter
S20.353D	Superficial foreign body of bilateral front wall of thorax, subsequent encounter
S20.353S	Superficial foreign body of bilateral front wall of thorax, sequela
S20.354A	Superficial foreign body of middle front wall of thorax, initial encounter
S20.354D	Superficial foreign body of middle front wall of thorax, subsequent encounter

NCD 190.16

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S20.354S	Superficial foreign body of middle front wall of thorax, sequela
S20.363A	Insect bite (nonvenomous) of bilateral front wall of thorax, initial encounter
S20.363D	Insect bite (nonvenomous) of bilateral front wall of thorax, subsequent encounter
S20.363S	Insect bite (nonvenomous) of bilateral front wall of thorax, sequela
S20.364A	Insect bite (nonvenomous) of middle front wall of thorax, initial encounter
S20.364D	Insect bite (nonvenomous) of middle front wall of thorax, subsequent encounter
S20.364S	Insect bite (nonvenomous) of middle front wall of thorax, sequela
S20.373A	Other superficial bite of bilateral front wall of thorax, initial encounter
S20.373D	Other superficial bite of bilateral front wall of thorax, subsequent encounter
S20.373S	Other superficial bite of bilateral front wall of thorax, sequela
S20.374A	Other superficial bite of middle front wall of thorax, initial encounter
S20.374D	Other superficial bite of middle front wall of thorax, subsequent encounter
S20.374S	Other superficial bite of middle front wall of thorax, sequela
S21.301A	Unspecified open wound of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.302A	Unspecified open wound of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.309A	Unspecified open wound of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.311A	Laceration without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.312A	Laceration without foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.319A	Laceration without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.321A	Laceration with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.322A	Laceration with foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.329A	Laceration with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter



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

Code	Description
S21.331A	Puncture wound without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.332A	Puncture wound without foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.339A	Puncture wound without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.341A	Puncture wound with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.342A	Puncture wound with foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.349A	Puncture wound with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.351A	Open bite of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.352A	Open bite of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.359A	Open bite of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.401A	Unspecified open wound of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.402A	Unspecified open wound of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.409A	Unspecified open wound of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.411A	Laceration without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.412A	Laceration without foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.419A	Laceration without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.421A	Laceration with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter



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

Code	Description
S21.422A	Laceration with foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.429A	Laceration with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.431A	Puncture wound without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.432A	Puncture wound without foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.439A	Puncture wound without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.441A	Puncture wound with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.442A	Puncture wound with foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.449A	Puncture wound with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.451A	Open bite of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.452A	Open bite of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.459A	Open bite of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S22.000A	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.000B	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.001A	Stable burst fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.001B	Stable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.002A	Unstable burst fracture of unspecified thoracic vertebra, initial encounter for closed fracture



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

Code	Description
S22.002B	Unstable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.008A	Other fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.008B	Other fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.009A	Unspecified fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.009B	Unspecified fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.010A	Wedge compression fracture of first thoracic vertebra, initial encounter for closed fracture
S22.010B	Wedge compression fracture of first thoracic vertebra, initial encounter for open fracture
S22.011A	Stable burst fracture of first thoracic vertebra, initial encounter for closed fracture
S22.011B	Stable burst fracture of first thoracic vertebra, initial encounter for open fracture
S22.012A	Unstable burst fracture of first thoracic vertebra, initial encounter for closed fracture
S22.012B	Unstable burst fracture of first thoracic vertebra, initial encounter for open fracture
S22.018A	Other fracture of first thoracic vertebra, initial encounter for closed fracture
S22.018B	Other fracture of first thoracic vertebra, initial encounter for open fracture
S22.019A	Unspecified fracture of first thoracic vertebra, initial encounter for closed fracture
S22.019B	Unspecified fracture of first thoracic vertebra, initial encounter for open fracture
S22.020A	Wedge compression fracture of second thoracic vertebra, initial encounter for closed fracture
S22.020B	Wedge compression fracture of second thoracic vertebra, initial encounter for open fracture
S22.021A	Stable burst fracture of second thoracic vertebra, initial encounter for closed fracture
S22.021B	Stable burst fracture of second thoracic vertebra, initial encounter for open fracture
S22.022A	Unstable burst fracture of second thoracic vertebra, initial encounter for closed fracture
S22.022B	Unstable burst fracture of second thoracic vertebra, initial encounter for open fracture



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

Code	Description
S22.028A	Other fracture of second thoracic vertebra, initial encounter for closed fracture
S22.028B	Other fracture of second thoracic vertebra, initial encounter for open fracture
S22.029A	Unspecified fracture of second thoracic vertebra, initial encounter for closed fracture
S22.029B	Unspecified fracture of second thoracic vertebra, initial encounter for open fracture
S22.030A	Wedge compression fracture of third thoracic vertebra, initial encounter for closed fracture
S22.030B	Wedge compression fracture of third thoracic vertebra, initial encounter for open fracture
S22.031A	Stable burst fracture of third thoracic vertebra, initial encounter for closed fracture
S22.031B	Stable burst fracture of third thoracic vertebra, initial encounter for open fracture
S22.032A	Unstable burst fracture of third thoracic vertebra, initial encounter for closed fracture
S22.032B	Unstable burst fracture of third thoracic vertebra, initial encounter for open fracture
S22.038A	Other fracture of third thoracic vertebra, initial encounter for closed fracture
S22.038B	Other fracture of third thoracic vertebra, initial encounter for open fracture
S22.039A	Unspecified fracture of third thoracic vertebra, initial encounter for closed fracture
S22.039B	Unspecified fracture of third thoracic vertebra, initial encounter for open fracture
S22.040A	Wedge compression fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.040B	Wedge compression fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.041A	Stable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.041B	Stable burst fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.042A	Unstable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.042B	Unstable burst fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.048A	Other fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.048B	Other fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.049A	Unspecified fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.049B	Unspecified fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.050A	Wedge compression fracture of T5-T6 vertebra, initial encounter for closed fracture



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

Code	Description
S22.050B	Wedge compression fracture of T5-T6 vertebra, initial encounter for open fracture
S22.051A	Stable burst fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.051B	Stable burst fracture of T5-T6 vertebra, initial encounter for open fracture
S22.052A	Unstable burst fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.052B	Unstable burst fracture of T5-T6 vertebra, initial encounter for open fracture
S22.058A	Other fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.058B	Other fracture of T5-T6 vertebra, initial encounter for open fracture
S22.059A	Unspecified fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.059B	Unspecified fracture of T5-T6 vertebra, initial encounter for open fracture
S22.060A	Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.060B	Wedge compression fracture of T7-T8 vertebra, initial encounter for open fracture
S22.061A	Stable burst fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.061B	Stable burst fracture of T7-T8 vertebra, initial encounter for open fracture
S22.062A	Unstable burst fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.062B	Unstable burst fracture of T7-T8 vertebra, initial encounter for open fracture
S22.068A	Other fracture of T7-T8 thoracic vertebra, initial encounter for closed fracture
S22.068B	Other fracture of T7-T8 thoracic vertebra, initial encounter for open fracture
S22.069A	Unspecified fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.069B	Unspecified fracture of T7-T8 vertebra, initial encounter for open fracture
S22.070A	Wedge compression fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.070B	Wedge compression fracture of T9-T10 vertebra, initial encounter for open fracture
S22.071A	Stable burst fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.071B	Stable burst fracture of T9-T10 vertebra, initial encounter for open fracture
S22.072A	Unstable burst fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.072B	Unstable burst fracture of T9-T10 vertebra, initial encounter for open fracture
S22.078A	Other fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.078B	Other fracture of T9-T10 vertebra, initial encounter for open fracture
S22.079A	Unspecified fracture of T9-T10 vertebra, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S22.079B	Unspecified fracture of T9-T10 vertebra, initial encounter for open fracture
S22.080A	Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.080B	Wedge compression fracture of T11-T12 vertebra, initial encounter for open fracture
S22.081A	Stable burst fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.081B	Stable burst fracture of T11-T12 vertebra, initial encounter for open fracture
S22.082A	Unstable burst fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.082B	Unstable burst fracture of T11-T12 vertebra, initial encounter for open fracture
S22.088A	Other fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.088B	Other fracture of T11-T12 vertebra, initial encounter for open fracture
S22.089A	Unspecified fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.089B	Unspecified fracture of T11-T12 vertebra, initial encounter for open fracture
S22.20XA	Unspecified fracture of sternum, initial encounter for closed fracture
S22.20XB	Unspecified fracture of sternum, initial encounter for open fracture
S22.31XA	Fracture of one rib, right side, initial encounter for closed fracture
S22.31XB	Fracture of one rib, right side, initial encounter for open fracture
S22.32XA	Fracture of one rib, left side, initial encounter for closed fracture
S22.32XB	Fracture of one rib, left side, initial encounter for open fracture
S22.39XA	Fracture of one rib, unspecified side, initial encounter for closed fracture
S22.39XB	Fracture of one rib, unspecified side, initial encounter for open fracture
S22.41XA	Multiple fractures of ribs, right side, initial encounter for closed fracture
S22.41XB	Multiple fractures of ribs, right side, initial encounter for open fracture
S22.42XA	Multiple fractures of ribs, left side, initial encounter for closed fracture
S22.42XB	Multiple fractures of ribs, left side, initial encounter for open fracture
S22.43XA	Multiple fractures of ribs, bilateral, initial encounter for closed fracture
S22.43XB	Multiple fractures of ribs, bilateral, initial encounter for open fracture
S22.49XA	Multiple fractures of ribs, unspecified side, initial encounter for closed fracture
S22.49XB	Multiple fractures of ribs, unspecified side, initial encounter for open fracture
S22.9XXA	Fracture of bony thorax, part unspecified, initial encounter for closed fracture

NCD 190.16

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S22.9XXB	Fracture of bony thorax, part unspecified, initial encounter for open fracture
S24.101A	Unspecified injury at T1 level of thoracic spinal cord, initial encounter
S24.102A	Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter
S24.103A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter
S24.104A	Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter
S24.109A	Unspecified injury at unspecified level of thoracic spinal cord, initial encounter
S24.111A	Complete lesion at T1 level of thoracic spinal cord, initial encounter
S24.112A	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.113A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.114A	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.131A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter
S24.132A	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
S24.152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S25.00XA	Unspecified injury of thoracic aorta, initial encounter
S25.01XA	Minor laceration of thoracic aorta, initial encounter
S25.02XA	Major laceration of thoracic aorta, initial encounter
S25.09XA	Other specified injury of thoracic aorta, initial encounter
S25.101A	Unspecified injury of right innominate or subclavian artery, initial encounter
S25.102A	Unspecified injury of left innominate or subclavian artery, initial encounter
S25.109A	Unspecified injury of unspecified innominate or subclavian artery, initial encounter
S25.111A	Minor laceration of right innominate or subclavian artery, initial encounter
S25.112A	Minor laceration of left innominate or subclavian artery, initial encounter
S25.119A	Minor laceration of unspecified innominate or subclavian artery, initial encounter



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

Code	Description
S25.121A	Major laceration of right innominate or subclavian artery, initial encounter
S25.122A	Major laceration of left innominate or subclavian artery, initial encounter
S25.129A	Major laceration of unspecified innominate or subclavian artery, initial encounter
S25.191A	Other specified injury of right innominate or subclavian artery, initial encounter
S25.192A	Other specified injury of left innominate or subclavian artery, initial encounter
S25.199A	Other specified injury of unspecified innominate or subclavian artery, initial encounter
S25.20XA	Unspecified injury of superior vena cava, initial encounter
S25.21XA	Minor laceration of superior vena cava, initial encounter
S25.22XA	Major laceration of superior vena cava, initial encounter
S25.29XA	Other specified injury of superior vena cava, initial encounter
S25.301A	Unspecified injury of right innominate or subclavian vein, initial encounter
S25.302A	Unspecified injury of left innominate or subclavian vein, initial encounter
S25.309A	Unspecified injury of unspecified innominate or subclavian vein, initial encounter
S25.311A	Minor laceration of right innominate or subclavian vein, initial encounter
S25.312A	Minor laceration of left innominate or subclavian vein, initial encounter
S25.319A	Minor laceration of unspecified innominate or subclavian vein, initial encounter
S25.321A	Major laceration of right innominate or subclavian vein, initial encounter
S25.322A	Major laceration of left innominate or subclavian vein, initial encounter
S25.329A	Major laceration of unspecified innominate or subclavian vein, initial encounter
S25.391A	Other specified injury of right innominate or subclavian vein, initial encounter
S25.392A	Other specified injury of left innominate or subclavian vein, initial encounter
S25.399A	Other specified injury of unspecified innominate or subclavian vein, initial encounter
S25.401A	Unspecified injury of right pulmonary blood vessels, initial encounter
S25.402A	Unspecified injury of left pulmonary blood vessels, initial encounter
S25.409A	Unspecified injury of unspecified pulmonary blood vessels, initial encounter
S25.411A	Minor laceration of right pulmonary blood vessels, initial encounter
S25.412A	Minor laceration of left pulmonary blood vessels, initial encounter
S25.419A	Minor laceration of unspecified pulmonary blood vessels, initial encounter



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

Code	Description
S25.421A	Major laceration of right pulmonary blood vessels, initial encounter
S25.422A	Major laceration of left pulmonary blood vessels, initial encounter
S25.429A	Major laceration of unspecified pulmonary blood vessels, initial encounter
S25.491A	Other specified injury of right pulmonary blood vessels, initial encounter
S25.492A	Other specified injury of left pulmonary blood vessels, initial encounter
S25.499A	Other specified injury of unspecified pulmonary blood vessels, initial encounter
S25.501A	Unspecified injury of intercostal blood vessels, right side, initial encounter
S25.502A	Unspecified injury of intercostal blood vessels, left side, initial encounter
S25.509A	Unspecified injury of intercostal blood vessels, unspecified side, initial encounter
S25.511A	Laceration of intercostal blood vessels, right side, initial encounter
S25.512A	Laceration of intercostal blood vessels, left side, initial encounter
S25.519A	Laceration of intercostal blood vessels, unspecified side, initial encounter
S25.591A	Other specified injury of intercostal blood vessels, right side, initial encounter
S25.592A	Other specified injury of intercostal blood vessels, left side, initial encounter
S25.599A	Other specified injury of intercostal blood vessels, unspecified side, initial encounter
S25.801A	Unspecified injury of other blood vessels of thorax, right side, initial encounter
S25.802A	Unspecified injury of other blood vessels of thorax, left side, initial encounter
S25.809A	Unspecified injury of other blood vessels of thorax, unspecified side, initial encounter
S25.811A	Laceration of other blood vessels of thorax, right side, initial encounter
S25.812A	Laceration of other blood vessels of thorax, left side, initial encounter
S25.819A	Laceration of other blood vessels of thorax, unspecified side, initial encounter
S25.891A	Other specified injury of other blood vessels of thorax, right side, initial encounter
S25.892A	Other specified injury of other blood vessels of thorax, left side, initial encounter
S25.899A	Other specified injury of other blood vessels of thorax, unspecified side, initial encounter
S25.90XA	Unspecified injury of unspecified blood vessel of thorax, initial encounter
S25.91XA	Laceration of unspecified blood vessel of thorax, initial encounter
S25.99XA	Other specified injury of unspecified blood vessel of thorax, initial encounter



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

Code	Description
S26.00XA	Unspecified injury of heart with hemopericardium, initial encounter
S26.01XA	Contusion of heart with hemopericardium, initial encounter
S26.020A	Mild laceration of heart with hemopericardium, initial encounter
S26.021A	Moderate laceration of heart with hemopericardium, initial encounter
S26.022A	Major laceration of heart with hemopericardium, initial encounter
S26.09XA	Other injury of heart with hemopericardium, initial encounter
S26.10XA	Unspecified injury of heart without hemopericardium, initial encounter
S26.11XA	Contusion of heart without hemopericardium, initial encounter
S26.12XA	Laceration of heart without hemopericardium, initial encounter
S26.19XA	Other injury of heart without hemopericardium, initial encounter
S26.90XA	Unspecified injury of heart, unspecified with or without hemopericardium, initial encounter
S26.91XA	Contusion of heart, unspecified with or without hemopericardium, initial encounter
S26.92XA	Laceration of heart, unspecified with or without hemopericardium, initial encounter
S26.99XA	Other injury of heart, unspecified with or without hemopericardium, initial encounter
S27.0XXA	Traumatic pneumothorax, initial encounter
S27.1XXA	Traumatic hemothorax, initial encounter
S27.2XXA	Traumatic hemopneumothorax, initial encounter
S27.301A	Unspecified injury of lung, unilateral, initial encounter
S27.302A	Unspecified injury of lung, bilateral, initial encounter
S27.309A	Unspecified injury of lung, unspecified, initial encounter
S27.311A	Primary blast injury of lung, unilateral, initial encounter
S27.312A	Primary blast injury of lung, bilateral, initial encounter
S27.319A	Primary blast injury of lung, unspecified, initial encounter
S27.321A	Contusion of lung, unilateral, initial encounter
S27.322A	Contusion of lung, bilateral, initial encounter
S27.329A	Contusion of lung, unspecified, initial encounter
S27.331A	Laceration of lung, unilateral, initial encounter
S27.332A	Laceration of lung, bilateral, initial encounter



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

Code	Description
S27.339A	Laceration of lung, unspecified, initial encounter
S27.391A	Other injuries of lung, unilateral, initial encounter
S27.392A	Other injuries of lung, bilateral, initial encounter
S27.399A	Other injuries of lung, unspecified, initial encounter
S27.401A	Unspecified injury of bronchus, unilateral, initial encounter
S27.402A	Unspecified injury of bronchus, bilateral, initial encounter
S27.409A	Unspecified injury of bronchus, unspecified, initial encounter
S27.411A	Primary blast injury of bronchus, unilateral, initial encounter
S27.412A	Primary blast injury of bronchus, bilateral, initial encounter
S27.419A	Primary blast injury of bronchus, unspecified, initial encounter
S27.421A	Contusion of bronchus, unilateral, initial encounter
S27.422A	Contusion of bronchus, bilateral, initial encounter
S27.429A	Contusion of bronchus, unspecified, initial encounter
S27.431A	Laceration of bronchus, unilateral, initial encounter
S27.432A	Laceration of bronchus, bilateral, initial encounter
S27.439A	Laceration of bronchus, unspecified, initial encounter
S27.491A	Other injury of bronchus, unilateral, initial encounter
S27.492A	Other injury of bronchus, bilateral, initial encounter
S27.499A	Other injury of bronchus, unspecified, initial encounter
S27.50XA	Unspecified injury of thoracic trachea, initial encounter
S27.51XA	Primary blast injury of thoracic trachea, initial encounter
S27.52XA	Contusion of thoracic trachea, initial encounter
S27.53XA	Laceration of thoracic trachea, initial encounter
S27.59XA	Other injury of thoracic trachea, initial encounter
S27.60XA	Unspecified injury of pleura, initial encounter
S27.63XA	Laceration of pleura, initial encounter
S27.69XA	Other injury of pleura, initial encounter
S27.802A	Contusion of diaphragm, initial encounter



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

Code	Description
S27.803A	Laceration of diaphragm, initial encounter
S27.808A	Other injury of diaphragm, initial encounter
S27.809A	Unspecified injury of diaphragm, initial encounter
S27.812A	Contusion of esophagus (thoracic part), initial encounter
S27.813A	Laceration of esophagus (thoracic part), initial encounter
S27.818A	Other injury of esophagus (thoracic part), initial encounter
S27.819A	Unspecified injury of esophagus (thoracic part), initial encounter
S27.892A	Contusion of other specified intrathoracic organs, initial encounter
S27.893A	Laceration of other specified intrathoracic organs, initial encounter
S27.898A	Other injury of other specified intrathoracic organs, initial encounter
S27.899A	Unspecified injury of other specified intrathoracic organs, initial encounter
S27.9XXA	Injury of unspecified intrathoracic organ, initial encounter
S28.0XXA	Crushed chest, initial encounter
S30.0XXA	Contusion of lower back and pelvis, initial encounter
S30.1XXA	Contusion of abdominal wall, initial encounter
S30.201A	Contusion of unspecified external genital organ, male, initial encounter
S30.202A	Contusion of unspecified external genital organ, female, initial encounter
S30.21XA	Contusion of penis, initial encounter
S30.22XA	Contusion of scrotum and testes, initial encounter
S30.23XA	Contusion of vagina and vulva, initial encounter
S30.3XXA	Contusion of anus, initial encounter
S31.001A	Unspecified open wound of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.011A	Laceration without foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.021A	Laceration with foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.031A	Puncture wound without foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter



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

Code	Description
S31.041A	Puncture wound with foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.051A	Open bite of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.600A	Unspecified open wound of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.601A	Unspecified open wound of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.602A	Unspecified open wound of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.603A	Unspecified open wound of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.604A	Unspecified open wound of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.605A	Unspecified open wound of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.609A	Unspecified open wound of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.610A	Laceration without foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.611A	Laceration without foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.612A	Laceration without foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.613A	Laceration without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.614A	Laceration without foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.615A	Laceration without foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.619A	Laceration without foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter



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

Code	Description
S31.620A	Laceration with foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.621A	Laceration with foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.622A	Laceration with foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.623A	Laceration with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.624A	Laceration with foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.625A	Laceration with foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.629A	Laceration with foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.630A	Puncture wound without foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.631A	Puncture wound without foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.632A	Puncture wound without foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.633A	Puncture wound without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.634A	Puncture wound without foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.635A	Puncture wound without foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.639A	Puncture wound without foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.640A	Puncture wound with foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.641A	Puncture wound with foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter



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

Code	Description
S31.642A	Puncture wound with foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.643A	Puncture wound with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.644A	Puncture wound with foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.645A	Puncture wound with foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.649A	Puncture wound with foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.650A	Open bite of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.651A	Open bite of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.652A	Open bite of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.653A	Open bite of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.654A	Open bite of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.655A	Open bite of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.659A	Open bite of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.000B	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.001A	Stable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.001B	Stable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture



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

Code	Description
S32.002A	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.002B	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.008A	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.008B	Other fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010B	Wedge compression fracture of first lumbar vertebra, initial encounter for open fracture
S32.011A	Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.011B	Stable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.012A	Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.012B	Unstable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture
S32.018B	Other fracture of first lumbar vertebra, initial encounter for open fracture
S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
S32.019B	Unspecified fracture of first lumbar vertebra, initial encounter for open fracture
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020B	Wedge compression fracture of second lumbar vertebra, initial encounter for open fracture
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.021B	Stable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.022A	Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture



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Code	Description
S32.022B	Unstable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture
S32.028B	Other fracture of second lumbar vertebra, initial encounter for open fracture
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32.029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.030B	Wedge compression fracture of third lumbar vertebra, initial encounter for open fracture
S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.031B	Stable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.032B	Unstable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
S32.038B	Other fracture of third lumbar vertebra, initial encounter for open fracture
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32.039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.040B	Wedge compression fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.041B	Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.042B	Unstable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.048B	Other fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture



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Code	Description
S32.049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.050B	Wedge compression fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.051B	Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.052B	Unstable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058B	Other fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.10XA	Unspecified fracture of sacrum, initial encounter for closed fracture
S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
S32.110A	Nondisplaced Zone I fracture of sacrum, initial encounter for closed fracture
S32.110B	Nondisplaced Zone I fracture of sacrum, initial encounter for open fracture
S32.111A	Minimally displaced Zone I fracture of sacrum, initial encounter for closed fracture
S32.111B	Minimally displaced Zone I fracture of sacrum, initial encounter for open fracture
S32.112A	Severely displaced Zone I fracture of sacrum, initial encounter for closed fracture
S32.112B	Severely displaced Zone I fracture of sacrum, initial encounter for open fracture
S32.119A	Unspecified Zone I fracture of sacrum, initial encounter for closed fracture
S32.119B	Unspecified Zone I fracture of sacrum, initial encounter for open fracture
S32.120A	Nondisplaced Zone II fracture of sacrum, initial encounter for closed fracture
S32.120B	Nondisplaced Zone II fracture of sacrum, initial encounter for open fracture
S32.121A	Minimally displaced Zone II fracture of sacrum, initial encounter for closed fracture
S32.121B	Minimally displaced Zone II fracture of sacrum, initial encounter for open fracture
S32.122A	Severely displaced Zone II fracture of sacrum, initial encounter for closed fracture
S32.122B	Severely displaced Zone II fracture of sacrum, initial encounter for open fracture



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Code	Description
S32.129A	Unspecified Zone II fracture of sacrum, initial encounter for closed fracture
S32.129B	Unspecified Zone II fracture of sacrum, initial encounter for open fracture
S32.130A	Nondisplaced Zone III fracture of sacrum, initial encounter for closed fracture
S32.130B	Nondisplaced Zone III fracture of sacrum, initial encounter for open fracture
S32.131A	Minimally displaced Zone III fracture of sacrum, initial encounter for closed fracture
S32.131B	Minimally displaced Zone III fracture of sacrum, initial encounter for open fracture
S32.132A	Severely displaced Zone III fracture of sacrum, initial encounter for closed fracture
S32.132B	Severely displaced Zone III fracture of sacrum, initial encounter for open fracture
S32.139A	Unspecified Zone III fracture of sacrum, initial encounter for closed fracture
S32.139B	Unspecified Zone III fracture of sacrum, initial encounter for open fracture
S32.14XA	Type 1 fracture of sacrum, initial encounter for closed fracture
S32.14XB	Type 1 fracture of sacrum, initial encounter for open fracture
S32.15XA	Type 2 fracture of sacrum, initial encounter for closed fracture
S32.15XB	Type 2 fracture of sacrum, initial encounter for open fracture
S32.16XA	Type 3 fracture of sacrum, initial encounter for closed fracture
S32.16XB	Type 3 fracture of sacrum, initial encounter for open fracture
S32.17XA	Type 4 fracture of sacrum, initial encounter for closed fracture
S32.17XB	Type 4 fracture of sacrum, initial encounter for open fracture
S32.19XA	Other fracture of sacrum, initial encounter for closed fracture
S32.19XB	Other fracture of sacrum, initial encounter for open fracture
S32.2XXA	Fracture of coccyx, initial encounter for closed fracture
S32.2XXB	Fracture of coccyx, initial encounter for open fracture
S32.9XXA	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture
S32.9XXB	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for open fracture
S34.101A	Unspecified injury to L1 level of lumbar spinal cord, initial encounter
S34.102A	Unspecified injury to L2 level of lumbar spinal cord, initial encounter
S34.103A	Unspecified injury to L3 level of lumbar spinal cord, initial encounter



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Code	Description
S34.104A	Unspecified injury to L4 level of lumbar spinal cord, initial encounter
S34.105A	Unspecified injury to L5 level of lumbar spinal cord, initial encounter
S34.109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
S34.111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter
S34.112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter
S34.113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter
S34.114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter
S34.115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter
S34.119A	Complete lesion of unspecified level of lumbar spinal cord, initial encounter
S34.121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter
S34.122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter
S34.123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter
S34.124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter
S34.125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter
S34.129A	Incomplete lesion of unspecified level of lumbar spinal cord, initial encounter
S34.131A	Complete lesion of sacral spinal cord, initial encounter
S34.132A	Incomplete lesion of sacral spinal cord, initial encounter
S34.139A	Unspecified injury to sacral spinal cord, initial encounter
S34.3XXA	Injury of cauda equina, initial encounter
S35.00XA	Unspecified injury of abdominal aorta, initial encounter
S35.01XA	Minor laceration of abdominal aorta, initial encounter
S35.02XA	Major laceration of abdominal aorta, initial encounter
S35.09XA	Other injury of abdominal aorta, initial encounter
S35.10XA	Unspecified injury of inferior vena cava, initial encounter
S35.11XA	Minor laceration of inferior vena cava, initial encounter
S35.12XA	Major laceration of inferior vena cava, initial encounter
S35.19XA	Other injury of inferior vena cava, initial encounter
S35.211A	Minor laceration of celiac artery, initial encounter



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Code	Description
S35.212A	Major laceration of celiac artery, initial encounter
S35.218A	Other injury of celiac artery, initial encounter
S35.219A	Unspecified injury of celiac artery, initial encounter
S35.221A	Minor laceration of superior mesenteric artery, initial encounter
S35.222A	Major laceration of superior mesenteric artery, initial encounter
S35.228A	Other injury of superior mesenteric artery, initial encounter
S35.229A	Unspecified injury of superior mesenteric artery, initial encounter
S35.231A	Minor laceration of inferior mesenteric artery, initial encounter
S35.232A	Major laceration of inferior mesenteric artery, initial encounter
S35.238A	Other injury of inferior mesenteric artery, initial encounter
S35.239A	Unspecified injury of inferior mesenteric artery, initial encounter
S35.291A	Minor laceration of branches of celiac and mesenteric artery, initial encounter
S35.292A	Major laceration of branches of celiac and mesenteric artery, initial encounter
S35.298A	Other injury of branches of celiac and mesenteric artery, initial encounter
S35.299A	Unspecified injury of branches of celiac and mesenteric artery, initial encounter
S35.311A	Laceration of portal vein, initial encounter
S35.318A	Other specified injury of portal vein, initial encounter
S35.319A	Unspecified injury of portal vein, initial encounter
S35.321A	Laceration of splenic vein, initial encounter
S35.328A	Other specified injury of splenic vein, initial encounter
S35.329A	Unspecified injury of splenic vein, initial encounter
S35.331A	Laceration of superior mesenteric vein, initial encounter
S35.338A	Other specified injury of superior mesenteric vein, initial encounter
S35.339A	Unspecified injury of superior mesenteric vein, initial encounter
S35.341A	Laceration of inferior mesenteric vein, initial encounter
S35.348A	Other specified injury of inferior mesenteric vein, initial encounter
S35.349A	Unspecified injury of inferior mesenteric vein, initial encounter
S35.401A	Unspecified injury of right renal artery, initial encounter



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Code	Description
S35.402A	Unspecified injury of left renal artery, initial encounter
S35.403A	Unspecified injury of unspecified renal artery, initial encounter
S35.404A	Unspecified injury of right renal vein, initial encounter
S35.405A	Unspecified injury of left renal vein, initial encounter
S35.406A	Unspecified injury of unspecified renal vein, initial encounter
S35.411A	Laceration of right renal artery, initial encounter
S35.412A	Laceration of left renal artery, initial encounter
S35.413A	Laceration of unspecified renal artery, initial encounter
S35.414A	Laceration of right renal vein, initial encounter
S35.415A	Laceration of left renal vein, initial encounter
S35.416A	Laceration of unspecified renal vein, initial encounter
S35.491A	Other specified injury of right renal artery, initial encounter
S35.492A	Other specified injury of left renal artery, initial encounter
S35.493A	Other specified injury of unspecified renal artery, initial encounter
S35.494A	Other specified injury of right renal vein, initial encounter
S35.495A	Other specified injury of left renal vein, initial encounter
S35.496A	Other specified injury of unspecified renal vein, initial encounter
S35.50XA	Injury of unspecified iliac blood vessel(s), initial encounter
S35.511A	Injury of right iliac artery, initial encounter
S35.512A	Injury of left iliac artery, initial encounter
S35.513A	Injury of unspecified iliac artery, initial encounter
S35.514A	Injury of right iliac vein, initial encounter
S35.515A	Injury of left iliac vein, initial encounter
S35.516A	Injury of unspecified iliac vein, initial encounter
S35.531A	Injury of right uterine artery, initial encounter
S35.532A	Injury of left uterine artery, initial encounter
S35.533A	Injury of unspecified uterine artery, initial encounter
S35.534A	Injury of right uterine vein, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S35.535A	Injury of left uterine vein, initial encounter
S35.536A	Injury of unspecified uterine vein, initial encounter
S35.59XA	Injury of other iliac blood vessels, initial encounter
S35.8X1A	Laceration of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.8X8A	Other specified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.8X9A	Unspecified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.90XA	Unspecified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S35.91XA	Laceration of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S35.99XA	Other specified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S36.00XA	Unspecified injury of spleen, initial encounter
S36.020A	Minor contusion of spleen, initial encounter
S36.021A	Major contusion of spleen, initial encounter
S36.029A	Unspecified contusion of spleen, initial encounter
S36.030A	Superficial (capsular) laceration of spleen, initial encounter
S36.031A	Moderate laceration of spleen, initial encounter
S36.032A	Major laceration of spleen, initial encounter
S36.039A	Unspecified laceration of spleen, initial encounter
S36.09XA	Other injury of spleen, initial encounter
S36.112A	Contusion of liver, initial encounter
S36.113A	Laceration of liver, unspecified degree, initial encounter
S36.114A	Minor laceration of liver, initial encounter
S36.115A	Moderate laceration of liver, initial encounter
S36.116A	Major laceration of liver, initial encounter
S36.118A	Other injury of liver, initial encounter



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Code	Description
S36.119A	Unspecified injury of liver, initial encounter
S36.122A	Contusion of gallbladder, initial encounter
S36.123A	Laceration of gallbladder, initial encounter
S36.128A	Other injury of gallbladder, initial encounter
S36.129A	Unspecified injury of gallbladder, initial encounter
S36.13XA	Injury of bile duct, initial encounter
S36.200A	Unspecified injury of head of pancreas, initial encounter
S36.201A	Unspecified injury of body of pancreas, initial encounter
S36.202A	Unspecified injury of tail of pancreas, initial encounter
S36.209A	Unspecified injury of unspecified part of pancreas, initial encounter
S36.220A	Contusion of head of pancreas, initial encounter
S36.221A	Contusion of body of pancreas, initial encounter
S36.222A	Contusion of tail of pancreas, initial encounter
S36.229A	Contusion of unspecified part of pancreas, initial encounter
S36.230A	Laceration of head of pancreas, unspecified degree, initial encounter
S36.231A	Laceration of body of pancreas, unspecified degree, initial encounter
S36.232A	Laceration of tail of pancreas, unspecified degree, initial encounter
S36.239A	Laceration of unspecified part of pancreas, unspecified degree, initial encounter
S36.240A	Minor laceration of head of pancreas, initial encounter
S36.241A	Minor laceration of body of pancreas, initial encounter
S36.242A	Minor laceration of tail of pancreas, initial encounter
S36.249A	Minor laceration of unspecified part of pancreas, initial encounter
S36.250A	Moderate laceration of head of pancreas, initial encounter
S36.251A	Moderate laceration of body of pancreas, initial encounter
S36.252A	Moderate laceration of tail of pancreas, initial encounter
S36.259A	Moderate laceration of unspecified part of pancreas, initial encounter
S36.260A	Major laceration of head of pancreas, initial encounter
S36.261A	Major laceration of body of pancreas, initial encounter



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Code	Description
S36.262A	Major laceration of tail of pancreas, initial encounter
S36.269A	Major laceration of unspecified part of pancreas, initial encounter
S36.290A	Other injury of head of pancreas, initial encounter
S36.291A	Other injury of body of pancreas, initial encounter
S36.292A	Other injury of tail of pancreas, initial encounter
S36.299A	Other injury of unspecified part of pancreas, initial encounter
S36.30XA	Unspecified injury of stomach, initial encounter
S36.32XA	Contusion of stomach, initial encounter
S36.33XA	Laceration of stomach, initial encounter
S36.39XA	Other injury of stomach, initial encounter
S36.400A	Unspecified injury of duodenum, initial encounter
S36.408A	Unspecified injury of other part of small intestine, initial encounter
S36.409A	Unspecified injury of unspecified part of small intestine, initial encounter
S36.410A	Primary blast injury of duodenum, initial encounter
S36.418A	Primary blast injury of other part of small intestine, initial encounter
S36.419A	Primary blast injury of unspecified part of small intestine, initial encounter
S36.420A	Contusion of duodenum, initial encounter
S36.428A	Contusion of other part of small intestine, initial encounter
S36.429A	Contusion of unspecified part of small intestine, initial encounter
S36.430A	Laceration of duodenum, initial encounter
S36.438A	Laceration of other part of small intestine, initial encounter
S36.439A	Laceration of unspecified part of small intestine, initial encounter
S36.490A	Other injury of duodenum, initial encounter
S36.498A	Other injury of other part of small intestine, initial encounter
S36.499A	Other injury of unspecified part of small intestine, initial encounter
S36.500A	Unspecified injury of ascending [right] colon, initial encounter
S36.501A	Unspecified injury of transverse colon, initial encounter
S36.502A	Unspecified injury of descending [left] colon, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S36.503A	Unspecified injury of sigmoid colon, initial encounter
S36.508A	Unspecified injury of other part of colon, initial encounter
S36.509A	Unspecified injury of unspecified part of colon, initial encounter
S36.510A	Primary blast injury of ascending [right] colon, initial encounter
S36.511A	Primary blast injury of transverse colon, initial encounter
S36.512A	Primary blast injury of descending [left] colon, initial encounter
S36.513A	Primary blast injury of sigmoid colon, initial encounter
S36.518A	Primary blast injury of other part of colon, initial encounter
S36.519A	Primary blast injury of unspecified part of colon, initial encounter
S36.520A	Contusion of ascending [right] colon, initial encounter
S36.521A	Contusion of transverse colon, initial encounter
S36.522A	Contusion of descending [left] colon, initial encounter
S36.523A	Contusion of sigmoid colon, initial encounter
S36.528A	Contusion of other part of colon, initial encounter
S36.529A	Contusion of unspecified part of colon, initial encounter
S36.530A	Laceration of ascending [right] colon, initial encounter
S36.531A	Laceration of transverse colon, initial encounter
S36.532A	Laceration of descending [left] colon, initial encounter
S36.533A	Laceration of sigmoid colon, initial encounter
S36.538A	Laceration of other part of colon, initial encounter
S36.539A	Laceration of unspecified part of colon, initial encounter
S36.590A	Other injury of ascending [right] colon, initial encounter
S36.591A	Other injury of transverse colon, initial encounter
S36.592A	Other injury of descending [left] colon, initial encounter
S36.593A	Other injury of sigmoid colon, initial encounter
S36.598A	Other injury of other part of colon, initial encounter
S36.599A	Other injury of unspecified part of colon, initial encounter
S36.60XA	Unspecified injury of rectum, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S36.61XA	Primary blast injury of rectum, initial encounter
S36.62XA	Contusion of rectum, initial encounter
S36.63XA	Laceration of rectum, initial encounter
S36.69XA	Other injury of rectum, initial encounter
S36.81XA	Injury of peritoneum, initial encounter
S36.892A	Contusion of other intra-abdominal organs, initial encounter
S36.893A	Laceration of other intra-abdominal organs, initial encounter
S36.898A	Other injury of other intra-abdominal organs, initial encounter
S36.899A	Unspecified injury of other intra-abdominal organs, initial encounter
S36.90XA	Unspecified injury of unspecified intra-abdominal organ, initial encounter
S36.92XA	Contusion of unspecified intra-abdominal organ, initial encounter
S36.93XA	Laceration of unspecified intra-abdominal organ, initial encounter
S36.99XA	Other injury of unspecified intra-abdominal organ, initial encounter
S37.001A	Unspecified injury of right kidney, initial encounter
S37.002A	Unspecified injury of left kidney, initial encounter
S37.009A	Unspecified injury of unspecified kidney, initial encounter
S37.011A	Minor contusion of right kidney, initial encounter
S37.012A	Minor contusion of left kidney, initial encounter
S37.019A	Minor contusion of unspecified kidney, initial encounter
S37.021A	Major contusion of right kidney, initial encounter
S37.022A	Major contusion of left kidney, initial encounter
S37.029A	Major contusion of unspecified kidney, initial encounter
S37.031A	Laceration of right kidney, unspecified degree, initial encounter
S37.032A	Laceration of left kidney, unspecified degree, initial encounter
S37.039A	Laceration of unspecified kidney, unspecified degree, initial encounter
S37.041A	Minor laceration of right kidney, initial encounter
S37.042A	Minor laceration of left kidney, initial encounter
S37.049A	Minor laceration of unspecified kidney, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S37.051A	Moderate laceration of right kidney, initial encounter
S37.052A	Moderate laceration of left kidney, initial encounter
S37.059A	Moderate laceration of unspecified kidney, initial encounter
S37.061A	Major laceration of right kidney, initial encounter
S37.062A	Major laceration of left kidney, initial encounter
S37.069A	Major laceration of unspecified kidney, initial encounter
S37.091A	Other injury of right kidney, initial encounter
S37.092A	Other injury of left kidney, initial encounter
S37.099A	Other injury of unspecified kidney, initial encounter
S37.10XA	Unspecified injury of ureter, initial encounter
S37.12XA	Contusion of ureter, initial encounter
S37.13XA	Laceration of ureter, initial encounter
S37.19XA	Other injury of ureter, initial encounter
S37.20XA	Unspecified injury of bladder, initial encounter
S37.22XA	Contusion of bladder, initial encounter
S37.23XA	Laceration of bladder, initial encounter
S37.29XA	Other injury of bladder, initial encounter
S37.30XA	Unspecified injury of urethra, initial encounter
S37.32XA	Contusion of urethra, initial encounter
S37.33XA	Laceration of urethra, initial encounter
S37.39XA	Other injury of urethra, initial encounter
S37.401A	Unspecified injury of ovary, unilateral, initial encounter
S37.402A	Unspecified injury of ovary, bilateral, initial encounter
S37.409A	Unspecified injury of ovary, unspecified, initial encounter
S37.421A	Contusion of ovary, unilateral, initial encounter
S37.422A	Contusion of ovary, bilateral, initial encounter
S37.429A	Contusion of ovary, unspecified, initial encounter
S37.431A	Laceration of ovary, unilateral, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S37.432A	Laceration of ovary, bilateral, initial encounter
S37.439A	Laceration of ovary, unspecified, initial encounter
S37.491A	Other injury of ovary, unilateral, initial encounter
S37.492A	Other injury of ovary, bilateral, initial encounter
S37.499A	Other injury of ovary, unspecified, initial encounter
S37.501A	Unspecified injury of fallopian tube, unilateral, initial encounter
S37.502A	Unspecified injury of fallopian tube, bilateral, initial encounter
S37.509A	Unspecified injury of fallopian tube, unspecified, initial encounter
S37.511A	Primary blast injury of fallopian tube, unilateral, initial encounter
S37.512A	Primary blast injury of fallopian tube, bilateral, initial encounter
S37.519A	Primary blast injury of fallopian tube, unspecified, initial encounter
S37.521A	Contusion of fallopian tube, unilateral, initial encounter
S37.522A	Contusion of fallopian tube, bilateral, initial encounter
S37.529A	Contusion of fallopian tube, unspecified, initial encounter
S37.531A	Laceration of fallopian tube, unilateral, initial encounter
S37.532A	Laceration of fallopian tube, bilateral, initial encounter
S37.539A	Laceration of fallopian tube, unspecified, initial encounter
S37.591A	Other injury of fallopian tube, unilateral, initial encounter
S37.592A	Other injury of fallopian tube, bilateral, initial encounter
S37.599A	Other injury of fallopian tube, unspecified, initial encounter
S37.60XA	Unspecified injury of uterus, initial encounter
S37.62XA	Contusion of uterus, initial encounter
S37.63XA	Laceration of uterus, initial encounter
S37.69XA	Other injury of uterus, initial encounter
S37.812A	Contusion of adrenal gland, initial encounter
S37.813A	Laceration of adrenal gland, initial encounter
S37.818A	Other injury of adrenal gland, initial encounter
S37.819A	Unspecified injury of adrenal gland, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S37.822A	Contusion of prostate, initial encounter
S37.823A	Laceration of prostate, initial encounter
S37.828A	Other injury of prostate, initial encounter
S37.829A	Unspecified injury of prostate, initial encounter
S37.892A	Contusion of other urinary and pelvic organ, initial encounter
S37.893A	Laceration of other urinary and pelvic organ, initial encounter
S37.898A	Other injury of other urinary and pelvic organ, initial encounter
S37.899A	Unspecified injury of other urinary and pelvic organ, initial encounter
S37.90XA	Unspecified injury of unspecified urinary and pelvic organ, initial encounter
S37.92XA	Contusion of unspecified urinary and pelvic organ, initial encounter
S37.93XA	Laceration of unspecified urinary and pelvic organ, initial encounter
S37.99XA	Other injury of unspecified urinary and pelvic organ, initial encounter
S38.001A	Crushing injury of unspecified external genital organs, male, initial encounter
S38.002A	Crushing injury of unspecified external genital organs, female, initial encounter
S38.01XA	Crushing injury of penis, initial encounter
S38.02XA	Crushing injury of scrotum and testis, initial encounter
S38.03XA	Crushing injury of vulva, initial encounter
S38.1XXA	Crushing injury of abdomen, lower back, and pelvis, initial encounter
S40.011A	Contusion of right shoulder, initial encounter
S40.012A	Contusion of left shoulder, initial encounter
S40.019A	Contusion of unspecified shoulder, initial encounter
S40.021A	Contusion of right upper arm, initial encounter
S40.022A	Contusion of left upper arm, initial encounter
S40.029A	Contusion of unspecified upper arm, initial encounter
S42.001A	Fracture of unspecified part of right clavicle, initial encounter for closed fracture
S42.001B	Fracture of unspecified part of right clavicle, initial encounter for open fracture
S42.002A	Fracture of unspecified part of left clavicle, initial encounter for closed fracture
S42.002B	Fracture of unspecified part of left clavicle, initial encounter for open fracture



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Code	Description
S42.009A	Fracture of unspecified part of unspecified clavicle, initial encounter for closed fracture
S42.009B	Fracture of unspecified part of unspecified clavicle, initial encounter for open fracture
S42.011A	Anterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture
S42.011B	Anterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture
S42.012A	Anterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture
S42.012B	Anterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture
S42.013A	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture
S42.013B	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture
S42.014A	Posterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture
S42.014B	Posterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture
S42.015A	Posterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture
S42.015B	Posterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture
S42.016A	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture
S42.016B	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture
S42.017A	Nondisplaced fracture of sternal end of right clavicle, initial encounter for closed fracture
S42.017B	Nondisplaced fracture of sternal end of right clavicle, initial encounter for open fracture



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Code	Description
S42.018A	Nondisplaced fracture of sternal end of left clavicle, initial encounter for closed fracture
S42.018B	Nondisplaced fracture of sternal end of left clavicle, initial encounter for open fracture
S42.019A	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture
S42.019B	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture
S42.021A	Displaced fracture of shaft of right clavicle, initial encounter for closed fracture
S42.021B	Displaced fracture of shaft of right clavicle, initial encounter for open fracture
S42.022A	Displaced fracture of shaft of left clavicle, initial encounter for closed fracture
S42.022B	Displaced fracture of shaft of left clavicle, initial encounter for open fracture
S42.023A	Displaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture
S42.023B	Displaced fracture of shaft of unspecified clavicle, initial encounter for open fracture
S42.024A	Nondisplaced fracture of shaft of right clavicle, initial encounter for closed fracture
S42.024B	Nondisplaced fracture of shaft of right clavicle, initial encounter for open fracture
S42.025A	Nondisplaced fracture of shaft of left clavicle, initial encounter for closed fracture
S42.025B	Nondisplaced fracture of shaft of left clavicle, initial encounter for open fracture
S42.026A	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture
S42.026B	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for open fracture
S42.031A	Displaced fracture of lateral end of right clavicle, initial encounter for closed fracture
S42.031B	Displaced fracture of lateral end of right clavicle, initial encounter for open fracture
S42.032A	Displaced fracture of lateral end of left clavicle, initial encounter for closed fracture
S42.032B	Displaced fracture of lateral end of left clavicle, initial encounter for open fracture
S42.033A	Displaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture
S42.033B	Displaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture



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Code	Description
S42.034A	Nondisplaced fracture of lateral end of right clavicle, initial encounter for closed fracture
S42.034B	Nondisplaced fracture of lateral end of right clavicle, initial encounter for open fracture
S42.035A	Nondisplaced fracture of lateral end of left clavicle, initial encounter for closed fracture
S42.035B	Nondisplaced fracture of lateral end of left clavicle, initial encounter for open fracture
S42.036A	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture
S42.036B	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture
S42.101A	Fracture of unspecified part of scapula, right shoulder, initial encounter for closed fracture
S42.101B	Fracture of unspecified part of scapula, right shoulder, initial encounter for open fracture
S42.102A	Fracture of unspecified part of scapula, left shoulder, initial encounter for closed fracture
S42.102B	Fracture of unspecified part of scapula, left shoulder, initial encounter for open fracture
S42.109A	Fracture of unspecified part of scapula, unspecified shoulder, initial encounter for closed fracture
S42.109B	Fracture of unspecified part of scapula, unspecified shoulder, initial encounter for open fracture
S42.111A	Displaced fracture of body of scapula, right shoulder, initial encounter for closed fracture
S42.111B	Displaced fracture of body of scapula, right shoulder, initial encounter for open fracture
S42.112A	Displaced fracture of body of scapula, left shoulder, initial encounter for closed fracture
S42.112B	Displaced fracture of body of scapula, left shoulder, initial encounter for open fracture



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Code	Description
S42.113A	Displaced fracture of body of scapula, unspecified shoulder, initial encounter for closed fracture
S42.113B	Displaced fracture of body of scapula, unspecified shoulder, initial encounter for open fracture
S42.114A	Nondisplaced fracture of body of scapula, right shoulder, initial encounter for closed fracture
S42.114B	Nondisplaced fracture of body of scapula, right shoulder, initial encounter for open fracture
S42.115A	Nondisplaced fracture of body of scapula, left shoulder, initial encounter for closed fracture
S42.115B	Nondisplaced fracture of body of scapula, left shoulder, initial encounter for open fracture
S42.116A	Nondisplaced fracture of body of scapula, unspecified shoulder, initial encounter for closed fracture
S42.116B	Nondisplaced fracture of body of scapula, unspecified shoulder, initial encounter for open fracture
S42.121A	Displaced fracture of acromial process, right shoulder, initial encounter for closed fracture
S42.121B	Displaced fracture of acromial process, right shoulder, initial encounter for open fracture
S42.122A	Displaced fracture of acromial process, left shoulder, initial encounter for closed fracture
S42.122B	Displaced fracture of acromial process, left shoulder, initial encounter for open fracture
S42.123A	Displaced fracture of acromial process, unspecified shoulder, initial encounter for closed fracture
S42.123B	Displaced fracture of acromial process, unspecified shoulder, initial encounter for open fracture
S42.124A	Nondisplaced fracture of acromial process, right shoulder, initial encounter for closed fracture
S42.124B	Nondisplaced fracture of acromial process, right shoulder, initial encounter for open fracture



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Code	Description
S42.125A	Nondisplaced fracture of acromial process, left shoulder, initial encounter for closed fracture
S42.125B	Nondisplaced fracture of acromial process, left shoulder, initial encounter for open fracture
S42.126A	Nondisplaced fracture of acromial process, unspecified shoulder, initial encounter for closed fracture
S42.126B	Nondisplaced fracture of acromial process, unspecified shoulder, initial encounter for open fracture
S42.131A	Displaced fracture of coracoid process, right shoulder, initial encounter for closed fracture
S42.131B	Displaced fracture of coracoid process, right shoulder, initial encounter for open fracture
S42.132A	Displaced fracture of coracoid process, left shoulder, initial encounter for closed fracture
S42.132B	Displaced fracture of coracoid process, left shoulder, initial encounter for open fracture
S42.133A	Displaced fracture of coracoid process, unspecified shoulder, initial encounter for closed fracture
S42.133B	Displaced fracture of coracoid process, unspecified shoulder, initial encounter for open fracture
S42.134A	Nondisplaced fracture of coracoid process, right shoulder, initial encounter for closed fracture
S42.134B	Nondisplaced fracture of coracoid process, right shoulder, initial encounter for open fracture
S42.135A	Nondisplaced fracture of coracoid process, left shoulder, initial encounter for closed fracture
S42.135B	Nondisplaced fracture of coracoid process, left shoulder, initial encounter for open fracture
S42.136A	Nondisplaced fracture of coracoid process, unspecified shoulder, initial encounter for closed fracture
S42.136B	Nondisplaced fracture of coracoid process, unspecified shoulder, initial encounter for open fracture



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Code	Description
S42.141A	Displaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for closed fracture
S42.141B	Displaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for open fracture
S42.142A	Displaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for closed fracture
S42.142B	Displaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for open fracture
S42.143A	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for closed fracture
S42.143B	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for open fracture
S42.144A	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for closed fracture
S42.144B	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for open fracture
S42.145A	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for closed fracture
S42.145B	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for open fracture
S42.146A	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for closed fracture
S42.146B	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for open fracture
S42.151A	Displaced fracture of neck of scapula, right shoulder, initial encounter for closed fracture
S42.151B	Displaced fracture of neck of scapula, right shoulder, initial encounter for open fracture
S42.152A	Displaced fracture of neck of scapula, left shoulder, initial encounter for closed fracture
S42.152B	Displaced fracture of neck of scapula, left shoulder, initial encounter for open fracture



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Code	Description
S42.153A	Displaced fracture of neck of scapula, unspecified shoulder, initial encounter for closed fracture
S42.153B	Displaced fracture of neck of scapula, unspecified shoulder, initial encounter for open fracture
S42.154A	Nondisplaced fracture of neck of scapula, right shoulder, initial encounter for closed fracture
S42.154B	Nondisplaced fracture of neck of scapula, right shoulder, initial encounter for open fracture
S42.155A	Nondisplaced fracture of neck of scapula, left shoulder, initial encounter for closed fracture
S42.155B	Nondisplaced fracture of neck of scapula, left shoulder, initial encounter for open fracture
S42.156A	Nondisplaced fracture of neck of scapula, unspecified shoulder, initial encounter for closed fracture
S42.156B	Nondisplaced fracture of neck of scapula, unspecified shoulder, initial encounter for open fracture
S42.191A	Fracture of other part of scapula, right shoulder, initial encounter for closed fracture
S42.191B	Fracture of other part of scapula, right shoulder, initial encounter for open fracture
S42.192A	Fracture of other part of scapula, left shoulder, initial encounter for closed fracture
S42.192B	Fracture of other part of scapula, left shoulder, initial encounter for open fracture
S42.199A	Fracture of other part of scapula, unspecified shoulder, initial encounter for closed fracture
S42.199B	Fracture of other part of scapula, unspecified shoulder, initial encounter for open fracture
S42.201A	Unspecified fracture of upper end of right humerus, initial encounter for closed fracture
S42.201B	Unspecified fracture of upper end of right humerus, initial encounter for open fracture
S42.202A	Unspecified fracture of upper end of left humerus, initial encounter for closed fracture
S42.202B	Unspecified fracture of upper end of left humerus, initial encounter for open fracture
S42.209A	Unspecified fracture of upper end of unspecified humerus, initial encounter for closed fracture



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Code	Description
S42.209B	Unspecified fracture of upper end of unspecified humerus, initial encounter for open fracture
S42.211A	Unspecified displaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.211B	Unspecified displaced fracture of surgical neck of right humerus, initial encounter for open fracture
S42.212A	Unspecified displaced fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.212B	Unspecified displaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.213A	Unspecified displaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.213B	Unspecified displaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.214A	Unspecified nondisplaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.214B	Unspecified nondisplaced fracture of surgical neck of right humerus, initial encounter for open fracture
S42.215A	Unspecified nondisplaced fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.215B	Unspecified nondisplaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.216A	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.216B	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.221A	2-part displaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.221B	2-part displaced fracture of surgical neck of right humerus, initial encounter for open fracture
S42.222A	2-part displaced fracture of surgical neck of left humerus, initial encounter for closed fracture



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Code	Description
S42.222B	2-part displaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.223A	2-part displaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.223B	2-part displaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.224A	2-part nondisplaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.224B	2-part nondisplaced fracture of surgical neck of right humerus, initial encounter for open fracture
S42.225A	2-part nondisplaced fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.225B	2-part nondisplaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.226A	2-part nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.226B	2-part nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.231A	3-part fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.231B	3-part fracture of surgical neck of right humerus, initial encounter for open fracture
S42.232A	3-part fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.232B	3-part fracture of surgical neck of left humerus, initial encounter for open fracture
S42.239A	3-part fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.239B	3-part fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.241A	4-part fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.241B	4-part fracture of surgical neck of right humerus, initial encounter for open fracture
S42.242A	4-part fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.242B	4-part fracture of surgical neck of left humerus, initial encounter for open fracture
S42.249A	4-part fracture of surgical neck of unspecified humerus, initial encounter for closed fracture



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Code	Description
S42.249B	4-part fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.251A	Displaced fracture of greater tuberosity of right humerus, initial encounter for closed fracture
S42.251B	Displaced fracture of greater tuberosity of right humerus, initial encounter for open fracture
S42.252A	Displaced fracture of greater tuberosity of left humerus, initial encounter for closed fracture
S42.252B	Displaced fracture of greater tuberosity of left humerus, initial encounter for open fracture
S42.253A	Displaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture
S42.253B	Displaced fracture of greater tuberosity of unspecified humerus, initial encounter for open fracture
S42.254A	Nondisplaced fracture of greater tuberosity of right humerus, initial encounter for closed fracture
S42.254B	Nondisplaced fracture of greater tuberosity of right humerus, initial encounter for open fracture
S42.255A	Nondisplaced fracture of greater tuberosity of left humerus, initial encounter for closed fracture
S42.255B	Nondisplaced fracture of greater tuberosity of left humerus, initial encounter for open fracture
S42.256A	Nondisplaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture
S42.256B	Nondisplaced fracture of greater tuberosity of unspecified humerus, initial encounter for open fracture
S42.261A	Displaced fracture of lesser tuberosity of right humerus, initial encounter for closed fracture
S42.261B	Displaced fracture of lesser tuberosity of right humerus, initial encounter for open fracture
S42.262A	Displaced fracture of lesser tuberosity of left humerus, initial encounter for closed fracture



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Code	Description
S42.262B	Displaced fracture of lesser tuberosity of left humerus, initial encounter for open fracture
S42.263A	Displaced fracture of lesser tuberosity of unspecified humerus, initial encounter for closed fracture
S42.263B	Displaced fracture of lesser tuberosity of unspecified humerus, initial encounter for open fracture
S42.264A	Nondisplaced fracture of lesser tuberosity of right humerus, initial encounter for closed fracture
S42.264B	Nondisplaced fracture of lesser tuberosity of right humerus, initial encounter for open fracture
S42.265A	Nondisplaced fracture of lesser tuberosity of left humerus, initial encounter for closed fracture
S42.265B	Nondisplaced fracture of lesser tuberosity of left humerus, initial encounter for open fracture
S42.266A	Nondisplaced fracture of lesser tuberosity of unspecified humerus, initial encounter for closed fracture
S42.266B	Nondisplaced fracture of lesser tuberosity of unspecified humerus, initial encounter for open fracture
S42.271A	Torus fracture of upper end of right humerus, initial encounter for closed fracture
S42.272A	Torus fracture of upper end of left humerus, initial encounter for closed fracture
S42.279A	Torus fracture of upper end of unspecified humerus, initial encounter for closed fracture
S42.291A	Other displaced fracture of upper end of right humerus, initial encounter for closed fracture
S42.291B	Other displaced fracture of upper end of right humerus, initial encounter for open fracture
S42.292A	Other displaced fracture of upper end of left humerus, initial encounter for closed fracture
S42.292B	Other displaced fracture of upper end of left humerus, initial encounter for open fracture
S42.293A	Other displaced fracture of upper end of unspecified humerus, initial encounter for closed fracture



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Code	Description
S42.293B	Other displaced fracture of upper end of unspecified humerus, initial encounter for open fracture
S42.294A	Other nondisplaced fracture of upper end of right humerus, initial encounter for closed fracture
S42.294B	Other nondisplaced fracture of upper end of right humerus, initial encounter for open fracture
S42.295A	Other nondisplaced fracture of upper end of left humerus, initial encounter for closed fracture
S42.295B	Other nondisplaced fracture of upper end of left humerus, initial encounter for open fracture
S42.296A	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for closed fracture
S42.296B	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for open fracture
S42.301A	Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.301B	Unspecified fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.302A	Unspecified fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.302B	Unspecified fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.309A	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.309B	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.311A	Greenstick fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.312A	Greenstick fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.319A	Greenstick fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.321A	Displaced transverse fracture of shaft of humerus, right arm, initial encounter for closed fracture



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Code	Description
S42.321B	Displaced transverse fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.322A	Displaced transverse fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.322B	Displaced transverse fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.323A	Displaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.323B	Displaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.324A	Nondisplaced transverse fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.324B	Nondisplaced transverse fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.325A	Nondisplaced transverse fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.325B	Nondisplaced transverse fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.326A	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.326B	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.331A	Displaced oblique fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.331B	Displaced oblique fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.332A	Displaced oblique fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.332B	Displaced oblique fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.333A	Displaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture



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Code	Description
S42.333B	Displaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.334A	Nondisplaced oblique fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.334B	Nondisplaced oblique fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.335A	Nondisplaced oblique fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.335B	Nondisplaced oblique fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.336A	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.336B	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.341A	Displaced spiral fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.341B	Displaced spiral fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.342A	Displaced spiral fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.342B	Displaced spiral fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.343A	Displaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.343B	Displaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.344A	Nondisplaced spiral fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.344B	Nondisplaced spiral fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.345A	Nondisplaced spiral fracture of shaft of humerus, left arm, initial encounter for closed fracture



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Code	Description
S42.345B	Nondisplaced spiral fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.346A	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.346B	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.351A	Displaced comminuted fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.351B	Displaced comminuted fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.352A	Displaced comminuted fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.352B	Displaced comminuted fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.353A	Displaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.353B	Displaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.354A	Nondisplaced comminuted fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.354B	Nondisplaced comminuted fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.355A	Nondisplaced comminuted fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.355B	Nondisplaced comminuted fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.356A	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.356B	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.361A	Displaced segmental fracture of shaft of humerus, right arm, initial encounter for closed fracture



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Code	Description
S42.361B	Displaced segmental fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.362A	Displaced segmental fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.362B	Displaced segmental fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.363A	Displaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.363B	Displaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.364A	Nondisplaced segmental fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.364B	Nondisplaced segmental fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.365A	Nondisplaced segmental fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.365B	Nondisplaced segmental fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.366A	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.366B	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.391A	Other fracture of shaft of right humerus, initial encounter for closed fracture
S42.391B	Other fracture of shaft of right humerus, initial encounter for open fracture
S42.392A	Other fracture of shaft of left humerus, initial encounter for closed fracture
S42.392B	Other fracture of shaft of left humerus, initial encounter for open fracture
S42.399A	Other fracture of shaft of unspecified humerus, initial encounter for closed fracture
S42.399B	Other fracture of shaft of unspecified humerus, initial encounter for open fracture
S42.401A	Unspecified fracture of lower end of right humerus, initial encounter for closed fracture
S42.401B	Unspecified fracture of lower end of right humerus, initial encounter for open fracture



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

Code	Description
S42.402A	Unspecified fracture of lower end of left humerus, initial encounter for closed fracture
S42.402B	Unspecified fracture of lower end of left humerus, initial encounter for open fracture
S42.409A	Unspecified fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.409B	Unspecified fracture of lower end of unspecified humerus, initial encounter for open fracture
S42.411A	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture
S42.411B	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.412A	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.412B	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.413A	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.413B	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture
S42.414A	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture
S42.414B	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.415A	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.415B	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.416A	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.416B	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture
S42.421A	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture



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

Code	Description
S42.421B	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.422A	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.422B	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.423A	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.423B	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture
S42.424A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture
S42.424B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.425A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.425B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.426A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.426B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture
S42.431A	Displaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for closed fracture
S42.431B	Displaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for open fracture
S42.432A	Displaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for closed fracture
S42.432B	Displaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for open fracture
S42.433A	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for closed fracture



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

Code	Description
S42.433B	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for open fracture
S42.434A	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for closed fracture
S42.434B	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for open fracture
S42.435A	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for closed fracture
S42.435B	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for open fracture
S42.436A	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for closed fracture
S42.436B	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for open fracture
S42.441A	Displaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture
S42.441B	Displaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture
S42.442A	Displaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture
S42.442B	Displaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture
S42.443A	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture
S42.443B	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture
S42.444A	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture
S42.444B	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture
S42.445A	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture



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

Code	Description
S42.445B	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture
S42.446A	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture
S42.446B	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture
S42.447A	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture
S42.447B	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture
S42.448A	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture
S42.448B	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture
S42.449A	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture
S42.449B	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture
S42.451A	Displaced fracture of lateral condyle of right humerus, initial encounter for closed fracture
S42.451B	Displaced fracture of lateral condyle of right humerus, initial encounter for open fracture
S42.452A	Displaced fracture of lateral condyle of left humerus, initial encounter for closed fracture
S42.452B	Displaced fracture of lateral condyle of left humerus, initial encounter for open fracture
S42.453A	Displaced fracture of lateral condyle of unspecified humerus, initial encounter for closed fracture
S42.453B	Displaced fracture of lateral condyle of unspecified humerus, initial encounter for open fracture
S42.454A	Nondisplaced fracture of lateral condyle of right humerus, initial encounter for closed fracture



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

Code	Description
S42.454B	Nondisplaced fracture of lateral condyle of right humerus, initial encounter for open fracture
S42.455A	Nondisplaced fracture of lateral condyle of left humerus, initial encounter for closed fracture
S42.455B	Nondisplaced fracture of lateral condyle of left humerus, initial encounter for open fracture
S42.456A	Nondisplaced fracture of lateral condyle of unspecified humerus, initial encounter for closed fracture
S42.456B	Nondisplaced fracture of lateral condyle of unspecified humerus, initial encounter for open fracture
S42.461A	Displaced fracture of medial condyle of right humerus, initial encounter for closed fracture
S42.461B	Displaced fracture of medial condyle of right humerus, initial encounter for open fracture
S42.462A	Displaced fracture of medial condyle of left humerus, initial encounter for closed fracture
S42.462B	Displaced fracture of medial condyle of left humerus, initial encounter for open fracture
S42.463A	Displaced fracture of medial condyle of unspecified humerus, initial encounter for closed fracture
S42.463B	Displaced fracture of medial condyle of unspecified humerus, initial encounter for open fracture
S42.464A	Nondisplaced fracture of medial condyle of right humerus, initial encounter for closed fracture
S42.464B	Nondisplaced fracture of medial condyle of right humerus, initial encounter for open fracture
S42.465A	Nondisplaced fracture of medial condyle of left humerus, initial encounter for closed fracture
S42.465B	Nondisplaced fracture of medial condyle of left humerus, initial encounter for open fracture
S42.466A	Nondisplaced fracture of medial condyle of unspecified humerus, initial encounter for closed fracture



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

Code	Description
S42.466B	Nondisplaced fracture of medial condyle of unspecified humerus, initial encounter for open fracture
S42.471A	Displaced transcondylar fracture of right humerus, initial encounter for closed fracture
S42.471B	Displaced transcondylar fracture of right humerus, initial encounter for open fracture
S42.472A	Displaced transcondylar fracture of left humerus, initial encounter for closed fracture
S42.472B	Displaced transcondylar fracture of left humerus, initial encounter for open fracture
S42.473A	Displaced transcondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.473B	Displaced transcondylar fracture of unspecified humerus, initial encounter for open fracture
S42.474A	Nondisplaced transcondylar fracture of right humerus, initial encounter for closed fracture
S42.474B	Nondisplaced transcondylar fracture of right humerus, initial encounter for open fracture
S42.475A	Nondisplaced transcondylar fracture of left humerus, initial encounter for closed fracture
S42.475B	Nondisplaced transcondylar fracture of left humerus, initial encounter for open fracture
S42.476A	Nondisplaced transcondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.476B	Nondisplaced transcondylar fracture of unspecified humerus, initial encounter for open fracture
S42.481A	Torus fracture of lower end of right humerus, initial encounter for closed fracture
S42.482A	Torus fracture of lower end of left humerus, initial encounter for closed fracture
S42.489A	Torus fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.491A	Other displaced fracture of lower end of right humerus, initial encounter for closed fracture
S42.491B	Other displaced fracture of lower end of right humerus, initial encounter for open fracture
S42.492A	Other displaced fracture of lower end of left humerus, initial encounter for closed fracture

NCD 190.16

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S42.492B	Other displaced fracture of lower end of left humerus, initial encounter for open fracture
S42.493A	Other displaced fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.493B	Other displaced fracture of lower end of unspecified humerus, initial encounter for open fracture
S42.494A	Other nondisplaced fracture of lower end of right humerus, initial encounter for closed fracture
S42.494B	Other nondisplaced fracture of lower end of right humerus, initial encounter for open fracture
S42.495A	Other nondisplaced fracture of lower end of left humerus, initial encounter for closed fracture
S42.495B	Other nondisplaced fracture of lower end of left humerus, initial encounter for open fracture
S42.496A	Other nondisplaced fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.496B	Other nondisplaced fracture of lower end of unspecified humerus, initial encounter for open fracture
S42.90XA	Fracture of unspecified shoulder girdle, part unspecified, initial encounter for closed fracture
S42.90XB	Fracture of unspecified shoulder girdle, part unspecified, initial encounter for open fracture
S42.91XA	Fracture of right shoulder girdle, part unspecified, initial encounter for closed fracture
S42.91XB	Fracture of right shoulder girdle, part unspecified, initial encounter for open fracture
S42.92XA	Fracture of left shoulder girdle, part unspecified, initial encounter for closed fracture
S42.92XB	Fracture of left shoulder girdle, part unspecified, initial encounter for open fracture
S45.001A	Unspecified injury of axillary artery, right side, initial encounter
S45.002A	Unspecified injury of axillary artery, left side, initial encounter
S45.009A	Unspecified injury of axillary artery, unspecified side, initial encounter
S45.011A	Laceration of axillary artery, right side, initial encounter
S45.012A	Laceration of axillary artery, left side, initial encounter



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

Code	Description
S45.019A	Laceration of axillary artery, unspecified side, initial encounter
S45.091A	Other specified injury of axillary artery, right side, initial encounter
S45.092A	Other specified injury of axillary artery, left side, initial encounter
S45.099A	Other specified injury of axillary artery, unspecified side, initial encounter
S45.101A	Unspecified injury of brachial artery, right side, initial encounter
S45.102A	Unspecified injury of brachial artery, left side, initial encounter
S45.109A	Unspecified injury of brachial artery, unspecified side, initial encounter
S45.111A	Laceration of brachial artery, right side, initial encounter
S45.112A	Laceration of brachial artery, left side, initial encounter
S45.119A	Laceration of brachial artery, unspecified side, initial encounter
S45.191A	Other specified injury of brachial artery, right side, initial encounter
S45.192A	Other specified injury of brachial artery, left side, initial encounter
S45.199A	Other specified injury of brachial artery, unspecified side, initial encounter
S45.201A	Unspecified injury of axillary or brachial vein, right side, initial encounter
S45.202A	Unspecified injury of axillary or brachial vein, left side, initial encounter
S45.209A	Unspecified injury of axillary or brachial vein, unspecified side, initial encounter
S45.211A	Laceration of axillary or brachial vein, right side, initial encounter
S45.212A	Laceration of axillary or brachial vein, left side, initial encounter
S45.219A	Laceration of axillary or brachial vein, unspecified side, initial encounter
S45.291A	Other specified injury of axillary or brachial vein, right side, initial encounter
S45.292A	Other specified injury of axillary or brachial vein, left side, initial encounter
S45.299A	Other specified injury of axillary or brachial vein, unspecified side, initial encounter
S45.301A	Unspecified injury of superficial vein at shoulder and upper arm level, right arm, initial encounter
S45.302A	Unspecified injury of superficial vein at shoulder and upper arm level, left arm, initial encounter
S45.309A	Unspecified injury of superficial vein at shoulder and upper arm level, unspecified arm, initial encounter
S45.311A	Laceration of superficial vein at shoulder and upper arm level, right arm, initial encounter



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

Code	Description
S45.312A	Laceration of superficial vein at shoulder and upper arm level, left arm, initial encounter
S45.319A	Laceration of superficial vein at shoulder and upper arm level, unspecified arm, initial encounter
S45.391A	Other specified injury of superficial vein at shoulder and upper arm level, right arm, initial encounter
S45.392A	Other specified injury of superficial vein at shoulder and upper arm level, left arm, initial encounter
S45.399A	Other specified injury of superficial vein at shoulder and upper arm level, unspecified arm, initial encounter
S45.801A	Unspecified injury of other specified blood vessels at shoulder and upper arm level, right arm, initial encounter
S45.802A	Unspecified injury of other specified blood vessels at shoulder and upper arm level, left arm, initial encounter
S45.809A	Unspecified injury of other specified blood vessels at shoulder and upper arm level, unspecified arm, initial encounter
S45.811A	Laceration of other specified blood vessels at shoulder and upper arm level, right arm, initial encounter
S45.812A	Laceration of other specified blood vessels at shoulder and upper arm level, left arm, initial encounter
S45.819A	Laceration of other specified blood vessels at shoulder and upper arm level, unspecified arm, initial encounter
S45.891A	Other specified injury of other specified blood vessels at shoulder and upper arm level, right arm, initial encounter
S45.892A	Other specified injury of other specified blood vessels at shoulder and upper arm level, left arm, initial encounter
S45.899A	Other specified injury of other specified blood vessels at shoulder and upper arm level, unspecified arm, initial encounter
S45.901A	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, right arm, initial encounter
S45.902A	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, left arm, initial encounter



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

Code	Description
S45.909A	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, unspecified arm, initial encounter
S45.911A	Laceration of unspecified blood vessel at shoulder and upper arm level, right arm, initial encounter
S45.912A	Laceration of unspecified blood vessel at shoulder and upper arm level, left arm, initial encounter
S45.919A	Laceration of unspecified blood vessel at shoulder and upper arm level, unspecified arm, initial encounter
S45.991A	Other specified injury of unspecified blood vessel at shoulder and upper arm level, right arm, initial encounter
S45.992A	Other specified injury of unspecified blood vessel at shoulder and upper arm level, left arm, initial encounter
S45.999A	Other specified injury of unspecified blood vessel at shoulder and upper arm level, unspecified arm, initial encounter
S47.1XXA	Crushing injury of right shoulder and upper arm, initial encounter
S47.2XXA	Crushing injury of left shoulder and upper arm, initial encounter
S47.9XXA	Crushing injury of shoulder and upper arm, unspecified arm, initial encounter
S49.001A	Unspecified physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.002A	Unspecified physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.009A	Unspecified physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.011A	Salter-Harris Type I physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.012A	Salter-Harris Type I physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.019A	Salter-Harris Type I physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.021A	Salter-Harris Type II physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.022A	Salter-Harris Type II physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture



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

Code	Description
S49.029A	Salter-Harris Type II physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.031A	Salter-Harris Type III physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.032A	Salter-Harris Type III physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.039A	Salter-Harris Type III physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.041A	Salter-Harris Type IV physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.042A	Salter-Harris Type IV physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.049A	Salter-Harris Type IV physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.091A	Other physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.092A	Other physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.099A	Other physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.101A	Unspecified physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.102A	Unspecified physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.109A	Unspecified physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.111A	Salter-Harris Type I physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.112A	Salter-Harris Type I physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.119A	Salter-Harris Type I physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture



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

Code	Description
S49.121A	Salter-Harris Type II physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.122A	Salter-Harris Type II physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.129A	Salter-Harris Type II physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.131A	Salter-Harris Type III physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.132A	Salter-Harris Type III physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.139A	Salter-Harris Type III physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.141A	Salter-Harris Type IV physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.142A	Salter-Harris Type IV physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.149A	Salter-Harris Type IV physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.191A	Other physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.192A	Other physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.199A	Other physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S50.00XA	Contusion of unspecified elbow, initial encounter
S50.01XA	Contusion of right elbow, initial encounter
S50.02XA	Contusion of left elbow, initial encounter
S50.10XA	Contusion of unspecified forearm, initial encounter
S50.11XA	Contusion of right forearm, initial encounter
S50.12XA	Contusion of left forearm, initial encounter
S52.001B	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type I or II



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

Code	Description
S52.001C	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.002B	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type I or II
S52.002C	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.009B	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II
S52.009C	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.021B	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.021C	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.022B	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.022C	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.023B	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II
S52.023C	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.024B	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.024C	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.025B	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.025C	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.026B	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II



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

Code	Description
S52.026C	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.031B	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.031C	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.032B	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.032C	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.033B	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II
S52.033C	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.034B	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.034C	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.035B	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.035C	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.036B	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II
S52.036C	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.041B	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II
S52.041C	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.042B	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II



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

Code	Description
S52.042C	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.043B	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II
S52.043C	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.044B	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II
S52.044C	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.045B	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II
S52.045C	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.046B	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II
S52.046C	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.091B	Other fracture of upper end of right ulna, initial encounter for open fracture type I or II
S52.091C	Other fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.092B	Other fracture of upper end of left ulna, initial encounter for open fracture type I or II
S52.092C	Other fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.099B	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II
S52.099C	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.101B	Unspecified fracture of upper end of right radius, initial encounter for open fracture type I or II
S52.101C	Unspecified fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.102B	Unspecified fracture of upper end of left radius, initial encounter for open fracture type I or II
S52.102C	Unspecified fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.109B	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type I or II
S52.109C	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.121B	Displaced fracture of head of right radius, initial encounter for open fracture type I or II
S52.121C	Displaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.122B	Displaced fracture of head of left radius, initial encounter for open fracture type I or II
S52.122C	Displaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.123B	Displaced fracture of head of unspecified radius, initial encounter for open fracture type I or II
S52.123C	Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.124B	Nondisplaced fracture of head of right radius, initial encounter for open fracture type I or II
S52.124C	Nondisplaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.125B	Nondisplaced fracture of head of left radius, initial encounter for open fracture type I or II
S52.125C	Nondisplaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.126B	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type I or II
S52.126C	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.131B	Displaced fracture of neck of right radius, initial encounter for open fracture type I or II
S52.131C	Displaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.132B	Displaced fracture of neck of left radius, initial encounter for open fracture type I or II
S52.132C	Displaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.133B	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II
S52.133C	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.134B	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type I or II
S52.134C	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.135B	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type I or II
S52.135C	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.136B	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II
S52.136C	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.181B	Other fracture of upper end of right radius, initial encounter for open fracture type I or II
S52.181C	Other fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.182B	Other fracture of upper end of left radius, initial encounter for open fracture type I or II
S52.182C	Other fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.189B	Other fracture of upper end of unspecified radius, initial encounter for open fracture type I or II
S52.189C	Other fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.201B	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.201C	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.202B	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.202C	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.209B	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.209C	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.221B	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.221C	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.222B	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.222C	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.223B	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.223C	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.224B	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.224C	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.225B	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.225C	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.226B	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.226C	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.231B	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.231C	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.232B	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.232C	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.233B	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.233C	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.234B	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.234C	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.235B	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.235C	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.236B	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.236C	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.241B	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.241C	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.242B	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.242C	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.243B	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.243C	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.244B	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.244C	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.245B	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.245C	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.246B	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.246C	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.251B	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.251C	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.252B	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.252C	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.253B	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.253C	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.254B	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.254C	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.255B	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.255C	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.256B	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.256C	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.261B	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.261C	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.262B	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.262C	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.263B	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.263C	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.264B	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.264C	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.265B	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.265C	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.266B	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.266C	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.271B	Monteggia's fracture of right ulna, initial encounter for open fracture type I or II
S52.271C	Monteggia's fracture of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.272B	Monteggia's fracture of left ulna, initial encounter for open fracture type I or II
S52.272C	Monteggia's fracture of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.279B	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type I or II
S52.279C	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.281B	Bent bone of right ulna, initial encounter for open fracture type I or II
S52.281C	Bent bone of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.282B	Bent bone of left ulna, initial encounter for open fracture type I or II
S52.282C	Bent bone of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.283B	Bent bone of unspecified ulna, initial encounter for open fracture type I or II
S52.283C	Bent bone of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.291B	Other fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.291C	Other fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.292B	Other fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.292C	Other fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.299B	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.299C	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.301B	Unspecified fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.301C	Unspecified fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.302B	Unspecified fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.302C	Unspecified fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.309B	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.309C	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.321B	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.321C	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.322B	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.322C	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.323B	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.323C	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.324B	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.324C	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.325B	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.325C	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.326B	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.326C	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.331B	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.331C	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.332B	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.332C	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.333B	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.333C	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.334B	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.334C	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.335B	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.335C	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.336B	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.336C	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.341B	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.341C	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.342B	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.342C	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.343B	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.343C	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.344B	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.344C	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.345B	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.345C	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.346B	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.346C	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.351B	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.351C	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.352B	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.352C	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.353B	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.353C	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.354B	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.354C	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.355B	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.355C	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.356B	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.356C	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.361B	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.361C	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.362B	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.362C	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.363B	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.363C	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.364B	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.364C	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.365B	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.365C	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.366B	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.366C	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.371B	Galeazzi's fracture of right radius, initial encounter for open fracture type I or II
S52.371C	Galeazzi's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.372B	Galeazzi's fracture of left radius, initial encounter for open fracture type I or II
S52.372C	Galeazzi's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.379B	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type I or II
S52.379C	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.381B	Bent bone of right radius, initial encounter for open fracture type I or II
S52.381C	Bent bone of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.382B	Bent bone of left radius, initial encounter for open fracture type I or II
S52.382C	Bent bone of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.389B	Bent bone of unspecified radius, initial encounter for open fracture type I or II
S52.389C	Bent bone of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.391B	Other fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.391C	Other fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.392B	Other fracture of shaft of radius, left arm, initial encounter for open fracture type I or II



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

Code	Description
S52.392C	Other fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.399B	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.399C	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.501B	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type I or II
S52.501C	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.502B	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type I or II
S52.502C	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.509B	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type I or II
S52.509C	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.511B	Displaced fracture of right radial styloid process, initial encounter for open fracture type I or II
S52.511C	Displaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.512B	Displaced fracture of left radial styloid process, initial encounter for open fracture type I or II
S52.512C	Displaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.513B	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II
S52.513C	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.514B	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type I or II



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

Code	Description
S52.514C	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.515B	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type I or II
S52.515C	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.516B	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II
S52.516C	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.531B	Colles' fracture of right radius, initial encounter for open fracture type I or II
S52.531C	Colles' fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.532B	Colles' fracture of left radius, initial encounter for open fracture type I or II
S52.532C	Colles' fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.539B	Colles' fracture of unspecified radius, initial encounter for open fracture type I or II
S52.539C	Colles' fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.541B	Smith's fracture of right radius, initial encounter for open fracture type I or II
S52.541C	Smith's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.542B	Smith's fracture of left radius, initial encounter for open fracture type I or II
S52.542C	Smith's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.549B	Smith's fracture of unspecified radius, initial encounter for open fracture type I or II
S52.549C	Smith's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.551B	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II
S52.551C	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.552B	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II



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Code	Description
S52.552C	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.559B	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II
S52.559C	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.561B	Barton's fracture of right radius, initial encounter for open fracture type I or II
S52.561C	Barton's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.562B	Barton's fracture of left radius, initial encounter for open fracture type I or II
S52.562C	Barton's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.569B	Barton's fracture of unspecified radius, initial encounter for open fracture type I or II
S52.569C	Barton's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.571B	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II
S52.571C	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.572B	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II
S52.572C	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.579B	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II
S52.579C	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.591B	Other fractures of lower end of right radius, initial encounter for open fracture type I or II
S52.591C	Other fractures of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.592B	Other fractures of lower end of left radius, initial encounter for open fracture type I or II



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Code	Description
S52.592C	Other fractures of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.599B	Other fractures of lower end of unspecified radius, initial encounter for open fracture type I or II
S52.599C	Other fractures of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.601B	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type I or II
S52.601C	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.602B	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type I or II
S52.602C	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.609B	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II
S52.609C	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.611B	Displaced fracture of right ulna styloid process, initial encounter for open fracture type I or II
S52.611C	Displaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.612B	Displaced fracture of left ulna styloid process, initial encounter for open fracture type I or II
S52.612C	Displaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.613B	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II
S52.613C	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.614B	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type I or II



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Code	Description
S52.614C	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.615B	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type I or II
S52.615C	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.616B	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II
S52.616C	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.691B	Other fracture of lower end of right ulna, initial encounter for open fracture type I or II
S52.691C	Other fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.692B	Other fracture of lower end of left ulna, initial encounter for open fracture type I or II
S52.692C	Other fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.699B	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II
S52.699C	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.90XA	Unspecified fracture of unspecified forearm, initial encounter for closed fracture
S52.90XB	Unspecified fracture of unspecified forearm, initial encounter for open fracture type I or II
S52.90XC	Unspecified fracture of unspecified forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.91XA	Unspecified fracture of right forearm, initial encounter for closed fracture
S52.91XB	Unspecified fracture of right forearm, initial encounter for open fracture type I or II
S52.91XC	Unspecified fracture of right forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.92XA	Unspecified fracture of left forearm, initial encounter for closed fracture
S52.92XB	Unspecified fracture of left forearm, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.92XC	Unspecified fracture of left forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S55.001A	Unspecified injury of ulnar artery at forearm level, right arm, initial encounter
S55.002A	Unspecified injury of ulnar artery at forearm level, left arm, initial encounter
S55.009A	Unspecified injury of ulnar artery at forearm level, unspecified arm, initial encounter
S55.011A	Laceration of ulnar artery at forearm level, right arm, initial encounter
S55.012A	Laceration of ulnar artery at forearm level, left arm, initial encounter
S55.019A	Laceration of ulnar artery at forearm level, unspecified arm, initial encounter
S55.091A	Other specified injury of ulnar artery at forearm level, right arm, initial encounter
S55.092A	Other specified injury of ulnar artery at forearm level, left arm, initial encounter
S55.099A	Other specified injury of ulnar artery at forearm level, unspecified arm, initial encounter
S55.101A	Unspecified injury of radial artery at forearm level, right arm, initial encounter
S55.102A	Unspecified injury of radial artery at forearm level, left arm, initial encounter
S55.109A	Unspecified injury of radial artery at forearm level, unspecified arm, initial encounter
S55.111A	Laceration of radial artery at forearm level, right arm, initial encounter
S55.112A	Laceration of radial artery at forearm level, left arm, initial encounter
S55.119A	Laceration of radial artery at forearm level, unspecified arm, initial encounter
S55.191A	Other specified injury of radial artery at forearm level, right arm, initial encounter
S55.192A	Other specified injury of radial artery at forearm level, left arm, initial encounter
S55.199A	Other specified injury of radial artery at forearm level, unspecified arm, initial encounter
S55.201A	Unspecified injury of vein at forearm level, right arm, initial encounter
S55.202A	Unspecified injury of vein at forearm level, left arm, initial encounter
S55.209A	Unspecified injury of vein at forearm level, unspecified arm, initial encounter
S55.211A	Laceration of vein at forearm level, right arm, initial encounter
S55.212A	Laceration of vein at forearm level, left arm, initial encounter
S55.219A	Laceration of vein at forearm level, unspecified arm, initial encounter
S55.291A	Other specified injury of vein at forearm level, right arm, initial encounter



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Code	Description
S55.292A	Other specified injury of vein at forearm level, left arm, initial encounter
S55.299A	Other specified injury of vein at forearm level, unspecified arm, initial encounter
S55.801A	Unspecified injury of other blood vessels at forearm level, right arm, initial encounter
S55.802A	Unspecified injury of other blood vessels at forearm level, left arm, initial encounter
S55.809A	Unspecified injury of other blood vessels at forearm level, unspecified arm, initial encounter
S55.811A	Laceration of other blood vessels at forearm level, right arm, initial encounter
S55.812A	Laceration of other blood vessels at forearm level, left arm, initial encounter
S55.819A	Laceration of other blood vessels at forearm level, unspecified arm, initial encounter
S55.891A	Other specified injury of other blood vessels at forearm level, right arm, initial encounter
S55.892A	Other specified injury of other blood vessels at forearm level, left arm, initial encounter
S55.899A	Other specified injury of other blood vessels at forearm level, unspecified arm, initial encounter
S55.901A	Unspecified injury of unspecified blood vessel at forearm level, right arm, initial encounter
S55.902A	Unspecified injury of unspecified blood vessel at forearm level, left arm, initial encounter
S55.909A	Unspecified injury of unspecified blood vessel at forearm level, unspecified arm, initial encounter
S55.911A	Laceration of unspecified blood vessel at forearm level, right arm, initial encounter
S55.912A	Laceration of unspecified blood vessel at forearm level, left arm, initial encounter
S55.919A	Laceration of unspecified blood vessel at forearm level, unspecified arm, initial encounter
S55.991A	Other specified injury of unspecified blood vessel at forearm level, right arm, initial encounter
S55.992A	Other specified injury of unspecified blood vessel at forearm level, left arm, initial encounter
S55.999A	Other specified injury of unspecified blood vessel at forearm level, unspecified arm, initial encounter
S57.00XA	Crushing injury of unspecified elbow, initial encounter



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Code	Description
S57.01XA	Crushing injury of right elbow, initial encounter
S57.02XA	Crushing injury of left elbow, initial encounter
S57.80XA	Crushing injury of unspecified forearm, initial encounter
S57.81XA	Crushing injury of right forearm, initial encounter
S57.82XA	Crushing injury of left forearm, initial encounter
S60.00XA	Contusion of unspecified finger without damage to nail, initial encounter
S60.011A	Contusion of right thumb without damage to nail, initial encounter
S60.012A	Contusion of left thumb without damage to nail, initial encounter
S60.019A	Contusion of unspecified thumb without damage to nail, initial encounter
S60.021A	Contusion of right index finger without damage to nail, initial encounter
S60.022A	Contusion of left index finger without damage to nail, initial encounter
S60.029A	Contusion of unspecified index finger without damage to nail, initial encounter
S60.031A	Contusion of right middle finger without damage to nail, initial encounter
S60.032A	Contusion of left middle finger without damage to nail, initial encounter
S60.039A	Contusion of unspecified middle finger without damage to nail, initial encounter
S60.041A	Contusion of right ring finger without damage to nail, initial encounter
S60.042A	Contusion of left ring finger without damage to nail, initial encounter
S60.049A	Contusion of unspecified ring finger without damage to nail, initial encounter
S60.051A	Contusion of right little finger without damage to nail, initial encounter
S60.052A	Contusion of left little finger without damage to nail, initial encounter
S60.059A	Contusion of unspecified little finger without damage to nail, initial encounter
S60.10XA	Contusion of unspecified finger with damage to nail, initial encounter
S60.111A	Contusion of right thumb with damage to nail, initial encounter
S60.112A	Contusion of left thumb with damage to nail, initial encounter
S60.119A	Contusion of unspecified thumb with damage to nail, initial encounter
S60.121A	Contusion of right index finger with damage to nail, initial encounter
S60.122A	Contusion of left index finger with damage to nail, initial encounter
S60.129A	Contusion of unspecified index finger with damage to nail, initial encounter



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

Code	Description
S60.131A	Contusion of right middle finger with damage to nail, initial encounter
S60.132A	Contusion of left middle finger with damage to nail, initial encounter
S60.139A	Contusion of unspecified middle finger with damage to nail, initial encounter
S60.141A	Contusion of right ring finger with damage to nail, initial encounter
S60.142A	Contusion of left ring finger with damage to nail, initial encounter
S60.149A	Contusion of unspecified ring finger with damage to nail, initial encounter
S60.151A	Contusion of right little finger with damage to nail, initial encounter
S60.152A	Contusion of left little finger with damage to nail, initial encounter
S60.159A	Contusion of unspecified little finger with damage to nail, initial encounter
S60.211A	Contusion of right wrist, initial encounter
S60.212A	Contusion of left wrist, initial encounter
S60.219A	Contusion of unspecified wrist, initial encounter
S60.221A	Contusion of right hand, initial encounter
S60.222A	Contusion of left hand, initial encounter
S60.229A	Contusion of unspecified hand, initial encounter
S65.001A	Unspecified injury of ulnar artery at wrist and hand level of right arm, initial encounter
S65.002A	Unspecified injury of ulnar artery at wrist and hand level of left arm, initial encounter
S65.009A	Unspecified injury of ulnar artery at wrist and hand level of unspecified arm, initial encounter
S65.011A	Laceration of ulnar artery at wrist and hand level of right arm, initial encounter
S65.012A	Laceration of ulnar artery at wrist and hand level of left arm, initial encounter
S65.019A	Laceration of ulnar artery at wrist and hand level of unspecified arm, initial encounter
S65.091A	Other specified injury of ulnar artery at wrist and hand level of right arm, initial encounter
S65.092A	Other specified injury of ulnar artery at wrist and hand level of left arm, initial encounter
S65.099A	Other specified injury of ulnar artery at wrist and hand level of unspecified arm, initial encounter



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

Code	Description
S65.101A	Unspecified injury of radial artery at wrist and hand level of right arm, initial encounter
S65.102A	Unspecified injury of radial artery at wrist and hand level of left arm, initial encounter
S65.109A	Unspecified injury of radial artery at wrist and hand level of unspecified arm, initial encounter
S65.111A	Laceration of radial artery at wrist and hand level of right arm, initial encounter
S65.112A	Laceration of radial artery at wrist and hand level of left arm, initial encounter
S65.119A	Laceration of radial artery at wrist and hand level of unspecified arm, initial encounter
S65.191A	Other specified injury of radial artery at wrist and hand level of right arm, initial encounter
S65.192A	Other specified injury of radial artery at wrist and hand level of left arm, initial encounter
S65.199A	Other specified injury of radial artery at wrist and hand level of unspecified arm, initial encounter
S65.201A	Unspecified injury of superficial palmar arch of right hand, initial encounter
S65.202A	Unspecified injury of superficial palmar arch of left hand, initial encounter
S65.209A	Unspecified injury of superficial palmar arch of unspecified hand, initial encounter
S65.211A	Laceration of superficial palmar arch of right hand, initial encounter
S65.212A	Laceration of superficial palmar arch of left hand, initial encounter
S65.219A	Laceration of superficial palmar arch of unspecified hand, initial encounter
S65.291A	Other specified injury of superficial palmar arch of right hand, initial encounter
S65.292A	Other specified injury of superficial palmar arch of left hand, initial encounter
S65.299A	Other specified injury of superficial palmar arch of unspecified hand, initial encounter
S65.301A	Unspecified injury of deep palmar arch of right hand, initial encounter
S65.302A	Unspecified injury of deep palmar arch of left hand, initial encounter
S65.309A	Unspecified injury of deep palmar arch of unspecified hand, initial encounter
S65.311A	Laceration of deep palmar arch of right hand, initial encounter
S65.312A	Laceration of deep palmar arch of left hand, initial encounter



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

Code	Description
S65.319A	Laceration of deep palmar arch of unspecified hand, initial encounter
S65.391A	Other specified injury of deep palmar arch of right hand, initial encounter
S65.392A	Other specified injury of deep palmar arch of left hand, initial encounter
S65.399A	Other specified injury of deep palmar arch of unspecified hand, initial encounter
S65.401A	Unspecified injury of blood vessel of right thumb, initial encounter
S65.402A	Unspecified injury of blood vessel of left thumb, initial encounter
S65.409A	Unspecified injury of blood vessel of unspecified thumb, initial encounter
S65.411A	Laceration of blood vessel of right thumb, initial encounter
S65.412A	Laceration of blood vessel of left thumb, initial encounter
S65.419A	Laceration of blood vessel of unspecified thumb, initial encounter
S65.491A	Other specified injury of blood vessel of right thumb, initial encounter
S65.492A	Other specified injury of blood vessel of left thumb, initial encounter
S65.499A	Other specified injury of blood vessel of unspecified thumb, initial encounter
S65.500A	Unspecified injury of blood vessel of right index finger, initial encounter
S65.501A	Unspecified injury of blood vessel of left index finger, initial encounter
S65.502A	Unspecified injury of blood vessel of right middle finger, initial encounter
S65.503A	Unspecified injury of blood vessel of left middle finger, initial encounter
S65.504A	Unspecified injury of blood vessel of right ring finger, initial encounter
S65.505A	Unspecified injury of blood vessel of left ring finger, initial encounter
S65.506A	Unspecified injury of blood vessel of right little finger, initial encounter
S65.507A	Unspecified injury of blood vessel of left little finger, initial encounter
S65.508A	Unspecified injury of blood vessel of other finger, initial encounter
S65.509A	Unspecified injury of blood vessel of unspecified finger, initial encounter
S65.510A	Laceration of blood vessel of right index finger, initial encounter
S65.511A	Laceration of blood vessel of left index finger, initial encounter
S65.512A	Laceration of blood vessel of right middle finger, initial encounter
S65.513A	Laceration of blood vessel of left middle finger, initial encounter
S65.514A	Laceration of blood vessel of right ring finger, initial encounter



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

Code	Description
S65.515A	Laceration of blood vessel of left ring finger, initial encounter
S65.516A	Laceration of blood vessel of right little finger, initial encounter
S65.517A	Laceration of blood vessel of left little finger, initial encounter
S65.518A	Laceration of blood vessel of other finger, initial encounter
S65.519A	Laceration of blood vessel of unspecified finger, initial encounter
S65.590A	Other specified injury of blood vessel of right index finger, initial encounter
S65.591A	Other specified injury of blood vessel of left index finger, initial encounter
S65.592A	Other specified injury of blood vessel of right middle finger, initial encounter
S65.593A	Other specified injury of blood vessel of left middle finger, initial encounter
S65.594A	Other specified injury of blood vessel of right ring finger, initial encounter
S65.595A	Other specified injury of blood vessel of left ring finger, initial encounter
S65.596A	Other specified injury of blood vessel of right little finger, initial encounter
S65.597A	Other specified injury of blood vessel of left little finger, initial encounter
S65.598A	Other specified injury of blood vessel of other finger, initial encounter
S65.599A	Other specified injury of blood vessel of unspecified finger, initial encounter
S65.801A	Unspecified injury of other blood vessels at wrist and hand level of right arm, initial encounter
S65.802A	Unspecified injury of other blood vessels at wrist and hand level of left arm, initial encounter
S65.809A	Unspecified injury of other blood vessels at wrist and hand level of unspecified arm, initial encounter
S65.811A	Laceration of other blood vessels at wrist and hand level of right arm, initial encounter
S65.812A	Laceration of other blood vessels at wrist and hand level of left arm, initial encounter
S65.819A	Laceration of other blood vessels at wrist and hand level of unspecified arm, initial encounter
S65.891A	Other specified injury of other blood vessels at wrist and hand level of right arm, initial encounter
S65.892A	Other specified injury of other blood vessels at wrist and hand level of left arm, initial encounter



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

Code	Description
S65.899A	Other specified injury of other blood vessels at wrist and hand level of unspecified arm, initial encounter
S65.901A	Unspecified injury of unspecified blood vessel at wrist and hand level of right arm, initial encounter
S65.902A	Unspecified injury of unspecified blood vessel at wrist and hand level of left arm, initial encounter
S65.909A	Unspecified injury of unspecified blood vessel at wrist and hand level of unspecified arm, initial encounter
S65.911A	Laceration of unspecified blood vessel at wrist and hand level of right arm, initial encounter
S65.912A	Laceration of unspecified blood vessel at wrist and hand level of left arm, initial encounter
S65.919A	Laceration of unspecified blood vessel at wrist and hand level of unspecified arm, initial encounter
S65.991A	Other specified injury of unspecified blood vessel at wrist and hand of right arm, initial encounter
S65.992A	Other specified injury of unspecified blood vessel at wrist and hand of left arm, initial encounter
S65.999A	Other specified injury of unspecified blood vessel at wrist and hand of unspecified arm, initial encounter
S67.00XA	Crushing injury of unspecified thumb, initial encounter
S67.01XA	Crushing injury of right thumb, initial encounter
S67.02XA	Crushing injury of left thumb, initial encounter
S67.10XA	Crushing injury of unspecified finger(s), initial encounter
S67.190A	Crushing injury of right index finger, initial encounter
S67.191A	Crushing injury of left index finger, initial encounter
S67.192A	Crushing injury of right middle finger, initial encounter
S67.193A	Crushing injury of left middle finger, initial encounter
S67.194A	Crushing injury of right ring finger, initial encounter
S67.195A	Crushing injury of left ring finger, initial encounter
S67.196A	Crushing injury of right little finger, initial encounter



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

Code	Description
S67.197A	Crushing injury of left little finger, initial encounter
S67.198A	Crushing injury of other finger, initial encounter
S67.20XA	Crushing injury of unspecified hand, initial encounter
S67.21XA	Crushing injury of right hand, initial encounter
S67.22XA	Crushing injury of left hand, initial encounter
S67.30XA	Crushing injury of unspecified wrist, initial encounter
S67.31XA	Crushing injury of right wrist, initial encounter
S67.32XA	Crushing injury of left wrist, initial encounter
S67.40XA	Crushing injury of unspecified wrist and hand, initial encounter
S67.41XA	Crushing injury of right wrist and hand, initial encounter
S67.42XA	Crushing injury of left wrist and hand, initial encounter
S67.90XA	Crushing injury of unspecified part(s) of unspecified wrist, hand and fingers, initial encounter
S67.91XA	Crushing injury of unspecified part(s) of right wrist, hand and fingers, initial encounter
S67.92XA	Crushing injury of unspecified part(s) of left wrist, hand and fingers, initial encounter
S70.00XA	Contusion of unspecified hip, initial encounter
S70.01XA	Contusion of right hip, initial encounter
S70.02XA	Contusion of left hip, initial encounter
S70.10XA	Contusion of unspecified thigh, initial encounter
S70.11XA	Contusion of right thigh, initial encounter
S70.12XA	Contusion of left thigh, initial encounter
S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
S72.001B	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type I or II
S72.001C	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.002A	Fracture of unspecified part of neck of left femur, initial encounter for closed fracture



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

Code	Description
S72.002B	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type I or II
S72.002C	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.009A	Fracture of unspecified part of neck of unspecified femur, initial encounter for closed fracture
S72.009B	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type I or II
S72.009C	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.011A	Unspecified intracapsular fracture of right femur, initial encounter for closed fracture
S72.011B	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type I or II
S72.011C	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.012A	Unspecified intracapsular fracture of left femur, initial encounter for closed fracture
S72.012B	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type I or II
S72.012C	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.019A	Unspecified intracapsular fracture of unspecified femur, initial encounter for closed fracture
S72.019B	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type I or II
S72.019C	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.021A	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture
S72.021B	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II
S72.021C	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S72.022A	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture
S72.022B	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II
S72.022C	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.023A	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture
S72.023B	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II
S72.023C	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.024A	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture
S72.024B	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II
S72.024C	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.025A	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture
S72.025B	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II
S72.025C	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.026A	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture
S72.026B	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II
S72.026C	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.031A	Displaced midcervical fracture of right femur, initial encounter for closed fracture
S72.031B	Displaced midcervical fracture of right femur, initial encounter for open fracture type I or II



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

Code	Description
S72.031C	Displaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.032A	Displaced midcervical fracture of left femur, initial encounter for closed fracture
S72.032B	Displaced midcervical fracture of left femur, initial encounter for open fracture type I or II
S72.032C	Displaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.033A	Displaced midcervical fracture of unspecified femur, initial encounter for closed fracture
S72.033B	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II
S72.033C	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.034A	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture
S72.034B	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type I or II
S72.034C	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.035A	Nondisplaced midcervical fracture of left femur, initial encounter for closed fracture
S72.035B	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type I or II
S72.035C	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.036A	Nondisplaced midcervical fracture of unspecified femur, initial encounter for closed fracture
S72.036B	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II
S72.036C	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.041A	Displaced fracture of base of neck of right femur, initial encounter for closed fracture
S72.041B	Displaced fracture of base of neck of right femur, initial encounter for open fracture type I or II



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

Code	Description
S72.041C	Displaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.042A	Displaced fracture of base of neck of left femur, initial encounter for closed fracture
S72.042B	Displaced fracture of base of neck of left femur, initial encounter for open fracture type I or II
S72.042C	Displaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.043A	Displaced fracture of base of neck of unspecified femur, initial encounter for closed fracture
S72.043B	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II
S72.043C	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.044A	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture
S72.044B	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type I or II
S72.044C	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.045A	Nondisplaced fracture of base of neck of left femur, initial encounter for closed fracture
S72.045B	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type I or II
S72.045C	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.046A	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for closed fracture
S72.046B	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II
S72.046C	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.051A	Unspecified fracture of head of right femur, initial encounter for closed fracture



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

Code	Description
S72.051B	Unspecified fracture of head of right femur, initial encounter for open fracture type I or II
S72.051C	Unspecified fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.052A	Unspecified fracture of head of left femur, initial encounter for closed fracture
S72.052B	Unspecified fracture of head of left femur, initial encounter for open fracture type I or II
S72.052C	Unspecified fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.059A	Unspecified fracture of head of unspecified femur, initial encounter for closed fracture
S72.059B	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type I or II
S72.059C	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.061A	Displaced articular fracture of head of right femur, initial encounter for closed fracture
S72.061B	Displaced articular fracture of head of right femur, initial encounter for open fracture type I or II
S72.061C	Displaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.062A	Displaced articular fracture of head of left femur, initial encounter for closed fracture
S72.062B	Displaced articular fracture of head of left femur, initial encounter for open fracture type I or II
S72.062C	Displaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.063A	Displaced articular fracture of head of unspecified femur, initial encounter for closed fracture
S72.063B	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II
S72.063C	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S72.064A	Nondisplaced articular fracture of head of right femur, initial encounter for closed fracture
S72.064B	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type I or II
S72.064C	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.065A	Nondisplaced articular fracture of head of left femur, initial encounter for closed fracture
S72.065B	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type I or II
S72.065C	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.066A	Nondisplaced articular fracture of head of unspecified femur, initial encounter for closed fracture
S72.066B	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II
S72.066C	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.091A	Other fracture of head and neck of right femur, initial encounter for closed fracture
S72.091B	Other fracture of head and neck of right femur, initial encounter for open fracture type I or II
S72.091C	Other fracture of head and neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.092A	Other fracture of head and neck of left femur, initial encounter for closed fracture
S72.092B	Other fracture of head and neck of left femur, initial encounter for open fracture type I or II
S72.092C	Other fracture of head and neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.099A	Other fracture of head and neck of unspecified femur, initial encounter for closed fracture
S72.099B	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type I or II



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

Code	Description
S72.099C	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.101A	Unspecified trochanteric fracture of right femur, initial encounter for closed fracture
S72.101B	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.101C	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.102A	Unspecified trochanteric fracture of left femur, initial encounter for closed fracture
S72.102B	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.102C	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.109A	Unspecified trochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.109B	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.109C	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.111A	Displaced fracture of greater trochanter of right femur, initial encounter for closed fracture
S72.111B	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II
S72.111C	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.112A	Displaced fracture of greater trochanter of left femur, initial encounter for closed fracture
S72.112B	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II
S72.112C	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.113A	Displaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture



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

Code	Description
S72.113B	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.113C	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.114A	Nondisplaced fracture of greater trochanter of right femur, initial encounter for closed fracture
S72.114B	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II
S72.114C	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.115A	Nondisplaced fracture of greater trochanter of left femur, initial encounter for closed fracture
S72.115B	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II
S72.115C	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.116A	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture
S72.116B	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.116C	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.121A	Displaced fracture of lesser trochanter of right femur, initial encounter for closed fracture
S72.121B	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II
S72.121C	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.122A	Displaced fracture of lesser trochanter of left femur, initial encounter for closed fracture
S72.122B	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II



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

Code	Description
S72.122C	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.123A	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture
S72.123B	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.123C	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.124A	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for closed fracture
S72.124B	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II
S72.124C	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.125A	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for closed fracture
S72.125B	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II
S72.125C	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.126A	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture
S72.126B	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.126C	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.131A	Displaced apophyseal fracture of right femur, initial encounter for closed fracture
S72.131B	Displaced apophyseal fracture of right femur, initial encounter for open fracture type I or II
S72.131C	Displaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.132A	Displaced apophyseal fracture of left femur, initial encounter for closed fracture



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

Code	Description
S72.132B	Displaced apophyseal fracture of left femur, initial encounter for open fracture type I or II
S72.132C	Displaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.133A	Displaced apophyseal fracture of unspecified femur, initial encounter for closed fracture
S72.133B	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II
S72.133C	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.134A	Nondisplaced apophyseal fracture of right femur, initial encounter for closed fracture
S72.134B	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type I or II
S72.134C	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.135A	Nondisplaced apophyseal fracture of left femur, initial encounter for closed fracture
S72.135B	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type I or II
S72.135C	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.136A	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for closed fracture
S72.136B	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II
S72.136C	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.141A	Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture
S72.141B	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.141C	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.142A	Displaced intertrochanteric fracture of left femur, initial encounter for closed fracture



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

Code	Description
S72.142B	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.142C	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.143A	Displaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.143B	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.143C	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.144A	Nondisplaced intertrochanteric fracture of right femur, initial encounter for closed fracture
S72.144B	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.144C	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.145A	Nondisplaced intertrochanteric fracture of left femur, initial encounter for closed fracture
S72.145B	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.145C	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.146A	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.146B	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.146C	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.21XA	Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture
S72.21XB	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.21XC	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.22XA	Displaced subtrochanteric fracture of left femur, initial encounter for closed fracture
S72.22XB	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.22XC	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.23XA	Displaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.23XB	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.23XC	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.24XA	Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture
S72.24XB	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.24XC	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.25XA	Nondisplaced subtrochanteric fracture of left femur, initial encounter for closed fracture
S72.25XB	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.25XC	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.26XA	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.26XB	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.26XC	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.301A	Unspecified fracture of shaft of right femur, initial encounter for closed fracture



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

Code	Description
S72.301B	Unspecified fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.301C	Unspecified fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.302A	Unspecified fracture of shaft of left femur, initial encounter for closed fracture
S72.302B	Unspecified fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.302C	Unspecified fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.309A	Unspecified fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.309B	Unspecified fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.309C	Unspecified fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.321A	Displaced transverse fracture of shaft of right femur, initial encounter for closed fracture
S72.321B	Displaced transverse fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.321C	Displaced transverse fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.322A	Displaced transverse fracture of shaft of left femur, initial encounter for closed fracture
S72.322B	Displaced transverse fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.322C	Displaced transverse fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.323A	Displaced transverse fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.323B	Displaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.323C	Displaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S72.324A	Nondisplaced transverse fracture of shaft of right femur, initial encounter for closed fracture
S72.324B	Nondisplaced transverse fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.324C	Nondisplaced transverse fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.325A	Nondisplaced transverse fracture of shaft of left femur, initial encounter for closed fracture
S72.325B	Nondisplaced transverse fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.325C	Nondisplaced transverse fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.326A	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.326B	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.326C	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.331A	Displaced oblique fracture of shaft of right femur, initial encounter for closed fracture
S72.331B	Displaced oblique fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.331C	Displaced oblique fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.332A	Displaced oblique fracture of shaft of left femur, initial encounter for closed fracture
S72.332B	Displaced oblique fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.332C	Displaced oblique fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.333A	Displaced oblique fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.333B	Displaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type I or II



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

Code	Description
S72.333C	Displaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.334A	Nondisplaced oblique fracture of shaft of right femur, initial encounter for closed fracture
S72.334B	Nondisplaced oblique fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.334C	Nondisplaced oblique fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.335A	Nondisplaced oblique fracture of shaft of left femur, initial encounter for closed fracture
S72.335B	Nondisplaced oblique fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.335C	Nondisplaced oblique fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.336A	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.336B	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.336C	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.341A	Displaced spiral fracture of shaft of right femur, initial encounter for closed fracture
S72.341B	Displaced spiral fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.341C	Displaced spiral fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.342A	Displaced spiral fracture of shaft of left femur, initial encounter for closed fracture
S72.342B	Displaced spiral fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.342C	Displaced spiral fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.343A	Displaced spiral fracture of shaft of unspecified femur, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.343B	Displaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.343C	Displaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.344A	Nondisplaced spiral fracture of shaft of right femur, initial encounter for closed fracture
S72.344B	Nondisplaced spiral fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.344C	Nondisplaced spiral fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.345A	Nondisplaced spiral fracture of shaft of left femur, initial encounter for closed fracture
S72.345B	Nondisplaced spiral fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.345C	Nondisplaced spiral fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.346A	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.346B	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.346C	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.351A	Displaced comminuted fracture of shaft of right femur, initial encounter for closed fracture
S72.351B	Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.351C	Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.352A	Displaced comminuted fracture of shaft of left femur, initial encounter for closed fracture
S72.352B	Displaced comminuted fracture of shaft of left femur, initial encounter for open fracture type I or II



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

Code	Description
S72.352C	Displaced comminuted fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.353A	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.353B	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.353C	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.354A	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for closed fracture
S72.354B	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.354C	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.355A	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for closed fracture
S72.355B	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.355C	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.356A	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.356B	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.356C	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.361A	Displaced segmental fracture of shaft of right femur, initial encounter for closed fracture
S72.361B	Displaced segmental fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.361C	Displaced segmental fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S72.362A	Displaced segmental fracture of shaft of left femur, initial encounter for closed fracture
S72.362B	Displaced segmental fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.362C	Displaced segmental fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.363A	Displaced segmental fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.363B	Displaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.363C	Displaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.364A	Nondisplaced segmental fracture of shaft of right femur, initial encounter for closed fracture
S72.364B	Nondisplaced segmental fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.364C	Nondisplaced segmental fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.365A	Nondisplaced segmental fracture of shaft of left femur, initial encounter for closed fracture
S72.365B	Nondisplaced segmental fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.365C	Nondisplaced segmental fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.366A	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.366B	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.366C	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.391A	Other fracture of shaft of right femur, initial encounter for closed fracture
S72.391B	Other fracture of shaft of right femur, initial encounter for open fracture type I or II



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Code	Description
S72.391C	Other fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.392A	Other fracture of shaft of left femur, initial encounter for closed fracture
S72.392B	Other fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.392C	Other fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.399A	Other fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.399B	Other fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.399C	Other fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.401A	Unspecified fracture of lower end of right femur, initial encounter for closed fracture
S72.401B	Unspecified fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.401C	Unspecified fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.402A	Unspecified fracture of lower end of left femur, initial encounter for closed fracture
S72.402B	Unspecified fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.402C	Unspecified fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.409A	Unspecified fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.409B	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.409C	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.411A	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture
S72.411B	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.411C	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S72.412A	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for closed fracture
S72.412B	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.412C	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.413A	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.413B	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.413C	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.414A	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture
S72.414B	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.414C	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.415A	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for closed fracture
S72.415B	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.415C	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.416A	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.416B	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.416C	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.421A	Displaced fracture of lateral condyle of right femur, initial encounter for closed fracture



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Code	Description
S72.421B	Displaced fracture of lateral condyle of right femur, initial encounter for open fracture type I or II
S72.421C	Displaced fracture of lateral condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.422A	Displaced fracture of lateral condyle of left femur, initial encounter for closed fracture
S72.422B	Displaced fracture of lateral condyle of left femur, initial encounter for open fracture type I or II
S72.422C	Displaced fracture of lateral condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.423A	Displaced fracture of lateral condyle of unspecified femur, initial encounter for closed fracture
S72.423B	Displaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type I or II
S72.423C	Displaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.424A	Nondisplaced fracture of lateral condyle of right femur, initial encounter for closed fracture
S72.424B	Nondisplaced fracture of lateral condyle of right femur, initial encounter for open fracture type I or II
S72.424C	Nondisplaced fracture of lateral condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.425A	Nondisplaced fracture of lateral condyle of left femur, initial encounter for closed fracture
S72.425B	Nondisplaced fracture of lateral condyle of left femur, initial encounter for open fracture type I or II
S72.425C	Nondisplaced fracture of lateral condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.426A	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for closed fracture
S72.426B	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type I or II



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Code	Description
S72.426C	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.431A	Displaced fracture of medial condyle of right femur, initial encounter for closed fracture
S72.431B	Displaced fracture of medial condyle of right femur, initial encounter for open fracture type I or II
S72.431C	Displaced fracture of medial condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.432A	Displaced fracture of medial condyle of left femur, initial encounter for closed fracture
S72.432B	Displaced fracture of medial condyle of left femur, initial encounter for open fracture type I or II
S72.432C	Displaced fracture of medial condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.433A	Displaced fracture of medial condyle of unspecified femur, initial encounter for closed fracture
S72.433B	Displaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type I or II
S72.433C	Displaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.434A	Nondisplaced fracture of medial condyle of right femur, initial encounter for closed fracture
S72.434B	Nondisplaced fracture of medial condyle of right femur, initial encounter for open fracture type I or II
S72.434C	Nondisplaced fracture of medial condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.435A	Nondisplaced fracture of medial condyle of left femur, initial encounter for closed fracture
S72.435B	Nondisplaced fracture of medial condyle of left femur, initial encounter for open fracture type I or II
S72.435C	Nondisplaced fracture of medial condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S72.436A	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for closed fracture
S72.436B	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type I or II
S72.436C	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.441A	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture
S72.441B	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type I or II
S72.441C	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.442A	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for closed fracture
S72.442B	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type I or II
S72.442C	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.443A	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for closed fracture
S72.443B	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type I or II
S72.443C	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.444A	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture
S72.444B	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type I or II
S72.444C	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.445A	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for closed fracture



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Code	Description
S72.445B	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type I or II
S72.445C	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.446A	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for closed fracture
S72.446B	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type I or II
S72.446C	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.451A	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.451B	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II
S72.451C	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.452A	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.452B	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.452C	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.453A	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.453B	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.453C	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.454A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.454B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II



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Code	Description
S72.454C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.455A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.455B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.455C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.456A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.456B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.456C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.461A	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.461B	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II
S72.461C	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.462A	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.462B	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.462C	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.463A	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.463B	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.463C	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S72.464A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.464B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II
S72.464C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.465A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.465B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.465C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.466A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.466B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.466C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.471A	Torus fracture of lower end of right femur, initial encounter for closed fracture
S72.472A	Torus fracture of lower end of left femur, initial encounter for closed fracture
S72.479A	Torus fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.491A	Other fracture of lower end of right femur, initial encounter for closed fracture
S72.491B	Other fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.491C	Other fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.492A	Other fracture of lower end of left femur, initial encounter for closed fracture
S72.492B	Other fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.492C	Other fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.499A	Other fracture of lower end of unspecified femur, initial encounter for closed fracture



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Code	Description
S72.499B	Other fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.499C	Other fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.8X1A	Other fracture of right femur, initial encounter for closed fracture
S72.8X1B	Other fracture of right femur, initial encounter for open fracture type I or II
S72.8X1C	Other fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.8X2A	Other fracture of left femur, initial encounter for closed fracture
S72.8X2B	Other fracture of left femur, initial encounter for open fracture type I or II
S72.8X2C	Other fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.8X9A	Other fracture of unspecified femur, initial encounter for closed fracture
S72.8X9B	Other fracture of unspecified femur, initial encounter for open fracture type I or II
S72.8X9C	Other fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.90XA	Unspecified fracture of unspecified femur, initial encounter for closed fracture
S72.90XB	Unspecified fracture of unspecified femur, initial encounter for open fracture type I or II
S72.90XC	Unspecified fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.90XE	Unspecified fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.91XA	Unspecified fracture of right femur, initial encounter for closed fracture
S72.91XB	Unspecified fracture of right femur, initial encounter for open fracture type I or II
S72.91XC	Unspecified fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.91XE	Unspecified fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.92XA	Unspecified fracture of left femur, initial encounter for closed fracture
S72.92XB	Unspecified fracture of left femur, initial encounter for open fracture type I or II
S72.92XC	Unspecified fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S72.92XE	Unspecified fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S75.001A	Unspecified injury of femoral artery, right leg, initial encounter
S75.002A	Unspecified injury of femoral artery, left leg, initial encounter
S75.009A	Unspecified injury of femoral artery, unspecified leg, initial encounter
S75.011A	Minor laceration of femoral artery, right leg, initial encounter
S75.012A	Minor laceration of femoral artery, left leg, initial encounter
S75.019A	Minor laceration of femoral artery, unspecified leg, initial encounter
S75.021A	Major laceration of femoral artery, right leg, initial encounter
S75.022A	Major laceration of femoral artery, left leg, initial encounter
S75.029A	Major laceration of femoral artery, unspecified leg, initial encounter
S75.091A	Other specified injury of femoral artery, right leg, initial encounter
S75.092A	Other specified injury of femoral artery, left leg, initial encounter
S75.099A	Other specified injury of femoral artery, unspecified leg, initial encounter
S75.101A	Unspecified injury of femoral vein at hip and thigh level, right leg, initial encounter
S75.102A	Unspecified injury of femoral vein at hip and thigh level, left leg, initial encounter
S75.109A	Unspecified injury of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.111A	Minor laceration of femoral vein at hip and thigh level, right leg, initial encounter
S75.112A	Minor laceration of femoral vein at hip and thigh level, left leg, initial encounter
S75.119A	Minor laceration of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.121A	Major laceration of femoral vein at hip and thigh level, right leg, initial encounter
S75.122A	Major laceration of femoral vein at hip and thigh level, left leg, initial encounter
S75.129A	Major laceration of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.191A	Other specified injury of femoral vein at hip and thigh level, right leg, initial encounter
S75.192A	Other specified injury of femoral vein at hip and thigh level, left leg, initial encounter



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Code	Description
S75.199A	Other specified injury of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.201A	Unspecified injury of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.202A	Unspecified injury of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.209A	Unspecified injury of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.211A	Minor laceration of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.212A	Minor laceration of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.219A	Minor laceration of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.221A	Major laceration of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.222A	Major laceration of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.229A	Major laceration of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.291A	Other specified injury of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.292A	Other specified injury of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.299A	Other specified injury of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.801A	Unspecified injury of other blood vessels at hip and thigh level, right leg, initial encounter
S75.802A	Unspecified injury of other blood vessels at hip and thigh level, left leg, initial encounter
S75.809A	Unspecified injury of other blood vessels at hip and thigh level, unspecified leg, initial encounter
S75.811A	Laceration of other blood vessels at hip and thigh level, right leg, initial encounter



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Code	Description
S75.812A	Laceration of other blood vessels at hip and thigh level, left leg, initial encounter
S75.819A	Laceration of other blood vessels at hip and thigh level, unspecified leg, initial encounter
S75.891A	Other specified injury of other blood vessels at hip and thigh level, right leg, initial encounter
S75.892A	Other specified injury of other blood vessels at hip and thigh level, left leg, initial encounter
S75.899A	Other specified injury of other blood vessels at hip and thigh level, unspecified leg, initial encounter
S75.901A	Unspecified injury of unspecified blood vessel at hip and thigh level, right leg, initial encounter
S75.902A	Unspecified injury of unspecified blood vessel at hip and thigh level, left leg, initial encounter
S75.909A	Unspecified injury of unspecified blood vessel at hip and thigh level, unspecified leg, initial encounter
S75.911A	Laceration of unspecified blood vessel at hip and thigh level, right leg, initial encounter
S75.912A	Laceration of unspecified blood vessel at hip and thigh level, left leg, initial encounter
S75.919A	Laceration of unspecified blood vessel at hip and thigh level, unspecified leg, initial encounter
S75.991A	Other specified injury of unspecified blood vessel at hip and thigh level, right leg, initial encounter
S75.992A	Other specified injury of unspecified blood vessel at hip and thigh level, left leg, initial encounter
S75.999A	Other specified injury of unspecified blood vessel at hip and thigh level, unspecified leg, initial encounter
S77.00XA	Crushing injury of unspecified hip, initial encounter
S77.01XA	Crushing injury of right hip, initial encounter
S77.02XA	Crushing injury of left hip, initial encounter
S77.10XA	Crushing injury of unspecified thigh, initial encounter
S77.11XA	Crushing injury of right thigh, initial encounter



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Code	Description
S77.12XA	Crushing injury of left thigh, initial encounter
S77.20XA	Crushing injury of unspecified hip with thigh, initial encounter
S77.21XA	Crushing injury of right hip with thigh, initial encounter
S77.22XA	Crushing injury of left hip with thigh, initial encounter
S79.001A	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture
S79.002A	Unspecified physeal fracture of upper end of left femur, initial encounter for closed fracture
S79.009A	Unspecified physeal fracture of upper end of unspecified femur, initial encounter for closed fracture
S79.011A	Salter-Harris Type I physeal fracture of upper end of right femur, initial encounter for closed fracture
S79.012A	Salter-Harris Type I physeal fracture of upper end of left femur, initial encounter for closed fracture
S79.019A	Salter-Harris Type I physeal fracture of upper end of unspecified femur, initial encounter for closed fracture
S79.091A	Other physeal fracture of upper end of right femur, initial encounter for closed fracture
S79.092A	Other physeal fracture of upper end of left femur, initial encounter for closed fracture
S79.099A	Other physeal fracture of upper end of unspecified femur, initial encounter for closed fracture
S79.101A	Unspecified physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.102A	Unspecified physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.109A	Unspecified physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.111A	Salter-Harris Type I physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.112A	Salter-Harris Type I physeal fracture of lower end of left femur, initial encounter for closed fracture



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Code	Description
S79.119A	Salter-Harris Type I physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.121A	Salter-Harris Type II physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.122A	Salter-Harris Type II physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.129A	Salter-Harris Type II physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.131A	Salter-Harris Type III physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.132A	Salter-Harris Type III physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.139A	Salter-Harris Type III physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.141A	Salter-Harris Type IV physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.142A	Salter-Harris Type IV physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.149A	Salter-Harris Type IV physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.191A	Other physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.192A	Other physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.199A	Other physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S80.00XA	Contusion of unspecified knee, initial encounter
S80.01XA	Contusion of right knee, initial encounter
S80.02XA	Contusion of left knee, initial encounter
S80.10XA	Contusion of unspecified lower leg, initial encounter
S80.11XA	Contusion of right lower leg, initial encounter
S80.12XA	Contusion of left lower leg, initial encounter
S82.101A	Unspecified fracture of upper end of right tibia, initial encounter for closed fracture



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Code	Description
S82.101B	Unspecified fracture of upper end of right tibia, initial encounter for open fracture type I or II
S82.101C	Unspecified fracture of upper end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.102A	Unspecified fracture of upper end of left tibia, initial encounter for closed fracture
S82.102B	Unspecified fracture of upper end of left tibia, initial encounter for open fracture type I or II
S82.102C	Unspecified fracture of upper end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.109A	Unspecified fracture of upper end of unspecified tibia, initial encounter for closed fracture
S82.109B	Unspecified fracture of upper end of unspecified tibia, initial encounter for open fracture type I or II
S82.109C	Unspecified fracture of upper end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.111A	Displaced fracture of right tibial spine, initial encounter for closed fracture
S82.111B	Displaced fracture of right tibial spine, initial encounter for open fracture type I or II
S82.111C	Displaced fracture of right tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.112A	Displaced fracture of left tibial spine, initial encounter for closed fracture
S82.112B	Displaced fracture of left tibial spine, initial encounter for open fracture type I or II
S82.112C	Displaced fracture of left tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.113A	Displaced fracture of unspecified tibial spine, initial encounter for closed fracture
S82.113B	Displaced fracture of unspecified tibial spine, initial encounter for open fracture type I or II
S82.113C	Displaced fracture of unspecified tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.114A	Nondisplaced fracture of right tibial spine, initial encounter for closed fracture
S82.114B	Nondisplaced fracture of right tibial spine, initial encounter for open fracture type I or II



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Code	Description
S82.114C	Nondisplaced fracture of right tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.115A	Nondisplaced fracture of left tibial spine, initial encounter for closed fracture
S82.115B	Nondisplaced fracture of left tibial spine, initial encounter for open fracture type I or II
S82.115C	Nondisplaced fracture of left tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.116A	Nondisplaced fracture of unspecified tibial spine, initial encounter for closed fracture
S82.116B	Nondisplaced fracture of unspecified tibial spine, initial encounter for open fracture type I or II
S82.116C	Nondisplaced fracture of unspecified tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.121A	Displaced fracture of lateral condyle of right tibia, initial encounter for closed fracture
S82.121B	Displaced fracture of lateral condyle of right tibia, initial encounter for open fracture type I or II
S82.121C	Displaced fracture of lateral condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.122A	Displaced fracture of lateral condyle of left tibia, initial encounter for closed fracture
S82.122B	Displaced fracture of lateral condyle of left tibia, initial encounter for open fracture type I or II
S82.122C	Displaced fracture of lateral condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.123A	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for closed fracture
S82.123B	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.123C	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.124A	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for closed fracture
S82.124B	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for open fracture type I or II



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Code	Description
S82.124C	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.125A	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for closed fracture
S82.125B	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for open fracture type I or II
S82.125C	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.126A	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for closed fracture
S82.126B	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.126C	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.131A	Displaced fracture of medial condyle of right tibia, initial encounter for closed fracture
S82.131B	Displaced fracture of medial condyle of right tibia, initial encounter for open fracture type I or II
S82.131C	Displaced fracture of medial condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.132A	Displaced fracture of medial condyle of left tibia, initial encounter for closed fracture
S82.132B	Displaced fracture of medial condyle of left tibia, initial encounter for open fracture type I or II
S82.132C	Displaced fracture of medial condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.133A	Displaced fracture of medial condyle of unspecified tibia, initial encounter for closed fracture
S82.133B	Displaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.133C	Displaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.134A	Nondisplaced fracture of medial condyle of right tibia, initial encounter for closed fracture



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Code	Description
S82.134B	Nondisplaced fracture of medial condyle of right tibia, initial encounter for open fracture type I or II
S82.134C	Nondisplaced fracture of medial condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.135A	Nondisplaced fracture of medial condyle of left tibia, initial encounter for closed fracture
S82.135B	Nondisplaced fracture of medial condyle of left tibia, initial encounter for open fracture type I or II
S82.135C	Nondisplaced fracture of medial condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.136A	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for closed fracture
S82.136B	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.136C	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.141A	Displaced bicondylar fracture of right tibia, initial encounter for closed fracture
S82.141B	Displaced bicondylar fracture of right tibia, initial encounter for open fracture type I or II
S82.141C	Displaced bicondylar fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.142A	Displaced bicondylar fracture of left tibia, initial encounter for closed fracture
S82.142B	Displaced bicondylar fracture of left tibia, initial encounter for open fracture type I or II
S82.142C	Displaced bicondylar fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.143A	Displaced bicondylar fracture of unspecified tibia, initial encounter for closed fracture
S82.143B	Displaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type I or II
S82.143C	Displaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.144A	Nondisplaced bicondylar fracture of right tibia, initial encounter for closed fracture



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Code	Description
S82.144B	Nondisplaced bicondylar fracture of right tibia, initial encounter for open fracture type I or II
S82.144C	Nondisplaced bicondylar fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.145A	Nondisplaced bicondylar fracture of left tibia, initial encounter for closed fracture
S82.145B	Nondisplaced bicondylar fracture of left tibia, initial encounter for open fracture type I or II
S82.145C	Nondisplaced bicondylar fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.146A	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for closed fracture
S82.146B	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type I or II
S82.146C	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.151A	Displaced fracture of right tibial tuberosity, initial encounter for closed fracture
S82.151B	Displaced fracture of right tibial tuberosity, initial encounter for open fracture type I or II
S82.151C	Displaced fracture of right tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.152A	Displaced fracture of left tibial tuberosity, initial encounter for closed fracture
S82.152B	Displaced fracture of left tibial tuberosity, initial encounter for open fracture type I or II
S82.152C	Displaced fracture of left tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.153A	Displaced fracture of unspecified tibial tuberosity, initial encounter for closed fracture
S82.153B	Displaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type I or II
S82.153C	Displaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.154A	Nondisplaced fracture of right tibial tuberosity, initial encounter for closed fracture



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Code	Description
S82.154B	Nondisplaced fracture of right tibial tuberosity, initial encounter for open fracture type I or II
S82.154C	Nondisplaced fracture of right tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.155A	Nondisplaced fracture of left tibial tuberosity, initial encounter for closed fracture
S82.155B	Nondisplaced fracture of left tibial tuberosity, initial encounter for open fracture type I or II
S82.155C	Nondisplaced fracture of left tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.156A	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for closed fracture
S82.156B	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type I or II
S82.156C	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.161A	Torus fracture of upper end of right tibia, initial encounter for closed fracture
S82.162A	Torus fracture of upper end of left tibia, initial encounter for closed fracture
S82.169A	Torus fracture of upper end of unspecified tibia, initial encounter for closed fracture
S82.191A	Other fracture of upper end of right tibia, initial encounter for closed fracture
S82.191B	Other fracture of upper end of right tibia, initial encounter for open fracture type I or II
S82.191C	Other fracture of upper end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.192A	Other fracture of upper end of left tibia, initial encounter for closed fracture
S82.192B	Other fracture of upper end of left tibia, initial encounter for open fracture type I or II
S82.192C	Other fracture of upper end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.199A	Other fracture of upper end of unspecified tibia, initial encounter for closed fracture
S82.199B	Other fracture of upper end of unspecified tibia, initial encounter for open fracture type I or II
S82.199C	Other fracture of upper end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.201A	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture
S82.201B	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.201C	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.202A	Unspecified fracture of shaft of left tibia, initial encounter for closed fracture
S82.202B	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.202C	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.209A	Unspecified fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.209B	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.209C	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.221A	Displaced transverse fracture of shaft of right tibia, initial encounter for closed fracture
S82.221B	Displaced transverse fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.221C	Displaced transverse fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.222A	Displaced transverse fracture of shaft of left tibia, initial encounter for closed fracture
S82.222B	Displaced transverse fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.222C	Displaced transverse fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.223A	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.223B	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.223C	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.224A	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for closed fracture
S82.224B	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.224C	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.225A	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for closed fracture
S82.225B	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.225C	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.226A	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.226B	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.226C	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.231A	Displaced oblique fracture of shaft of right tibia, initial encounter for closed fracture
S82.231B	Displaced oblique fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.231C	Displaced oblique fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.232A	Displaced oblique fracture of shaft of left tibia, initial encounter for closed fracture
S82.232B	Displaced oblique fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.232C	Displaced oblique fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.233A	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.233B	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II



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Code	Description
S82.233C	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.234A	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for closed fracture
S82.234B	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.234C	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.235A	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for closed fracture
S82.235B	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.235C	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.236A	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.236B	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.236C	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.241A	Displaced spiral fracture of shaft of right tibia, initial encounter for closed fracture
S82.241B	Displaced spiral fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.241C	Displaced spiral fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.242A	Displaced spiral fracture of shaft of left tibia, initial encounter for closed fracture
S82.242B	Displaced spiral fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.242C	Displaced spiral fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.243A	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for closed fracture



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Code	Description
S82.243B	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.243C	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.244A	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for closed fracture
S82.244B	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.244C	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.245A	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for closed fracture
S82.245B	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.245C	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.246A	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.246B	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.246C	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.251A	Displaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture
S82.251B	Displaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.251C	Displaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.252A	Displaced comminuted fracture of shaft of left tibia, initial encounter for closed fracture
S82.252B	Displaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.252C	Displaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.253A	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.253B	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.253C	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.254A	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture
S82.254B	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.254C	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.255A	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for closed fracture
S82.255B	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.255C	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.256A	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.256B	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.256C	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.261A	Displaced segmental fracture of shaft of right tibia, initial encounter for closed fracture
S82.261B	Displaced segmental fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.261C	Displaced segmental fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.262A	Displaced segmental fracture of shaft of left tibia, initial encounter for closed fracture



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Code	Description
S82.262B	Displaced segmental fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.262C	Displaced segmental fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.263A	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.263B	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.263C	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.264A	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for closed fracture
S82.264B	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.264C	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.265A	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for closed fracture
S82.265B	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.265C	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.266A	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.266B	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.266C	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.291A	Other fracture of shaft of right tibia, initial encounter for closed fracture
S82.291B	Other fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.291C	Other fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.292A	Other fracture of shaft of left tibia, initial encounter for closed fracture



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Code	Description
S82.292B	Other fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.292C	Other fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.299A	Other fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.299B	Other fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.299C	Other fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.311A	Torus fracture of lower end of right tibia, initial encounter for closed fracture
S82.312A	Torus fracture of lower end of left tibia, initial encounter for closed fracture
S82.319A	Torus fracture of lower end of unspecified tibia, initial encounter for closed fracture
S82.401A	Unspecified fracture of shaft of right fibula, initial encounter for closed fracture
S82.401B	Unspecified fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.401C	Unspecified fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.402A	Unspecified fracture of shaft of left fibula, initial encounter for closed fracture
S82.402B	Unspecified fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.402C	Unspecified fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.409A	Unspecified fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.409B	Unspecified fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.409C	Unspecified fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.421A	Displaced transverse fracture of shaft of right fibula, initial encounter for closed fracture
S82.421B	Displaced transverse fracture of shaft of right fibula, initial encounter for open fracture type I or II



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Code	Description
S82.421C	Displaced transverse fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.422A	Displaced transverse fracture of shaft of left fibula, initial encounter for closed fracture
S82.422B	Displaced transverse fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.422C	Displaced transverse fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.423A	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.423B	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.423C	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.424A	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for closed fracture
S82.424B	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.424C	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.425A	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for closed fracture
S82.425B	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.425C	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.426A	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.426B	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.426C	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.431A	Displaced oblique fracture of shaft of right fibula, initial encounter for closed fracture



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Code	Description
S82.431B	Displaced oblique fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.431C	Displaced oblique fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.432A	Displaced oblique fracture of shaft of left fibula, initial encounter for closed fracture
S82.432B	Displaced oblique fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.432C	Displaced oblique fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.433A	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.433B	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.433C	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.434A	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for closed fracture
S82.434B	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.434C	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.435A	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for closed fracture
S82.435B	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.435C	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.436A	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.436B	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.436C	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.441A	Displaced spiral fracture of shaft of right fibula, initial encounter for closed fracture
S82.441B	Displaced spiral fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.441C	Displaced spiral fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.442A	Displaced spiral fracture of shaft of left fibula, initial encounter for closed fracture
S82.442B	Displaced spiral fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.442C	Displaced spiral fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.443A	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.443B	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.443C	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.444A	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for closed fracture
S82.444B	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.444C	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.445A	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for closed fracture
S82.445B	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.445C	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.446A	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.446B	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II



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Code	Description
S82.446C	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.451A	Displaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture
S82.451B	Displaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.451C	Displaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.452A	Displaced comminuted fracture of shaft of left fibula, initial encounter for closed fracture
S82.452B	Displaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.452C	Displaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.453A	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.453B	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.453C	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.454A	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture
S82.454B	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.454C	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.455A	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for closed fracture
S82.455B	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.455C	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.456A	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.456B	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.456C	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.461A	Displaced segmental fracture of shaft of right fibula, initial encounter for closed fracture
S82.461B	Displaced segmental fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.461C	Displaced segmental fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.462A	Displaced segmental fracture of shaft of left fibula, initial encounter for closed fracture
S82.462B	Displaced segmental fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.462C	Displaced segmental fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.463A	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.463B	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.463C	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.464A	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for closed fracture
S82.464B	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.464C	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.465A	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for closed fracture



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Code	Description
S82.465B	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.465C	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.466A	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.466B	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.466C	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.491A	Other fracture of shaft of right fibula, initial encounter for closed fracture
S82.491B	Other fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.491C	Other fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.492A	Other fracture of shaft of left fibula, initial encounter for closed fracture
S82.492B	Other fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.492C	Other fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.499A	Other fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.499B	Other fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.499C	Other fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.811A	Torus fracture of upper end of right fibula, initial encounter for closed fracture
S82.812A	Torus fracture of upper end of left fibula, initial encounter for closed fracture
S82.819A	Torus fracture of upper end of unspecified fibula, initial encounter for closed fracture
S82.821A	Torus fracture of lower end of right fibula, initial encounter for closed fracture
S82.822A	Torus fracture of lower end of left fibula, initial encounter for closed fracture
S82.829A	Torus fracture of lower end of unspecified fibula, initial encounter for closed fracture
S82.831A	Other fracture of upper and lower end of right fibula, initial encounter for closed fracture



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Code	Description
S82.831B	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type I or II
S82.831C	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.832A	Other fracture of upper and lower end of left fibula, initial encounter for closed fracture
S82.832B	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type I or II
S82.832C	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.839A	Other fracture of upper and lower end of unspecified fibula, initial encounter for closed fracture
S82.839B	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type I or II
S82.839C	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.861A	Displaced Maisonneuve's fracture of right leg, initial encounter for closed fracture
S82.861B	Displaced Maisonneuve's fracture of right leg, initial encounter for open fracture type I or II
S82.861C	Displaced Maisonneuve's fracture of right leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.862A	Displaced Maisonneuve's fracture of left leg, initial encounter for closed fracture
S82.862B	Displaced Maisonneuve's fracture of left leg, initial encounter for open fracture type I or II
S82.862C	Displaced Maisonneuve's fracture of left leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.863A	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for closed fracture
S82.863B	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type I or II
S82.863C	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type IIIA, IIIB, or IIIC



**Medicare National Coverage Determinations (NCD)
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Code	Description
S82.864A	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for closed fracture
S82.864B	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for open fracture type I or II
S82.864C	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.865A	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for closed fracture
S82.865B	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for open fracture type I or II
S82.865C	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.866A	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for closed fracture
S82.866B	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type I or II
S82.866C	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.90XA	Unspecified fracture of unspecified lower leg, initial encounter for closed fracture
S82.90XB	Unspecified fracture of unspecified lower leg, initial encounter for open fracture type I or II
S82.90XC	Unspecified fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.91XA	Unspecified fracture of right lower leg, initial encounter for closed fracture
S82.91XB	Unspecified fracture of right lower leg, initial encounter for open fracture type I or II
S82.91XC	Unspecified fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.92XA	Unspecified fracture of left lower leg, initial encounter for closed fracture
S82.92XB	Unspecified fracture of left lower leg, initial encounter for open fracture type I or II
S82.92XC	Unspecified fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S85.001A	Unspecified injury of popliteal artery, right leg, initial encounter
S85.002A	Unspecified injury of popliteal artery, left leg, initial encounter



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

Code	Description
S85.009A	Unspecified injury of popliteal artery, unspecified leg, initial encounter
S85.011A	Laceration of popliteal artery, right leg, initial encounter
S85.012A	Laceration of popliteal artery, left leg, initial encounter
S85.019A	Laceration of popliteal artery, unspecified leg, initial encounter
S85.091A	Other specified injury of popliteal artery, right leg, initial encounter
S85.092A	Other specified injury of popliteal artery, left leg, initial encounter
S85.099A	Other specified injury of popliteal artery, unspecified leg, initial encounter
S85.101A	Unspecified injury of unspecified tibial artery, right leg, initial encounter
S85.102A	Unspecified injury of unspecified tibial artery, left leg, initial encounter
S85.109A	Unspecified injury of unspecified tibial artery, unspecified leg, initial encounter
S85.111A	Laceration of unspecified tibial artery, right leg, initial encounter
S85.112A	Laceration of unspecified tibial artery, left leg, initial encounter
S85.119A	Laceration of unspecified tibial artery, unspecified leg, initial encounter
S85.121A	Other specified injury of unspecified tibial artery, right leg, initial encounter
S85.122A	Other specified injury of unspecified tibial artery, left leg, initial encounter
S85.129A	Other specified injury of unspecified tibial artery, unspecified leg, initial encounter
S85.131A	Unspecified injury of anterior tibial artery, right leg, initial encounter
S85.132A	Unspecified injury of anterior tibial artery, left leg, initial encounter
S85.139A	Unspecified injury of anterior tibial artery, unspecified leg, initial encounter
S85.141A	Laceration of anterior tibial artery, right leg, initial encounter
S85.142A	Laceration of anterior tibial artery, left leg, initial encounter
S85.149A	Laceration of anterior tibial artery, unspecified leg, initial encounter
S85.151A	Other specified injury of anterior tibial artery, right leg, initial encounter
S85.152A	Other specified injury of anterior tibial artery, left leg, initial encounter
S85.159A	Other specified injury of anterior tibial artery, unspecified leg, initial encounter
S85.161A	Unspecified injury of posterior tibial artery, right leg, initial encounter
S85.162A	Unspecified injury of posterior tibial artery, left leg, initial encounter
S85.169A	Unspecified injury of posterior tibial artery, unspecified leg, initial encounter



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

Code	Description
S85.171A	Laceration of posterior tibial artery, right leg, initial encounter
S85.172A	Laceration of posterior tibial artery, left leg, initial encounter
S85.179A	Laceration of posterior tibial artery, unspecified leg, initial encounter
S85.181A	Other specified injury of posterior tibial artery, right leg, initial encounter
S85.182A	Other specified injury of posterior tibial artery, left leg, initial encounter
S85.189A	Other specified injury of posterior tibial artery, unspecified leg, initial encounter
S85.201A	Unspecified injury of peroneal artery, right leg, initial encounter
S85.202A	Unspecified injury of peroneal artery, left leg, initial encounter
S85.209A	Unspecified injury of peroneal artery, unspecified leg, initial encounter
S85.211A	Laceration of peroneal artery, right leg, initial encounter
S85.212A	Laceration of peroneal artery, left leg, initial encounter
S85.219A	Laceration of peroneal artery, unspecified leg, initial encounter
S85.291A	Other specified injury of peroneal artery, right leg, initial encounter
S85.292A	Other specified injury of peroneal artery, left leg, initial encounter
S85.299A	Other specified injury of peroneal artery, unspecified leg, initial encounter
S85.301A	Unspecified injury of greater saphenous vein at lower leg level, right leg, initial encounter
S85.302A	Unspecified injury of greater saphenous vein at lower leg level, left leg, initial encounter
S85.309A	Unspecified injury of greater saphenous vein at lower leg level, unspecified leg, initial encounter
S85.311A	Laceration of greater saphenous vein at lower leg level, right leg, initial encounter
S85.312A	Laceration of greater saphenous vein at lower leg level, left leg, initial encounter
S85.319A	Laceration of greater saphenous vein at lower leg level, unspecified leg, initial encounter
S85.391A	Other specified injury of greater saphenous vein at lower leg level, right leg, initial encounter
S85.392A	Other specified injury of greater saphenous vein at lower leg level, left leg, initial encounter



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Code	Description
S85.399A	Other specified injury of greater saphenous vein at lower leg level, unspecified leg, initial encounter
S85.401A	Unspecified injury of lesser saphenous vein at lower leg level, right leg, initial encounter
S85.402A	Unspecified injury of lesser saphenous vein at lower leg level, left leg, initial encounter
S85.409A	Unspecified injury of lesser saphenous vein at lower leg level, unspecified leg, initial encounter
S85.411A	Laceration of lesser saphenous vein at lower leg level, right leg, initial encounter
S85.412A	Laceration of lesser saphenous vein at lower leg level, left leg, initial encounter
S85.419A	Laceration of lesser saphenous vein at lower leg level, unspecified leg, initial encounter
S85.491A	Other specified injury of lesser saphenous vein at lower leg level, right leg, initial encounter
S85.492A	Other specified injury of lesser saphenous vein at lower leg level, left leg, initial encounter
S85.499A	Other specified injury of lesser saphenous vein at lower leg level, unspecified leg, initial encounter
S85.501A	Unspecified injury of popliteal vein, right leg, initial encounter
S85.502A	Unspecified injury of popliteal vein, left leg, initial encounter
S85.509A	Unspecified injury of popliteal vein, unspecified leg, initial encounter
S85.511A	Laceration of popliteal vein, right leg, initial encounter
S85.512A	Laceration of popliteal vein, left leg, initial encounter
S85.519A	Laceration of popliteal vein, unspecified leg, initial encounter
S85.591A	Other specified injury of popliteal vein, right leg, initial encounter
S85.592A	Other specified injury of popliteal vein, left leg, initial encounter
S85.599A	Other specified injury of popliteal vein, unspecified leg, initial encounter
S85.801A	Unspecified injury of other blood vessels at lower leg level, right leg, initial encounter
S85.802A	Unspecified injury of other blood vessels at lower leg level, left leg, initial encounter



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

Code	Description
S85.809A	Unspecified injury of other blood vessels at lower leg level, unspecified leg, initial encounter
S85.811A	Laceration of other blood vessels at lower leg level, right leg, initial encounter
S85.812A	Laceration of other blood vessels at lower leg level, left leg, initial encounter
S85.819A	Laceration of other blood vessels at lower leg level, unspecified leg, initial encounter
S85.891A	Other specified injury of other blood vessels at lower leg level, right leg, initial encounter
S85.892A	Other specified injury of other blood vessels at lower leg level, left leg, initial encounter
S85.899A	Other specified injury of other blood vessels at lower leg level, unspecified leg, initial encounter
S85.901A	Unspecified injury of unspecified blood vessel at lower leg level, right leg, initial encounter
S85.902A	Unspecified injury of unspecified blood vessel at lower leg level, left leg, initial encounter
S85.909A	Unspecified injury of unspecified blood vessel at lower leg level, unspecified leg, initial encounter
S85.911A	Laceration of unspecified blood vessel at lower leg level, right leg, initial encounter
S85.912A	Laceration of unspecified blood vessel at lower leg level, left leg, initial encounter
S85.919A	Laceration of unspecified blood vessel at lower leg level, unspecified leg, initial encounter
S85.991A	Other specified injury of unspecified blood vessel at lower leg level, right leg, initial encounter
S85.992A	Other specified injury of unspecified blood vessel at lower leg level, left leg, initial encounter
S85.999A	Other specified injury of unspecified blood vessel at lower leg level, unspecified leg, initial encounter
S87.00XA	Crushing injury of unspecified knee, initial encounter
S87.01XA	Crushing injury of right knee, initial encounter
S87.02XA	Crushing injury of left knee, initial encounter
S87.80XA	Crushing injury of unspecified lower leg, initial encounter



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

Code	Description
S87.81XA	Crushing injury of right lower leg, initial encounter
S87.82XA	Crushing injury of left lower leg, initial encounter
S89.001A	Unspecified physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.002A	Unspecified physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.009A	Unspecified physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.011A	Salter-Harris Type I physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.012A	Salter-Harris Type I physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.019A	Salter-Harris Type I physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.021A	Salter-Harris Type II physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.022A	Salter-Harris Type II physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.029A	Salter-Harris Type II physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.031A	Salter-Harris Type III physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.032A	Salter-Harris Type III physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.039A	Salter-Harris Type III physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.041A	Salter-Harris Type IV physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.042A	Salter-Harris Type IV physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.049A	Salter-Harris Type IV physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.091A	Other physeal fracture of upper end of right tibia, initial encounter for closed fracture



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

Code	Description
S89.092A	Other physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.099A	Other physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.201A	Unspecified physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.202A	Unspecified physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.209A	Unspecified physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S89.211A	Salter-Harris Type I physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.212A	Salter-Harris Type I physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.219A	Salter-Harris Type I physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S89.221A	Salter-Harris Type II physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.222A	Salter-Harris Type II physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.229A	Salter-Harris Type II physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S89.291A	Other physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.292A	Other physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.299A	Other physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S90.00XA	Contusion of unspecified ankle, initial encounter
S90.01XA	Contusion of right ankle, initial encounter
S90.02XA	Contusion of left ankle, initial encounter
S90.111A	Contusion of right great toe without damage to nail, initial encounter
S90.112A	Contusion of left great toe without damage to nail, initial encounter
S90.119A	Contusion of unspecified great toe without damage to nail, initial encounter

NCD 190.16

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S90.121A	Contusion of right lesser toe(s) without damage to nail, initial encounter
S90.122A	Contusion of left lesser toe(s) without damage to nail, initial encounter
S90.129A	Contusion of unspecified lesser toe(s) without damage to nail, initial encounter
S90.211A	Contusion of right great toe with damage to nail, initial encounter
S90.212A	Contusion of left great toe with damage to nail, initial encounter
S90.219A	Contusion of unspecified great toe with damage to nail, initial encounter
S90.221A	Contusion of right lesser toe(s) with damage to nail, initial encounter
S90.222A	Contusion of left lesser toe(s) with damage to nail, initial encounter
S90.229A	Contusion of unspecified lesser toe(s) with damage to nail, initial encounter
S90.30XA	Contusion of unspecified foot, initial encounter
S90.31XA	Contusion of right foot, initial encounter
S90.32XA	Contusion of left foot, initial encounter
S92.812A	Other fracture of left foot, initial encounter for closed fracture
S92.812B	Other fracture of left foot, initial encounter for open fracture
S92.819A	Other fracture of unspecified foot, initial encounter for closed fracture
S92.819B	Other fracture of unspecified foot, initial encounter for open fracture
S95.001A	Unspecified injury of dorsal artery of right foot, initial encounter
S95.002A	Unspecified injury of dorsal artery of left foot, initial encounter
S95.009A	Unspecified injury of dorsal artery of unspecified foot, initial encounter
S95.011A	Laceration of dorsal artery of right foot, initial encounter
S95.012A	Laceration of dorsal artery of left foot, initial encounter
S95.019A	Laceration of dorsal artery of unspecified foot, initial encounter
S95.091A	Other specified injury of dorsal artery of right foot, initial encounter
S95.092A	Other specified injury of dorsal artery of left foot, initial encounter
S95.099A	Other specified injury of dorsal artery of unspecified foot, initial encounter
S95.101A	Unspecified injury of plantar artery of right foot, initial encounter
S95.102A	Unspecified injury of plantar artery of left foot, initial encounter
S95.109A	Unspecified injury of plantar artery of unspecified foot, initial encounter



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

Code	Description
S95.111A	Laceration of plantar artery of right foot, initial encounter
S95.112A	Laceration of plantar artery of left foot, initial encounter
S95.119A	Laceration of plantar artery of unspecified foot, initial encounter
S95.191A	Other specified injury of plantar artery of right foot, initial encounter
S95.192A	Other specified injury of plantar artery of left foot, initial encounter
S95.199A	Other specified injury of plantar artery of unspecified foot, initial encounter
S95.201A	Unspecified injury of dorsal vein of right foot, initial encounter
S95.202A	Unspecified injury of dorsal vein of left foot, initial encounter
S95.209A	Unspecified injury of dorsal vein of unspecified foot, initial encounter
S95.211A	Laceration of dorsal vein of right foot, initial encounter
S95.212A	Laceration of dorsal vein of left foot, initial encounter
S95.219A	Laceration of dorsal vein of unspecified foot, initial encounter
S95.291A	Other specified injury of dorsal vein of right foot, initial encounter
S95.292A	Other specified injury of dorsal vein of left foot, initial encounter
S95.299A	Other specified injury of dorsal vein of unspecified foot, initial encounter
S95.801A	Unspecified injury of other blood vessels at ankle and foot level, right leg, initial encounter
S95.802A	Unspecified injury of other blood vessels at ankle and foot level, left leg, initial encounter
S95.809A	Unspecified injury of other blood vessels at ankle and foot level, unspecified leg, initial encounter
S95.811A	Laceration of other blood vessels at ankle and foot level, right leg, initial encounter
S95.812A	Laceration of other blood vessels at ankle and foot level, left leg, initial encounter
S95.819A	Laceration of other blood vessels at ankle and foot level, unspecified leg, initial encounter
S95.891A	Other specified injury of other blood vessels at ankle and foot level, right leg, initial encounter
S95.892A	Other specified injury of other blood vessels at ankle and foot level, left leg, initial encounter



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

Code	Description
S95.899A	Other specified injury of other blood vessels at ankle and foot level, unspecified leg, initial encounter
S95.901A	Unspecified injury of unspecified blood vessel at ankle and foot level, right leg, initial encounter
S95.902A	Unspecified injury of unspecified blood vessel at ankle and foot level, left leg, initial encounter
S95.909A	Unspecified injury of unspecified blood vessel at ankle and foot level, unspecified leg, initial encounter
S95.911A	Laceration of unspecified blood vessel at ankle and foot level, right leg, initial encounter
S95.912A	Laceration of unspecified blood vessel at ankle and foot level, left leg, initial encounter
S95.919A	Laceration of unspecified blood vessel at ankle and foot level, unspecified leg, initial encounter
S95.991A	Other specified injury of unspecified blood vessel at ankle and foot level, right leg, initial encounter
S95.992A	Other specified injury of unspecified blood vessel at ankle and foot level, left leg, initial encounter
S95.999A	Other specified injury of unspecified blood vessel at ankle and foot level, unspecified leg, initial encounter
S97.00XA	Crushing injury of unspecified ankle, initial encounter
S97.01XA	Crushing injury of right ankle, initial encounter
S97.02XA	Crushing injury of left ankle, initial encounter
S97.101A	Crushing injury of unspecified right toe(s), initial encounter
S97.102A	Crushing injury of unspecified left toe(s), initial encounter
S97.109A	Crushing injury of unspecified toe(s), initial encounter
S97.111A	Crushing injury of right great toe, initial encounter
S97.112A	Crushing injury of left great toe, initial encounter
S97.119A	Crushing injury of unspecified great toe, initial encounter
S97.121A	Crushing injury of right lesser toe(s), initial encounter
S97.122A	Crushing injury of left lesser toe(s), initial encounter



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

Code	Description
S97.129A	Crushing injury of unspecified lesser toe(s), initial encounter
S97.80XA	Crushing injury of unspecified foot, initial encounter
S97.81XA	Crushing injury of right foot, initial encounter
S97.82XA	Crushing injury of left foot, initial encounter
S99.001A	Unspecified physeal fracture of right calcaneus, initial encounter for closed fracture
S99.002A	Unspecified physeal fracture of left calcaneus, initial encounter for closed fracture
S99.002B	Unspecified physeal fracture of left calcaneus, initial encounter for open fracture
S99.009A	Unspecified physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.009B	Unspecified physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.011B	Salter-Harris Type I physeal fracture of right calcaneus, initial encounter for open fracture
S99.011D	Salter-Harris Type I physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing
S99.012A	Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for closed fracture
S99.012B	Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for open fracture
S99.019A	Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.019B	Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.021A	Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for closed fracture
S99.021B	Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for open fracture
S99.022A	Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for closed fracture
S99.022B	Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for open fracture



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

Code	Description
S99.029A	Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.029B	Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.031B	Salter-Harris Type III physeal fracture of right calcaneus, initial encounter for open fracture
S99.031D	Salter-Harris Type III physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing
S99.032A	Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for closed fracture
S99.032B	Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for open fracture
S99.039A	Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.039B	Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.041A	Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for closed fracture
S99.041B	Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for open fracture
S99.042A	Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for closed fracture
S99.042B	Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for open fracture
S99.049A	Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.049B	Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.091A	Other physeal fracture of right calcaneus, initial encounter for closed fracture
S99.091B	Other physeal fracture of right calcaneus, initial encounter for open fracture
S99.092A	Other physeal fracture of left calcaneus, initial encounter for closed fracture
S99.092B	Other physeal fracture of left calcaneus, initial encounter for open fracture
S99.099A	Other physeal fracture of unspecified calcaneus, initial encounter for closed fracture

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S99.101A	Unspecified physeal fracture of right metatarsal, initial encounter for closed fracture
S99.102A	Unspecified physeal fracture of left metatarsal, initial encounter for closed fracture
S99.102B	Unspecified physeal fracture of left metatarsal, initial encounter for open fracture
S99.109A	Unspecified physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.109B	Unspecified physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.111A	Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for closed fracture
S99.111B	Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for open fracture
S99.112A	Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for closed fracture
S99.112B	Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for open fracture
S99.119A	Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.119B	Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.121A	Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for closed fracture
S99.121B	Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for open fracture
S99.122A	Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for closed fracture
S99.122B	Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for open fracture
S99.129A	Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.129B	Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.131A	Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for closed fracture



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

Code	Description
S99.131B	Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for open fracture
S99.132A	Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for closed fracture
S99.132B	Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for open fracture
S99.139A	Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.139B	Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.141A	Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for closed fracture
S99.141B	Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for open fracture
S99.142A	Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for closed fracture
S99.142B	Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for open fracture
S99.149A	Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.149B	Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.192A	Other physeal fracture of left metatarsal, initial encounter for closed fracture
S99.192B	Other physeal fracture of left metatarsal, initial encounter for open fracture
S99.199A	Other physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.199B	Other physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.201A	Unspecified physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.201B	Unspecified physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.202A	Unspecified physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.202B	Unspecified physeal fracture of phalanx of left toe, initial encounter for open fracture

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S99.209A	Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.209B	Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.211A	Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.211B	Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.212A	Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.212B	Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.219A	Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.219B	Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.221A	Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.221B	Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.222A	Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.222B	Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.229A	Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.229B	Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.231A	Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.231B	Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for open fracture



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

Code	Description
S99.232A	Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.232B	Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.239A	Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.239B	Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.241A	Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.241B	Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.242A	Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.242B	Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.249A	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.249B	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.291A	Other physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.291B	Other physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.292A	Other physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.292B	Other physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.299A	Other physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.299B	Other physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
T14.8XXA	Other injury of unspecified body region, initial encounter
T14.90XA	Injury, unspecified, initial encounter
T36.0X5A	Adverse effect of penicillins, initial encounter
T36.1X5A	Adverse effect of cephalosporins and other beta-lactam antibiotics, initial encounter



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

Code	Description
T36.2X5A	Adverse effect of chloramphenicol group, initial encounter
T36.3X5A	Adverse effect of macrolides, initial encounter
T36.4X5A	Adverse effect of tetracyclines, initial encounter
T36.6X5A	Adverse effect of rifampicins, initial encounter
T36.7X5A	Adverse effect of antifungal antibiotics, systemically used, initial encounter
T36.8X5A	Adverse effect of other systemic antibiotics, initial encounter
T36.95XA	Adverse effect of unspecified systemic antibiotic, initial encounter
T37.0X5A	Adverse effect of sulfonamides, initial encounter
T37.1X5A	Adverse effect of antimycobacterial drugs, initial encounter
T37.2X5A	Adverse effect of antimalarials and drugs acting on other blood protozoa, initial encounter
T37.3X5A	Adverse effect of other antiprotozoal drugs, initial encounter
T37.4X5A	Adverse effect of anthelmintics, initial encounter
T37.5X5A	Adverse effect of antiviral drugs, initial encounter
T37.8X5A	Adverse effect of other specified systemic anti-infectives and antiparasitics, initial encounter
T37.95XA	Adverse effect of unspecified systemic anti-infective and antiparasitic, initial encounter
T38.0X5A	Adverse effect of glucocorticoids and synthetic analogues, initial encounter
T38.1X5A	Adverse effect of thyroid hormones and substitutes, initial encounter
T38.2X5A	Adverse effect of antithyroid drugs, initial encounter
T38.4X5A	Adverse effect of oral contraceptives, initial encounter
T38.5X5A	Adverse effect of other estrogens and progestogens, initial encounter
T38.6X5A	Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter
T38.7X5A	Adverse effect of androgens and anabolic congeners, initial encounter
T38.805A	Adverse effect of unspecified hormones and synthetic substitutes, initial encounter
T38.815A	Adverse effect of anterior pituitary [adenohypophyseal] hormones, initial encounter
T38.895A	Adverse effect of other hormones and synthetic substitutes, initial encounter
T38.905A	Adverse effect of unspecified hormone antagonists, initial encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T38.995A	Adverse effect of other hormone antagonists, initial encounter
T39.015A	Adverse effect of aspirin, initial encounter
T39.095A	Adverse effect of salicylates, initial encounter
T39.2X5A	Adverse effect of pyrazolone derivatives, initial encounter
T39.315A	Adverse effect of propionic acid derivatives, initial encounter
T39.395A	Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter
T39.4X5A	Adverse effect of antirheumatics, not elsewhere classified, initial encounter
T39.8X5A	Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified, initial encounter
T39.95XA	Adverse effect of unspecified nonopioid analgesic, antipyretic and antirheumatic, initial encounter
T40.0X5A	Adverse effect of opium, initial encounter
T40.2X5A	Adverse effect of other opioids, initial encounter
T40.3X5A	Adverse effect of methadone, initial encounter
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela



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

Code	Description
T40.415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
T40.415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
T40.415S	Adverse effect of fentanyl or fentanyl analogs, sequela
T40.416A	Underdosing of fentanyl or fentanyl analogs, initial encounter
T40.416D	Underdosing of fentanyl or fentanyl analogs, subsequent encounter
T40.416S	Underdosing of fentanyl or fentanyl analogs, sequela
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter
T40.422S	Poisoning by tramadol, intentional self-harm, sequela
T40.423A	Poisoning by tramadol, assault, initial encounter
T40.423D	Poisoning by tramadol, assault, subsequent encounter
T40.423S	Poisoning by tramadol, assault, sequela
T40.424A	Poisoning by tramadol, undetermined, initial encounter
T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
T40.424S	Poisoning by tramadol, undetermined, sequela
T40.425A	Adverse effect of tramadol, initial encounter
T40.425D	Adverse effect of tramadol, subsequent encounter
T40.425S	Adverse effect of tramadol, sequela
T40.426A	Underdosing of tramadol, initial encounter
T40.426D	Underdosing of tramadol, subsequent encounter
T40.426S	Underdosing of tramadol, sequela
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter

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

Code	Description
T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40.493S	Poisoning by other synthetic narcotics, assault, sequela
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
T40.495A	Adverse effect of other synthetic narcotics, initial encounter
T40.495D	Adverse effect of other synthetic narcotics, subsequent encounter
T40.495S	Adverse effect of other synthetic narcotics, sequela
T40.496A	Underdosing of other synthetic narcotics, initial encounter
T40.496D	Underdosing of other synthetic narcotics, subsequent encounter
T40.496S	Underdosing of other synthetic narcotics, sequela
T40.5X5A	Adverse effect of cocaine, initial encounter
T40.605A	Adverse effect of unspecified narcotics, initial encounter
T40.695A	Adverse effect of other narcotics, initial encounter
T40.7X5A	Adverse effect of cannabis (derivatives), initial encounter
T40.905A	Adverse effect of unspecified psychodysleptics [hallucinogens], initial encounter
T40.995A	Adverse effect of other psychodysleptics [hallucinogens], initial encounter
T42.0X5A	Adverse effect of hydantoin derivatives, initial encounter
T42.1X5A	Adverse effect of iminostilbenes, initial encounter
T42.2X5A	Adverse effect of succinimides and oxazolidinediones, initial encounter
T42.3X5A	Adverse effect of barbiturates, initial encounter
T42.4X5A	Adverse effect of benzodiazepines, initial encounter
T42.5X5A	Adverse effect of mixed antiepileptics, initial encounter
T42.6X5A	Adverse effect of other antiepileptic and sedative-hypnotic drugs, initial encounter
T42.75XA	Adverse effect of unspecified antiepileptic and sedative-hypnotic drugs, initial encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T42.8X5A	Adverse effect of antiparkinsonism drugs and other central muscle-tone depressants, initial encounter
T43.015A	Adverse effect of tricyclic antidepressants, initial encounter
T43.025A	Adverse effect of tetracyclic antidepressants, initial encounter
T43.205A	Adverse effect of unspecified antidepressants, initial encounter
T43.295A	Adverse effect of other antidepressants, initial encounter
T43.3X5A	Adverse effect of phenothiazine antipsychotics and neuroleptics, initial encounter
T43.4X5A	Adverse effect of butyrophenone and thiothixene neuroleptics, initial encounter
T43.505A	Adverse effect of unspecified antipsychotics and neuroleptics, initial encounter
T43.595A	Adverse effect of other antipsychotics and neuroleptics, initial encounter
T43.605A	Adverse effect of unspecified psychostimulants, initial encounter
T43.625A	Adverse effect of amphetamines, initial encounter
T43.635A	Adverse effect of methylphenidate, initial encounter
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
T43.644S	Poisoning by ecstasy, undetermined, sequela
T43.695A	Adverse effect of other psychostimulants, initial encounter
T43.8X5A	Adverse effect of other psychotropic drugs, initial encounter
T43.95XA	Adverse effect of unspecified psychotropic drug, initial encounter
T44.7X5A	Adverse effect of beta-adrenoreceptor antagonists, initial encounter



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Code	Description
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.2X5A	Adverse effect of vitamins, initial encounter
T45.4X5A	Adverse effect of iron and its compounds, initial encounter
T45.511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter
T45.512A	Poisoning by anticoagulants, intentional self-harm, initial encounter
T45.513A	Poisoning by anticoagulants, assault, initial encounter
T45.514A	Poisoning by anticoagulants, undetermined, initial encounter
T45.515A	Adverse effect of anticoagulants, initial encounter
T45.521A	Poisoning by antithrombotic drugs, accidental (unintentional), initial encounter
T45.522A	Poisoning by antithrombotic drugs, intentional self-harm, initial encounter
T45.523A	Poisoning by antithrombotic drugs, assault, initial encounter
T45.524A	Poisoning by antithrombotic drugs, undetermined, initial encounter
T45.525A	Adverse effect of antithrombotic drugs, initial encounter
T45.605A	Adverse effect of unspecified fibrinolysis-affecting drugs, initial encounter
T45.615A	Adverse effect of thrombolytic drugs, initial encounter
T45.625A	Adverse effect of hemostatic drug, initial encounter
T45.695A	Adverse effect of other fibrinolysis-affecting drugs, initial encounter
T45.7X1A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, accidental (unintentional), initial encounter
T45.7X2A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, intentional self-harm, initial encounter
T45.7X3A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, assault, initial encounter
T45.7X4A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, undetermined, initial encounter
T45.7X5A	Adverse effect of anticoagulant antagonists, vitamin K and other coagulants, initial encounter
T45.8X1A	Poisoning by other primarily systemic and hematological agents, accidental (unintentional), initial encounter



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Code	Description
T45.8X5A	Adverse effect of other primarily systemic and hematological agents, initial encounter
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T46.1X5A	Adverse effect of calcium-channel blockers, initial encounter
T46.2X5A	Adverse effect of other antidysrhythmic drugs, initial encounter
T46.3X5A	Adverse effect of coronary vasodilators, initial encounter
T46.4X5A	Adverse effect of angiotensin-converting-enzyme inhibitors, initial encounter
T46.5X5A	Adverse effect of other antihypertensive drugs, initial encounter
T46.6X5A	Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter
T46.7X5A	Adverse effect of peripheral vasodilators, initial encounter
T46.8X5A	Adverse effect of antivaricose drugs, including sclerosing agents, initial encounter
T46.905A	Adverse effect of unspecified agents primarily affecting the cardiovascular system, initial encounter
T46.995A	Adverse effect of other agents primarily affecting the cardiovascular system, initial encounter
T48.0X5A	Adverse effect of oxytocic drugs, initial encounter
T48.1X5A	Adverse effect of skeletal muscle relaxants [neuromuscular blocking agents], initial encounter
T49.1X5A	Adverse effect of antipruritics, initial encounter
T50.4X5A	Adverse effect of drugs affecting uric acid metabolism, initial encounter
T50.6X5A	Adverse effect of antidotes and chelating agents, initial encounter
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.911A	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.911D	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), subsequent encounter
T50.911S	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), sequela

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Code	Description
T50.912A	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.912D	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, subsequent encounter
T50.912S	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, sequela
T50.913A	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.913D	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, subsequent encounter
T50.913S	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, sequela
T50.914A	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.914D	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, subsequent encounter
T50.914S	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, sequela
T50.915A	Adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.915D	Adverse effect of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.915S	Adverse effect of multiple unspecified drugs, medicaments and biological substances, sequela
T50.916A	Underdosing of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.916D	Underdosing of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.916S	Underdosing of multiple unspecified drugs, medicaments and biological substances, sequela
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter



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Code	Description
T50.A15A	Adverse effect of pertussis vaccine, including combinations with a pertussis component, initial encounter
T50.B95A	Adverse effect of other viral vaccines, initial encounter
T50.Z15A	Adverse effect of immunoglobulin, initial encounter
T50.Z95A	Adverse effect of other vaccines and biological substances, initial encounter
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter
T51.0X3A	Toxic effect of ethanol, assault, initial encounter
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter
T63.001A	Toxic effect of unspecified snake venom, accidental (unintentional), initial encounter
T63.002A	Toxic effect of unspecified snake venom, intentional self-harm, initial encounter
T63.003A	Toxic effect of unspecified snake venom, assault, initial encounter
T63.004A	Toxic effect of unspecified snake venom, undetermined, initial encounter
T63.011A	Toxic effect of rattlesnake venom, accidental (unintentional), initial encounter
T63.012A	Toxic effect of rattlesnake venom, intentional self-harm, initial encounter
T63.013A	Toxic effect of rattlesnake venom, assault, initial encounter
T63.014A	Toxic effect of rattlesnake venom, undetermined, initial encounter
T63.021A	Toxic effect of coral snake venom, accidental (unintentional), initial encounter
T63.022A	Toxic effect of coral snake venom, intentional self-harm, initial encounter
T63.023A	Toxic effect of coral snake venom, assault, initial encounter
T63.024A	Toxic effect of coral snake venom, undetermined, initial encounter
T63.031A	Toxic effect of taipan venom, accidental (unintentional), initial encounter
T63.032A	Toxic effect of taipan venom, intentional self-harm, initial encounter
T63.033A	Toxic effect of taipan venom, assault, initial encounter
T63.034A	Toxic effect of taipan venom, undetermined, initial encounter
T63.041A	Toxic effect of cobra venom, accidental (unintentional), initial encounter
T63.042A	Toxic effect of cobra venom, intentional self-harm, initial encounter
T63.043A	Toxic effect of cobra venom, assault, initial encounter
T63.044A	Toxic effect of cobra venom, undetermined, initial encounter

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Code	Description
T63.061A	Toxic effect of venom of other North and South American snake, accidental (unintentional), initial encounter
T63.062A	Toxic effect of venom of other North and South American snake, intentional self-harm, initial encounter
T63.063A	Toxic effect of venom of other North and South American snake, assault, initial encounter
T63.064A	Toxic effect of venom of other North and South American snake, undetermined, initial encounter
T63.071A	Toxic effect of venom of other Australian snake, accidental (unintentional), initial encounter
T63.072A	Toxic effect of venom of other Australian snake, intentional self-harm, initial encounter
T63.073A	Toxic effect of venom of other Australian snake, assault, initial encounter
T63.074A	Toxic effect of venom of other Australian snake, undetermined, initial encounter
T63.081A	Toxic effect of venom of other African and Asian snake, accidental (unintentional), initial encounter
T63.082A	Toxic effect of venom of other African and Asian snake, intentional self-harm, initial encounter
T63.083A	Toxic effect of venom of other African and Asian snake, assault, initial encounter
T63.084A	Toxic effect of venom of other African and Asian snake, undetermined, initial encounter
T63.091A	Toxic effect of venom of other snake, accidental (unintentional), initial encounter
T63.092A	Toxic effect of venom of other snake, intentional self-harm, initial encounter
T63.093A	Toxic effect of venom of other snake, assault, initial encounter
T63.094A	Toxic effect of venom of other snake, undetermined, initial encounter
T63.111A	Toxic effect of venom of gila monster, accidental (unintentional), initial encounter
T63.112A	Toxic effect of venom of gila monster, intentional self-harm, initial encounter
T63.113A	Toxic effect of venom of gila monster, assault, initial encounter
T63.114A	Toxic effect of venom of gila monster, undetermined, initial encounter
T63.121A	Toxic effect of venom of other venomous lizard, accidental (unintentional), initial encounter



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Code	Description
T63.122A	Toxic effect of venom of other venomous lizard, intentional self-harm, initial encounter
T63.123A	Toxic effect of venom of other venomous lizard, assault, initial encounter
T63.124A	Toxic effect of venom of other venomous lizard, undetermined, initial encounter
T63.191A	Toxic effect of venom of other reptiles, accidental (unintentional), initial encounter
T63.192A	Toxic effect of venom of other reptiles, intentional self-harm, initial encounter
T63.193A	Toxic effect of venom of other reptiles, assault, initial encounter
T63.194A	Toxic effect of venom of other reptiles, undetermined, initial encounter
T63.2X1A	Toxic effect of venom of scorpion, accidental (unintentional), initial encounter
T63.2X2A	Toxic effect of venom of scorpion, intentional self-harm, initial encounter
T63.2X3A	Toxic effect of venom of scorpion, assault, initial encounter
T63.2X4A	Toxic effect of venom of scorpion, undetermined, initial encounter
T63.301A	Toxic effect of unspecified spider venom, accidental (unintentional), initial encounter
T63.302A	Toxic effect of unspecified spider venom, intentional self-harm, initial encounter
T63.303A	Toxic effect of unspecified spider venom, assault, initial encounter
T63.304A	Toxic effect of unspecified spider venom, undetermined, initial encounter
T63.311A	Toxic effect of venom of black widow spider, accidental (unintentional), initial encounter
T63.312A	Toxic effect of venom of black widow spider, intentional self-harm, initial encounter
T63.313A	Toxic effect of venom of black widow spider, assault, initial encounter
T63.314A	Toxic effect of venom of black widow spider, undetermined, initial encounter
T63.321A	Toxic effect of venom of tarantula, accidental (unintentional), initial encounter
T63.322A	Toxic effect of venom of tarantula, intentional self-harm, initial encounter
T63.323A	Toxic effect of venom of tarantula, assault, initial encounter
T63.324A	Toxic effect of venom of tarantula, undetermined, initial encounter
T63.331A	Toxic effect of venom of brown recluse spider, accidental (unintentional), initial encounter
T63.332A	Toxic effect of venom of brown recluse spider, intentional self-harm, initial encounter
T63.333A	Toxic effect of venom of brown recluse spider, assault, initial encounter

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Code	Description
T63.334A	Toxic effect of venom of brown recluse spider, undetermined, initial encounter
T63.391A	Toxic effect of venom of other spider, accidental (unintentional), initial encounter
T63.392A	Toxic effect of venom of other spider, intentional self-harm, initial encounter
T63.393A	Toxic effect of venom of other spider, assault, initial encounter
T63.394A	Toxic effect of venom of other spider, undetermined, initial encounter
T63.411A	Toxic effect of venom of centipedes and venomous millipedes, accidental (unintentional), initial encounter
T63.412A	Toxic effect of venom of centipedes and venomous millipedes, intentional self-harm, initial encounter
T63.413A	Toxic effect of venom of centipedes and venomous millipedes, assault, initial encounter
T63.414A	Toxic effect of venom of centipedes and venomous millipedes, undetermined, initial encounter
T63.421A	Toxic effect of venom of ants, accidental (unintentional), initial encounter
T63.422A	Toxic effect of venom of ants, intentional self-harm, initial encounter
T63.423A	Toxic effect of venom of ants, assault, initial encounter
T63.424A	Toxic effect of venom of ants, undetermined, initial encounter
T63.431A	Toxic effect of venom of caterpillars, accidental (unintentional), initial encounter
T63.432A	Toxic effect of venom of caterpillars, intentional self-harm, initial encounter
T63.433A	Toxic effect of venom of caterpillars, assault, initial encounter
T63.434A	Toxic effect of venom of caterpillars, undetermined, initial encounter
T63.441A	Toxic effect of venom of bees, accidental (unintentional), initial encounter
T63.442A	Toxic effect of venom of bees, intentional self-harm, initial encounter
T63.443A	Toxic effect of venom of bees, assault, initial encounter
T63.444A	Toxic effect of venom of bees, undetermined, initial encounter
T63.451A	Toxic effect of venom of hornets, accidental (unintentional), initial encounter
T63.452A	Toxic effect of venom of hornets, intentional self-harm, initial encounter
T63.453A	Toxic effect of venom of hornets, assault, initial encounter
T63.454A	Toxic effect of venom of hornets, undetermined, initial encounter
T63.461A	Toxic effect of venom of wasps, accidental (unintentional), initial encounter

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Code	Description
T63.462A	Toxic effect of venom of wasps, intentional self-harm, initial encounter
T63.463A	Toxic effect of venom of wasps, assault, initial encounter
T63.464A	Toxic effect of venom of wasps, undetermined, initial encounter
T63.481A	Toxic effect of venom of other arthropod, accidental (unintentional), initial encounter
T63.482A	Toxic effect of venom of other arthropod, intentional self-harm, initial encounter
T63.483A	Toxic effect of venom of other arthropod, assault, initial encounter
T63.484A	Toxic effect of venom of other arthropod, undetermined, initial encounter
T63.511A	Toxic effect of contact with stingray, accidental (unintentional), initial encounter
T63.512A	Toxic effect of contact with stingray, intentional self-harm, initial encounter
T63.513A	Toxic effect of contact with stingray, assault, initial encounter
T63.514A	Toxic effect of contact with stingray, undetermined, initial encounter
T63.591A	Toxic effect of contact with other venomous fish, accidental (unintentional), initial encounter
T63.592A	Toxic effect of contact with other venomous fish, intentional self-harm, initial encounter
T63.593A	Toxic effect of contact with other venomous fish, assault, initial encounter
T63.594A	Toxic effect of contact with other venomous fish, undetermined, initial encounter
T63.611A	Toxic effect of contact with Portugese Man-o-war, accidental (unintentional), initial encounter
T63.612A	Toxic effect of contact with Portugese Man-o-war, intentional self-harm, initial encounter
T63.613A	Toxic effect of contact with Portugese Man-o-war, assault, initial encounter
T63.614A	Toxic effect of contact with Portugese Man-o-war, undetermined, initial encounter
T63.621A	Toxic effect of contact with other jellyfish, accidental (unintentional), initial encounter
T63.622A	Toxic effect of contact with other jellyfish, intentional self-harm, initial encounter
T63.623A	Toxic effect of contact with other jellyfish, assault, initial encounter
T63.624A	Toxic effect of contact with other jellyfish, undetermined, initial encounter
T63.631A	Toxic effect of contact with sea anemone, accidental (unintentional), initial encounter
T63.632A	Toxic effect of contact with sea anemone, intentional self-harm, initial encounter



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Code	Description
T63.633A	Toxic effect of contact with sea anemone, assault, initial encounter
T63.634A	Toxic effect of contact with sea anemone, undetermined, initial encounter
T63.691A	Toxic effect of contact with other venomous marine animals, accidental (unintentional), initial encounter
T63.692A	Toxic effect of contact with other venomous marine animals, intentional self-harm, initial encounter
T63.693A	Toxic effect of contact with other venomous marine animals, assault, initial encounter
T63.694A	Toxic effect of contact with other venomous marine animals, undetermined, initial encounter
T63.711A	Toxic effect of contact with venomous marine plant, accidental (unintentional), initial encounter
T63.712A	Toxic effect of contact with venomous marine plant, intentional self-harm, initial encounter
T63.713A	Toxic effect of contact with venomous marine plant, assault, initial encounter
T63.714A	Toxic effect of contact with venomous marine plant, undetermined, initial encounter
T63.791A	Toxic effect of contact with other venomous plant, accidental (unintentional), initial encounter
T63.792A	Toxic effect of contact with other venomous plant, intentional self-harm, initial encounter
T63.793A	Toxic effect of contact with other venomous plant, assault, initial encounter
T63.794A	Toxic effect of contact with other venomous plant, undetermined, initial encounter
T63.811A	Toxic effect of contact with venomous frog, accidental (unintentional), initial encounter
T63.812A	Toxic effect of contact with venomous frog, intentional self-harm, initial encounter
T63.813A	Toxic effect of contact with venomous frog, assault, initial encounter
T63.814A	Toxic effect of contact with venomous frog, undetermined, initial encounter
T63.821A	Toxic effect of contact with venomous toad, accidental (unintentional), initial encounter
T63.822A	Toxic effect of contact with venomous toad, intentional self-harm, initial encounter
T63.823A	Toxic effect of contact with venomous toad, assault, initial encounter



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Code	Description
T63.824A	Toxic effect of contact with venomous toad, undetermined, initial encounter
T63.831A	Toxic effect of contact with other venomous amphibian, accidental (unintentional), initial encounter
T63.832A	Toxic effect of contact with other venomous amphibian, intentional self-harm, initial encounter
T63.833A	Toxic effect of contact with other venomous amphibian, assault, initial encounter
T63.834A	Toxic effect of contact with other venomous amphibian, undetermined, initial encounter
T63.891A	Toxic effect of contact with other venomous animals, accidental (unintentional), initial encounter
T63.892A	Toxic effect of contact with other venomous animals, intentional self-harm, initial encounter
T63.893A	Toxic effect of contact with other venomous animals, assault, initial encounter
T63.894A	Toxic effect of contact with other venomous animals, undetermined, initial encounter
T63.91XA	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), initial encounter
T63.92XA	Toxic effect of contact with unspecified venomous animal, intentional self-harm, initial encounter
T63.93XA	Toxic effect of contact with unspecified venomous animal, assault, initial encounter
T63.94XA	Toxic effect of contact with unspecified venomous animal, undetermined, initial encounter
T67.01XA	Heatstroke and sunstroke, initial encounter
T67.01XD	Heatstroke and sunstroke, subsequent encounter
T67.02XA	Exertional heatstroke, initial encounter
T67.02XD	Exertional heatstroke, subsequent encounter
T67.09XA	Other heatstroke and sunstroke, initial encounter
T67.09XD	Other heatstroke and sunstroke, subsequent encounter
T78.41XA	Arthus phenomenon, initial encounter
T79.2XXA	Traumatic secondary and recurrent hemorrhage and seroma, initial encounter



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Code	Description
T80.1XXA	Vascular complications following infusion, transfusion and therapeutic injection, initial encounter
T82.817A	Embolism due to cardiac prosthetic devices, implants and grafts, initial encounter
T82.818A	Embolism due to vascular prosthetic devices, implants and grafts, initial encounter
T82.827A	Fibrosis due to cardiac prosthetic devices, implants and grafts, initial encounter
T82.828A	Fibrosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.837A	Hemorrhage due to cardiac prosthetic devices, implants and grafts, initial encounter
T82.838A	Hemorrhage due to vascular prosthetic devices, implants and grafts, initial encounter
T82.855A	Stenosis of coronary artery stent, initial encounter
T82.855D	Stenosis of coronary artery stent, subsequent encounter
T82.855S	Stenosis of coronary artery stent, sequela
T82.856A	Stenosis of peripheral vascular stent, initial encounter
T82.856D	Stenosis of peripheral vascular stent, subsequent encounter
T82.856S	Stenosis of peripheral vascular stent, sequela
T82.857A	Stenosis of other cardiac prosthetic devices, implants and grafts, initial encounter
T82.858A	Stenosis of other vascular prosthetic devices, implants and grafts, initial encounter
T82.867A	Thrombosis due to cardiac prosthetic devices, implants and grafts, initial encounter
T82.868A	Thrombosis due to vascular prosthetic devices, implants and grafts, initial encounter
T82.897A	Other specified complication of cardiac prosthetic devices, implants and grafts, initial encounter
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter
T82.9XXA	Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter
T83.81XA	Embolism due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.82XA	Fibrosis due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.83XA	Hemorrhage due to genitourinary prosthetic devices, implants and grafts, initial encounter



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Code	Description
T83.85XA	Stenosis due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.86XA	Thrombosis due to genitourinary prosthetic devices, implants and grafts, initial encounter
T83.89XA	Other specified complication of genitourinary prosthetic devices, implants and grafts, initial encounter
T83.9XXA	Unspecified complication of genitourinary prosthetic device, implant and graft, initial encounter
T84.81XA	Embolism due to internal orthopedic prosthetic devices, implants and grafts, initial encounter
T84.82XA	Fibrosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter
T84.83XA	Hemorrhage due to internal orthopedic prosthetic devices, implants and grafts, initial encounter
T84.85XA	Stenosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter
T84.86XA	Thrombosis due to internal orthopedic prosthetic devices, implants and grafts, initial encounter
T84.89XA	Other specified complication of internal orthopedic prosthetic devices, implants and grafts, initial encounter
T84.9XXA	Unspecified complication of internal orthopedic prosthetic device, implant and graft, initial encounter
T85.810A	Embolism due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.810D	Embolism due to nervous system prosthetic devices, implants and grafts, subsequent encounter
T85.810S	Embolism due to nervous system prosthetic devices, implants and grafts, sequela
T85.818A	Embolism due to other internal prosthetic devices, implants and grafts, initial encounter
T85.818D	Embolism due to other internal prosthetic devices, implants and grafts, subsequent encounter
T85.818S	Embolism due to other internal prosthetic devices, implants and grafts, sequela



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Code	Description
T85.830A	Hemorrhage due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.838A	Hemorrhage due to other internal prosthetic devices, implants and grafts, initial encounter
T85.840A	Pain due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.848A	Pain due to other internal prosthetic devices, implants and grafts, initial encounter
T85.850A	Stenosis due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.858A	Stenosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.860A	Thrombosis due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.860D	Thrombosis due to nervous system prosthetic devices, implants and grafts, subsequent encounter
T85.860S	Thrombosis due to nervous system prosthetic devices, implants and grafts, sequela
T85.868A	Thrombosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.868D	Thrombosis due to other internal prosthetic devices, implants and grafts, subsequent encounter
T85.868S	Thrombosis due to other internal prosthetic devices, implants and grafts, sequela
T85.9XXA	Unspecified complication of internal prosthetic device, implant and graft, initial encounter
T86.8401	Corneal transplant rejection, right eye
T86.8402	Corneal transplant rejection, left eye
T86.8403	Corneal transplant rejection, bilateral
T86.8409	Corneal transplant rejection, unspecified eye
T86.8411	Corneal transplant failure, right eye
T86.8412	Corneal transplant failure, left eye
T86.8413	Corneal transplant failure, bilateral
T86.8419	Corneal transplant failure, unspecified eye



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Code	Description
T86.8421	Corneal transplant infection, right eye
T86.8422	Corneal transplant infection, left eye
T86.8423	Corneal transplant infection, bilateral
T86.8429	Corneal transplant infection, unspecified eye
T86.8481	Other complications of corneal transplant, right eye
T86.8482	Other complications of corneal transplant, left eye
T86.8483	Other complications of corneal transplant, bilateral
T86.8489	Other complications of corneal transplant, unspecified eye
T86.8491	Unspecified complication of corneal transplant, right eye
T86.8492	Unspecified complication of corneal transplant, left eye
T86.8493	Unspecified complication of corneal transplant, bilateral
T86.8499	Unspecified complication of corneal transplant, unspecified eye
T88.52XA	Failed moderate sedation during procedure, initial encounter
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out



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Code	Description
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z22.7	Latent tuberculosis
Z51.81	Encounter for therapeutic drug level monitoring
Z51.89	Encounter for other specified aftercare
Z53.31	Laparoscopic surgical procedure converted to open procedure
Z53.32	Thoracoscopic surgical procedure converted to open procedure
Z53.33	Arthroscopic surgical procedure converted to open procedure
Z53.39	Other specified procedure converted to open procedure
Z79.01	Long term (current) use of anticoagulants
Z84.82	Family history of sudden infant death syndrome
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs
Z86.003	Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs
Z86.005	Personal history of in-situ neoplasm of middle ear and respiratory system
Z86.006	Personal history of melanoma in-situ
Z86.007	Personal history of in-situ neoplasm of skin
Z86.15	Personal history of latent tuberculosis infection
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z96.82	Presence of neurostimulator



Indications

1. The PTT is most commonly used to quantitate the effect of therapeutic unfractionated heparin and to regulate its dosing. Except during transitions between heparin and warfarin therapy, in general both the PTT and PT are not necessary together to assess the effect of anticoagulation therapy. PT and PTT must be justified separately.
2. A PTT may be used to assess patients with signs or symptoms of hemorrhage or thrombosis. For example:
 - Abnormal bleeding, hemorrhage or hematoma petechiae or other signs of thrombocytopenia that could be due to Disseminated Intravascular Coagulation
 - Swollen extremity with or without prior trauma
3. A PTT may be useful in evaluating patients who have a history of a condition known to be associated with the risk of hemorrhage or thrombosis that is related to the intrinsic coagulation pathway. Such abnormalities may be genetic or acquired. For example:
 - Dysfibrinogenemia
 - Afibrinogenemia (complete)
 - Acute or chronic liver dysfunction or failure, including Wilson's disease
 - Hemophilia
 - Liver disease and failure
 - Infectious processes
 - Bleeding disorders
 - Disseminated intravascular coagulation
 - Lupus erythematosus or other conditions associated with circulating inhibitors, e.g., factor VIII Inhibitor, lupus-like anticoagulant
 - Sepsis
 - Von Willebrand's disease
 - Arterial and venous thrombosis, including the evaluation of hypercoagulable states
 - Clinical conditions associated with nephrosis or renal failure
 - Other acquired and congenital coagulopathies as well as thrombotic states
4. A PTT may be used to assess the risk of thrombosis or hemorrhage in patients who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis. An example is as follows: evaluation prior to invasive procedures or operations of patients with personal or family history of bleeding or who are on heparin therapy

Limitations

1. The PTT is not useful in monitoring the effects of warfarin on a patient's coagulation routinely. However, a PTT may be ordered on a patient being treated with warfarin as heparin therapy is being discontinued. A PTT may also be indicated when the PT is markedly prolonged due to warfarin toxicity.



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2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of heparin.
3. Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.

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

Any ICD-10-CM code not listed in either of the ICD-10-CM sections above.

Sources of Information

CMD Clinical Laboratory Workgroup

1999 CPT Physicians' Current Procedural Terminology, American Medical Association

Blue Book of Diagnostic Tests; PL Liu; Saunders

Wintrobe's Clinical Hematology; 9th Ed, 1993, Lea and Febiger

Harrison's Principles of Internal Medicine, 14th Ed., McGraw Hill, 1997.

Disorders of Hemostasis, Ratnoff, Oscar D. & Forbes, Charles D., W.B. Saunders Co., 1996

Hemostasis and Thrombosis: Basic Principles and Clinical Practice. Colman, et al editors, J.B. Lippincott, 3rd Edition, 1994, pp 896-898 and 1045-1046.

"College of American Pathologists Conference XXXI on Laboratory Monitoring of Anticoagulant Therapy," Arch Pathol Lab Med, Vol 122, Sep 1998, P 782-798.

Lupus Anticoagulants/Antiphospholipid-protein Antibodies: The Great Imposters, Triplett DA, Lupus 1996:5:431



190.17 - Prothrombin Time (PT)

Other Names/Abbreviations

PT

Description

Basic plasma coagulation function is readily assessed with a few simple laboratory tests: the Partial Thromboplastin Time (PTT), Prothrombin Time (PT), Thrombin Time (TT), or a quantitative fibrinogen determination. The PT test is one in-vitro laboratory test used to assess coagulation. While the PTT assesses the intrinsic limb of the coagulation system, the PT assesses the extrinsic or tissue factor dependent pathway. Both tests also evaluate the common coagulation pathway involving all the reactions that occur after the activation of factor X. Extrinsic pathway factors are produced in the liver and their production is dependent on adequate vitamin K activity. Deficiencies of factors may be related to decreased production or increased consumption of coagulation factors. The PT/INR is most commonly used to measure the effect of warfarin and regulate its dosing. Warfarin blocks the effect of vitamin K on hepatic production of extrinsic pathway factors.

A PT is expressed in seconds and/or as an international normalized ratio (INR). The INR is the PT ratio that would result if the WHO reference thromboplastin was used in performing the test.

Current medical information does not clarify the role of laboratory PT testing in patients who are self monitoring. Therefore, the indications for testing apply regardless of whether or not the patient is also PT self-testing.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
85610	Prothrombin Time

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
A01.00	Typhoid fever, unspecified
A01.01	Typhoid meningitis
A01.02	Typhoid fever with heart involvement
A01.03	Typhoid pneumonia
A01.04	Typhoid arthritis

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Code	Description
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A01.4	Paratyphoid fever, unspecified
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A02.20	Localized salmonella infection, unspecified
A02.21	Salmonella meningitis
A02.22	Salmonella pneumonia
A02.23	Salmonella arthritis
A02.24	Salmonella osteomyelitis
A02.25	Salmonella pyelonephritis
A02.29	Salmonella with other localized infection
A02.8	Other specified salmonella infections
A02.9	Salmonella infection, unspecified
A18.84	Tuberculosis of heart
A41.9	Sepsis, unspecified organism
A91	Dengue hemorrhagic fever
A92.0	Chikungunya virus disease
A95.0	Sylvatic yellow fever
A95.1	Urban yellow fever
A95.9	Yellow fever, unspecified
A96.0	Junin hemorrhagic fever
A96.1	Machupo hemorrhagic fever
A96.8	Other arenaviral hemorrhagic fevers
A96.9	Arenaviral hemorrhagic fever, unspecified

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Code	Description
A98.0	Crimean-Congo hemorrhagic fever
A98.1	Omsk hemorrhagic fever
A98.2	Kyasanur Forest disease
A98.5	Hemorrhagic fever with renal syndrome
A98.8	Other specified viral hemorrhagic fevers
A99	Unspecified viral hemorrhagic fever
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma

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Code	Description
B19.9	Unspecified viral hepatitis without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B25.1	Cytomegaloviral hepatitis
B25.2	Cytomegaloviral pancreatitis
B27.00	Gammaherpesviral mononucleosis without complication
B27.01	Gammaherpesviral mononucleosis with polyneuropathy
B27.02	Gammaherpesviral mononucleosis with meningitis
B27.09	Gammaherpesviral mononucleosis with other complications
B27.10	Cytomegaloviral mononucleosis without complications
B27.11	Cytomegaloviral mononucleosis with polyneuropathy
B27.12	Cytomegaloviral mononucleosis with meningitis
B27.19	Cytomegaloviral mononucleosis with other complication
B27.80	Other infectious mononucleosis without complication
B27.81	Other infectious mononucleosis with polyneuropathy
B27.82	Other infectious mononucleosis with meningitis
B27.89	Other infectious mononucleosis with other complication
B27.90	Infectious mononucleosis, unspecified without complication
B27.91	Infectious mononucleosis, unspecified with polyneuropathy
B27.92	Infectious mononucleosis, unspecified with meningitis
B27.99	Infectious mononucleosis, unspecified with other complication
B50.8	Other severe and complicated Plasmodium falciparum malaria
B52.0	Plasmodium malariae malaria with nephropathy
B65.0	Schistosomiasis due to Schistosoma haematobium [urinary schistosomiasis]
B66.1	Clonorchiasis
B66.3	Fascioliasis
B75	Trichinellosis
B83.4	Internal hirudiniasis
B88.3	External hirudiniasis

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Code	Description
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis

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Code	Description
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder

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Code	Description
C79.19	Secondary malignant neoplasm of other urinary organs
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites



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Code	Description
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen

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Code	Description
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb



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Code	Description
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes

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Code	Description
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck

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Code	Description
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites



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Code	Description
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen

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Code	Description
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes

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Code	Description
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites

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Code	Description
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen

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Code	Description
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma

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Code	Description
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenstrom macroglobulinemia
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D30.00	Benign neoplasm of unspecified kidney
D30.01	Benign neoplasm of right kidney
D30.02	Benign neoplasm of left kidney
D30.10	Benign neoplasm of unspecified renal pelvis
D30.11	Benign neoplasm of right renal pelvis
D30.12	Benign neoplasm of left renal pelvis

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Code	Description
D30.20	Benign neoplasm of unspecified ureter
D30.21	Benign neoplasm of right ureter
D30.22	Benign neoplasm of left ureter
D30.3	Benign neoplasm of bladder
D30.4	Benign neoplasm of urethra
D30.8	Benign neoplasm of other specified urinary organs
D30.9	Benign neoplasm of urinary organ, unspecified
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.01	Cutaneous mastocytosis
D47.02	Systemic mastocytosis
D47.09	Other mast cell neoplasms of uncertain behavior
D47.1	Chronic myeloproliferative disease
D47.2	Monoclonal gammopathy
D47.3	Essential (hemorrhagic) thrombocythemia
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)



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Code	Description
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D49.4	Neoplasm of unspecified behavior of bladder
D49.511	Neoplasm of unspecified behavior of right kidney
D49.512	Neoplasm of unspecified behavior of left kidney
D49.519	Neoplasm of unspecified behavior of unspecified kidney
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
D49.9	Neoplasm of unspecified behavior of unspecified site
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.9	Iron deficiency anemia, unspecified
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
D51.2	Transcobalamin II deficiency
D51.3	Other dietary vitamin B12 deficiency anemia
D51.8	Other vitamin B12 deficiency anemias
D51.9	Vitamin B12 deficiency anemia, unspecified
D53.9	Nutritional anemia, unspecified
D62	Acute posthemorrhagic anemia
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D65	Disseminated intravascular coagulation [defibrination syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.0	Von Willebrand's disease
D68.1	Hereditary factor XI deficiency
D68.2	Hereditary deficiency of other clotting factors

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Code	Description
D68.311	Acquired hemophilia
D68.312	Antiphospholipid antibody with hemorrhagic disorder
D68.318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D68.51	Activated protein C resistance
D68.52	Prothrombin gene mutation
D68.59	Other primary thrombophilia
D68.61	Antiphospholipid syndrome
D68.62	Lupus anticoagulant syndrome
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.0	Allergic purpura
D69.1	Qualitative platelet defects
D69.2	Other nonthrombocytopenic purpura
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D69.9	Hemorrhagic condition, unspecified
D78.01	Intraoperative hemorrhage and hematoma of the spleen complicating a procedure on the spleen
D78.02	Intraoperative hemorrhage and hematoma of the spleen complicating other procedure



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Code	Description
D78.21	Postprocedural hemorrhage of the spleen following a procedure on the spleen
D78.22	Postprocedural hemorrhage of the spleen following other procedure
D78.31	Postprocedural hematoma of the spleen following a procedure on the spleen
D78.32	Postprocedural hematoma of the spleen following other procedure
D86.0	Sarcoidosis of lung
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
D86.3	Sarcoidosis of skin
D86.81	Sarcoid meningitis
D86.82	Multiple cranial nerve palsies in sarcoidosis
D86.83	Sarcoid iridocyclitis
D86.84	Sarcoid pyelonephritis
D86.85	Sarcoid myocarditis
D86.86	Sarcoid arthropathy
D86.87	Sarcoid myositis
D86.89	Sarcoidosis of other sites
D86.9	Sarcoidosis, unspecified
D89.0	Polyclonal hypergammaglobulinemia
D89.1	Cryoglobulinemia
D89.2	Hypergammaglobulinemia, unspecified
D89.831	Cytokine release syndrome, grade 1
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.835	Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified
E07.81	Sick-euthyroid syndrome
E07.89	Other specified disorders of thyroid



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Code	Description
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
E08.51	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
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
E09.51	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
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
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
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
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
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
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene



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Code	Description
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E36.01	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating an endocrine system procedure
E36.02	Intraoperative hemorrhage and hematoma of an endocrine system organ or structure complicating other procedure
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E56.1	Deficiency of vitamin K
E56.9	Vitamin deficiency, unspecified
E64.0	Sequelae of protein-calorie malnutrition
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria
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
E85.0	Non-neuropathic hereditary familial amyloidosis
E85.1	Neuropathic hereditary familial amyloidosis
E85.2	Hereditary familial amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis

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Code	Description
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.02	Plasminogen deficiency
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified
E89.810	Postprocedural hemorrhage of an endocrine system organ or structure following an endocrine system procedure
E89.811	Postprocedural hemorrhage of an endocrine system organ or structure following other procedure
E89.820	Postprocedural hematoma of an endocrine system organ or structure following an endocrine system procedure
E89.821	Postprocedural hematoma of an endocrine system organ or structure following other procedure
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F12.13	Cannabis abuse with withdrawal
F12.23	Cannabis dependence with withdrawal
F50.82	Avoidant/restrictive food intake disorder
G08	Intracranial and intraspinal phlebitis and thrombophlebitis
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side

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Code	Description
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G96.00	Cerebrospinal fluid leak, unspecified
G96.01	Cranial cerebrospinal fluid leak, spontaneous
G96.02	Spinal cerebrospinal fluid leak, spontaneous
G96.08	Other cranial cerebrospinal fluid leak
G96.09	Other spinal cerebrospinal fluid leak
G96.191	Perineural cyst
G96.198	Other disorders of meninges, not elsewhere classified
G96.810	Intracranial hypotension, unspecified
G96.811	Intracranial hypotension, spontaneous
G96.819	Other intracranial hypotension
G96.89	Other specified disorders of central nervous system
G97.31	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure
G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure
G97.51	Postprocedural hemorrhage of a nervous system organ or structure following a nervous system procedure
G97.52	Postprocedural hemorrhage of a nervous system organ or structure following other procedure
G97.61	Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure
G97.62	Postprocedural hematoma of a nervous system organ or structure following other procedure
G97.83	Intracranial hypotension following lumbar cerebrospinal fluid shunting
G97.84	Intracranial hypotension following other procedure
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid

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Code	Description
H02.89	Other specified disorders of eyelid
H05.231	Hemorrhage of right orbit
H05.232	Hemorrhage of left orbit
H05.233	Hemorrhage of bilateral orbit
H05.239	Hemorrhage of unspecified orbit
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H11.30	Conjunctival hemorrhage, unspecified eye
H11.31	Conjunctival hemorrhage, right eye
H11.32	Conjunctival hemorrhage, left eye
H11.33	Conjunctival hemorrhage, bilateral
H31.301	Unspecified choroidal hemorrhage, right eye
H31.302	Unspecified choroidal hemorrhage, left eye
H31.303	Unspecified choroidal hemorrhage, bilateral
H31.309	Unspecified choroidal hemorrhage, unspecified eye
H31.311	Expulsive choroidal hemorrhage, right eye
H31.312	Expulsive choroidal hemorrhage, left eye
H31.313	Expulsive choroidal hemorrhage, bilateral
H31.319	Expulsive choroidal hemorrhage, unspecified eye
H31.321	Choroidal rupture, right eye
H31.322	Choroidal rupture, left eye
H31.323	Choroidal rupture, bilateral
H31.329	Choroidal rupture, unspecified eye
H31.401	Unspecified choroidal detachment, right eye
H31.402	Unspecified choroidal detachment, left eye
H31.403	Unspecified choroidal detachment, bilateral
H31.409	Unspecified choroidal detachment, unspecified eye



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Code	Description
H31.411	Hemorrhagic choroidal detachment, right eye
H31.412	Hemorrhagic choroidal detachment, left eye
H31.413	Hemorrhagic choroidal detachment, bilateral
H31.419	Hemorrhagic choroidal detachment, unspecified eye
H31.421	Serous choroidal detachment, right eye
H31.422	Serous choroidal detachment, left eye
H31.423	Serous choroidal detachment, bilateral
H31.429	Serous choroidal detachment, unspecified eye
H34.00	Transient retinal artery occlusion, unspecified eye
H34.01	Transient retinal artery occlusion, right eye
H34.02	Transient retinal artery occlusion, left eye
H34.03	Transient retinal artery occlusion, bilateral
H34.10	Central retinal artery occlusion, unspecified eye
H34.11	Central retinal artery occlusion, right eye
H34.12	Central retinal artery occlusion, left eye
H34.13	Central retinal artery occlusion, bilateral
H34.211	Partial retinal artery occlusion, right eye
H34.212	Partial retinal artery occlusion, left eye
H34.213	Partial retinal artery occlusion, bilateral
H34.219	Partial retinal artery occlusion, unspecified eye
H34.231	Retinal artery branch occlusion, right eye
H34.232	Retinal artery branch occlusion, left eye
H34.233	Retinal artery branch occlusion, bilateral
H34.239	Retinal artery branch occlusion, unspecified eye
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema

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Code	Description
H34.8121	Central retinal vein occlusion, left eye, with retinal neovascularization
H34.8122	Central retinal vein occlusion, left eye, stable
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8131	Central retinal vein occlusion, bilateral, with retinal neovascularization
H34.8132	Central retinal vein occlusion, bilateral, stable
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8191	Central retinal vein occlusion, unspecified eye, with retinal neovascularization
H34.8192	Central retinal vein occlusion, unspecified eye, stable
H34.821	Venous engorgement, right eye
H34.822	Venous engorgement, left eye
H34.823	Venous engorgement, bilateral
H34.829	Venous engorgement, unspecified eye
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8321	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization
H34.8322	Tributary (branch) retinal vein occlusion, left eye, stable
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8331	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization
H34.8332	Tributary (branch) retinal vein occlusion, bilateral, stable
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
H34.8391	Tributary (branch) retinal vein occlusion, unspecified eye, with retinal neovascularization
H34.8392	Tributary (branch) retinal vein occlusion, unspecified eye, stable
H34.9	Unspecified retinal vascular occlusion
H35.061	Retinal vasculitis, right eye
H35.062	Retinal vasculitis, left eye
H35.063	Retinal vasculitis, bilateral

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Code	Description
H35.069	Retinal vasculitis, 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
H35.731	Hemorrhagic detachment of retinal pigment epithelium, right eye
H35.732	Hemorrhagic detachment of retinal pigment epithelium, left eye
H35.733	Hemorrhagic detachment of retinal pigment epithelium, bilateral
H35.739	Hemorrhagic detachment of retinal pigment epithelium, unspecified eye
H43.10	Vitreous hemorrhage, unspecified eye
H43.11	Vitreous hemorrhage, right eye
H43.12	Vitreous hemorrhage, left eye
H43.13	Vitreous hemorrhage, bilateral
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral eye
H44.811	Hemophthalmos, right eye
H44.812	Hemophthalmos, left eye
H44.813	Hemophthalmos, bilateral
H44.819	Hemophthalmos, unspecified eye
H47.021	Hemorrhage in optic nerve sheath, right eye
H47.022	Hemorrhage in optic nerve sheath, left eye
H47.023	Hemorrhage in optic nerve sheath, bilateral
H47.029	Hemorrhage in optic nerve sheath, unspecified eye
H47.43	Disorders of optic chiasm in (due to) vascular disorders
H47.531	Disorders of visual pathways in (due to) vascular disorders, right side
H47.532	Disorders of visual pathways in (due to) vascular disorders, left side
H47.539	Disorders of visual pathways in (due to) vascular disorders, unspecified side



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Code	Description
H47.641	Disorders of visual cortex in (due to) vascular disorders, right side of brain
H47.642	Disorders of visual cortex in (due to) vascular disorders, left side of brain
H47.649	Disorders of visual cortex in (due to) vascular disorders, unspecified side of brain
H53.9	Unspecified visual disturbance
H55.82	Deficient smooth pursuit eye movements
H59.111	Intraoperative hemorrhage and hematoma of right eye and adnexa complicating an ophthalmic procedure
H59.112	Intraoperative hemorrhage and hematoma of left eye and adnexa complicating an ophthalmic procedure
H59.113	Intraoperative hemorrhage and hematoma of eye and adnexa complicating an ophthalmic procedure, bilateral
H59.119	Intraoperative hemorrhage and hematoma of unspecified eye and adnexa complicating an ophthalmic procedure
H59.121	Intraoperative hemorrhage and hematoma of right eye and adnexa complicating other procedure
H59.122	Intraoperative hemorrhage and hematoma of left eye and adnexa complicating other procedure
H59.123	Intraoperative hemorrhage and hematoma of eye and adnexa complicating other procedure, bilateral
H59.129	Intraoperative hemorrhage and hematoma of unspecified eye and adnexa complicating other procedure
H59.311	Postprocedural hemorrhage of right eye and adnexa following an ophthalmic procedure
H59.312	Postprocedural hemorrhage of left eye and adnexa following an ophthalmic procedure
H59.313	Postprocedural hemorrhage of eye and adnexa following an ophthalmic procedure, bilateral
H59.319	Postprocedural hemorrhage of unspecified eye and adnexa following an ophthalmic procedure
H59.321	Postprocedural hemorrhage of right eye and adnexa following other procedure
H59.322	Postprocedural hemorrhage of left eye and adnexa following other procedure
H59.323	Postprocedural hemorrhage of eye and adnexa following other procedure, bilateral

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Code	Description
H59.329	Postprocedural hemorrhage of unspecified eye and adnexa following other procedure
H59.331	Postprocedural hematoma of right eye and adnexa following an ophthalmic procedure
H59.332	Postprocedural hematoma of left eye and adnexa following an ophthalmic procedure
H59.333	Postprocedural hematoma of eye and adnexa following an ophthalmic procedure, bilateral
H59.339	Postprocedural hematoma of unspecified eye and adnexa following an ophthalmic procedure
H59.341	Postprocedural hematoma of right eye and adnexa following other procedure
H59.342	Postprocedural hematoma of left eye and adnexa following other procedure
H59.343	Postprocedural hematoma of eye and adnexa following other procedure, bilateral
H59.349	Postprocedural hematoma of unspecified eye and adnexa following other procedure
H61.121	Hematoma of pinna, right ear
H61.122	Hematoma of pinna, left ear
H61.123	Hematoma of pinna, bilateral
H61.129	Hematoma of pinna, unspecified ear
H81.4	Vertigo of central origin
H83.2X1	Labyrinthine dysfunction, right ear
H83.2X2	Labyrinthine dysfunction, left ear
H83.2X3	Labyrinthine dysfunction, bilateral
H83.2X9	Labyrinthine dysfunction, unspecified ear
H95.21	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating a procedure on the ear and mastoid process
H95.22	Intraoperative hemorrhage and hematoma of ear and mastoid process complicating other procedure
H95.41	Postprocedural hemorrhage of ear and mastoid process following a procedure on the ear and mastoid process
H95.42	Postprocedural hemorrhage of ear and mastoid process following other procedure



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Code	Description
H95.51	Postprocedural hematoma of ear and mastoid process following a procedure on the ear and mastoid process
H95.52	Postprocedural hematoma of ear and mastoid process following other procedure
I05.0	Rheumatic mitral stenosis
I05.1	Rheumatic mitral insufficiency
I05.2	Rheumatic mitral stenosis with insufficiency
I05.8	Other rheumatic mitral valve diseases
I05.9	Rheumatic mitral valve disease, unspecified
I06.0	Rheumatic aortic stenosis
I06.2	Rheumatic aortic stenosis with insufficiency
I07.0	Rheumatic tricuspid stenosis
I07.1	Rheumatic tricuspid insufficiency
I07.2	Rheumatic tricuspid stenosis and insufficiency
I07.8	Other rheumatic tricuspid valve diseases
I07.9	Rheumatic tricuspid valve disease, unspecified
I08.0	Rheumatic disorders of both mitral and aortic valves
I08.1	Rheumatic disorders of both mitral and tricuspid valves
I08.2	Rheumatic disorders of both aortic and tricuspid valves
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves
I08.8	Other rheumatic multiple valve diseases
I08.9	Rheumatic multiple valve disease, unspecified
I09.0	Rheumatic myocarditis
I09.1	Rheumatic diseases of endocardium, valve unspecified
I09.81	Rheumatic heart failure
I09.89	Other specified rheumatic heart diseases
I09.9	Rheumatic heart disease, unspecified
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease



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Code	Description
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
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
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
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
I23.0	Hemopericardium as current complication following acute myocardial infarction

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Code	Description
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
I23.7	Postinfarction angina
I23.8	Other current complications following acute myocardial infarction
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
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
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
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
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



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Code	Description
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
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



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Code	Description
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
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
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I26.01	Septic pulmonary embolism with acute cor pulmonale
I26.02	Saddle embolus of pulmonary artery with acute cor pulmonale
I26.09	Other pulmonary embolism with acute cor pulmonale
I26.90	Septic pulmonary embolism without acute cor pulmonale
I26.92	Saddle embolus of pulmonary artery without acute cor pulmonale
I26.99	Other pulmonary embolism without acute cor pulmonale
I27.81	Cor pulmonale (chronic)
I27.83	Eisenmenger's syndrome
I27.9	Pulmonary heart disease, unspecified
I31.2	Hemopericardium, not elsewhere classified
I34.0	Nonrheumatic mitral (valve) insufficiency



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Code	Description
I34.1	Nonrheumatic mitral (valve) prolapse
I34.2	Nonrheumatic mitral (valve) stenosis
I34.8	Other nonrheumatic mitral valve disorders
I34.9	Nonrheumatic mitral valve disorder, unspecified
I35.0	Nonrheumatic aortic (valve) stenosis
I35.1	Nonrheumatic aortic (valve) insufficiency
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency
I35.8	Other nonrheumatic aortic valve disorders
I35.9	Nonrheumatic aortic valve disorder, unspecified
I38	Endocarditis, valve unspecified
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.3	Endomyocardial (eosinophilic) disease
I42.4	Endocardial fibroelastosis
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified



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Code	Description
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure

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Code	Description
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
I51.4	Myocarditis, unspecified
I51.5	Myocardial degeneration
I51.7	Cardiomegaly
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I60.8	Other nontraumatic subarachnoid hemorrhage
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified



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Code	Description
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized
I61.8	Other nontraumatic intracerebral hemorrhage
I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I62.00	Nontraumatic subdural hemorrhage, unspecified
I62.01	Nontraumatic acute subdural hemorrhage
I62.02	Nontraumatic subacute subdural hemorrhage
I62.03	Nontraumatic chronic subdural hemorrhage
I62.1	Nontraumatic extradural hemorrhage
I62.9	Nontraumatic intracranial hemorrhage, unspecified
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery

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Code	Description
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries

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Code	Description
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery

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Code	Description
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery



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Code	Description
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction
I63.9	Cerebral infarction, unspecified
I65.01	Occlusion and stenosis of right vertebral artery
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery

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**Medicare National Coverage Determinations (NCD)
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Code	Description
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.0	Dissection of cerebral arteries, nonruptured
I67.2	Cerebral atherosclerosis
I67.6	Nonpyogenic thrombosis of intracranial venous system
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I67.858	Other hereditary cerebrovascular disease
I67.89	Other cerebrovascular disease
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs

NCD 190.17

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

Code	Description
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
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 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 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

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

Code	Description
170.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
170.291	Other atherosclerosis of native arteries of extremities, right leg
170.292	Other atherosclerosis of native arteries of extremities, left leg
170.293	Other atherosclerosis of native arteries of extremities, bilateral legs
170.298	Other atherosclerosis of native arteries of extremities, other extremity
170.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
170.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
170.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
170.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
170.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
170.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
170.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
170.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
170.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
170.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
170.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs

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**Medicare National Coverage Determinations (NCD)
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Code	Description
170.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
170.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
170.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
170.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
170.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
170.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
170.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
170.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
170.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
170.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
170.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
170.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
170.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
170.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
170.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site



**Medicare National Coverage Determinations (NCD)
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Code	Description
170.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
170.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
170.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
170.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
170.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
170.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
170.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
170.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
170.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
170.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
170.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
170.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
170.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
170.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity



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

Code	Description
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, 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



**Medicare National Coverage Determinations (NCD)
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Code	Description
170.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
170.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
170.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
170.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
170.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
170.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
170.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
170.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
170.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
170.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
170.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
170.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
170.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
170.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
170.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
170.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
170.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
170.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity



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Code	Description
170.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
170.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
170.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
170.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
170.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
170.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
170.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
170.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
170.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
170.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
170.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
170.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
170.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
170.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity



**Medicare National Coverage Determinations (NCD)
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Code	Description
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
170.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
170.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
170.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
170.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
170.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
170.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
170.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
170.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
170.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
170.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
170.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg



**Medicare National Coverage Determinations (NCD)
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Code	Description
170.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg



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

Code	Description
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, 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
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf



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

Code	Description
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
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg



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

Code	Description
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, 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



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

Code	Description
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
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
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs



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

Code	Description
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
I71.00	Dissection of unspecified site of aorta
I71.01	Dissection of thoracic aorta
I71.02	Dissection of abdominal aorta
I71.03	Dissection of thoracoabdominal aorta
I71.1	Thoracic aortic aneurysm, ruptured
I71.2	Thoracic aortic aneurysm, without rupture
I71.3	Abdominal aortic aneurysm, ruptured
I71.4	Abdominal aortic aneurysm, without rupture
I71.5	Thoracoabdominal aortic aneurysm, ruptured
I71.6	Thoracoabdominal aortic aneurysm, without rupture
I71.8	Aortic aneurysm of unspecified site, ruptured
I71.9	Aortic aneurysm of unspecified site, without rupture
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta

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Code	Description
I74.11	Embolism and thrombosis of thoracic aorta
I74.19	Embolism and thrombosis of other parts of aorta
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified
I74.5	Embolism and thrombosis of iliac artery
I74.8	Embolism and thrombosis of other arteries
I74.9	Embolism and thrombosis of unspecified artery
I77.1	Stricture of artery
I77.2	Rupture of artery
I77.6	Arteritis, unspecified
I77.71	Dissection of carotid artery
I77.72	Dissection of iliac artery
I77.73	Dissection of renal artery
I77.74	Dissection of vertebral artery
I77.79	Dissection of other specified artery
I78.0	Hereditary hemorrhagic telangiectasia
I78.8	Other diseases of capillaries
I78.9	Disease of capillaries, unspecified
I79.0	Aneurysm of aorta in diseases classified elsewhere
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.00	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
I80.01	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity
I80.02	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.10	Phlebitis and thrombophlebitis of unspecified femoral vein
I80.11	Phlebitis and thrombophlebitis of right femoral vein

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Code	Description
180.12	Phlebitis and thrombophlebitis of left femoral vein
180.13	Phlebitis and thrombophlebitis of femoral vein, bilateral
180.201	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
180.202	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
180.203	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
180.209	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
180.211	Phlebitis and thrombophlebitis of right iliac vein
180.212	Phlebitis and thrombophlebitis of left iliac vein
180.213	Phlebitis and thrombophlebitis of iliac vein, bilateral
180.219	Phlebitis and thrombophlebitis of unspecified iliac vein
180.221	Phlebitis and thrombophlebitis of right popliteal vein
180.222	Phlebitis and thrombophlebitis of left popliteal vein
180.223	Phlebitis and thrombophlebitis of popliteal vein, bilateral
180.229	Phlebitis and thrombophlebitis of unspecified popliteal vein
180.231	Phlebitis and thrombophlebitis of right tibial vein
180.232	Phlebitis and thrombophlebitis of left tibial vein
180.233	Phlebitis and thrombophlebitis of tibial vein, bilateral
180.239	Phlebitis and thrombophlebitis of unspecified tibial vein
180.241	Phlebitis and thrombophlebitis of right peroneal vein
180.242	Phlebitis and thrombophlebitis of left peroneal vein
180.243	Phlebitis and thrombophlebitis of peroneal vein, bilateral
180.249	Phlebitis and thrombophlebitis of unspecified peroneal vein
180.251	Phlebitis and thrombophlebitis of right calf muscular vein
180.252	Phlebitis and thrombophlebitis of left calf muscular vein
180.253	Phlebitis and thrombophlebitis of calf muscular vein, bilateral
180.259	Phlebitis and thrombophlebitis of unspecified calf muscular vein
180.291	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity

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Code	Description
180.292	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
180.293	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
180.299	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
180.3	Phlebitis and thrombophlebitis of lower extremities, unspecified
180.8	Phlebitis and thrombophlebitis of other sites
180.9	Phlebitis and thrombophlebitis of unspecified site
181	Portal vein thrombosis
182.0	Budd-Chiari syndrome
182.1	Thrombophlebitis migrans
182.210	Acute embolism and thrombosis of superior vena cava
182.211	Chronic embolism and thrombosis of superior vena cava
182.220	Acute embolism and thrombosis of inferior vena cava
182.221	Chronic embolism and thrombosis of inferior vena cava
182.290	Acute embolism and thrombosis of other thoracic veins
182.291	Chronic embolism and thrombosis of other thoracic veins
182.3	Embolism and thrombosis of renal vein
182.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity
182.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity
182.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
182.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
182.411	Acute embolism and thrombosis of right femoral vein
182.412	Acute embolism and thrombosis of left femoral vein
182.413	Acute embolism and thrombosis of femoral vein, bilateral
182.419	Acute embolism and thrombosis of unspecified femoral vein
182.421	Acute embolism and thrombosis of right iliac vein
182.422	Acute embolism and thrombosis of left iliac vein
182.423	Acute embolism and thrombosis of iliac vein, bilateral

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Code	Description
I82.429	Acute embolism and thrombosis of unspecified iliac vein
I82.431	Acute embolism and thrombosis of right popliteal vein
I82.432	Acute embolism and thrombosis of left popliteal vein
I82.433	Acute embolism and thrombosis of popliteal vein, bilateral
I82.439	Acute embolism and thrombosis of unspecified popliteal vein
I82.441	Acute embolism and thrombosis of right tibial vein
I82.442	Acute embolism and thrombosis of left tibial vein
I82.443	Acute embolism and thrombosis of tibial vein, bilateral
I82.449	Acute embolism and thrombosis of unspecified tibial vein
I82.451	Acute embolism and thrombosis of right peroneal vein
I82.452	Acute embolism and thrombosis of left peroneal vein
I82.453	Acute embolism and thrombosis of peroneal vein, bilateral
I82.459	Acute embolism and thrombosis of unspecified peroneal vein
I82.461	Acute embolism and thrombosis of right calf muscular vein
I82.462	Acute embolism and thrombosis of left calf muscular vein
I82.463	Acute embolism and thrombosis of calf muscular vein, bilateral
I82.469	Acute embolism and thrombosis of unspecified calf muscular vein
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity
I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral



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Code	Description
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
I82.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity
I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
I82.509	Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity
I82.511	Chronic embolism and thrombosis of right femoral vein
I82.512	Chronic embolism and thrombosis of left femoral vein
I82.513	Chronic embolism and thrombosis of femoral vein, bilateral
I82.519	Chronic embolism and thrombosis of unspecified femoral vein
I82.521	Chronic embolism and thrombosis of right iliac vein
I82.522	Chronic embolism and thrombosis of left iliac vein
I82.523	Chronic embolism and thrombosis of iliac vein, bilateral
I82.529	Chronic embolism and thrombosis of unspecified iliac vein
I82.531	Chronic embolism and thrombosis of right popliteal vein
I82.532	Chronic embolism and thrombosis of left popliteal vein
I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral
I82.539	Chronic embolism and thrombosis of unspecified popliteal vein
I82.541	Chronic embolism and thrombosis of right tibial vein
I82.542	Chronic embolism and thrombosis of left tibial vein



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Code	Description
I82.543	Chronic embolism and thrombosis of tibial vein, bilateral
I82.549	Chronic embolism and thrombosis of unspecified tibial vein
I82.551	Chronic embolism and thrombosis of right peroneal vein
I82.552	Chronic embolism and thrombosis of left peroneal vein
I82.553	Chronic embolism and thrombosis of peroneal vein, bilateral
I82.559	Chronic embolism and thrombosis of unspecified peroneal vein
I82.561	Chronic embolism and thrombosis of right calf muscular vein
I82.562	Chronic embolism and thrombosis of left calf muscular vein
I82.563	Chronic embolism and thrombosis of calf muscular vein, bilateral
I82.569	Chronic embolism and thrombosis of unspecified calf muscular vein
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.599	Chronic embolism and thrombosis of other specified deep vein of unspecified lower extremity
I82.5Y1	Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity
I82.5Y2	Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity
I82.5Y3	Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I82.5Y9	Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.5Z2	Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.5Z3	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral

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Code	Description
182.5Z9	Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
182.601	Acute embolism and thrombosis of unspecified veins of right upper extremity
182.602	Acute embolism and thrombosis of unspecified veins of left upper extremity
182.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral
182.609	Acute embolism and thrombosis of unspecified veins of unspecified upper extremity
182.611	Acute embolism and thrombosis of superficial veins of right upper extremity
182.612	Acute embolism and thrombosis of superficial veins of left upper extremity
182.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral
182.619	Acute embolism and thrombosis of superficial veins of unspecified upper extremity
182.621	Acute embolism and thrombosis of deep veins of right upper extremity
182.622	Acute embolism and thrombosis of deep veins of left upper extremity
182.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral
182.629	Acute embolism and thrombosis of deep veins of unspecified upper extremity
182.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity
182.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity
182.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral
182.709	Chronic embolism and thrombosis of unspecified veins of unspecified upper extremity
182.711	Chronic embolism and thrombosis of superficial veins of right upper extremity
182.712	Chronic embolism and thrombosis of superficial veins of left upper extremity
182.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral
182.719	Chronic embolism and thrombosis of superficial veins of unspecified upper extremity
182.721	Chronic embolism and thrombosis of deep veins of right upper extremity
182.722	Chronic embolism and thrombosis of deep veins of left upper extremity
182.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral
182.729	Chronic embolism and thrombosis of deep veins of unspecified upper extremity
182.811	Embolism and thrombosis of superficial veins of right lower extremity

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Code	Description
I82.812	Embolism and thrombosis of superficial veins of left lower extremity
I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral
I82.819	Embolism and thrombosis of superficial veins of unspecified lower extremity
I82.890	Acute embolism and thrombosis of other specified veins
I82.891	Chronic embolism and thrombosis of other specified veins
I82.90	Acute embolism and thrombosis of unspecified vein
I82.91	Chronic embolism and thrombosis of unspecified vein
I82.A11	Acute embolism and thrombosis of right axillary vein
I82.A12	Acute embolism and thrombosis of left axillary vein
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral
I82.A19	Acute embolism and thrombosis of unspecified axillary vein
I82.A21	Chronic embolism and thrombosis of right axillary vein
I82.A22	Chronic embolism and thrombosis of left axillary vein
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral
I82.A29	Chronic embolism and thrombosis of unspecified axillary vein
I82.B11	Acute embolism and thrombosis of right subclavian vein
I82.B12	Acute embolism and thrombosis of left subclavian vein
I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral
I82.B19	Acute embolism and thrombosis of unspecified subclavian vein
I82.B21	Chronic embolism and thrombosis of right subclavian vein
I82.B22	Chronic embolism and thrombosis of left subclavian vein
I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral
I82.B29	Chronic embolism and thrombosis of unspecified subclavian vein
I82.C11	Acute embolism and thrombosis of right internal jugular vein
I82.C12	Acute embolism and thrombosis of left internal jugular vein
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral
I82.C19	Acute embolism and thrombosis of unspecified internal jugular vein
I82.C21	Chronic embolism and thrombosis of right internal jugular vein



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Code	Description
I82.C22	Chronic embolism and thrombosis of left internal jugular vein
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral
I82.C29	Chronic embolism and thrombosis of unspecified internal jugular vein
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I86.4	Gastric varices
I86.8	Varicose veins of other specified sites
I87.001	Postthrombotic syndrome without complications of right lower extremity
I87.002	Postthrombotic syndrome without complications of left lower extremity
I87.003	Postthrombotic syndrome without complications of bilateral lower extremity
I87.009	Postthrombotic syndrome without complications of unspecified extremity
I87.011	Postthrombotic syndrome with ulcer of right lower extremity
I87.012	Postthrombotic syndrome with ulcer of left lower extremity
I87.013	Postthrombotic syndrome with ulcer of bilateral lower extremity
I87.019	Postthrombotic syndrome with ulcer of unspecified lower extremity
I87.021	Postthrombotic syndrome with inflammation of right lower extremity
I87.022	Postthrombotic syndrome with inflammation of left lower extremity
I87.023	Postthrombotic syndrome with inflammation of bilateral lower extremity
I87.029	Postthrombotic syndrome with inflammation of unspecified lower extremity
I87.031	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
I87.032	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
I87.033	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
I87.039	Postthrombotic syndrome with ulcer and inflammation of unspecified lower extremity
I87.091	Postthrombotic syndrome with other complications of right lower extremity
I87.092	Postthrombotic syndrome with other complications of left lower extremity
I87.093	Postthrombotic syndrome with other complications of bilateral lower extremity
I87.099	Postthrombotic syndrome with other complications of unspecified lower extremity
I87.1	Compression of vein

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Code	Description
I87.2	Venous insufficiency (chronic) (peripheral)
I87.8	Other specified disorders of veins
I96	Gangrene, not elsewhere classified
I97.0	Postcardiotomy syndrome
I97.110	Postprocedural cardiac insufficiency following cardiac surgery
I97.111	Postprocedural cardiac insufficiency following other surgery
I97.120	Postprocedural cardiac arrest following cardiac surgery
I97.121	Postprocedural cardiac arrest following other surgery
I97.130	Postprocedural heart failure following cardiac surgery
I97.131	Postprocedural heart failure following other surgery
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery
I97.191	Other postprocedural cardiac functional disturbances following other surgery
I97.410	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac catheterization
I97.411	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating a cardiac bypass
I97.418	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other circulatory system procedure
I97.42	Intraoperative hemorrhage and hematoma of a circulatory system organ or structure complicating other procedure
I97.610	Postprocedural hemorrhage of a circulatory system organ or structure following a cardiac catheterization
I97.611	Postprocedural hemorrhage of a circulatory system organ or structure following cardiac bypass
I97.618	Postprocedural hemorrhage of a circulatory system organ or structure following other circulatory system procedure
I97.620	Postprocedural hemorrhage of a circulatory system organ or structure following other procedure
I97.621	Postprocedural hematoma of a circulatory system organ or structure following other procedure



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I97.630	Postprocedural hematoma of a circulatory system organ or structure following a cardiac catheterization
I97.631	Postprocedural hematoma of a circulatory system organ or structure following cardiac bypass
I97.638	Postprocedural hematoma of a circulatory system organ or structure following other circulatory system procedure
I97.810	Intraoperative cerebrovascular infarction during cardiac surgery
I97.811	Intraoperative cerebrovascular infarction during other surgery
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery
I97.821	Postprocedural cerebrovascular infarction following other surgery
I99.8	Other disorder of circulatory system
J18.2	Hypostatic pneumonia, unspecified organism
J81.1	Chronic pulmonary edema
J82.81	Chronic eosinophilic pneumonia
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J90	Pleural effusion, not elsewhere classified
J91.0	Malignant pleural effusion
J94.0	Chylous effusion
J94.2	Hemothorax
J94.8	Other specified pleural conditions
J95.61	Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating a respiratory system procedure
J95.62	Intraoperative hemorrhage and hematoma of a respiratory system organ or structure complicating other procedure



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Code	Description
J95.830	Postprocedural hemorrhage of a respiratory system organ or structure following a respiratory system procedure
J95.831	Postprocedural hemorrhage of a respiratory system organ or structure following other procedure
J95.860	Postprocedural hematoma of a respiratory system organ or structure following a respiratory system procedure
J95.861	Postprocedural hematoma of a respiratory system organ or structure following other procedure
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.8	Other specified diseases of esophagus
K25.0	Acute gastric ulcer with hemorrhage
K25.1	Acute gastric ulcer with perforation
K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.1	Acute duodenal ulcer with perforation
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.3	Acute duodenal ulcer without hemorrhage or perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.5	Chronic or unspecified duodenal ulcer with perforation
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K26.7	Chronic duodenal ulcer without hemorrhage or perforation
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Acute peptic ulcer, site unspecified, with perforation

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Code	Description
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage
K28.1	Acute gastrojejunal ulcer with perforation
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K29.30	Chronic superficial gastritis without bleeding
K29.31	Chronic superficial gastritis with bleeding
K29.40	Chronic atrophic gastritis without bleeding
K29.41	Chronic atrophic gastritis with bleeding
K29.50	Unspecified chronic gastritis without bleeding
K29.51	Unspecified chronic gastritis with bleeding

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Code	Description
K29.60	Other gastritis without bleeding
K29.61	Other gastritis with bleeding
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication

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Code	Description
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication

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Code	Description
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication

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Code	Description
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.81	Eosinophilic gastritis or gastroenteritis
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diffuse acute (reversible) ischemia of large intestine
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified
K55.041	Focal (segmental) acute infarction of large intestine
K55.042	Diffuse acute infarction of large intestine
K55.049	Acute infarction of large intestine, extent unspecified
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diffuse acute infarction of intestine, part unspecified
K55.069	Acute infarction of intestine, part and extent unspecified
K55.1	Chronic vascular disorders of intestine
K55.30	Necrotizing enterocolitis, unspecified
K55.31	Stage 1 necrotizing enterocolitis
K55.32	Stage 2 necrotizing enterocolitis
K55.33	Stage 3 necrotizing enterocolitis
K55.8	Other vascular disorders of intestine
K55.9	Vascular disorder of intestine, unspecified
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction



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Code	Description
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.50	Diverticulosis of both small and large intestine without perforation or abscess without bleeding
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding



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Code	Description
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K59.31	Toxic megacolon
K62.5	Hemorrhage of anus and rectum
K64.0	First degree hemorrhoids
K64.1	Second degree hemorrhoids
K64.2	Third degree hemorrhoids
K64.3	Fourth degree hemorrhoids
K64.8	Other hemorrhoids
K66.1	Hemoperitoneum
K70.0	Alcoholic fatty liver
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver

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Code	Description
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
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
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified



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Code	Description
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.3	Infarction of liver
K76.4	Peliosis hepatis
K76.5	Hepatic veno-occlusive disease
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
K80.30	Calculus of bile duct with cholangitis, unspecified, without obstruction
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
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
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis
K83.01	Primary sclerosing cholangitis
K83.09	Other cholangitis
K83.1	Obstruction of bile duct
K83.2	Perforation of bile duct
K83.3	Fistula of bile duct
K83.4	Spasm of sphincter of Oddi
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract



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Code	Description
K83.9	Disease of biliary tract, unspecified
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
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
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified



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Code	Description
K91.2	Postsurgical malabsorption, not elsewhere classified
K91.30	Postprocedural intestinal obstruction, unspecified as to partial versus complete
K91.31	Postprocedural partial intestinal obstruction
K91.32	Postprocedural complete intestinal obstruction
K91.5	Postcholecystectomy syndrome
K91.61	Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a digestive system procedure
K91.62	Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating other procedure
K91.81	Other intraoperative complications of digestive system
K91.82	Postprocedural hepatic failure
K91.83	Postprocedural hepatorenal syndrome
K91.840	Postprocedural hemorrhage of a digestive system organ or structure following a digestive system procedure
K91.841	Postprocedural hemorrhage of a digestive system organ or structure following other procedure
K91.86	Retained cholelithiasis following cholecystectomy
K91.870	Postprocedural hematoma of a digestive system organ or structure following a digestive system procedure
K91.871	Postprocedural hematoma of a digestive system organ or structure following other procedure
K91.89	Other postprocedural complications and disorders of digestive system
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy

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Code	Description
L76.01	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating a dermatologic procedure
L76.02	Intraoperative hemorrhage and hematoma of skin and subcutaneous tissue complicating other procedure
L76.21	Postprocedural hemorrhage of skin and subcutaneous tissue following a dermatologic procedure
L76.22	Postprocedural hemorrhage of skin and subcutaneous tissue following other procedure
L76.31	Postprocedural hematoma of skin and subcutaneous tissue following a dermatologic procedure
L76.32	Postprocedural hematoma of skin and subcutaneous tissue following other procedure
M02.20	Postimmunization arthropathy, unspecified site
M02.211	Postimmunization arthropathy, right shoulder
M02.212	Postimmunization arthropathy, left shoulder
M02.219	Postimmunization arthropathy, unspecified shoulder
M02.221	Postimmunization arthropathy, right elbow
M02.222	Postimmunization arthropathy, left elbow
M02.229	Postimmunization arthropathy, unspecified elbow
M02.231	Postimmunization arthropathy, right wrist
M02.232	Postimmunization arthropathy, left wrist
M02.239	Postimmunization arthropathy, unspecified wrist
M02.241	Postimmunization arthropathy, right hand
M02.242	Postimmunization arthropathy, left hand
M02.249	Postimmunization arthropathy, unspecified hand
M02.251	Postimmunization arthropathy, right hip
M02.252	Postimmunization arthropathy, left hip
M02.259	Postimmunization arthropathy, unspecified hip
M02.261	Postimmunization arthropathy, right knee
M02.262	Postimmunization arthropathy, left knee

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Code	Description
M02.269	Postimmunization arthropathy, unspecified knee
M02.271	Postimmunization arthropathy, right ankle and foot
M02.272	Postimmunization arthropathy, left ankle and foot
M02.279	Postimmunization arthropathy, unspecified ankle and foot
M02.28	Postimmunization arthropathy, vertebrae
M02.29	Postimmunization arthropathy, multiple sites
M19.09	Primary osteoarthritis, other specified site
M19.19	Post-traumatic osteoarthritis, other specified site
M19.29	Secondary osteoarthritis, other specified site
M24.19	Other articular cartilage disorders, other specified site
M24.29	Disorder of ligament, other specified site
M24.39	Pathological dislocation of other specified joint, not elsewhere classified
M24.49	Recurrent dislocation, other specified joint
M24.59	Contracture, other specified joint
M24.69	Ankylosis, other specified joint
M24.89	Other specific joint derangement of other specified joint, not elsewhere classified
M25.00	Hemarthrosis, unspecified joint
M25.051	Hemarthrosis, right hip
M25.052	Hemarthrosis, left hip
M25.059	Hemarthrosis, unspecified hip
M25.061	Hemarthrosis, right knee
M25.062	Hemarthrosis, left knee
M25.069	Hemarthrosis, unspecified knee
M25.39	Other instability, other specified joint
M25.59	Pain in other specified joint
M25.69	Stiffness of other specified joint, not elsewhere classified
M26.641	Arthritis of right temporomandibular joint
M26.642	Arthritis of left temporomandibular joint

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Code	Description
M26.643	Arthritis of bilateral temporomandibular joint
M26.649	Arthritis of unspecified temporomandibular joint
M26.651	Arthropathy of right temporomandibular joint
M26.652	Arthropathy of left temporomandibular joint
M26.653	Arthropathy of bilateral temporomandibular joint
M26.659	Arthropathy of unspecified temporomandibular joint
M36.2	Hemophilic arthropathy
M36.3	Arthropathy in other blood disorders
M36.4	Arthropathy in hypersensitivity reactions classified elsewhere
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.603	Pain in arm, unspecified
M79.604	Pain in right leg
M79.605	Pain in left leg
M79.606	Pain in leg, unspecified
M79.609	Pain in unspecified limb
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.629	Pain in unspecified upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.639	Pain in unspecified forearm
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.643	Pain in unspecified hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)



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Code	Description
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.659	Pain in unspecified thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.669	Pain in unspecified lower leg
M79.671	Pain in right foot
M79.672	Pain in left foot
M79.673	Pain in unspecified foot
M79.674	Pain in right toe(s)
M79.675	Pain in left toe(s)
M79.676	Pain in unspecified toe(s)
M79.89	Other specified soft tissue disorders
M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.0AXA	Age-related osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.0AXD	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.0AXG	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.0AXK	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.0AXP	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.0AXS	Age-related osteoporosis with current pathological fracture, other site, sequela
M80.80XA	Other osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.8AXA	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture



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Code	Description
M80.8AXD	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.8AXG	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.8AXK	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.8AXP	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.8AXS	Other osteoporosis with current pathological fracture, other site, sequela
M84.40XA	Pathological fracture, unspecified site, initial encounter for fracture
M84.50XA	Pathological fracture in neoplastic disease, unspecified site, initial encounter for fracture
M84.60XA	Pathological fracture in other disease, unspecified site, initial encounter for fracture
M84.752A	Incomplete atypical femoral fracture, left leg, initial encounter for fracture
M84.753A	Incomplete atypical femoral fracture, unspecified leg, initial encounter for fracture
M84.754A	Complete transverse atypical femoral fracture, right leg, initial encounter for fracture
M84.755A	Complete transverse atypical femoral fracture, left leg, initial encounter for fracture
M84.756A	Complete transverse atypical femoral fracture, unspecified leg, initial encounter for fracture
M84.757A	Complete oblique atypical femoral fracture, right leg, initial encounter for fracture
M84.758A	Complete oblique atypical femoral fracture, left leg, initial encounter for fracture
M84.759A	Complete oblique atypical femoral fracture, unspecified leg, initial encounter for fracture
M96.810	Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating a musculoskeletal system procedure
M96.811	Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating other procedure
M96.830	Postprocedural hemorrhage of a musculoskeletal structure following a musculoskeletal system procedure
M96.831	Postprocedural hemorrhage of a musculoskeletal structure following other procedure



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Code	Description
M96.840	Postprocedural hematoma of a musculoskeletal structure following a musculoskeletal system procedure
M96.841	Postprocedural hematoma of a musculoskeletal structure following other procedure
M97.01XA	Periprosthetic fracture around internal prosthetic right hip joint, initial encounter
M97.02XA	Periprosthetic fracture around internal prosthetic left hip joint, initial encounter
M97.11XA	Periprosthetic fracture around internal prosthetic right knee joint, initial encounter
M97.12XA	Periprosthetic fracture around internal prosthetic left knee joint, initial encounter
M97.21XA	Periprosthetic fracture around internal prosthetic right ankle joint, initial encounter
M97.22XA	Periprosthetic fracture around internal prosthetic left ankle joint, initial encounter
M97.31XA	Periprosthetic fracture around internal prosthetic right shoulder joint, initial encounter
M97.32XA	Periprosthetic fracture around internal prosthetic left shoulder joint, initial encounter
N00.A	Acute nephritic syndrome with C3 glomerulonephritis
N01.A	Rapidly progressive nephritic syndrome with C3 glomerulonephritis
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N03.A	Chronic nephritic syndrome with C3 glomerulonephritis
N04.0	Nephrotic syndrome with minor glomerular abnormality

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Code	Description
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N04.9	Nephrotic syndrome with unspecified morphologic changes
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis
N06.9	Isolated proteinuria with unspecified morphologic lesion
N06.A	Isolated proteinuria with C3 glomerulonephritis
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis
N15.9	Renal tubulo-interstitial disease, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N19	Unspecified kidney failure
N28.0	Ischemia and infarction of kidney

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Code	Description
N28.82	Megaloureter
N28.89	Other specified disorders of kidney and ureter
N32.89	Other specified disorders of bladder
N33	Bladder disorders in diseases classified elsewhere
N50.1	Vascular disorders of male genital organs
N61.20	Granulomatous mastitis, unspecified breast
N61.21	Granulomatous mastitis, right breast
N61.22	Granulomatous mastitis, left breast
N61.23	Granulomatous mastitis, bilateral breast
N64.89	Other specified disorders of breast
N83.7	Hematoma of broad ligament
N85.7	Hematometra
N88.8	Other specified noninflammatory disorders of cervix uteri
N89.7	Hematocolpos
N89.8	Other specified noninflammatory disorders of vagina
N90.89	Other specified noninflammatory disorders of vulva and perineum
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.2	Excessive menstruation at puberty
N92.3	Ovulation bleeding
N92.4	Excessive bleeding in the premenopausal period
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.0	Postcoital and contact bleeding
N93.1	Pre-pubertal vaginal bleeding
N93.8	Other specified abnormal uterine and vaginal bleeding
N93.9	Abnormal uterine and vaginal bleeding, unspecified
N94.89	Other specified conditions associated with female genital organs and menstrual cycle

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Code	Description
N95.0	Postmenopausal bleeding
N99.116	Postprocedural urethral stricture, male, overlapping sites
N99.510	Cystostomy hemorrhage
N99.511	Cystostomy infection
N99.512	Cystostomy malfunction
N99.518	Other cystostomy complication
N99.61	Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating a genitourinary system procedure
N99.62	Intraoperative hemorrhage and hematoma of a genitourinary system organ or structure complicating other procedure
N99.820	Postprocedural hemorrhage of a genitourinary system organ or structure following a genitourinary system procedure
N99.821	Postprocedural hemorrhage of a genitourinary system organ or structure following other procedure
N99.840	Postprocedural hematoma of a genitourinary system organ or structure following a genitourinary system procedure
N99.841	Postprocedural hematoma of a genitourinary system organ or structure following other procedure
O02.1	Missed abortion
O03.1	Delayed or excessive hemorrhage following incomplete spontaneous abortion
O03.6	Delayed or excessive hemorrhage following complete or unspecified spontaneous abortion
O04.6	Delayed or excessive hemorrhage following (induced) termination of pregnancy
O07.1	Delayed or excessive hemorrhage following failed attempted termination of pregnancy
O08.1	Delayed or excessive hemorrhage following ectopic and molar pregnancy
O08.2	Embolism following ectopic and molar pregnancy
O10.011	Pre-existing essential hypertension complicating pregnancy, first trimester
O10.012	Pre-existing essential hypertension complicating pregnancy, second trimester
O10.013	Pre-existing essential hypertension complicating pregnancy, third trimester
O10.019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester

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Code	Description
O10.02	Pre-existing essential hypertension complicating childbirth
O10.03	Pre-existing essential hypertension complicating the puerperium
O10.111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester
O10.112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester
O10.113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester
O10.119	Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
O10.12	Pre-existing hypertensive heart disease complicating childbirth
O10.13	Pre-existing hypertensive heart disease complicating the puerperium
O10.211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
O10.212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
O10.213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
O10.219	Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth
O10.23	Pre-existing hypertensive chronic kidney disease complicating the puerperium
O10.311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10.312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10.313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10.319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O10.33	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium
O10.411	Pre-existing secondary hypertension complicating pregnancy, first trimester



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Code	Description
O10.412	Pre-existing secondary hypertension complicating pregnancy, second trimester
O10.413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10.419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O10.42	Pre-existing secondary hypertension complicating childbirth
O10.43	Pre-existing secondary hypertension complicating the puerperium
O10.911	Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10.912	Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10.913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10.919	Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O10.92	Unspecified pre-existing hypertension complicating childbirth
O10.93	Unspecified pre-existing hypertension complicating the puerperium
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O12.04	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth



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Code	Description
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O14.00	Mild to moderate pre-eclampsia, unspecified trimester
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.10	Severe pre-eclampsia, unspecified trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.24	HELLP syndrome, complicating childbirth
O14.25	HELLP syndrome, complicating the puerperium
O14.90	Unspecified pre-eclampsia, unspecified trimester
O14.92	Unspecified pre-eclampsia, second trimester
O14.93	Unspecified pre-eclampsia, third trimester
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O15.00	Eclampsia complicating pregnancy, unspecified trimester
O15.02	Eclampsia complicating pregnancy, second trimester
O15.03	Eclampsia complicating pregnancy, third trimester
O15.1	Eclampsia complicating labor
O15.2	Eclampsia complicating the puerperium

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Code	Description
O15.9	Eclampsia, unspecified as to time period
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
O16.9	Unspecified maternal hypertension, unspecified trimester
O20.0	Threatened abortion
O20.8	Other hemorrhage in early pregnancy
O20.9	Hemorrhage in early pregnancy, unspecified
O22.20	Superficial thrombophlebitis in pregnancy, unspecified trimester
O22.21	Superficial thrombophlebitis in pregnancy, first trimester
O22.22	Superficial thrombophlebitis in pregnancy, second trimester
O22.23	Superficial thrombophlebitis in pregnancy, third trimester
O22.30	Deep phlebothrombosis in pregnancy, unspecified trimester
O22.31	Deep phlebothrombosis in pregnancy, first trimester
O22.32	Deep phlebothrombosis in pregnancy, second trimester
O22.33	Deep phlebothrombosis in pregnancy, third trimester
O22.40	Hemorrhoids in pregnancy, unspecified trimester
O22.41	Hemorrhoids in pregnancy, first trimester
O22.42	Hemorrhoids in pregnancy, second trimester
O22.43	Hemorrhoids in pregnancy, third trimester
O22.50	Cerebral venous thrombosis in pregnancy, unspecified trimester
O22.51	Cerebral venous thrombosis in pregnancy, first trimester
O22.52	Cerebral venous thrombosis in pregnancy, second trimester
O22.53	Cerebral venous thrombosis in pregnancy, third trimester
O22.8X1	Other venous complications in pregnancy, first trimester
O22.8X2	Other venous complications in pregnancy, second trimester



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Code	Description
O22.8X3	Other venous complications in pregnancy, third trimester
O22.8X9	Other venous complications in pregnancy, unspecified trimester
O22.90	Venous complication in pregnancy, unspecified, unspecified trimester
O22.91	Venous complication in pregnancy, unspecified, first trimester
O22.92	Venous complication in pregnancy, unspecified, second trimester
O22.93	Venous complication in pregnancy, unspecified, third trimester
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O26.611	Liver and biliary tract disorders in pregnancy, first trimester
O26.612	Liver and biliary tract disorders in pregnancy, second trimester
O26.613	Liver and biliary tract disorders in pregnancy, third trimester
O26.619	Liver and biliary tract disorders in pregnancy, unspecified trimester
O26.62	Liver and biliary tract disorders in childbirth
O26.851	Spotting complicating pregnancy, first trimester
O26.852	Spotting complicating pregnancy, second trimester
O26.853	Spotting complicating pregnancy, third trimester
O26.859	Spotting complicating pregnancy, unspecified trimester
O41.1010	Infection of amniotic sac and membranes, unspecified, first trimester, not applicable or unspecified
O41.1011	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 1
O41.1012	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 2
O41.1013	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 3
O41.1014	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 4
O41.1015	Infection of amniotic sac and membranes, unspecified, first trimester, fetus 5
O41.1019	Infection of amniotic sac and membranes, unspecified, first trimester, other fetus
O41.1020	Infection of amniotic sac and membranes, unspecified, second trimester, not applicable or unspecified
O41.1021	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 1

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Code	Description
O41.1022	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 2
O41.1023	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 3
O41.1024	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 4
O41.1025	Infection of amniotic sac and membranes, unspecified, second trimester, fetus 5
O41.1029	Infection of amniotic sac and membranes, unspecified, second trimester, other fetus
O41.1030	Infection of amniotic sac and membranes, unspecified, third trimester, not applicable or unspecified
O41.1031	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 1
O41.1032	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 2
O41.1033	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 3
O41.1034	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 4
O41.1035	Infection of amniotic sac and membranes, unspecified, third trimester, fetus 5
O41.1039	Infection of amniotic sac and membranes, unspecified, third trimester, other fetus
O41.1090	Infection of amniotic sac and membranes, unspecified, unspecified trimester, not applicable or unspecified
O41.1091	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 1
O41.1092	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 2
O41.1093	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 3
O41.1094	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 4
O41.1095	Infection of amniotic sac and membranes, unspecified, unspecified trimester, fetus 5
O41.1099	Infection of amniotic sac and membranes, unspecified, unspecified trimester, other fetus
O41.1210	Chorioamnionitis, first trimester, not applicable or unspecified
O41.1211	Chorioamnionitis, first trimester, fetus 1
O41.1212	Chorioamnionitis, first trimester, fetus 2
O41.1213	Chorioamnionitis, first trimester, fetus 3

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Code	Description
O41.1214	Chorioamnionitis, first trimester, fetus 4
O41.1215	Chorioamnionitis, first trimester, fetus 5
O41.1219	Chorioamnionitis, first trimester, other fetus
O41.1220	Chorioamnionitis, second trimester, not applicable or unspecified
O41.1221	Chorioamnionitis, second trimester, fetus 1
O41.1222	Chorioamnionitis, second trimester, fetus 2
O41.1223	Chorioamnionitis, second trimester, fetus 3
O41.1224	Chorioamnionitis, second trimester, fetus 4
O41.1225	Chorioamnionitis, second trimester, fetus 5
O41.1229	Chorioamnionitis, second trimester, other fetus
O41.1230	Chorioamnionitis, third trimester, not applicable or unspecified
O41.1231	Chorioamnionitis, third trimester, fetus 1
O41.1232	Chorioamnionitis, third trimester, fetus 2
O41.1233	Chorioamnionitis, third trimester, fetus 3
O41.1234	Chorioamnionitis, third trimester, fetus 4
O41.1235	Chorioamnionitis, third trimester, fetus 5
O41.1239	Chorioamnionitis, third trimester, other fetus
O41.1290	Chorioamnionitis, unspecified trimester, not applicable or unspecified
O41.1291	Chorioamnionitis, unspecified trimester, fetus 1
O41.1292	Chorioamnionitis, unspecified trimester, fetus 2
O41.1293	Chorioamnionitis, unspecified trimester, fetus 3
O41.1294	Chorioamnionitis, unspecified trimester, fetus 4
O41.1295	Chorioamnionitis, unspecified trimester, fetus 5
O41.1299	Chorioamnionitis, unspecified trimester, other fetus
O41.1410	Placentitis, first trimester, not applicable or unspecified
O41.1411	Placentitis, first trimester, fetus 1
O41.1412	Placentitis, first trimester, fetus 2
O41.1413	Placentitis, first trimester, fetus 3



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Code	Description
O41.1414	Placentitis, first trimester, fetus 4
O41.1415	Placentitis, first trimester, fetus 5
O41.1419	Placentitis, first trimester, other fetus
O41.1420	Placentitis, second trimester, not applicable or unspecified
O41.1421	Placentitis, second trimester, fetus 1
O41.1422	Placentitis, second trimester, fetus 2
O41.1423	Placentitis, second trimester, fetus 3
O41.1424	Placentitis, second trimester, fetus 4
O41.1425	Placentitis, second trimester, fetus 5
O41.1429	Placentitis, second trimester, other fetus
O41.1430	Placentitis, third trimester, not applicable or unspecified
O41.1431	Placentitis, third trimester, fetus 1
O41.1432	Placentitis, third trimester, fetus 2
O41.1433	Placentitis, third trimester, fetus 3
O41.1434	Placentitis, third trimester, fetus 4
O41.1435	Placentitis, third trimester, fetus 5
O41.1439	Placentitis, third trimester, other fetus
O41.1490	Placentitis, unspecified trimester, not applicable or unspecified
O41.1491	Placentitis, unspecified trimester, fetus 1
O41.1492	Placentitis, unspecified trimester, fetus 2
O41.1493	Placentitis, unspecified trimester, fetus 3
O41.1494	Placentitis, unspecified trimester, fetus 4
O41.1495	Placentitis, unspecified trimester, fetus 5
O41.1499	Placentitis, unspecified trimester, other fetus
O43.011	Fetomaternal placental transfusion syndrome, first trimester
O43.012	Fetomaternal placental transfusion syndrome, second trimester
O43.013	Fetomaternal placental transfusion syndrome, third trimester
O43.019	Fetomaternal placental transfusion syndrome, unspecified trimester



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Code	Description
O44.00	Complete placenta previa NOS or without hemorrhage, unspecified trimester
O44.01	Complete placenta previa NOS or without hemorrhage, first trimester
O44.02	Complete placenta previa NOS or without hemorrhage, second trimester
O44.03	Complete placenta previa NOS or without hemorrhage, third trimester
O44.10	Complete placenta previa with hemorrhage, unspecified trimester
O44.11	Complete placenta previa with hemorrhage, first trimester
O44.12	Complete placenta previa with hemorrhage, second trimester
O44.13	Complete placenta previa with hemorrhage, third trimester
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester
O45.001	Premature separation of placenta with coagulation defect, unspecified, first trimester
O45.002	Premature separation of placenta with coagulation defect, unspecified, second trimester



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Code	Description
O45.003	Premature separation of placenta with coagulation defect, unspecified, third trimester
O45.009	Premature separation of placenta with coagulation defect, unspecified, unspecified trimester
O45.011	Premature separation of placenta with afibrinogenemia, first trimester
O45.012	Premature separation of placenta with afibrinogenemia, second trimester
O45.013	Premature separation of placenta with afibrinogenemia, third trimester
O45.019	Premature separation of placenta with afibrinogenemia, unspecified trimester
O45.021	Premature separation of placenta with disseminated intravascular coagulation, first trimester
O45.022	Premature separation of placenta with disseminated intravascular coagulation, second trimester
O45.023	Premature separation of placenta with disseminated intravascular coagulation, third trimester
O45.029	Premature separation of placenta with disseminated intravascular coagulation, unspecified trimester
O45.091	Premature separation of placenta with other coagulation defect, first trimester
O45.092	Premature separation of placenta with other coagulation defect, second trimester
O45.093	Premature separation of placenta with other coagulation defect, third trimester
O45.099	Premature separation of placenta with other coagulation defect, unspecified trimester
O45.8X1	Other premature separation of placenta, first trimester
O45.8X2	Other premature separation of placenta, second trimester
O45.8X3	Other premature separation of placenta, third trimester
O45.8X9	Other premature separation of placenta, unspecified trimester
O45.90	Premature separation of placenta, unspecified, unspecified trimester
O45.91	Premature separation of placenta, unspecified, first trimester
O45.92	Premature separation of placenta, unspecified, second trimester
O45.93	Premature separation of placenta, unspecified, third trimester
O46.001	Antepartum hemorrhage with coagulation defect, unspecified, first trimester



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Code	Description
O46.002	Antepartum hemorrhage with coagulation defect, unspecified, second trimester
O46.003	Antepartum hemorrhage with coagulation defect, unspecified, third trimester
O46.009	Antepartum hemorrhage with coagulation defect, unspecified, unspecified trimester
O46.011	Antepartum hemorrhage with afibrinogenemia, first trimester
O46.012	Antepartum hemorrhage with afibrinogenemia, second trimester
O46.013	Antepartum hemorrhage with afibrinogenemia, third trimester
O46.019	Antepartum hemorrhage with afibrinogenemia, unspecified trimester
O46.021	Antepartum hemorrhage with disseminated intravascular coagulation, first trimester
O46.022	Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
O46.023	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
O46.029	Antepartum hemorrhage with disseminated intravascular coagulation, unspecified trimester
O46.091	Antepartum hemorrhage with other coagulation defect, first trimester
O46.092	Antepartum hemorrhage with other coagulation defect, second trimester
O46.093	Antepartum hemorrhage with other coagulation defect, third trimester
O46.099	Antepartum hemorrhage with other coagulation defect, unspecified trimester
O46.8X1	Other antepartum hemorrhage, first trimester
O46.8X2	Other antepartum hemorrhage, second trimester
O46.8X3	Other antepartum hemorrhage, third trimester
O46.8X9	Other antepartum hemorrhage, unspecified trimester
O46.90	Antepartum hemorrhage, unspecified, unspecified trimester
O46.91	Antepartum hemorrhage, unspecified, first trimester
O46.92	Antepartum hemorrhage, unspecified, second trimester
O46.93	Antepartum hemorrhage, unspecified, third trimester
O67.0	Intrapartum hemorrhage with coagulation defect
O67.8	Other intrapartum hemorrhage
O67.9	Intrapartum hemorrhage, unspecified
O72.0	Third-stage hemorrhage

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Code	Description
O72.1	Other immediate postpartum hemorrhage
O72.2	Delayed and secondary postpartum hemorrhage
O72.3	Postpartum coagulation defects
O86.00	Infection of obstetric surgical wound, unspecified
O86.01	Infection of obstetric surgical wound, superficial incisional site
O86.02	Infection of obstetric surgical wound, deep incisional site
O86.03	Infection of obstetric surgical wound, organ and space site
O86.04	Sepsis following an obstetrical procedure
O86.09	Infection of obstetric surgical wound, other surgical site
O87.0	Superficial thrombophlebitis in the puerperium
O87.1	Deep phlebothrombosis in the puerperium
O87.2	Hemorrhoids in the puerperium
O87.3	Cerebral venous thrombosis in the puerperium
O87.8	Other venous complications in the puerperium
O87.9	Venous complication in the puerperium, unspecified
O88.011	Air embolism in pregnancy, first trimester
O88.012	Air embolism in pregnancy, second trimester
O88.013	Air embolism in pregnancy, third trimester
O88.019	Air embolism in pregnancy, unspecified trimester
O88.02	Air embolism in childbirth
O88.03	Air embolism in the puerperium
O88.111	Amniotic fluid embolism in pregnancy, first trimester
O88.112	Amniotic fluid embolism in pregnancy, second trimester
O88.113	Amniotic fluid embolism in pregnancy, third trimester
O88.119	Amniotic fluid embolism in pregnancy, unspecified trimester
O88.12	Amniotic fluid embolism in childbirth
O88.13	Amniotic fluid embolism in the puerperium
O88.211	Thromboembolism in pregnancy, first trimester



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Code	Description
O88.212	Thromboembolism in pregnancy, second trimester
O88.213	Thromboembolism in pregnancy, third trimester
O88.219	Thromboembolism in pregnancy, unspecified trimester
O88.22	Thromboembolism in childbirth
O88.23	Thromboembolism in the puerperium
O88.311	Pyemic and septic embolism in pregnancy, first trimester
O88.312	Pyemic and septic embolism in pregnancy, second trimester
O88.313	Pyemic and septic embolism in pregnancy, third trimester
O88.319	Pyemic and septic embolism in pregnancy, unspecified trimester
O88.32	Pyemic and septic embolism in childbirth
O88.33	Pyemic and septic embolism in the puerperium
O88.811	Other embolism in pregnancy, first trimester
O88.812	Other embolism in pregnancy, second trimester
O88.813	Other embolism in pregnancy, third trimester
O88.819	Other embolism in pregnancy, unspecified trimester
O88.82	Other embolism in childbirth
O88.83	Other embolism in the puerperium
O90.2	Hematoma of obstetric wound
O99.111	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester
O99.112	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester
O99.113	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
O99.119	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, unspecified trimester
O99.12	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth
O99.13	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium

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Code	Description
O99.891	Other specified diseases and conditions complicating pregnancy
O99.892	Other specified diseases and conditions complicating childbirth
O99.893	Other specified diseases and conditions complicating puerperium
P02.1	Newborn affected by other forms of placental separation and hemorrhage
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P10.0	Subdural hemorrhage due to birth injury
P10.1	Cerebral hemorrhage due to birth injury
P10.2	Intraventricular hemorrhage due to birth injury
P10.3	Subarachnoid hemorrhage due to birth injury
P10.4	Tentorial tear due to birth injury
P10.8	Other intracranial lacerations and hemorrhages due to birth injury
P10.9	Unspecified intracranial laceration and hemorrhage due to birth injury
P11.0	Cerebral edema due to birth injury
P11.1	Other specified brain damage due to birth injury
P11.2	Unspecified brain damage due to birth injury
P11.9	Birth injury to central nervous system, unspecified
P12.2	Epicranial subaponeurotic hemorrhage due to birth injury
P15.0	Birth injury to liver
P15.1	Birth injury to spleen
P15.2	Sternomastoid injury due to birth injury
P15.3	Birth injury to eye
P15.4	Birth injury to face
P15.5	Birth injury to external genitalia
P15.6	Subcutaneous fat necrosis due to birth injury
P15.8	Other specified birth injuries
P26.0	Tracheobronchial hemorrhage originating in the perinatal period
P26.1	Massive pulmonary hemorrhage originating in the perinatal period



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Code	Description
P26.8	Other pulmonary hemorrhages originating in the perinatal period
P26.9	Unspecified pulmonary hemorrhage originating in the perinatal period
P50.0	Newborn affected by intrauterine (fetal) blood loss from vasa previa
P50.1	Newborn affected by intrauterine (fetal) blood loss from ruptured cord
P50.2	Newborn affected by intrauterine (fetal) blood loss from placenta
P50.3	Newborn affected by hemorrhage into co-twin
P50.4	Newborn affected by hemorrhage into maternal circulation
P50.5	Newborn affected by intrauterine (fetal) blood loss from cut end of co-twin's cord
P50.8	Newborn affected by other intrauterine (fetal) blood loss
P50.9	Newborn affected by intrauterine (fetal) blood loss, unspecified
P51.0	Massive umbilical hemorrhage of newborn
P51.8	Other umbilical hemorrhages of newborn
P51.9	Umbilical hemorrhage of newborn, unspecified
P52.0	Intraventricular (nontraumatic) hemorrhage, grade 1, of newborn
P52.1	Intraventricular (nontraumatic) hemorrhage, grade 2, of newborn
P52.21	Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn
P52.22	Intraventricular (nontraumatic) hemorrhage, grade 4, of newborn
P52.3	Unspecified intraventricular (nontraumatic) hemorrhage of newborn
P52.4	Intracerebral (nontraumatic) hemorrhage of newborn
P52.5	Subarachnoid (nontraumatic) hemorrhage of newborn
P52.6	Cerebellar (nontraumatic) and posterior fossa hemorrhage of newborn
P52.8	Other intracranial (nontraumatic) hemorrhages of newborn
P52.9	Intracranial (nontraumatic) hemorrhage of newborn, unspecified
P53	Hemorrhagic disease of newborn
P54.0	Neonatal hematemesis
P54.1	Neonatal melena
P54.2	Neonatal rectal hemorrhage
P54.3	Other neonatal gastrointestinal hemorrhage



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Code	Description
P54.4	Neonatal adrenal hemorrhage
P54.5	Neonatal cutaneous hemorrhage
P54.6	Neonatal vaginal hemorrhage
P54.8	Other specified neonatal hemorrhages
P54.9	Neonatal hemorrhage, unspecified
P59.9	Neonatal jaundice, unspecified
P60	Disseminated intravascular coagulation of newborn
P61.0	Transient neonatal thrombocytopenia
P61.1	Polycythemia neonatorum
P61.2	Anemia of prematurity
P61.3	Congenital anemia from fetal blood loss
P61.4	Other congenital anemias, not elsewhere classified
P61.5	Transient neonatal neutropenia
P61.6	Other transient neonatal disorders of coagulation
P61.8	Other specified perinatal hematological disorders
P61.9	Perinatal hematological disorder, unspecified
P78.84	Gestational alloimmune liver disease
Q20.9	Congenital malformation of cardiac chambers and connections, unspecified
Q22.0	Pulmonary valve atresia
Q22.1	Congenital pulmonary valve stenosis
Q22.2	Congenital pulmonary valve insufficiency
Q22.3	Other congenital malformations of pulmonary valve
Q22.4	Congenital tricuspid stenosis
Q22.5	Ebstein's anomaly
Q22.6	Hypoplastic right heart syndrome
Q22.8	Other congenital malformations of tricuspid valve
Q22.9	Congenital malformation of tricuspid valve, unspecified
Q23.0	Congenital stenosis of aortic valve



**Medicare National Coverage Determinations (NCD)
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Code	Description
Q23.1	Congenital insufficiency of aortic valve
Q23.2	Congenital mitral stenosis
Q23.3	Congenital mitral insufficiency
Q23.4	Hypoplastic left heart syndrome
Q23.8	Other congenital malformations of aortic and mitral valves
Q23.9	Congenital malformation of aortic and mitral valves, unspecified
Q24.0	Dextrocardia
Q24.1	Levocardia
Q24.2	Cor triatriatum
Q24.3	Pulmonary infundibular stenosis
Q24.4	Congenital subaortic stenosis
Q24.5	Malformation of coronary vessels
Q24.6	Congenital heart block
Q24.8	Other specified congenital malformations of heart
Q24.9	Congenital malformation of heart, unspecified
R00.1	Bradycardia, unspecified
R04.0	Epistaxis
R04.1	Hemorrhage from throat
R04.2	Hemoptysis
R04.81	Acute idiopathic pulmonary hemorrhage in infants
R04.89	Hemorrhage from other sites in respiratory passages
R04.9	Hemorrhage from respiratory passages, unspecified
R06.02	Shortness of breath
R07.2	Precordial pain
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R10.0	Acute abdomen



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Code	Description
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.83	Colic
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R17	Unspecified jaundice
R18.0	Malignant ascites
R18.8	Other ascites
R23.3	Spontaneous ecchymoses
R29.700	NIHSS score 0
R29.701	NIHSS score 1
R29.702	NIHSS score 2
R29.703	NIHSS score 3
R29.704	NIHSS score 4
R29.705	NIHSS score 5
R29.706	NIHSS score 6
R29.707	NIHSS score 7
R29.708	NIHSS score 8
R29.709	NIHSS score 9



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Code	Description
R29.710	NIHSS score 10
R29.711	NIHSS score 11
R29.712	NIHSS score 12
R29.713	NIHSS score 13
R29.714	NIHSS score 14
R29.715	NIHSS score 15
R29.716	NIHSS score 16
R29.717	NIHSS score 17
R29.718	NIHSS score 18
R29.719	NIHSS score 19
R29.720	NIHSS score 20
R29.721	NIHSS score 21
R29.722	NIHSS score 22
R29.723	NIHSS score 23
R29.724	NIHSS score 24
R29.725	NIHSS score 25
R29.726	NIHSS score 26
R29.727	NIHSS score 27
R29.728	NIHSS score 28
R29.729	NIHSS score 29
R29.730	NIHSS score 30
R29.731	NIHSS score 31
R29.732	NIHSS score 32
R29.733	NIHSS score 33
R29.734	NIHSS score 34
R29.735	NIHSS score 35
R29.736	NIHSS score 36
R29.737	NIHSS score 37



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Code	Description
R29.738	NIHSS score 38
R29.739	NIHSS score 39
R29.740	NIHSS score 40
R29.741	NIHSS score 41
R29.742	NIHSS score 42
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.21	Asymptomatic microscopic hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]



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Code	Description
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission
R55	Syncope and collapse
R57.9	Shock, unspecified
R58	Hemorrhage, not elsewhere classified
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified
R79.1	Abnormal coagulation profile
R82.3	Hemoglobinuria
R94.5	Abnormal results of liver function studies
S00.03XA	Contusion of scalp, initial encounter
S00.10XA	Contusion of unspecified eyelid and periocular area, initial encounter
S00.11XA	Contusion of right eyelid and periocular area, initial encounter
S00.12XA	Contusion of left eyelid and periocular area, initial encounter
S00.33XA	Contusion of nose, initial encounter
S00.431A	Contusion of right ear, initial encounter
S00.432A	Contusion of left ear, initial encounter
S00.439A	Contusion of unspecified ear, initial encounter
S00.531A	Contusion of lip, initial encounter
S00.532A	Contusion of oral cavity, initial encounter
S00.83XA	Contusion of other part of head, initial encounter
S00.93XA	Contusion of unspecified part of head, initial encounter
S02.0XXA	Fracture of vault of skull, initial encounter for closed fracture
S02.0XXB	Fracture of vault of skull, initial encounter for open fracture



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Code	Description
S02.101A	Fracture of base of skull, right side, initial encounter for closed fracture
S02.101B	Fracture of base of skull, right side, initial encounter for open fracture
S02.102A	Fracture of base of skull, left side, initial encounter for closed fracture
S02.102B	Fracture of base of skull, left side, initial encounter for open fracture
S02.109A	Fracture of base of skull, unspecified side, initial encounter for closed fracture
S02.109B	Fracture of base of skull, unspecified side, initial encounter for open fracture
S02.110A	Type I occipital condyle fracture, unspecified side, initial encounter for closed fracture
S02.110B	Type I occipital condyle fracture, unspecified side, initial encounter for open fracture
S02.111A	Type II occipital condyle fracture, unspecified side, initial encounter for closed fracture
S02.111B	Type II occipital condyle fracture, unspecified side, initial encounter for open fracture
S02.112A	Type III occipital condyle fracture, unspecified side, initial encounter for closed fracture
S02.112B	Type III occipital condyle fracture, unspecified side, initial encounter for open fracture
S02.113A	Unspecified occipital condyle fracture, initial encounter for closed fracture
S02.113B	Unspecified occipital condyle fracture, initial encounter for open fracture
S02.118A	Other fracture of occiput, unspecified side, initial encounter for closed fracture
S02.118B	Other fracture of occiput, unspecified side, initial encounter for open fracture
S02.119A	Unspecified fracture of occiput, initial encounter for closed fracture
S02.119B	Unspecified fracture of occiput, initial encounter for open fracture
S02.11AA	Type I occipital condyle fracture, right side, initial encounter for closed fracture
S02.11AB	Type I occipital condyle fracture, right side, initial encounter for open fracture
S02.11BA	Type I occipital condyle fracture, left side, initial encounter for closed fracture
S02.11BB	Type I occipital condyle fracture, left side, initial encounter for open fracture
S02.11CA	Type II occipital condyle fracture, right side, initial encounter for closed fracture
S02.11CB	Type II occipital condyle fracture, right side, initial encounter for open fracture
S02.11DA	Type II occipital condyle fracture, left side, initial encounter for closed fracture



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Code	Description
S02.11DB	Type II occipital condyle fracture, left side, initial encounter for open fracture
S02.11EA	Type III occipital condyle fracture, right side, initial encounter for closed fracture
S02.11EB	Type III occipital condyle fracture, right side, initial encounter for open fracture
S02.11FA	Type III occipital condyle fracture, left side, initial encounter for closed fracture
S02.11FB	Type III occipital condyle fracture, left side, initial encounter for open fracture
S02.11GA	Other fracture of occiput, right side, initial encounter for closed fracture
S02.11GB	Other fracture of occiput, right side, initial encounter for open fracture
S02.11HA	Other fracture of occiput, left side, initial encounter for closed fracture
S02.11HB	Other fracture of occiput, left side, initial encounter for open fracture
S02.121A	Fracture of orbital roof, right side, initial encounter for closed fracture
S02.121B	Fracture of orbital roof, right side, initial encounter for open fracture
S02.121D	Fracture of orbital roof, right side, subsequent encounter for fracture with routine healing
S02.121G	Fracture of orbital roof, right side, subsequent encounter for fracture with delayed healing
S02.121K	Fracture of orbital roof, right side, subsequent encounter for fracture with nonunion
S02.121S	Fracture of orbital roof, right side, sequela
S02.122A	Fracture of orbital roof, left side, initial encounter for closed fracture
S02.122B	Fracture of orbital roof, left side, initial encounter for open fracture
S02.122D	Fracture of orbital roof, left side, subsequent encounter for fracture with routine healing
S02.122G	Fracture of orbital roof, left side, subsequent encounter for fracture with delayed healing
S02.122K	Fracture of orbital roof, left side, subsequent encounter for fracture with nonunion
S02.122S	Fracture of orbital roof, left side, sequela
S02.19XA	Other fracture of base of skull, initial encounter for closed fracture
S02.19XB	Other fracture of base of skull, initial encounter for open fracture
S02.30XA	Fracture of orbital floor, unspecified side, initial encounter for closed fracture
S02.30XB	Fracture of orbital floor, unspecified side, initial encounter for open fracture
S02.31XA	Fracture of orbital floor, right side, initial encounter for closed fracture

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Code	Description
S02.31XB	Fracture of orbital floor, right side, initial encounter for open fracture
S02.32XA	Fracture of orbital floor, left side, initial encounter for closed fracture
S02.32XB	Fracture of orbital floor, left side, initial encounter for open fracture
S02.400A	Malar fracture, unspecified side, initial encounter for closed fracture
S02.400B	Malar fracture, unspecified side, initial encounter for open fracture
S02.401A	Maxillary fracture, unspecified side, initial encounter for closed fracture
S02.401B	Maxillary fracture, unspecified side, initial encounter for open fracture
S02.402A	Zygomatic fracture, unspecified side, initial encounter for closed fracture
S02.402B	Zygomatic fracture, unspecified side, initial encounter for open fracture
S02.40AA	Malar fracture, right side, initial encounter for closed fracture
S02.40AB	Malar fracture, right side, initial encounter for open fracture
S02.40BA	Malar fracture, left side, initial encounter for closed fracture
S02.40BB	Malar fracture, left side, initial encounter for open fracture
S02.40CA	Maxillary fracture, right side, initial encounter for closed fracture
S02.40CB	Maxillary fracture, right side, initial encounter for open fracture
S02.40DA	Maxillary fracture, left side, initial encounter for closed fracture
S02.40DB	Maxillary fracture, left side, initial encounter for open fracture
S02.40EA	Zygomatic fracture, right side, initial encounter for closed fracture
S02.40EB	Zygomatic fracture, right side, initial encounter for open fracture
S02.40FA	Zygomatic fracture, left side, initial encounter for closed fracture
S02.40FB	Zygomatic fracture, left side, initial encounter for open fracture
S02.411A	LeFort I fracture, initial encounter for closed fracture
S02.411B	LeFort I fracture, initial encounter for open fracture
S02.412A	LeFort II fracture, initial encounter for closed fracture
S02.412B	LeFort II fracture, initial encounter for open fracture
S02.413A	LeFort III fracture, initial encounter for closed fracture
S02.413B	LeFort III fracture, initial encounter for open fracture
S02.42XA	Fracture of alveolus of maxilla, initial encounter for closed fracture



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Code	Description
S02.42XB	Fracture of alveolus of maxilla, initial encounter for open fracture
S02.600A	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for closed fracture
S02.600B	Fracture of unspecified part of body of mandible, unspecified side, initial encounter for open fracture
S02.601A	Fracture of unspecified part of body of right mandible, initial encounter for closed fracture
S02.601B	Fracture of unspecified part of body of right mandible, initial encounter for open fracture
S02.602A	Fracture of unspecified part of body of left mandible, initial encounter for closed fracture
S02.602B	Fracture of unspecified part of body of left mandible, initial encounter for open fracture
S02.609A	Fracture of mandible, unspecified, initial encounter for closed fracture
S02.609B	Fracture of mandible, unspecified, initial encounter for open fracture
S02.610A	Fracture of condylar process of mandible, unspecified side, initial encounter for closed fracture
S02.610B	Fracture of condylar process of mandible, unspecified side, initial encounter for open fracture
S02.611A	Fracture of condylar process of right mandible, initial encounter for closed fracture
S02.611B	Fracture of condylar process of right mandible, initial encounter for open fracture
S02.612A	Fracture of condylar process of left mandible, initial encounter for closed fracture
S02.612B	Fracture of condylar process of left mandible, initial encounter for open fracture
S02.620A	Fracture of subcondylar process of mandible, unspecified side, initial encounter for closed fracture
S02.620B	Fracture of subcondylar process of mandible, unspecified side, initial encounter for open fracture
S02.621A	Fracture of subcondylar process of right mandible, initial encounter for closed fracture
S02.621B	Fracture of subcondylar process of right mandible, initial encounter for open fracture
S02.622A	Fracture of subcondylar process of left mandible, initial encounter for closed fracture

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Code	Description
S02.622B	Fracture of subcondylar process of left mandible, initial encounter for open fracture
S02.630A	Fracture of coronoid process of mandible, unspecified side, initial encounter for closed fracture
S02.630B	Fracture of coronoid process of mandible, unspecified side, initial encounter for open fracture
S02.631A	Fracture of coronoid process of right mandible, initial encounter for closed fracture
S02.631B	Fracture of coronoid process of right mandible, initial encounter for open fracture
S02.632A	Fracture of coronoid process of left mandible, initial encounter for closed fracture
S02.632B	Fracture of coronoid process of left mandible, initial encounter for open fracture
S02.640A	Fracture of ramus of mandible, unspecified side, initial encounter for closed fracture
S02.640B	Fracture of ramus of mandible, unspecified side, initial encounter for open fracture
S02.641A	Fracture of ramus of right mandible, initial encounter for closed fracture
S02.641B	Fracture of ramus of right mandible, initial encounter for open fracture
S02.642A	Fracture of ramus of left mandible, initial encounter for closed fracture
S02.642B	Fracture of ramus of left mandible, initial encounter for open fracture
S02.650A	Fracture of angle of mandible, unspecified side, initial encounter for closed fracture
S02.650B	Fracture of angle of mandible, unspecified side, initial encounter for open fracture
S02.651A	Fracture of angle of right mandible, initial encounter for closed fracture
S02.651B	Fracture of angle of right mandible, initial encounter for open fracture
S02.652A	Fracture of angle of left mandible, initial encounter for closed fracture
S02.652B	Fracture of angle of left mandible, initial encounter for open fracture
S02.66XA	Fracture of symphysis of mandible, initial encounter for closed fracture
S02.66XB	Fracture of symphysis of mandible, initial encounter for open fracture
S02.670A	Fracture of alveolus of mandible, unspecified side, initial encounter for closed fracture
S02.670B	Fracture of alveolus of mandible, unspecified side, initial encounter for open fracture
S02.671A	Fracture of alveolus of right mandible, initial encounter for closed fracture
S02.671B	Fracture of alveolus of right mandible, initial encounter for open fracture
S02.672A	Fracture of alveolus of left mandible, initial encounter for closed fracture



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Code	Description
S02.672B	Fracture of alveolus of left mandible, initial encounter for open fracture
S02.69XA	Fracture of mandible of other specified site, initial encounter for closed fracture
S02.69XB	Fracture of mandible of other specified site, initial encounter for open fracture
S02.80XA	Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture
S02.80XB	Fracture of other specified skull and facial bones, unspecified side, initial encounter for open fracture
S02.81XA	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture
S02.81XB	Fracture of other specified skull and facial bones, right side, initial encounter for open fracture
S02.82XA	Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture
S02.82XB	Fracture of other specified skull and facial bones, left side, initial encounter for open fracture
S02.831A	Fracture of medial orbital wall, right side, initial encounter for closed fracture
S02.831B	Fracture of medial orbital wall, right side, initial encounter for open fracture
S02.831D	Fracture of medial orbital wall, right side, subsequent encounter for fracture with routine healing
S02.831G	Fracture of medial orbital wall, right side, subsequent encounter for fracture with delayed healing
S02.831K	Fracture of medial orbital wall, right side, subsequent encounter for fracture with nonunion
S02.831S	Fracture of medial orbital wall, right side, sequela
S02.832A	Fracture of medial orbital wall, left side, initial encounter for closed fracture
S02.832B	Fracture of medial orbital wall, left side, initial encounter for open fracture
S02.832D	Fracture of medial orbital wall, left side, subsequent encounter for fracture with routine healing
S02.832G	Fracture of medial orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.832K	Fracture of medial orbital wall, left side, subsequent encounter for fracture with nonunion

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Code	Description
S02.832S	Fracture of medial orbital wall, left side, sequela
S02.841A	Fracture of lateral orbital wall, right side, initial encounter for closed fracture
S02.841B	Fracture of lateral orbital wall, right side, initial encounter for open fracture
S02.841D	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with routine healing
S02.841G	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with delayed healing
S02.841K	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with nonunion
S02.841S	Fracture of lateral orbital wall, right side, sequela
S02.842A	Fracture of lateral orbital wall, left side, initial encounter for closed fracture
S02.842B	Fracture of lateral orbital wall, left side, initial encounter for open fracture
S02.842D	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with routine healing
S02.842G	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.842K	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with nonunion
S02.842S	Fracture of lateral orbital wall, left side, sequela
S02.91XA	Unspecified fracture of skull, initial encounter for closed fracture
S02.91XB	Unspecified fracture of skull, initial encounter for open fracture
S02.92XA	Unspecified fracture of facial bones, initial encounter for closed fracture
S02.92XB	Unspecified fracture of facial bones, initial encounter for open fracture
S05.10XA	Contusion of eyeball and orbital tissues, unspecified eye, initial encounter
S05.11XA	Contusion of eyeball and orbital tissues, right eye, initial encounter
S05.12XA	Contusion of eyeball and orbital tissues, left eye, initial encounter
S05.90XA	Unspecified injury of unspecified eye and orbit, initial encounter
S06.340A	Traumatic hemorrhage of right cerebrum without loss of consciousness, initial encounter
S06.341A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, initial encounter



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Code	Description
S06.342A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.343A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.344A	Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.345A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.346A	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.347A	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.348A	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.349A	Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.350A	Traumatic hemorrhage of left cerebrum without loss of consciousness, initial encounter
S06.351A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, initial encounter
S06.352A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.353A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.354A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.355A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.356A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.357A	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter



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Code	Description
S06.358A	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.359A	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.360A	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, initial encounter
S06.361A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter
S06.362A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.363A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter
S06.364A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.365A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.366A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.367A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.368A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.369A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter
S06.4X0A	Epidural hemorrhage without loss of consciousness, initial encounter
S06.4X1A	Epidural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.4X2A	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.4X3A	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter



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Code	Description
S06.4X4A	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.4X5A	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.4X6A	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.4X7A	Epidural hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.4X8A	Epidural hemorrhage with loss of consciousness of any duration with death due to other causes prior to regaining consciousness, initial encounter
S06.4X9A	Epidural hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.5X0A	Traumatic subdural hemorrhage without loss of consciousness, initial encounter
S06.5X1A	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.5X2A	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.5X3A	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.5X4A	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.5X5A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.5X6A	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.5X7A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness, initial encounter
S06.5X8A	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to other cause before regaining consciousness, initial encounter
S06.5X9A	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.6X0A	Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter



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Code	Description
S06.6X1A	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.6X2A	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.6X3A	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.6X4A	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.6X5A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.6X6A	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.6X7A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
S06.6X8A	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
S06.6X9A	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.9X0A	Unspecified intracranial injury without loss of consciousness, initial encounter
S06.9X3A	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S07.0XXA	Crushing injury of face, initial encounter
S07.1XXA	Crushing injury of skull, initial encounter
S07.8XXA	Crushing injury of other parts of head, initial encounter
S07.9XXA	Crushing injury of head, part unspecified, initial encounter
S09.0XXA	Injury of blood vessels of head, not elsewhere classified, initial encounter
S10.0XXA	Contusion of throat, initial encounter
S10.83XA	Contusion of other specified part of neck, initial encounter
S10.93XA	Contusion of unspecified part of neck, initial encounter
S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture



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Code	Description
S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
S12.01XA	Stable burst fracture of first cervical vertebra, initial encounter for closed fracture
S12.01XB	Stable burst fracture of first cervical vertebra, initial encounter for open fracture
S12.02XA	Unstable burst fracture of first cervical vertebra, initial encounter for closed fracture
S12.02XB	Unstable burst fracture of first cervical vertebra, initial encounter for open fracture
S12.030A	Displaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture
S12.030B	Displaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture
S12.031A	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture
S12.031B	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture
S12.040A	Displaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture
S12.040B	Displaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture
S12.041A	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture
S12.041B	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture
S12.090A	Other displaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.090B	Other displaced fracture of first cervical vertebra, initial encounter for open fracture
S12.091A	Other nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.091B	Other nondisplaced fracture of first cervical vertebra, initial encounter for open fracture



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Code	Description
S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
S12.110A	Anterior displaced Type II dens fracture, initial encounter for closed fracture
S12.110B	Anterior displaced Type II dens fracture, initial encounter for open fracture
S12.111A	Posterior displaced Type II dens fracture, initial encounter for closed fracture
S12.111B	Posterior displaced Type II dens fracture, initial encounter for open fracture
S12.112A	Nondisplaced Type II dens fracture, initial encounter for closed fracture
S12.112B	Nondisplaced Type II dens fracture, initial encounter for open fracture
S12.120A	Other displaced dens fracture, initial encounter for closed fracture
S12.120B	Other displaced dens fracture, initial encounter for open fracture
S12.121A	Other nondisplaced dens fracture, initial encounter for closed fracture
S12.121B	Other nondisplaced dens fracture, initial encounter for open fracture
S12.130A	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.130B	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.131A	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.131B	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.14XA	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.14XB	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.150A	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture



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Code	Description
S12.150B	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.151A	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
S12.151B	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
S12.190A	Other displaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.190B	Other displaced fracture of second cervical vertebra, initial encounter for open fracture
S12.191A	Other nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.191B	Other nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
S12.230A	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.230B	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.231A	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.231B	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.24XA	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for closed fracture



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Code	Description
S12.24XB	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.250A	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.250B	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.251A	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
S12.251B	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
S12.290A	Other displaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.290B	Other displaced fracture of third cervical vertebra, initial encounter for open fracture
S12.291A	Other nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.291B	Other nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.330A	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.330B	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.331A	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.331B	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture



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Code	Description
S12.34XA	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.34XB	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.350A	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.350B	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.351A	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
S12.351B	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
S12.390A	Other displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.390B	Other displaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.391A	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.391B	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.430A	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.430B	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture



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Code	Description
S12.431A	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.431B	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.44XA	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.44XB	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.450A	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.450B	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.451A	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
S12.451B	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
S12.490A	Other displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.490B	Other displaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.491A	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.491B	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.530A	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture



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Code	Description
S12.530B	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.531A	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.531B	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.54XA	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.54XB	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.550A	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.550B	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.551A	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
S12.551B	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
S12.590A	Other displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.590B	Other displaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.591A	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.591B	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture



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Code	Description
S12.630A	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.630B	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.631A	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.631B	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.64XA	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.64XB	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.650A	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.650B	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.651A	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
S12.651B	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
S12.690A	Other displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.690B	Other displaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.691A	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.691B	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.9XXA	Fracture of neck, unspecified, initial encounter
S15.001A	Unspecified injury of right carotid artery, initial encounter
S15.002A	Unspecified injury of left carotid artery, initial encounter
S15.009A	Unspecified injury of unspecified carotid artery, initial encounter
S15.011A	Minor laceration of right carotid artery, initial encounter

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Code	Description
S15.012A	Minor laceration of left carotid artery, initial encounter
S15.019A	Minor laceration of unspecified carotid artery, initial encounter
S15.021A	Major laceration of right carotid artery, initial encounter
S15.022A	Major laceration of left carotid artery, initial encounter
S15.029A	Major laceration of unspecified carotid artery, initial encounter
S15.091A	Other specified injury of right carotid artery, initial encounter
S15.092A	Other specified injury of left carotid artery, initial encounter
S15.099A	Other specified injury of unspecified carotid artery, initial encounter
S15.101A	Unspecified injury of right vertebral artery, initial encounter
S15.102A	Unspecified injury of left vertebral artery, initial encounter
S15.109A	Unspecified injury of unspecified vertebral artery, initial encounter
S15.111A	Minor laceration of right vertebral artery, initial encounter
S15.112A	Minor laceration of left vertebral artery, initial encounter
S15.119A	Minor laceration of unspecified vertebral artery, initial encounter
S15.121A	Major laceration of right vertebral artery, initial encounter
S15.122A	Major laceration of left vertebral artery, initial encounter
S15.129A	Major laceration of unspecified vertebral artery, initial encounter
S15.191A	Other specified injury of right vertebral artery, initial encounter
S15.192A	Other specified injury of left vertebral artery, initial encounter
S15.199A	Other specified injury of unspecified vertebral artery, initial encounter
S15.201A	Unspecified injury of right external jugular vein, initial encounter
S15.202A	Unspecified injury of left external jugular vein, initial encounter
S15.209A	Unspecified injury of unspecified external jugular vein, initial encounter
S15.211A	Minor laceration of right external jugular vein, initial encounter
S15.212A	Minor laceration of left external jugular vein, initial encounter
S15.219A	Minor laceration of unspecified external jugular vein, initial encounter
S15.221A	Major laceration of right external jugular vein, initial encounter
S15.222A	Major laceration of left external jugular vein, initial encounter



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Code	Description
S15.229A	Major laceration of unspecified external jugular vein, initial encounter
S15.291A	Other specified injury of right external jugular vein, initial encounter
S15.292A	Other specified injury of left external jugular vein, initial encounter
S15.299A	Other specified injury of unspecified external jugular vein, initial encounter
S15.301A	Unspecified injury of right internal jugular vein, initial encounter
S15.302A	Unspecified injury of left internal jugular vein, initial encounter
S15.309A	Unspecified injury of unspecified internal jugular vein, initial encounter
S15.311A	Minor laceration of right internal jugular vein, initial encounter
S15.312A	Minor laceration of left internal jugular vein, initial encounter
S15.319A	Minor laceration of unspecified internal jugular vein, initial encounter
S15.321A	Major laceration of right internal jugular vein, initial encounter
S15.322A	Major laceration of left internal jugular vein, initial encounter
S15.329A	Major laceration of unspecified internal jugular vein, initial encounter
S15.391A	Other specified injury of right internal jugular vein, initial encounter
S15.392A	Other specified injury of left internal jugular vein, initial encounter
S15.399A	Other specified injury of unspecified internal jugular vein, initial encounter
S15.8XXA	Injury of other specified blood vessels at neck level, initial encounter
S15.9XXA	Injury of unspecified blood vessel at neck level, initial encounter
S17.0XXA	Crushing injury of larynx and trachea, initial encounter
S17.8XXA	Crushing injury of other specified parts of neck, initial encounter
S17.9XXA	Crushing injury of neck, part unspecified, initial encounter
S20.00XA	Contusion of breast, unspecified breast, initial encounter
S20.01XA	Contusion of right breast, initial encounter
S20.02XA	Contusion of left breast, initial encounter
S20.20XA	Contusion of thorax, unspecified, initial encounter
S20.211A	Contusion of right front wall of thorax, initial encounter
S20.212A	Contusion of left front wall of thorax, initial encounter
S20.213A	Contusion of bilateral front wall of thorax, initial encounter

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Code	Description
S20.213D	Contusion of bilateral front wall of thorax, subsequent encounter
S20.213S	Contusion of bilateral front wall of thorax, sequela
S20.214A	Contusion of middle front wall of thorax, initial encounter
S20.214D	Contusion of middle front wall of thorax, subsequent encounter
S20.214S	Contusion of middle front wall of thorax, sequela
S20.219A	Contusion of unspecified front wall of thorax, initial encounter
S20.221A	Contusion of right back wall of thorax, initial encounter
S20.222A	Contusion of left back wall of thorax, initial encounter
S20.223A	Contusion of bilateral back wall of thorax, initial encounter
S20.223D	Contusion of bilateral back wall of thorax, subsequent encounter
S20.223S	Contusion of bilateral back wall of thorax, sequela
S20.224A	Contusion of middle back wall of thorax, initial encounter
S20.224D	Contusion of middle back wall of thorax, subsequent encounter
S20.224S	Contusion of middle back wall of thorax, sequela
S20.229A	Contusion of unspecified back wall of thorax, initial encounter
S20.303A	Unspecified superficial injuries of bilateral front wall of thorax, initial encounter
S20.303D	Unspecified superficial injuries of bilateral front wall of thorax, subsequent encounter
S20.303S	Unspecified superficial injuries of bilateral front wall of thorax, sequela
S20.304A	Unspecified superficial injuries of middle front wall of thorax, initial encounter
S20.304D	Unspecified superficial injuries of middle front wall of thorax, subsequent encounter
S20.304S	Unspecified superficial injuries of middle front wall of thorax, sequela
S20.313A	Abrasion of bilateral front wall of thorax, initial encounter
S20.313D	Abrasion of bilateral front wall of thorax, subsequent encounter
S20.313S	Abrasion of bilateral front wall of thorax, sequela
S20.314A	Abrasion of middle front wall of thorax, initial encounter
S20.314D	Abrasion of middle front wall of thorax, subsequent encounter
S20.314S	Abrasion of middle front wall of thorax, sequela
S20.323A	Blister (nonthermal) of bilateral front wall of thorax, initial encounter

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Code	Description
S20.323D	Blister (nonthermal) of bilateral front wall of thorax, subsequent encounter
S20.323S	Blister (nonthermal) of bilateral front wall of thorax, sequela
S20.324A	Blister (nonthermal) of middle front wall of thorax, initial encounter
S20.324D	Blister (nonthermal) of middle front wall of thorax, subsequent encounter
S20.324S	Blister (nonthermal) of middle front wall of thorax, sequela
S20.343A	External constriction of bilateral front wall of thorax, initial encounter
S20.343D	External constriction of bilateral front wall of thorax, subsequent encounter
S20.343S	External constriction of bilateral front wall of thorax, sequela
S20.344A	External constriction of middle front wall of thorax, initial encounter
S20.344D	External constriction of middle front wall of thorax, subsequent encounter
S20.344S	External constriction of middle front wall of thorax, sequela
S20.353A	Superficial foreign body of bilateral front wall of thorax, initial encounter
S20.353D	Superficial foreign body of bilateral front wall of thorax, subsequent encounter
S20.353S	Superficial foreign body of bilateral front wall of thorax, sequela
S20.354A	Superficial foreign body of middle front wall of thorax, initial encounter
S20.354D	Superficial foreign body of middle front wall of thorax, subsequent encounter
S20.354S	Superficial foreign body of middle front wall of thorax, sequela
S20.363A	Insect bite (nonvenomous) of bilateral front wall of thorax, initial encounter
S20.363D	Insect bite (nonvenomous) of bilateral front wall of thorax, subsequent encounter
S20.363S	Insect bite (nonvenomous) of bilateral front wall of thorax, sequela
S20.364A	Insect bite (nonvenomous) of middle front wall of thorax, initial encounter
S20.364D	Insect bite (nonvenomous) of middle front wall of thorax, subsequent encounter
S20.364S	Insect bite (nonvenomous) of middle front wall of thorax, sequela
S20.373A	Other superficial bite of bilateral front wall of thorax, initial encounter
S20.373D	Other superficial bite of bilateral front wall of thorax, subsequent encounter
S20.373S	Other superficial bite of bilateral front wall of thorax, sequela
S20.374A	Other superficial bite of middle front wall of thorax, initial encounter
S20.374D	Other superficial bite of middle front wall of thorax, subsequent encounter



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Code	Description
S20.374S	Other superficial bite of middle front wall of thorax, sequela
S21.301A	Unspecified open wound of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.302A	Unspecified open wound of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.309A	Unspecified open wound of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.311A	Laceration without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.312A	Laceration without foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.319A	Laceration without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.321A	Laceration with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.322A	Laceration with foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.329A	Laceration with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.331A	Puncture wound without foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.332A	Puncture wound without foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.339A	Puncture wound without foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.341A	Puncture wound with foreign body of right front wall of thorax with penetration into thoracic cavity, initial encounter
S21.342A	Puncture wound with foreign body of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.349A	Puncture wound with foreign body of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.351A	Open bite of right front wall of thorax with penetration into thoracic cavity, initial encounter



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Code	Description
S21.352A	Open bite of left front wall of thorax with penetration into thoracic cavity, initial encounter
S21.359A	Open bite of unspecified front wall of thorax with penetration into thoracic cavity, initial encounter
S21.401A	Unspecified open wound of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.402A	Unspecified open wound of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.409A	Unspecified open wound of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.411A	Laceration without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.412A	Laceration without foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.419A	Laceration without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.421A	Laceration with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.422A	Laceration with foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.429A	Laceration with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.431A	Puncture wound without foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.432A	Puncture wound without foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.439A	Puncture wound without foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.441A	Puncture wound with foreign body of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.442A	Puncture wound with foreign body of left back wall of thorax with penetration into thoracic cavity, initial encounter



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Code	Description
S21.449A	Puncture wound with foreign body of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S21.451A	Open bite of right back wall of thorax with penetration into thoracic cavity, initial encounter
S21.452A	Open bite of left back wall of thorax with penetration into thoracic cavity, initial encounter
S21.459A	Open bite of unspecified back wall of thorax with penetration into thoracic cavity, initial encounter
S22.000A	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.000B	Wedge compression fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.001A	Stable burst fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.001B	Stable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.002A	Unstable burst fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.002B	Unstable burst fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.008A	Other fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.008B	Other fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.009A	Unspecified fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.009B	Unspecified fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.010A	Wedge compression fracture of first thoracic vertebra, initial encounter for closed fracture
S22.010B	Wedge compression fracture of first thoracic vertebra, initial encounter for open fracture
S22.011A	Stable burst fracture of first thoracic vertebra, initial encounter for closed fracture
S22.011B	Stable burst fracture of first thoracic vertebra, initial encounter for open fracture
S22.012A	Unstable burst fracture of first thoracic vertebra, initial encounter for closed fracture

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Code	Description
S22.012B	Unstable burst fracture of first thoracic vertebra, initial encounter for open fracture
S22.018A	Other fracture of first thoracic vertebra, initial encounter for closed fracture
S22.018B	Other fracture of first thoracic vertebra, initial encounter for open fracture
S22.019A	Unspecified fracture of first thoracic vertebra, initial encounter for closed fracture
S22.019B	Unspecified fracture of first thoracic vertebra, initial encounter for open fracture
S22.020A	Wedge compression fracture of second thoracic vertebra, initial encounter for closed fracture
S22.020B	Wedge compression fracture of second thoracic vertebra, initial encounter for open fracture
S22.021A	Stable burst fracture of second thoracic vertebra, initial encounter for closed fracture
S22.021B	Stable burst fracture of second thoracic vertebra, initial encounter for open fracture
S22.022A	Unstable burst fracture of second thoracic vertebra, initial encounter for closed fracture
S22.022B	Unstable burst fracture of second thoracic vertebra, initial encounter for open fracture
S22.028A	Other fracture of second thoracic vertebra, initial encounter for closed fracture
S22.028B	Other fracture of second thoracic vertebra, initial encounter for open fracture
S22.029A	Unspecified fracture of second thoracic vertebra, initial encounter for closed fracture
S22.029B	Unspecified fracture of second thoracic vertebra, initial encounter for open fracture
S22.030A	Wedge compression fracture of third thoracic vertebra, initial encounter for closed fracture
S22.030B	Wedge compression fracture of third thoracic vertebra, initial encounter for open fracture
S22.031A	Stable burst fracture of third thoracic vertebra, initial encounter for closed fracture
S22.031B	Stable burst fracture of third thoracic vertebra, initial encounter for open fracture
S22.032A	Unstable burst fracture of third thoracic vertebra, initial encounter for closed fracture
S22.032B	Unstable burst fracture of third thoracic vertebra, initial encounter for open fracture
S22.038A	Other fracture of third thoracic vertebra, initial encounter for closed fracture
S22.038B	Other fracture of third thoracic vertebra, initial encounter for open fracture



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Code	Description
S22.039A	Unspecified fracture of third thoracic vertebra, initial encounter for closed fracture
S22.039B	Unspecified fracture of third thoracic vertebra, initial encounter for open fracture
S22.040A	Wedge compression fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.040B	Wedge compression fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.041A	Stable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.041B	Stable burst fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.042A	Unstable burst fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.042B	Unstable burst fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.048A	Other fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.048B	Other fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.049A	Unspecified fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.049B	Unspecified fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.050A	Wedge compression fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.050B	Wedge compression fracture of T5-T6 vertebra, initial encounter for open fracture
S22.051A	Stable burst fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.051B	Stable burst fracture of T5-T6 vertebra, initial encounter for open fracture
S22.052A	Unstable burst fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.052B	Unstable burst fracture of T5-T6 vertebra, initial encounter for open fracture
S22.058A	Other fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.058B	Other fracture of T5-T6 vertebra, initial encounter for open fracture
S22.059A	Unspecified fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.059B	Unspecified fracture of T5-T6 vertebra, initial encounter for open fracture
S22.060A	Wedge compression fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.060B	Wedge compression fracture of T7-T8 vertebra, initial encounter for open fracture
S22.061A	Stable burst fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.061B	Stable burst fracture of T7-T8 vertebra, initial encounter for open fracture



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Code	Description
S22.062A	Unstable burst fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.062B	Unstable burst fracture of T7-T8 vertebra, initial encounter for open fracture
S22.068A	Other fracture of T7-T8 thoracic vertebra, initial encounter for closed fracture
S22.068B	Other fracture of T7-T8 thoracic vertebra, initial encounter for open fracture
S22.069A	Unspecified fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.069B	Unspecified fracture of T7-T8 vertebra, initial encounter for open fracture
S22.070A	Wedge compression fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.070B	Wedge compression fracture of T9-T10 vertebra, initial encounter for open fracture
S22.071A	Stable burst fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.071B	Stable burst fracture of T9-T10 vertebra, initial encounter for open fracture
S22.072A	Unstable burst fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.072B	Unstable burst fracture of T9-T10 vertebra, initial encounter for open fracture
S22.078A	Other fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.078B	Other fracture of T9-T10 vertebra, initial encounter for open fracture
S22.079A	Unspecified fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.079B	Unspecified fracture of T9-T10 vertebra, initial encounter for open fracture
S22.080A	Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.080B	Wedge compression fracture of T11-T12 vertebra, initial encounter for open fracture
S22.081A	Stable burst fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.081B	Stable burst fracture of T11-T12 vertebra, initial encounter for open fracture
S22.082A	Unstable burst fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.082B	Unstable burst fracture of T11-T12 vertebra, initial encounter for open fracture
S22.088A	Other fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.088B	Other fracture of T11-T12 vertebra, initial encounter for open fracture
S22.089A	Unspecified fracture of T11-T12 vertebra, initial encounter for closed fracture
S22.089B	Unspecified fracture of T11-T12 vertebra, initial encounter for open fracture
S22.20XA	Unspecified fracture of sternum, initial encounter for closed fracture

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Code	Description
S22.20XB	Unspecified fracture of sternum, initial encounter for open fracture
S22.31XA	Fracture of one rib, right side, initial encounter for closed fracture
S22.31XB	Fracture of one rib, right side, initial encounter for open fracture
S22.32XA	Fracture of one rib, left side, initial encounter for closed fracture
S22.32XB	Fracture of one rib, left side, initial encounter for open fracture
S22.39XA	Fracture of one rib, unspecified side, initial encounter for closed fracture
S22.39XB	Fracture of one rib, unspecified side, initial encounter for open fracture
S22.41XA	Multiple fractures of ribs, right side, initial encounter for closed fracture
S22.41XB	Multiple fractures of ribs, right side, initial encounter for open fracture
S22.42XA	Multiple fractures of ribs, left side, initial encounter for closed fracture
S22.42XB	Multiple fractures of ribs, left side, initial encounter for open fracture
S22.43XA	Multiple fractures of ribs, bilateral, initial encounter for closed fracture
S22.43XB	Multiple fractures of ribs, bilateral, initial encounter for open fracture
S22.49XA	Multiple fractures of ribs, unspecified side, initial encounter for closed fracture
S22.49XB	Multiple fractures of ribs, unspecified side, initial encounter for open fracture
S22.9XXA	Fracture of bony thorax, part unspecified, initial encounter for closed fracture
S22.9XXB	Fracture of bony thorax, part unspecified, initial encounter for open fracture
S25.00XA	Unspecified injury of thoracic aorta, initial encounter
S25.01XA	Minor laceration of thoracic aorta, initial encounter
S25.02XA	Major laceration of thoracic aorta, initial encounter
S25.09XA	Other specified injury of thoracic aorta, initial encounter
S25.101A	Unspecified injury of right innominate or subclavian artery, initial encounter
S25.102A	Unspecified injury of left innominate or subclavian artery, initial encounter
S25.109A	Unspecified injury of unspecified innominate or subclavian artery, initial encounter
S25.111A	Minor laceration of right innominate or subclavian artery, initial encounter
S25.112A	Minor laceration of left innominate or subclavian artery, initial encounter
S25.119A	Minor laceration of unspecified innominate or subclavian artery, initial encounter
S25.121A	Major laceration of right innominate or subclavian artery, initial encounter



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Code	Description
S25.122A	Major laceration of left innominate or subclavian artery, initial encounter
S25.129A	Major laceration of unspecified innominate or subclavian artery, initial encounter
S25.191A	Other specified injury of right innominate or subclavian artery, initial encounter
S25.192A	Other specified injury of left innominate or subclavian artery, initial encounter
S25.199A	Other specified injury of unspecified innominate or subclavian artery, initial encounter
S25.20XA	Unspecified injury of superior vena cava, initial encounter
S25.21XA	Minor laceration of superior vena cava, initial encounter
S25.22XA	Major laceration of superior vena cava, initial encounter
S25.29XA	Other specified injury of superior vena cava, initial encounter
S25.301A	Unspecified injury of right innominate or subclavian vein, initial encounter
S25.302A	Unspecified injury of left innominate or subclavian vein, initial encounter
S25.309A	Unspecified injury of unspecified innominate or subclavian vein, initial encounter
S25.311A	Minor laceration of right innominate or subclavian vein, initial encounter
S25.312A	Minor laceration of left innominate or subclavian vein, initial encounter
S25.319A	Minor laceration of unspecified innominate or subclavian vein, initial encounter
S25.321A	Major laceration of right innominate or subclavian vein, initial encounter
S25.322A	Major laceration of left innominate or subclavian vein, initial encounter
S25.329A	Major laceration of unspecified innominate or subclavian vein, initial encounter
S25.391A	Other specified injury of right innominate or subclavian vein, initial encounter
S25.392A	Other specified injury of left innominate or subclavian vein, initial encounter
S25.399A	Other specified injury of unspecified innominate or subclavian vein, initial encounter
S25.401A	Unspecified injury of right pulmonary blood vessels, initial encounter
S25.402A	Unspecified injury of left pulmonary blood vessels, initial encounter
S25.409A	Unspecified injury of unspecified pulmonary blood vessels, initial encounter
S25.411A	Minor laceration of right pulmonary blood vessels, initial encounter
S25.412A	Minor laceration of left pulmonary blood vessels, initial encounter
S25.419A	Minor laceration of unspecified pulmonary blood vessels, initial encounter
S25.421A	Major laceration of right pulmonary blood vessels, initial encounter

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Code	Description
S25.422A	Major laceration of left pulmonary blood vessels, initial encounter
S25.429A	Major laceration of unspecified pulmonary blood vessels, initial encounter
S25.491A	Other specified injury of right pulmonary blood vessels, initial encounter
S25.492A	Other specified injury of left pulmonary blood vessels, initial encounter
S25.499A	Other specified injury of unspecified pulmonary blood vessels, initial encounter
S25.501A	Unspecified injury of intercostal blood vessels, right side, initial encounter
S25.502A	Unspecified injury of intercostal blood vessels, left side, initial encounter
S25.509A	Unspecified injury of intercostal blood vessels, unspecified side, initial encounter
S25.511A	Laceration of intercostal blood vessels, right side, initial encounter
S25.512A	Laceration of intercostal blood vessels, left side, initial encounter
S25.519A	Laceration of intercostal blood vessels, unspecified side, initial encounter
S25.591A	Other specified injury of intercostal blood vessels, right side, initial encounter
S25.592A	Other specified injury of intercostal blood vessels, left side, initial encounter
S25.599A	Other specified injury of intercostal blood vessels, unspecified side, initial encounter
S25.801A	Unspecified injury of other blood vessels of thorax, right side, initial encounter
S25.802A	Unspecified injury of other blood vessels of thorax, left side, initial encounter
S25.809A	Unspecified injury of other blood vessels of thorax, unspecified side, initial encounter
S25.811A	Laceration of other blood vessels of thorax, right side, initial encounter
S25.812A	Laceration of other blood vessels of thorax, left side, initial encounter
S25.819A	Laceration of other blood vessels of thorax, unspecified side, initial encounter
S25.891A	Other specified injury of other blood vessels of thorax, right side, initial encounter
S25.892A	Other specified injury of other blood vessels of thorax, left side, initial encounter
S25.899A	Other specified injury of other blood vessels of thorax, unspecified side, initial encounter
S25.90XA	Unspecified injury of unspecified blood vessel of thorax, initial encounter
S25.91XA	Laceration of unspecified blood vessel of thorax, initial encounter
S25.99XA	Other specified injury of unspecified blood vessel of thorax, initial encounter
S26.00XA	Unspecified injury of heart with hemopericardium, initial encounter

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Code	Description
S26.01XA	Contusion of heart with hemopericardium, initial encounter
S26.020A	Mild laceration of heart with hemopericardium, initial encounter
S26.021A	Moderate laceration of heart with hemopericardium, initial encounter
S26.022A	Major laceration of heart with hemopericardium, initial encounter
S26.09XA	Other injury of heart with hemopericardium, initial encounter
S26.10XA	Unspecified injury of heart without hemopericardium, initial encounter
S26.11XA	Contusion of heart without hemopericardium, initial encounter
S26.12XA	Laceration of heart without hemopericardium, initial encounter
S26.19XA	Other injury of heart without hemopericardium, initial encounter
S26.90XA	Unspecified injury of heart, unspecified with or without hemopericardium, initial encounter
S26.91XA	Contusion of heart, unspecified with or without hemopericardium, initial encounter
S26.92XA	Laceration of heart, unspecified with or without hemopericardium, initial encounter
S26.99XA	Other injury of heart, unspecified with or without hemopericardium, initial encounter
S27.0XXA	Traumatic pneumothorax, initial encounter
S27.1XXA	Traumatic hemothorax, initial encounter
S27.2XXA	Traumatic hemopneumothorax, initial encounter
S27.301A	Unspecified injury of lung, unilateral, initial encounter
S27.302A	Unspecified injury of lung, bilateral, initial encounter
S27.309A	Unspecified injury of lung, unspecified, initial encounter
S27.311A	Primary blast injury of lung, unilateral, initial encounter
S27.312A	Primary blast injury of lung, bilateral, initial encounter
S27.319A	Primary blast injury of lung, unspecified, initial encounter
S27.321A	Contusion of lung, unilateral, initial encounter
S27.322A	Contusion of lung, bilateral, initial encounter
S27.329A	Contusion of lung, unspecified, initial encounter
S27.331A	Laceration of lung, unilateral, initial encounter
S27.332A	Laceration of lung, bilateral, initial encounter
S27.339A	Laceration of lung, unspecified, initial encounter

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Code	Description
S27.391A	Other injuries of lung, unilateral, initial encounter
S27.392A	Other injuries of lung, bilateral, initial encounter
S27.399A	Other injuries of lung, unspecified, initial encounter
S27.401A	Unspecified injury of bronchus, unilateral, initial encounter
S27.402A	Unspecified injury of bronchus, bilateral, initial encounter
S27.409A	Unspecified injury of bronchus, unspecified, initial encounter
S27.411A	Primary blast injury of bronchus, unilateral, initial encounter
S27.412A	Primary blast injury of bronchus, bilateral, initial encounter
S27.419A	Primary blast injury of bronchus, unspecified, initial encounter
S27.421A	Contusion of bronchus, unilateral, initial encounter
S27.422A	Contusion of bronchus, bilateral, initial encounter
S27.429A	Contusion of bronchus, unspecified, initial encounter
S27.431A	Laceration of bronchus, unilateral, initial encounter
S27.432A	Laceration of bronchus, bilateral, initial encounter
S27.439A	Laceration of bronchus, unspecified, initial encounter
S27.491A	Other injury of bronchus, unilateral, initial encounter
S27.492A	Other injury of bronchus, bilateral, initial encounter
S27.499A	Other injury of bronchus, unspecified, initial encounter
S27.50XA	Unspecified injury of thoracic trachea, initial encounter
S27.51XA	Primary blast injury of thoracic trachea, initial encounter
S27.52XA	Contusion of thoracic trachea, initial encounter
S27.53XA	Laceration of thoracic trachea, initial encounter
S27.59XA	Other injury of thoracic trachea, initial encounter
S27.60XA	Unspecified injury of pleura, initial encounter
S27.63XA	Laceration of pleura, initial encounter
S27.69XA	Other injury of pleura, initial encounter
S27.802A	Contusion of diaphragm, initial encounter
S27.803A	Laceration of diaphragm, initial encounter



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Code	Description
S27.808A	Other injury of diaphragm, initial encounter
S27.809A	Unspecified injury of diaphragm, initial encounter
S27.812A	Contusion of esophagus (thoracic part), initial encounter
S27.813A	Laceration of esophagus (thoracic part), initial encounter
S27.818A	Other injury of esophagus (thoracic part), initial encounter
S27.819A	Unspecified injury of esophagus (thoracic part), initial encounter
S27.892A	Contusion of other specified intrathoracic organs, initial encounter
S27.893A	Laceration of other specified intrathoracic organs, initial encounter
S27.898A	Other injury of other specified intrathoracic organs, initial encounter
S27.899A	Unspecified injury of other specified intrathoracic organs, initial encounter
S27.9XXA	Injury of unspecified intrathoracic organ, initial encounter
S28.0XXA	Crushed chest, initial encounter
S30.0XXA	Contusion of lower back and pelvis, initial encounter
S30.1XXA	Contusion of abdominal wall, initial encounter
S30.201A	Contusion of unspecified external genital organ, male, initial encounter
S30.202A	Contusion of unspecified external genital organ, female, initial encounter
S30.21XA	Contusion of penis, initial encounter
S30.22XA	Contusion of scrotum and testes, initial encounter
S30.23XA	Contusion of vagina and vulva, initial encounter
S30.3XXA	Contusion of anus, initial encounter
S31.001A	Unspecified open wound of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.011A	Laceration without foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.021A	Laceration with foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.031A	Puncture wound without foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.041A	Puncture wound with foreign body of lower back and pelvis with penetration into retroperitoneum, initial encounter



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Code	Description
S31.051A	Open bite of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.600A	Unspecified open wound of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.601A	Unspecified open wound of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.602A	Unspecified open wound of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.603A	Unspecified open wound of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.604A	Unspecified open wound of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.605A	Unspecified open wound of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.609A	Unspecified open wound of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.610A	Laceration without foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.611A	Laceration without foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.612A	Laceration without foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.613A	Laceration without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.614A	Laceration without foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.615A	Laceration without foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.619A	Laceration without foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.620A	Laceration with foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter



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Code	Description
S31.621A	Laceration with foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.622A	Laceration with foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.623A	Laceration with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.624A	Laceration with foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.625A	Laceration with foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.629A	Laceration with foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.630A	Puncture wound without foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.631A	Puncture wound without foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.632A	Puncture wound without foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.633A	Puncture wound without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.634A	Puncture wound without foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.635A	Puncture wound without foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.639A	Puncture wound without foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.640A	Puncture wound with foreign body of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.641A	Puncture wound with foreign body of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.642A	Puncture wound with foreign body of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter



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Code	Description
S31.643A	Puncture wound with foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.644A	Puncture wound with foreign body of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.645A	Puncture wound with foreign body of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.649A	Puncture wound with foreign body of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S31.650A	Open bite of abdominal wall, right upper quadrant with penetration into peritoneal cavity, initial encounter
S31.651A	Open bite of abdominal wall, left upper quadrant with penetration into peritoneal cavity, initial encounter
S31.652A	Open bite of abdominal wall, epigastric region with penetration into peritoneal cavity, initial encounter
S31.653A	Open bite of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
S31.654A	Open bite of abdominal wall, left lower quadrant with penetration into peritoneal cavity, initial encounter
S31.655A	Open bite of abdominal wall, periumbilic region with penetration into peritoneal cavity, initial encounter
S31.659A	Open bite of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.000B	Wedge compression fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.001A	Stable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.001B	Stable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.002A	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S32.002B	Unstable burst fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.008A	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.008B	Other fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter for closed fracture
S32.010B	Wedge compression fracture of first lumbar vertebra, initial encounter for open fracture
S32.011A	Stable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.011B	Stable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.012A	Unstable burst fracture of first lumbar vertebra, initial encounter for closed fracture
S32.012B	Unstable burst fracture of first lumbar vertebra, initial encounter for open fracture
S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture
S32.018B	Other fracture of first lumbar vertebra, initial encounter for open fracture
S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
S32.019B	Unspecified fracture of first lumbar vertebra, initial encounter for open fracture
S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter for closed fracture
S32.020B	Wedge compression fracture of second lumbar vertebra, initial encounter for open fracture
S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.021B	Stable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.022A	Unstable burst fracture of second lumbar vertebra, initial encounter for closed fracture
S32.022B	Unstable burst fracture of second lumbar vertebra, initial encounter for open fracture
S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture



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Code	Description
S32.028B	Other fracture of second lumbar vertebra, initial encounter for open fracture
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32.029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture
S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter for closed fracture
S32.030B	Wedge compression fracture of third lumbar vertebra, initial encounter for open fracture
S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.031B	Stable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter for closed fracture
S32.032B	Unstable burst fracture of third lumbar vertebra, initial encounter for open fracture
S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
S32.038B	Other fracture of third lumbar vertebra, initial encounter for open fracture
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32.039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.040B	Wedge compression fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.041B	Stable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.042B	Unstable burst fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.048B	Other fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter for closed fracture



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Code	Description
S32.050B	Wedge compression fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.051B	Stable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.052B	Unstable burst fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.058B	Other fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.10XA	Unspecified fracture of sacrum, initial encounter for closed fracture
S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
S32.110A	Nondisplaced Zone I fracture of sacrum, initial encounter for closed fracture
S32.110B	Nondisplaced Zone I fracture of sacrum, initial encounter for open fracture
S32.111A	Minimally displaced Zone I fracture of sacrum, initial encounter for closed fracture
S32.111B	Minimally displaced Zone I fracture of sacrum, initial encounter for open fracture
S32.112A	Severely displaced Zone I fracture of sacrum, initial encounter for closed fracture
S32.112B	Severely displaced Zone I fracture of sacrum, initial encounter for open fracture
S32.119A	Unspecified Zone I fracture of sacrum, initial encounter for closed fracture
S32.119B	Unspecified Zone I fracture of sacrum, initial encounter for open fracture
S32.120A	Nondisplaced Zone II fracture of sacrum, initial encounter for closed fracture
S32.120B	Nondisplaced Zone II fracture of sacrum, initial encounter for open fracture
S32.121A	Minimally displaced Zone II fracture of sacrum, initial encounter for closed fracture
S32.121B	Minimally displaced Zone II fracture of sacrum, initial encounter for open fracture
S32.122A	Severely displaced Zone II fracture of sacrum, initial encounter for closed fracture
S32.122B	Severely displaced Zone II fracture of sacrum, initial encounter for open fracture
S32.129A	Unspecified Zone II fracture of sacrum, initial encounter for closed fracture
S32.129B	Unspecified Zone II fracture of sacrum, initial encounter for open fracture
S32.130A	Nondisplaced Zone III fracture of sacrum, initial encounter for closed fracture

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S32.130B	Nondisplaced Zone III fracture of sacrum, initial encounter for open fracture
S32.131A	Minimally displaced Zone III fracture of sacrum, initial encounter for closed fracture
S32.131B	Minimally displaced Zone III fracture of sacrum, initial encounter for open fracture
S32.132A	Severely displaced Zone III fracture of sacrum, initial encounter for closed fracture
S32.132B	Severely displaced Zone III fracture of sacrum, initial encounter for open fracture
S32.139A	Unspecified Zone III fracture of sacrum, initial encounter for closed fracture
S32.139B	Unspecified Zone III fracture of sacrum, initial encounter for open fracture
S32.14XA	Type 1 fracture of sacrum, initial encounter for closed fracture
S32.14XB	Type 1 fracture of sacrum, initial encounter for open fracture
S32.15XA	Type 2 fracture of sacrum, initial encounter for closed fracture
S32.15XB	Type 2 fracture of sacrum, initial encounter for open fracture
S32.16XA	Type 3 fracture of sacrum, initial encounter for closed fracture
S32.16XB	Type 3 fracture of sacrum, initial encounter for open fracture
S32.17XA	Type 4 fracture of sacrum, initial encounter for closed fracture
S32.17XB	Type 4 fracture of sacrum, initial encounter for open fracture
S32.19XA	Other fracture of sacrum, initial encounter for closed fracture
S32.19XB	Other fracture of sacrum, initial encounter for open fracture
S32.2XXA	Fracture of coccyx, initial encounter for closed fracture
S32.2XXB	Fracture of coccyx, initial encounter for open fracture
S32.9XXA	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for closed fracture
S32.9XXB	Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for open fracture
S35.00XA	Unspecified injury of abdominal aorta, initial encounter
S35.01XA	Minor laceration of abdominal aorta, initial encounter
S35.02XA	Major laceration of abdominal aorta, initial encounter
S35.09XA	Other injury of abdominal aorta, initial encounter
S35.10XA	Unspecified injury of inferior vena cava, initial encounter
S35.11XA	Minor laceration of inferior vena cava, initial encounter

NCD 190.17

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S35.12XA	Major laceration of inferior vena cava, initial encounter
S35.19XA	Other injury of inferior vena cava, initial encounter
S35.211A	Minor laceration of celiac artery, initial encounter
S35.212A	Major laceration of celiac artery, initial encounter
S35.218A	Other injury of celiac artery, initial encounter
S35.219A	Unspecified injury of celiac artery, initial encounter
S35.221A	Minor laceration of superior mesenteric artery, initial encounter
S35.222A	Major laceration of superior mesenteric artery, initial encounter
S35.228A	Other injury of superior mesenteric artery, initial encounter
S35.229A	Unspecified injury of superior mesenteric artery, initial encounter
S35.231A	Minor laceration of inferior mesenteric artery, initial encounter
S35.232A	Major laceration of inferior mesenteric artery, initial encounter
S35.238A	Other injury of inferior mesenteric artery, initial encounter
S35.239A	Unspecified injury of inferior mesenteric artery, initial encounter
S35.291A	Minor laceration of branches of celiac and mesenteric artery, initial encounter
S35.292A	Major laceration of branches of celiac and mesenteric artery, initial encounter
S35.298A	Other injury of branches of celiac and mesenteric artery, initial encounter
S35.299A	Unspecified injury of branches of celiac and mesenteric artery, initial encounter
S35.311A	Laceration of portal vein, initial encounter
S35.318A	Other specified injury of portal vein, initial encounter
S35.319A	Unspecified injury of portal vein, initial encounter
S35.321A	Laceration of splenic vein, initial encounter
S35.328A	Other specified injury of splenic vein, initial encounter
S35.329A	Unspecified injury of splenic vein, initial encounter
S35.331A	Laceration of superior mesenteric vein, initial encounter
S35.338A	Other specified injury of superior mesenteric vein, initial encounter
S35.339A	Unspecified injury of superior mesenteric vein, initial encounter
S35.341A	Laceration of inferior mesenteric vein, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S35.348A	Other specified injury of inferior mesenteric vein, initial encounter
S35.349A	Unspecified injury of inferior mesenteric vein, initial encounter
S35.401A	Unspecified injury of right renal artery, initial encounter
S35.402A	Unspecified injury of left renal artery, initial encounter
S35.403A	Unspecified injury of unspecified renal artery, initial encounter
S35.404A	Unspecified injury of right renal vein, initial encounter
S35.405A	Unspecified injury of left renal vein, initial encounter
S35.406A	Unspecified injury of unspecified renal vein, initial encounter
S35.411A	Laceration of right renal artery, initial encounter
S35.412A	Laceration of left renal artery, initial encounter
S35.413A	Laceration of unspecified renal artery, initial encounter
S35.414A	Laceration of right renal vein, initial encounter
S35.415A	Laceration of left renal vein, initial encounter
S35.416A	Laceration of unspecified renal vein, initial encounter
S35.491A	Other specified injury of right renal artery, initial encounter
S35.492A	Other specified injury of left renal artery, initial encounter
S35.493A	Other specified injury of unspecified renal artery, initial encounter
S35.494A	Other specified injury of right renal vein, initial encounter
S35.495A	Other specified injury of left renal vein, initial encounter
S35.496A	Other specified injury of unspecified renal vein, initial encounter
S35.50XA	Injury of unspecified iliac blood vessel(s), initial encounter
S35.511A	Injury of right iliac artery, initial encounter
S35.512A	Injury of left iliac artery, initial encounter
S35.513A	Injury of unspecified iliac artery, initial encounter
S35.514A	Injury of right iliac vein, initial encounter
S35.515A	Injury of left iliac vein, initial encounter
S35.516A	Injury of unspecified iliac vein, initial encounter
S35.531A	Injury of right uterine artery, initial encounter



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Code	Description
S35.532A	Injury of left uterine artery, initial encounter
S35.533A	Injury of unspecified uterine artery, initial encounter
S35.534A	Injury of right uterine vein, initial encounter
S35.535A	Injury of left uterine vein, initial encounter
S35.536A	Injury of unspecified uterine vein, initial encounter
S35.59XA	Injury of other iliac blood vessels, initial encounter
S35.8X1A	Laceration of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.8X8A	Other specified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.8X9A	Unspecified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.90XA	Unspecified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S35.91XA	Laceration of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S35.99XA	Other specified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S36.00XA	Unspecified injury of spleen, initial encounter
S36.020A	Minor contusion of spleen, initial encounter
S36.021A	Major contusion of spleen, initial encounter
S36.029A	Unspecified contusion of spleen, initial encounter
S36.030A	Superficial (capsular) laceration of spleen, initial encounter
S36.031A	Moderate laceration of spleen, initial encounter
S36.032A	Major laceration of spleen, initial encounter
S36.039A	Unspecified laceration of spleen, initial encounter
S36.09XA	Other injury of spleen, initial encounter
S36.112A	Contusion of liver, initial encounter
S36.113A	Laceration of liver, unspecified degree, initial encounter
S36.114A	Minor laceration of liver, initial encounter



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S36.115A	Moderate laceration of liver, initial encounter
S36.116A	Major laceration of liver, initial encounter
S36.118A	Other injury of liver, initial encounter
S36.119A	Unspecified injury of liver, initial encounter
S36.122A	Contusion of gallbladder, initial encounter
S36.123A	Laceration of gallbladder, initial encounter
S36.128A	Other injury of gallbladder, initial encounter
S36.129A	Unspecified injury of gallbladder, initial encounter
S36.13XA	Injury of bile duct, initial encounter
S36.200A	Unspecified injury of head of pancreas, initial encounter
S36.201A	Unspecified injury of body of pancreas, initial encounter
S36.202A	Unspecified injury of tail of pancreas, initial encounter
S36.209A	Unspecified injury of unspecified part of pancreas, initial encounter
S36.220A	Contusion of head of pancreas, initial encounter
S36.221A	Contusion of body of pancreas, initial encounter
S36.222A	Contusion of tail of pancreas, initial encounter
S36.229A	Contusion of unspecified part of pancreas, initial encounter
S36.230A	Laceration of head of pancreas, unspecified degree, initial encounter
S36.231A	Laceration of body of pancreas, unspecified degree, initial encounter
S36.232A	Laceration of tail of pancreas, unspecified degree, initial encounter
S36.239A	Laceration of unspecified part of pancreas, unspecified degree, initial encounter
S36.240A	Minor laceration of head of pancreas, initial encounter
S36.241A	Minor laceration of body of pancreas, initial encounter
S36.242A	Minor laceration of tail of pancreas, initial encounter
S36.249A	Minor laceration of unspecified part of pancreas, initial encounter
S36.250A	Moderate laceration of head of pancreas, initial encounter
S36.251A	Moderate laceration of body of pancreas, initial encounter
S36.252A	Moderate laceration of tail of pancreas, initial encounter



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Code	Description
S36.259A	Moderate laceration of unspecified part of pancreas, initial encounter
S36.260A	Major laceration of head of pancreas, initial encounter
S36.261A	Major laceration of body of pancreas, initial encounter
S36.262A	Major laceration of tail of pancreas, initial encounter
S36.269A	Major laceration of unspecified part of pancreas, initial encounter
S36.290A	Other injury of head of pancreas, initial encounter
S36.291A	Other injury of body of pancreas, initial encounter
S36.292A	Other injury of tail of pancreas, initial encounter
S36.299A	Other injury of unspecified part of pancreas, initial encounter
S36.30XA	Unspecified injury of stomach, initial encounter
S36.32XA	Contusion of stomach, initial encounter
S36.33XA	Laceration of stomach, initial encounter
S36.39XA	Other injury of stomach, initial encounter
S36.400A	Unspecified injury of duodenum, initial encounter
S36.408A	Unspecified injury of other part of small intestine, initial encounter
S36.409A	Unspecified injury of unspecified part of small intestine, initial encounter
S36.410A	Primary blast injury of duodenum, initial encounter
S36.418A	Primary blast injury of other part of small intestine, initial encounter
S36.419A	Primary blast injury of unspecified part of small intestine, initial encounter
S36.420A	Contusion of duodenum, initial encounter
S36.428A	Contusion of other part of small intestine, initial encounter
S36.429A	Contusion of unspecified part of small intestine, initial encounter
S36.430A	Laceration of duodenum, initial encounter
S36.438A	Laceration of other part of small intestine, initial encounter
S36.439A	Laceration of unspecified part of small intestine, initial encounter
S36.490A	Other injury of duodenum, initial encounter
S36.498A	Other injury of other part of small intestine, initial encounter
S36.499A	Other injury of unspecified part of small intestine, initial encounter



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

Code	Description
S36.500A	Unspecified injury of ascending [right] colon, initial encounter
S36.501A	Unspecified injury of transverse colon, initial encounter
S36.502A	Unspecified injury of descending [left] colon, initial encounter
S36.503A	Unspecified injury of sigmoid colon, initial encounter
S36.508A	Unspecified injury of other part of colon, initial encounter
S36.509A	Unspecified injury of unspecified part of colon, initial encounter
S36.510A	Primary blast injury of ascending [right] colon, initial encounter
S36.511A	Primary blast injury of transverse colon, initial encounter
S36.512A	Primary blast injury of descending [left] colon, initial encounter
S36.513A	Primary blast injury of sigmoid colon, initial encounter
S36.518A	Primary blast injury of other part of colon, initial encounter
S36.519A	Primary blast injury of unspecified part of colon, initial encounter
S36.520A	Contusion of ascending [right] colon, initial encounter
S36.521A	Contusion of transverse colon, initial encounter
S36.522A	Contusion of descending [left] colon, initial encounter
S36.523A	Contusion of sigmoid colon, initial encounter
S36.528A	Contusion of other part of colon, initial encounter
S36.529A	Contusion of unspecified part of colon, initial encounter
S36.530A	Laceration of ascending [right] colon, initial encounter
S36.531A	Laceration of transverse colon, initial encounter
S36.532A	Laceration of descending [left] colon, initial encounter
S36.533A	Laceration of sigmoid colon, initial encounter
S36.538A	Laceration of other part of colon, initial encounter
S36.539A	Laceration of unspecified part of colon, initial encounter
S36.590A	Other injury of ascending [right] colon, initial encounter
S36.591A	Other injury of transverse colon, initial encounter
S36.592A	Other injury of descending [left] colon, initial encounter
S36.593A	Other injury of sigmoid colon, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S36.598A	Other injury of other part of colon, initial encounter
S36.599A	Other injury of unspecified part of colon, initial encounter
S36.60XA	Unspecified injury of rectum, initial encounter
S36.61XA	Primary blast injury of rectum, initial encounter
S36.62XA	Contusion of rectum, initial encounter
S36.63XA	Laceration of rectum, initial encounter
S36.69XA	Other injury of rectum, initial encounter
S36.81XA	Injury of peritoneum, initial encounter
S36.892A	Contusion of other intra-abdominal organs, initial encounter
S36.893A	Laceration of other intra-abdominal organs, initial encounter
S36.898A	Other injury of other intra-abdominal organs, initial encounter
S36.899A	Unspecified injury of other intra-abdominal organs, initial encounter
S36.90XA	Unspecified injury of unspecified intra-abdominal organ, initial encounter
S36.92XA	Contusion of unspecified intra-abdominal organ, initial encounter
S36.93XA	Laceration of unspecified intra-abdominal organ, initial encounter
S36.99XA	Other injury of unspecified intra-abdominal organ, initial encounter
S37.001A	Unspecified injury of right kidney, initial encounter
S37.002A	Unspecified injury of left kidney, initial encounter
S37.009A	Unspecified injury of unspecified kidney, initial encounter
S37.011A	Minor contusion of right kidney, initial encounter
S37.012A	Minor contusion of left kidney, initial encounter
S37.019A	Minor contusion of unspecified kidney, initial encounter
S37.021A	Major contusion of right kidney, initial encounter
S37.022A	Major contusion of left kidney, initial encounter
S37.029A	Major contusion of unspecified kidney, initial encounter
S37.031A	Laceration of right kidney, unspecified degree, initial encounter
S37.032A	Laceration of left kidney, unspecified degree, initial encounter
S37.039A	Laceration of unspecified kidney, unspecified degree, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S37.041A	Minor laceration of right kidney, initial encounter
S37.042A	Minor laceration of left kidney, initial encounter
S37.049A	Minor laceration of unspecified kidney, initial encounter
S37.051A	Moderate laceration of right kidney, initial encounter
S37.052A	Moderate laceration of left kidney, initial encounter
S37.059A	Moderate laceration of unspecified kidney, initial encounter
S37.061A	Major laceration of right kidney, initial encounter
S37.062A	Major laceration of left kidney, initial encounter
S37.069A	Major laceration of unspecified kidney, initial encounter
S37.091A	Other injury of right kidney, initial encounter
S37.092A	Other injury of left kidney, initial encounter
S37.099A	Other injury of unspecified kidney, initial encounter
S37.10XA	Unspecified injury of ureter, initial encounter
S37.12XA	Contusion of ureter, initial encounter
S37.13XA	Laceration of ureter, initial encounter
S37.19XA	Other injury of ureter, initial encounter
S37.20XA	Unspecified injury of bladder, initial encounter
S37.22XA	Contusion of bladder, initial encounter
S37.23XA	Laceration of bladder, initial encounter
S37.29XA	Other injury of bladder, initial encounter
S37.30XA	Unspecified injury of urethra, initial encounter
S37.32XA	Contusion of urethra, initial encounter
S37.33XA	Laceration of urethra, initial encounter
S37.39XA	Other injury of urethra, initial encounter
S37.401A	Unspecified injury of ovary, unilateral, initial encounter
S37.402A	Unspecified injury of ovary, bilateral, initial encounter
S37.409A	Unspecified injury of ovary, unspecified, initial encounter
S37.421A	Contusion of ovary, unilateral, initial encounter



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S37.422A	Contusion of ovary, bilateral, initial encounter
S37.429A	Contusion of ovary, unspecified, initial encounter
S37.431A	Laceration of ovary, unilateral, initial encounter
S37.432A	Laceration of ovary, bilateral, initial encounter
S37.439A	Laceration of ovary, unspecified, initial encounter
S37.491A	Other injury of ovary, unilateral, initial encounter
S37.492A	Other injury of ovary, bilateral, initial encounter
S37.499A	Other injury of ovary, unspecified, initial encounter
S37.501A	Unspecified injury of fallopian tube, unilateral, initial encounter
S37.502A	Unspecified injury of fallopian tube, bilateral, initial encounter
S37.509A	Unspecified injury of fallopian tube, unspecified, initial encounter
S37.511A	Primary blast injury of fallopian tube, unilateral, initial encounter
S37.512A	Primary blast injury of fallopian tube, bilateral, initial encounter
S37.519A	Primary blast injury of fallopian tube, unspecified, initial encounter
S37.521A	Contusion of fallopian tube, unilateral, initial encounter
S37.522A	Contusion of fallopian tube, bilateral, initial encounter
S37.529A	Contusion of fallopian tube, unspecified, initial encounter
S37.531A	Laceration of fallopian tube, unilateral, initial encounter
S37.532A	Laceration of fallopian tube, bilateral, initial encounter
S37.539A	Laceration of fallopian tube, unspecified, initial encounter
S37.591A	Other injury of fallopian tube, unilateral, initial encounter
S37.592A	Other injury of fallopian tube, bilateral, initial encounter
S37.599A	Other injury of fallopian tube, unspecified, initial encounter
S37.60XA	Unspecified injury of uterus, initial encounter
S37.62XA	Contusion of uterus, initial encounter
S37.63XA	Laceration of uterus, initial encounter
S37.69XA	Other injury of uterus, initial encounter
S37.812A	Contusion of adrenal gland, initial encounter



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Code	Description
S37.813A	Laceration of adrenal gland, initial encounter
S37.818A	Other injury of adrenal gland, initial encounter
S37.819A	Unspecified injury of adrenal gland, initial encounter
S37.822A	Contusion of prostate, initial encounter
S37.823A	Laceration of prostate, initial encounter
S37.828A	Other injury of prostate, initial encounter
S37.829A	Unspecified injury of prostate, initial encounter
S37.892A	Contusion of other urinary and pelvic organ, initial encounter
S37.893A	Laceration of other urinary and pelvic organ, initial encounter
S37.898A	Other injury of other urinary and pelvic organ, initial encounter
S37.899A	Unspecified injury of other urinary and pelvic organ, initial encounter
S37.90XA	Unspecified injury of unspecified urinary and pelvic organ, initial encounter
S37.92XA	Contusion of unspecified urinary and pelvic organ, initial encounter
S37.93XA	Laceration of unspecified urinary and pelvic organ, initial encounter
S37.99XA	Other injury of unspecified urinary and pelvic organ, initial encounter
S38.001A	Crushing injury of unspecified external genital organs, male, initial encounter
S38.002A	Crushing injury of unspecified external genital organs, female, initial encounter
S38.01XA	Crushing injury of penis, initial encounter
S38.02XA	Crushing injury of scrotum and testis, initial encounter
S38.03XA	Crushing injury of vulva, initial encounter
S38.1XXA	Crushing injury of abdomen, lower back, and pelvis, initial encounter
S40.011A	Contusion of right shoulder, initial encounter
S40.012A	Contusion of left shoulder, initial encounter
S40.019A	Contusion of unspecified shoulder, initial encounter
S40.021A	Contusion of right upper arm, initial encounter
S40.022A	Contusion of left upper arm, initial encounter
S40.029A	Contusion of unspecified upper arm, initial encounter
S42.001A	Fracture of unspecified part of right clavicle, initial encounter for closed fracture



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

Code	Description
S42.001B	Fracture of unspecified part of right clavicle, initial encounter for open fracture
S42.002A	Fracture of unspecified part of left clavicle, initial encounter for closed fracture
S42.002B	Fracture of unspecified part of left clavicle, initial encounter for open fracture
S42.009A	Fracture of unspecified part of unspecified clavicle, initial encounter for closed fracture
S42.009B	Fracture of unspecified part of unspecified clavicle, initial encounter for open fracture
S42.011A	Anterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture
S42.011B	Anterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture
S42.012A	Anterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture
S42.012B	Anterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture
S42.013A	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture
S42.013B	Anterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture
S42.014A	Posterior displaced fracture of sternal end of right clavicle, initial encounter for closed fracture
S42.014B	Posterior displaced fracture of sternal end of right clavicle, initial encounter for open fracture
S42.015A	Posterior displaced fracture of sternal end of left clavicle, initial encounter for closed fracture
S42.015B	Posterior displaced fracture of sternal end of left clavicle, initial encounter for open fracture
S42.016A	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture
S42.016B	Posterior displaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture
S42.017A	Nondisplaced fracture of sternal end of right clavicle, initial encounter for closed fracture



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Code	Description
S42.017B	Nondisplaced fracture of sternal end of right clavicle, initial encounter for open fracture
S42.018A	Nondisplaced fracture of sternal end of left clavicle, initial encounter for closed fracture
S42.018B	Nondisplaced fracture of sternal end of left clavicle, initial encounter for open fracture
S42.019A	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for closed fracture
S42.019B	Nondisplaced fracture of sternal end of unspecified clavicle, initial encounter for open fracture
S42.021A	Displaced fracture of shaft of right clavicle, initial encounter for closed fracture
S42.021B	Displaced fracture of shaft of right clavicle, initial encounter for open fracture
S42.022A	Displaced fracture of shaft of left clavicle, initial encounter for closed fracture
S42.022B	Displaced fracture of shaft of left clavicle, initial encounter for open fracture
S42.023A	Displaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture
S42.023B	Displaced fracture of shaft of unspecified clavicle, initial encounter for open fracture
S42.024A	Nondisplaced fracture of shaft of right clavicle, initial encounter for closed fracture
S42.024B	Nondisplaced fracture of shaft of right clavicle, initial encounter for open fracture
S42.025A	Nondisplaced fracture of shaft of left clavicle, initial encounter for closed fracture
S42.025B	Nondisplaced fracture of shaft of left clavicle, initial encounter for open fracture
S42.026A	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for closed fracture
S42.026B	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for open fracture
S42.031A	Displaced fracture of lateral end of right clavicle, initial encounter for closed fracture
S42.031B	Displaced fracture of lateral end of right clavicle, initial encounter for open fracture
S42.032A	Displaced fracture of lateral end of left clavicle, initial encounter for closed fracture
S42.032B	Displaced fracture of lateral end of left clavicle, initial encounter for open fracture
S42.033A	Displaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture



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

Code	Description
S42.033B	Displaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture
S42.034A	Nondisplaced fracture of lateral end of right clavicle, initial encounter for closed fracture
S42.034B	Nondisplaced fracture of lateral end of right clavicle, initial encounter for open fracture
S42.035A	Nondisplaced fracture of lateral end of left clavicle, initial encounter for closed fracture
S42.035B	Nondisplaced fracture of lateral end of left clavicle, initial encounter for open fracture
S42.036A	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for closed fracture
S42.036B	Nondisplaced fracture of lateral end of unspecified clavicle, initial encounter for open fracture
S42.101A	Fracture of unspecified part of scapula, right shoulder, initial encounter for closed fracture
S42.101B	Fracture of unspecified part of scapula, right shoulder, initial encounter for open fracture
S42.102A	Fracture of unspecified part of scapula, left shoulder, initial encounter for closed fracture
S42.102B	Fracture of unspecified part of scapula, left shoulder, initial encounter for open fracture
S42.109A	Fracture of unspecified part of scapula, unspecified shoulder, initial encounter for closed fracture
S42.109B	Fracture of unspecified part of scapula, unspecified shoulder, initial encounter for open fracture
S42.111A	Displaced fracture of body of scapula, right shoulder, initial encounter for closed fracture
S42.111B	Displaced fracture of body of scapula, right shoulder, initial encounter for open fracture
S42.112A	Displaced fracture of body of scapula, left shoulder, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.112B	Displaced fracture of body of scapula, left shoulder, initial encounter for open fracture
S42.113A	Displaced fracture of body of scapula, unspecified shoulder, initial encounter for closed fracture
S42.113B	Displaced fracture of body of scapula, unspecified shoulder, initial encounter for open fracture
S42.114A	Nondisplaced fracture of body of scapula, right shoulder, initial encounter for closed fracture
S42.114B	Nondisplaced fracture of body of scapula, right shoulder, initial encounter for open fracture
S42.115A	Nondisplaced fracture of body of scapula, left shoulder, initial encounter for closed fracture
S42.115B	Nondisplaced fracture of body of scapula, left shoulder, initial encounter for open fracture
S42.116A	Nondisplaced fracture of body of scapula, unspecified shoulder, initial encounter for closed fracture
S42.116B	Nondisplaced fracture of body of scapula, unspecified shoulder, initial encounter for open fracture
S42.121A	Displaced fracture of acromial process, right shoulder, initial encounter for closed fracture
S42.121B	Displaced fracture of acromial process, right shoulder, initial encounter for open fracture
S42.122A	Displaced fracture of acromial process, left shoulder, initial encounter for closed fracture
S42.122B	Displaced fracture of acromial process, left shoulder, initial encounter for open fracture
S42.123A	Displaced fracture of acromial process, unspecified shoulder, initial encounter for closed fracture
S42.123B	Displaced fracture of acromial process, unspecified shoulder, initial encounter for open fracture
S42.124A	Nondisplaced fracture of acromial process, right shoulder, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.124B	Nondisplaced fracture of acromial process, right shoulder, initial encounter for open fracture
S42.125A	Nondisplaced fracture of acromial process, left shoulder, initial encounter for closed fracture
S42.125B	Nondisplaced fracture of acromial process, left shoulder, initial encounter for open fracture
S42.126A	Nondisplaced fracture of acromial process, unspecified shoulder, initial encounter for closed fracture
S42.126B	Nondisplaced fracture of acromial process, unspecified shoulder, initial encounter for open fracture
S42.131A	Displaced fracture of coracoid process, right shoulder, initial encounter for closed fracture
S42.131B	Displaced fracture of coracoid process, right shoulder, initial encounter for open fracture
S42.132A	Displaced fracture of coracoid process, left shoulder, initial encounter for closed fracture
S42.132B	Displaced fracture of coracoid process, left shoulder, initial encounter for open fracture
S42.133A	Displaced fracture of coracoid process, unspecified shoulder, initial encounter for closed fracture
S42.133B	Displaced fracture of coracoid process, unspecified shoulder, initial encounter for open fracture
S42.134A	Nondisplaced fracture of coracoid process, right shoulder, initial encounter for closed fracture
S42.134B	Nondisplaced fracture of coracoid process, right shoulder, initial encounter for open fracture
S42.135A	Nondisplaced fracture of coracoid process, left shoulder, initial encounter for closed fracture
S42.135B	Nondisplaced fracture of coracoid process, left shoulder, initial encounter for open fracture
S42.136A	Nondisplaced fracture of coracoid process, unspecified shoulder, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.136B	Nondisplaced fracture of coracoid process, unspecified shoulder, initial encounter for open fracture
S42.141A	Displaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for closed fracture
S42.141B	Displaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for open fracture
S42.142A	Displaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for closed fracture
S42.142B	Displaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for open fracture
S42.143A	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for closed fracture
S42.143B	Displaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for open fracture
S42.144A	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for closed fracture
S42.144B	Nondisplaced fracture of glenoid cavity of scapula, right shoulder, initial encounter for open fracture
S42.145A	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for closed fracture
S42.145B	Nondisplaced fracture of glenoid cavity of scapula, left shoulder, initial encounter for open fracture
S42.146A	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for closed fracture
S42.146B	Nondisplaced fracture of glenoid cavity of scapula, unspecified shoulder, initial encounter for open fracture
S42.151A	Displaced fracture of neck of scapula, right shoulder, initial encounter for closed fracture
S42.151B	Displaced fracture of neck of scapula, right shoulder, initial encounter for open fracture
S42.152A	Displaced fracture of neck of scapula, left shoulder, initial encounter for closed fracture



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Code	Description
S42.152B	Displaced fracture of neck of scapula, left shoulder, initial encounter for open fracture
S42.153A	Displaced fracture of neck of scapula, unspecified shoulder, initial encounter for closed fracture
S42.153B	Displaced fracture of neck of scapula, unspecified shoulder, initial encounter for open fracture
S42.154A	Nondisplaced fracture of neck of scapula, right shoulder, initial encounter for closed fracture
S42.154B	Nondisplaced fracture of neck of scapula, right shoulder, initial encounter for open fracture
S42.155A	Nondisplaced fracture of neck of scapula, left shoulder, initial encounter for closed fracture
S42.155B	Nondisplaced fracture of neck of scapula, left shoulder, initial encounter for open fracture
S42.156A	Nondisplaced fracture of neck of scapula, unspecified shoulder, initial encounter for closed fracture
S42.156B	Nondisplaced fracture of neck of scapula, unspecified shoulder, initial encounter for open fracture
S42.191A	Fracture of other part of scapula, right shoulder, initial encounter for closed fracture
S42.191B	Fracture of other part of scapula, right shoulder, initial encounter for open fracture
S42.192A	Fracture of other part of scapula, left shoulder, initial encounter for closed fracture
S42.192B	Fracture of other part of scapula, left shoulder, initial encounter for open fracture
S42.199A	Fracture of other part of scapula, unspecified shoulder, initial encounter for closed fracture
S42.199B	Fracture of other part of scapula, unspecified shoulder, initial encounter for open fracture
S42.201A	Unspecified fracture of upper end of right humerus, initial encounter for closed fracture
S42.201B	Unspecified fracture of upper end of right humerus, initial encounter for open fracture
S42.202A	Unspecified fracture of upper end of left humerus, initial encounter for closed fracture
S42.202B	Unspecified fracture of upper end of left humerus, initial encounter for open fracture

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***July 2021 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.209A	Unspecified fracture of upper end of unspecified humerus, initial encounter for closed fracture
S42.209B	Unspecified fracture of upper end of unspecified humerus, initial encounter for open fracture
S42.211A	Unspecified displaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.211B	Unspecified displaced fracture of surgical neck of right humerus, initial encounter for open fracture
S42.212A	Unspecified displaced fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.212B	Unspecified displaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.213A	Unspecified displaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.213B	Unspecified displaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.214A	Unspecified nondisplaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.214B	Unspecified nondisplaced fracture of surgical neck of right humerus, initial encounter for open fracture
S42.215A	Unspecified nondisplaced fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.215B	Unspecified nondisplaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.216A	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.216B	Unspecified nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.221A	2-part displaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.221B	2-part displaced fracture of surgical neck of right humerus, initial encounter for open fracture



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Code	Description
S42.222A	2-part displaced fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.222B	2-part displaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.223A	2-part displaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.223B	2-part displaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.224A	2-part nondisplaced fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.224B	2-part nondisplaced fracture of surgical neck of right humerus, initial encounter for open fracture
S42.225A	2-part nondisplaced fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.225B	2-part nondisplaced fracture of surgical neck of left humerus, initial encounter for open fracture
S42.226A	2-part nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.226B	2-part nondisplaced fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.231A	3-part fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.231B	3-part fracture of surgical neck of right humerus, initial encounter for open fracture
S42.232A	3-part fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.232B	3-part fracture of surgical neck of left humerus, initial encounter for open fracture
S42.239A	3-part fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.239B	3-part fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.241A	4-part fracture of surgical neck of right humerus, initial encounter for closed fracture
S42.241B	4-part fracture of surgical neck of right humerus, initial encounter for open fracture
S42.242A	4-part fracture of surgical neck of left humerus, initial encounter for closed fracture
S42.242B	4-part fracture of surgical neck of left humerus, initial encounter for open fracture



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S42.249A	4-part fracture of surgical neck of unspecified humerus, initial encounter for closed fracture
S42.249B	4-part fracture of surgical neck of unspecified humerus, initial encounter for open fracture
S42.251A	Displaced fracture of greater tuberosity of right humerus, initial encounter for closed fracture
S42.251B	Displaced fracture of greater tuberosity of right humerus, initial encounter for open fracture
S42.252A	Displaced fracture of greater tuberosity of left humerus, initial encounter for closed fracture
S42.252B	Displaced fracture of greater tuberosity of left humerus, initial encounter for open fracture
S42.253A	Displaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture
S42.253B	Displaced fracture of greater tuberosity of unspecified humerus, initial encounter for open fracture
S42.254A	Nondisplaced fracture of greater tuberosity of right humerus, initial encounter for closed fracture
S42.254B	Nondisplaced fracture of greater tuberosity of right humerus, initial encounter for open fracture
S42.255A	Nondisplaced fracture of greater tuberosity of left humerus, initial encounter for closed fracture
S42.255B	Nondisplaced fracture of greater tuberosity of left humerus, initial encounter for open fracture
S42.256A	Nondisplaced fracture of greater tuberosity of unspecified humerus, initial encounter for closed fracture
S42.256B	Nondisplaced fracture of greater tuberosity of unspecified humerus, initial encounter for open fracture
S42.261A	Displaced fracture of lesser tuberosity of right humerus, initial encounter for closed fracture
S42.261B	Displaced fracture of lesser tuberosity of right humerus, initial encounter for open fracture



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Code	Description
S42.262A	Displaced fracture of lesser tuberosity of left humerus, initial encounter for closed fracture
S42.262B	Displaced fracture of lesser tuberosity of left humerus, initial encounter for open fracture
S42.263A	Displaced fracture of lesser tuberosity of unspecified humerus, initial encounter for closed fracture
S42.263B	Displaced fracture of lesser tuberosity of unspecified humerus, initial encounter for open fracture
S42.264A	Nondisplaced fracture of lesser tuberosity of right humerus, initial encounter for closed fracture
S42.264B	Nondisplaced fracture of lesser tuberosity of right humerus, initial encounter for open fracture
S42.265A	Nondisplaced fracture of lesser tuberosity of left humerus, initial encounter for closed fracture
S42.265B	Nondisplaced fracture of lesser tuberosity of left humerus, initial encounter for open fracture
S42.266A	Nondisplaced fracture of lesser tuberosity of unspecified humerus, initial encounter for closed fracture
S42.266B	Nondisplaced fracture of lesser tuberosity of unspecified humerus, initial encounter for open fracture
S42.271A	Torus fracture of upper end of right humerus, initial encounter for closed fracture
S42.272A	Torus fracture of upper end of left humerus, initial encounter for closed fracture
S42.279A	Torus fracture of upper end of unspecified humerus, initial encounter for closed fracture
S42.291A	Other displaced fracture of upper end of right humerus, initial encounter for closed fracture
S42.291B	Other displaced fracture of upper end of right humerus, initial encounter for open fracture
S42.292A	Other displaced fracture of upper end of left humerus, initial encounter for closed fracture
S42.292B	Other displaced fracture of upper end of left humerus, initial encounter for open fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.293A	Other displaced fracture of upper end of unspecified humerus, initial encounter for closed fracture
S42.293B	Other displaced fracture of upper end of unspecified humerus, initial encounter for open fracture
S42.294A	Other nondisplaced fracture of upper end of right humerus, initial encounter for closed fracture
S42.294B	Other nondisplaced fracture of upper end of right humerus, initial encounter for open fracture
S42.295A	Other nondisplaced fracture of upper end of left humerus, initial encounter for closed fracture
S42.295B	Other nondisplaced fracture of upper end of left humerus, initial encounter for open fracture
S42.296A	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for closed fracture
S42.296B	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for open fracture
S42.301A	Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.301B	Unspecified fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.302A	Unspecified fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.302B	Unspecified fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.309A	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.309B	Unspecified fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.311A	Greenstick fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.312A	Greenstick fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.319A	Greenstick fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.321A	Displaced transverse fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.321B	Displaced transverse fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.322A	Displaced transverse fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.322B	Displaced transverse fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.323A	Displaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.323B	Displaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.324A	Nondisplaced transverse fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.324B	Nondisplaced transverse fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.325A	Nondisplaced transverse fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.325B	Nondisplaced transverse fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.326A	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.326B	Nondisplaced transverse fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.331A	Displaced oblique fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.331B	Displaced oblique fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.332A	Displaced oblique fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.332B	Displaced oblique fracture of shaft of humerus, left arm, initial encounter for open fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.333A	Displaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.333B	Displaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.334A	Nondisplaced oblique fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.334B	Nondisplaced oblique fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.335A	Nondisplaced oblique fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.335B	Nondisplaced oblique fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.336A	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.336B	Nondisplaced oblique fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.341A	Displaced spiral fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.341B	Displaced spiral fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.342A	Displaced spiral fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.342B	Displaced spiral fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.343A	Displaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.343B	Displaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.344A	Nondisplaced spiral fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.344B	Nondisplaced spiral fracture of shaft of humerus, right arm, initial encounter for open fracture



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

Code	Description
S42.345A	Nondisplaced spiral fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.345B	Nondisplaced spiral fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.346A	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.346B	Nondisplaced spiral fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.351A	Displaced comminuted fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.351B	Displaced comminuted fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.352A	Displaced comminuted fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.352B	Displaced comminuted fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.353A	Displaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.353B	Displaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.354A	Nondisplaced comminuted fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.354B	Nondisplaced comminuted fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.355A	Nondisplaced comminuted fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.355B	Nondisplaced comminuted fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.356A	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.356B	Nondisplaced comminuted fracture of shaft of humerus, unspecified arm, initial encounter for open fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S42.361A	Displaced segmental fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.361B	Displaced segmental fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.362A	Displaced segmental fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.362B	Displaced segmental fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.363A	Displaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.363B	Displaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.364A	Nondisplaced segmental fracture of shaft of humerus, right arm, initial encounter for closed fracture
S42.364B	Nondisplaced segmental fracture of shaft of humerus, right arm, initial encounter for open fracture
S42.365A	Nondisplaced segmental fracture of shaft of humerus, left arm, initial encounter for closed fracture
S42.365B	Nondisplaced segmental fracture of shaft of humerus, left arm, initial encounter for open fracture
S42.366A	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for closed fracture
S42.366B	Nondisplaced segmental fracture of shaft of humerus, unspecified arm, initial encounter for open fracture
S42.391A	Other fracture of shaft of right humerus, initial encounter for closed fracture
S42.391B	Other fracture of shaft of right humerus, initial encounter for open fracture
S42.392A	Other fracture of shaft of left humerus, initial encounter for closed fracture
S42.392B	Other fracture of shaft of left humerus, initial encounter for open fracture
S42.399A	Other fracture of shaft of unspecified humerus, initial encounter for closed fracture
S42.399B	Other fracture of shaft of unspecified humerus, initial encounter for open fracture
S42.401A	Unspecified fracture of lower end of right humerus, initial encounter for closed fracture



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

Code	Description
S42.401B	Unspecified fracture of lower end of right humerus, initial encounter for open fracture
S42.402A	Unspecified fracture of lower end of left humerus, initial encounter for closed fracture
S42.402B	Unspecified fracture of lower end of left humerus, initial encounter for open fracture
S42.409A	Unspecified fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.409B	Unspecified fracture of lower end of unspecified humerus, initial encounter for open fracture
S42.411A	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture
S42.411B	Displaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.412A	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.412B	Displaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.413A	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.413B	Displaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture
S42.414A	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture
S42.414B	Nondisplaced simple supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.415A	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.415B	Nondisplaced simple supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.416A	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.416B	Nondisplaced simple supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture



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

Code	Description
S42.421A	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture
S42.421B	Displaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.422A	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.422B	Displaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.423A	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.423B	Displaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture
S42.424A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for closed fracture
S42.424B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of right humerus, initial encounter for open fracture
S42.425A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for closed fracture
S42.425B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of left humerus, initial encounter for open fracture
S42.426A	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.426B	Nondisplaced comminuted supracondylar fracture without intercondylar fracture of unspecified humerus, initial encounter for open fracture
S42.431A	Displaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for closed fracture
S42.431B	Displaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for open fracture
S42.432A	Displaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for closed fracture
S42.432B	Displaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for open fracture



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

Code	Description
S42.433A	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for closed fracture
S42.433B	Displaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for open fracture
S42.434A	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for closed fracture
S42.434B	Nondisplaced fracture (avulsion) of lateral epicondyle of right humerus, initial encounter for open fracture
S42.435A	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for closed fracture
S42.435B	Nondisplaced fracture (avulsion) of lateral epicondyle of left humerus, initial encounter for open fracture
S42.436A	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for closed fracture
S42.436B	Nondisplaced fracture (avulsion) of lateral epicondyle of unspecified humerus, initial encounter for open fracture
S42.441A	Displaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture
S42.441B	Displaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture
S42.442A	Displaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture
S42.442B	Displaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture
S42.443A	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture
S42.443B	Displaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture
S42.444A	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture
S42.444B	Nondisplaced fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture



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

Code	Description
S42.445A	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture
S42.445B	Nondisplaced fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture
S42.446A	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture
S42.446B	Nondisplaced fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture
S42.447A	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, initial encounter for closed fracture
S42.447B	Incarcerated fracture (avulsion) of medial epicondyle of right humerus, initial encounter for open fracture
S42.448A	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, initial encounter for closed fracture
S42.448B	Incarcerated fracture (avulsion) of medial epicondyle of left humerus, initial encounter for open fracture
S42.449A	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for closed fracture
S42.449B	Incarcerated fracture (avulsion) of medial epicondyle of unspecified humerus, initial encounter for open fracture
S42.451A	Displaced fracture of lateral condyle of right humerus, initial encounter for closed fracture
S42.451B	Displaced fracture of lateral condyle of right humerus, initial encounter for open fracture
S42.452A	Displaced fracture of lateral condyle of left humerus, initial encounter for closed fracture
S42.452B	Displaced fracture of lateral condyle of left humerus, initial encounter for open fracture
S42.453A	Displaced fracture of lateral condyle of unspecified humerus, initial encounter for closed fracture
S42.453B	Displaced fracture of lateral condyle of unspecified humerus, initial encounter for open fracture



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

Code	Description
S42.454A	Nondisplaced fracture of lateral condyle of right humerus, initial encounter for closed fracture
S42.454B	Nondisplaced fracture of lateral condyle of right humerus, initial encounter for open fracture
S42.455A	Nondisplaced fracture of lateral condyle of left humerus, initial encounter for closed fracture
S42.455B	Nondisplaced fracture of lateral condyle of left humerus, initial encounter for open fracture
S42.456A	Nondisplaced fracture of lateral condyle of unspecified humerus, initial encounter for closed fracture
S42.456B	Nondisplaced fracture of lateral condyle of unspecified humerus, initial encounter for open fracture
S42.461A	Displaced fracture of medial condyle of right humerus, initial encounter for closed fracture
S42.461B	Displaced fracture of medial condyle of right humerus, initial encounter for open fracture
S42.462A	Displaced fracture of medial condyle of left humerus, initial encounter for closed fracture
S42.462B	Displaced fracture of medial condyle of left humerus, initial encounter for open fracture
S42.463A	Displaced fracture of medial condyle of unspecified humerus, initial encounter for closed fracture
S42.463B	Displaced fracture of medial condyle of unspecified humerus, initial encounter for open fracture
S42.464A	Nondisplaced fracture of medial condyle of right humerus, initial encounter for closed fracture
S42.464B	Nondisplaced fracture of medial condyle of right humerus, initial encounter for open fracture
S42.465A	Nondisplaced fracture of medial condyle of left humerus, initial encounter for closed fracture
S42.465B	Nondisplaced fracture of medial condyle of left humerus, initial encounter for open fracture



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

Code	Description
S42.466A	Nondisplaced fracture of medial condyle of unspecified humerus, initial encounter for closed fracture
S42.466B	Nondisplaced fracture of medial condyle of unspecified humerus, initial encounter for open fracture
S42.471A	Displaced transcondylar fracture of right humerus, initial encounter for closed fracture
S42.471B	Displaced transcondylar fracture of right humerus, initial encounter for open fracture
S42.472A	Displaced transcondylar fracture of left humerus, initial encounter for closed fracture
S42.472B	Displaced transcondylar fracture of left humerus, initial encounter for open fracture
S42.473A	Displaced transcondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.473B	Displaced transcondylar fracture of unspecified humerus, initial encounter for open fracture
S42.474A	Nondisplaced transcondylar fracture of right humerus, initial encounter for closed fracture
S42.474B	Nondisplaced transcondylar fracture of right humerus, initial encounter for open fracture
S42.475A	Nondisplaced transcondylar fracture of left humerus, initial encounter for closed fracture
S42.475B	Nondisplaced transcondylar fracture of left humerus, initial encounter for open fracture
S42.476A	Nondisplaced transcondylar fracture of unspecified humerus, initial encounter for closed fracture
S42.476B	Nondisplaced transcondylar fracture of unspecified humerus, initial encounter for open fracture
S42.481A	Torus fracture of lower end of right humerus, initial encounter for closed fracture
S42.482A	Torus fracture of lower end of left humerus, initial encounter for closed fracture
S42.489A	Torus fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.491A	Other displaced fracture of lower end of right humerus, initial encounter for closed fracture
S42.491B	Other displaced fracture of lower end of right humerus, initial encounter for open fracture

NCD 190.17

***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S42.492A	Other displaced fracture of lower end of left humerus, initial encounter for closed fracture
S42.492B	Other displaced fracture of lower end of left humerus, initial encounter for open fracture
S42.493A	Other displaced fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.493B	Other displaced fracture of lower end of unspecified humerus, initial encounter for open fracture
S42.494A	Other nondisplaced fracture of lower end of right humerus, initial encounter for closed fracture
S42.494B	Other nondisplaced fracture of lower end of right humerus, initial encounter for open fracture
S42.495A	Other nondisplaced fracture of lower end of left humerus, initial encounter for closed fracture
S42.495B	Other nondisplaced fracture of lower end of left humerus, initial encounter for open fracture
S42.496A	Other nondisplaced fracture of lower end of unspecified humerus, initial encounter for closed fracture
S42.496B	Other nondisplaced fracture of lower end of unspecified humerus, initial encounter for open fracture
S42.90XA	Fracture of unspecified shoulder girdle, part unspecified, initial encounter for closed fracture
S42.90XB	Fracture of unspecified shoulder girdle, part unspecified, initial encounter for open fracture
S42.91XA	Fracture of right shoulder girdle, part unspecified, initial encounter for closed fracture
S42.91XB	Fracture of right shoulder girdle, part unspecified, initial encounter for open fracture
S42.92XA	Fracture of left shoulder girdle, part unspecified, initial encounter for closed fracture
S42.92XB	Fracture of left shoulder girdle, part unspecified, initial encounter for open fracture
S45.001A	Unspecified injury of axillary artery, right side, initial encounter
S45.002A	Unspecified injury of axillary artery, left side, initial encounter
S45.009A	Unspecified injury of axillary artery, unspecified side, initial encounter



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

Code	Description
S45.011A	Laceration of axillary artery, right side, initial encounter
S45.012A	Laceration of axillary artery, left side, initial encounter
S45.019A	Laceration of axillary artery, unspecified side, initial encounter
S45.091A	Other specified injury of axillary artery, right side, initial encounter
S45.092A	Other specified injury of axillary artery, left side, initial encounter
S45.099A	Other specified injury of axillary artery, unspecified side, initial encounter
S45.101A	Unspecified injury of brachial artery, right side, initial encounter
S45.102A	Unspecified injury of brachial artery, left side, initial encounter
S45.109A	Unspecified injury of brachial artery, unspecified side, initial encounter
S45.111A	Laceration of brachial artery, right side, initial encounter
S45.112A	Laceration of brachial artery, left side, initial encounter
S45.119A	Laceration of brachial artery, unspecified side, initial encounter
S45.191A	Other specified injury of brachial artery, right side, initial encounter
S45.192A	Other specified injury of brachial artery, left side, initial encounter
S45.199A	Other specified injury of brachial artery, unspecified side, initial encounter
S45.201A	Unspecified injury of axillary or brachial vein, right side, initial encounter
S45.202A	Unspecified injury of axillary or brachial vein, left side, initial encounter
S45.209A	Unspecified injury of axillary or brachial vein, unspecified side, initial encounter
S45.211A	Laceration of axillary or brachial vein, right side, initial encounter
S45.212A	Laceration of axillary or brachial vein, left side, initial encounter
S45.219A	Laceration of axillary or brachial vein, unspecified side, initial encounter
S45.291A	Other specified injury of axillary or brachial vein, right side, initial encounter
S45.292A	Other specified injury of axillary or brachial vein, left side, initial encounter
S45.299A	Other specified injury of axillary or brachial vein, unspecified side, initial encounter
S45.301A	Unspecified injury of superficial vein at shoulder and upper arm level, right arm, initial encounter
S45.302A	Unspecified injury of superficial vein at shoulder and upper arm level, left arm, initial encounter



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

Code	Description
S45.309A	Unspecified injury of superficial vein at shoulder and upper arm level, unspecified arm, initial encounter
S45.311A	Laceration of superficial vein at shoulder and upper arm level, right arm, initial encounter
S45.312A	Laceration of superficial vein at shoulder and upper arm level, left arm, initial encounter
S45.319A	Laceration of superficial vein at shoulder and upper arm level, unspecified arm, initial encounter
S45.391A	Other specified injury of superficial vein at shoulder and upper arm level, right arm, initial encounter
S45.392A	Other specified injury of superficial vein at shoulder and upper arm level, left arm, initial encounter
S45.399A	Other specified injury of superficial vein at shoulder and upper arm level, unspecified arm, initial encounter
S45.801A	Unspecified injury of other specified blood vessels at shoulder and upper arm level, right arm, initial encounter
S45.802A	Unspecified injury of other specified blood vessels at shoulder and upper arm level, left arm, initial encounter
S45.809A	Unspecified injury of other specified blood vessels at shoulder and upper arm level, unspecified arm, initial encounter
S45.811A	Laceration of other specified blood vessels at shoulder and upper arm level, right arm, initial encounter
S45.812A	Laceration of other specified blood vessels at shoulder and upper arm level, left arm, initial encounter
S45.819A	Laceration of other specified blood vessels at shoulder and upper arm level, unspecified arm, initial encounter
S45.891A	Other specified injury of other specified blood vessels at shoulder and upper arm level, right arm, initial encounter
S45.892A	Other specified injury of other specified blood vessels at shoulder and upper arm level, left arm, initial encounter
S45.899A	Other specified injury of other specified blood vessels at shoulder and upper arm level, unspecified arm, initial encounter



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

Code	Description
S45.901A	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, right arm, initial encounter
S45.902A	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, left arm, initial encounter
S45.909A	Unspecified injury of unspecified blood vessel at shoulder and upper arm level, unspecified arm, initial encounter
S45.911A	Laceration of unspecified blood vessel at shoulder and upper arm level, right arm, initial encounter
S45.912A	Laceration of unspecified blood vessel at shoulder and upper arm level, left arm, initial encounter
S45.919A	Laceration of unspecified blood vessel at shoulder and upper arm level, unspecified arm, initial encounter
S45.991A	Other specified injury of unspecified blood vessel at shoulder and upper arm level, right arm, initial encounter
S45.992A	Other specified injury of unspecified blood vessel at shoulder and upper arm level, left arm, initial encounter
S45.999A	Other specified injury of unspecified blood vessel at shoulder and upper arm level, unspecified arm, initial encounter
S47.1XXA	Crushing injury of right shoulder and upper arm, initial encounter
S47.2XXA	Crushing injury of left shoulder and upper arm, initial encounter
S47.9XXA	Crushing injury of shoulder and upper arm, unspecified arm, initial encounter
S49.001A	Unspecified physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.002A	Unspecified physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.009A	Unspecified physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.011A	Salter-Harris Type I physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.012A	Salter-Harris Type I physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.019A	Salter-Harris Type I physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture



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

Code	Description
S49.021A	Salter-Harris Type II physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.022A	Salter-Harris Type II physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.029A	Salter-Harris Type II physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.031A	Salter-Harris Type III physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.032A	Salter-Harris Type III physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.039A	Salter-Harris Type III physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.041A	Salter-Harris Type IV physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.042A	Salter-Harris Type IV physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.049A	Salter-Harris Type IV physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.091A	Other physeal fracture of upper end of humerus, right arm, initial encounter for closed fracture
S49.092A	Other physeal fracture of upper end of humerus, left arm, initial encounter for closed fracture
S49.099A	Other physeal fracture of upper end of humerus, unspecified arm, initial encounter for closed fracture
S49.101A	Unspecified physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.102A	Unspecified physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.109A	Unspecified physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.111A	Salter-Harris Type I physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture



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

Code	Description
S49.112A	Salter-Harris Type I physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.119A	Salter-Harris Type I physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.121A	Salter-Harris Type II physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.122A	Salter-Harris Type II physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.129A	Salter-Harris Type II physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.131A	Salter-Harris Type III physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.132A	Salter-Harris Type III physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.139A	Salter-Harris Type III physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.141A	Salter-Harris Type IV physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.142A	Salter-Harris Type IV physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.149A	Salter-Harris Type IV physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S49.191A	Other physeal fracture of lower end of humerus, right arm, initial encounter for closed fracture
S49.192A	Other physeal fracture of lower end of humerus, left arm, initial encounter for closed fracture
S49.199A	Other physeal fracture of lower end of humerus, unspecified arm, initial encounter for closed fracture
S50.00XA	Contusion of unspecified elbow, initial encounter
S50.01XA	Contusion of right elbow, initial encounter
S50.02XA	Contusion of left elbow, initial encounter
S50.10XA	Contusion of unspecified forearm, initial encounter
S50.11XA	Contusion of right forearm, initial encounter

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

Code	Description
S50.12XA	Contusion of left forearm, initial encounter
S52.001B	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type I or II
S52.001C	Unspecified fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.002B	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type I or II
S52.002C	Unspecified fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.009B	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II
S52.009C	Unspecified fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.021B	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.021C	Displaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.022B	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.022C	Displaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.023B	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II
S52.023C	Displaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.024B	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.024C	Nondisplaced fracture of olecranon process without intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.025B	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.025C	Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.026B	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II
S52.026C	Nondisplaced fracture of olecranon process without intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.031B	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.031C	Displaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.032B	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.032C	Displaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.033B	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II
S52.033C	Displaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.034B	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type I or II
S52.034C	Nondisplaced fracture of olecranon process with intraarticular extension of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.035B	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type I or II
S52.035C	Nondisplaced fracture of olecranon process with intraarticular extension of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.036B	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type I or II
S52.036C	Nondisplaced fracture of olecranon process with intraarticular extension of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.041B	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II
S52.041C	Displaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.042B	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II
S52.042C	Displaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.043B	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II
S52.043C	Displaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.044B	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type I or II
S52.044C	Nondisplaced fracture of coronoid process of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.045B	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type I or II
S52.045C	Nondisplaced fracture of coronoid process of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.046B	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type I or II
S52.046C	Nondisplaced fracture of coronoid process of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.091B	Other fracture of upper end of right ulna, initial encounter for open fracture type I or II
S52.091C	Other fracture of upper end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.092B	Other fracture of upper end of left ulna, initial encounter for open fracture type I or II
S52.092C	Other fracture of upper end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.099B	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type I or II
S52.099C	Other fracture of upper end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.101B	Unspecified fracture of upper end of right radius, initial encounter for open fracture type I or II



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Code	Description
S52.101C	Unspecified fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.102B	Unspecified fracture of upper end of left radius, initial encounter for open fracture type I or II
S52.102C	Unspecified fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.109B	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type I or II
S52.109C	Unspecified fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.121B	Displaced fracture of head of right radius, initial encounter for open fracture type I or II
S52.121C	Displaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.122B	Displaced fracture of head of left radius, initial encounter for open fracture type I or II
S52.122C	Displaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.123B	Displaced fracture of head of unspecified radius, initial encounter for open fracture type I or II
S52.123C	Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.124B	Nondisplaced fracture of head of right radius, initial encounter for open fracture type I or II
S52.124C	Nondisplaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.125B	Nondisplaced fracture of head of left radius, initial encounter for open fracture type I or II
S52.125C	Nondisplaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.126B	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type I or II



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Code	Description
S52.126C	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.131B	Displaced fracture of neck of right radius, initial encounter for open fracture type I or II
S52.131C	Displaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.132B	Displaced fracture of neck of left radius, initial encounter for open fracture type I or II
S52.132C	Displaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.133B	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II
S52.133C	Displaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.134B	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type I or II
S52.134C	Nondisplaced fracture of neck of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.135B	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type I or II
S52.135C	Nondisplaced fracture of neck of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.136B	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type I or II
S52.136C	Nondisplaced fracture of neck of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.181B	Other fracture of upper end of right radius, initial encounter for open fracture type I or II
S52.181C	Other fracture of upper end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.182B	Other fracture of upper end of left radius, initial encounter for open fracture type I or II



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Code	Description
S52.182C	Other fracture of upper end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.189B	Other fracture of upper end of unspecified radius, initial encounter for open fracture type I or II
S52.189C	Other fracture of upper end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.201B	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.201C	Unspecified fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.202B	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.202C	Unspecified fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.209B	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.209C	Unspecified fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.221B	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.221C	Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.222B	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.222C	Displaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.223B	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.223C	Displaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.224B	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.224C	Nondisplaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.225B	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.225C	Nondisplaced transverse fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.226B	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.226C	Nondisplaced transverse fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.231B	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.231C	Displaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.232B	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.232C	Displaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.233B	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.233C	Displaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.234B	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.234C	Nondisplaced oblique fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.235B	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type I or II
S52.235C	Nondisplaced oblique fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.236B	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S52.236C	Nondisplaced oblique fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.241B	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.241C	Displaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.242B	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.242C	Displaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.243B	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.243C	Displaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.244B	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.244C	Nondisplaced spiral fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.245B	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.245C	Nondisplaced spiral fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.246B	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.246C	Nondisplaced spiral fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.251B	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.251C	Displaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.252B	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.252C	Displaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.253B	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.253C	Displaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.254B	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.254C	Nondisplaced comminuted fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.255B	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.255C	Nondisplaced comminuted fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.256B	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.256C	Nondisplaced comminuted fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.261B	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II
S52.261C	Displaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.262B	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.262C	Displaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.263B	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.263C	Displaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.264B	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.264C	Nondisplaced segmental fracture of shaft of ulna, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.265B	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type I or II
S52.265C	Nondisplaced segmental fracture of shaft of ulna, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.266B	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type I or II
S52.266C	Nondisplaced segmental fracture of shaft of ulna, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.271B	Monteggia's fracture of right ulna, initial encounter for open fracture type I or II
S52.271C	Monteggia's fracture of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.272B	Monteggia's fracture of left ulna, initial encounter for open fracture type I or II
S52.272C	Monteggia's fracture of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.279B	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type I or II
S52.279C	Monteggia's fracture of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.281B	Bent bone of right ulna, initial encounter for open fracture type I or II
S52.281C	Bent bone of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.282B	Bent bone of left ulna, initial encounter for open fracture type I or II
S52.282C	Bent bone of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.283B	Bent bone of unspecified ulna, initial encounter for open fracture type I or II
S52.283C	Bent bone of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.291B	Other fracture of shaft of right ulna, initial encounter for open fracture type I or II
S52.291C	Other fracture of shaft of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.292B	Other fracture of shaft of left ulna, initial encounter for open fracture type I or II



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Code	Description
S52.292C	Other fracture of shaft of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.299B	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type I or II
S52.299C	Other fracture of shaft of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.301B	Unspecified fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.301C	Unspecified fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.302B	Unspecified fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.302C	Unspecified fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.309B	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.309C	Unspecified fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.321B	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.321C	Displaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.322B	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.322C	Displaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.323B	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.323C	Displaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.324B	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type I or II



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

Code	Description
S52.324C	Nondisplaced transverse fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.325B	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.325C	Nondisplaced transverse fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.326B	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.326C	Nondisplaced transverse fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.331B	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.331C	Displaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.332B	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.332C	Displaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.333B	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II
S52.333C	Displaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.334B	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type I or II
S52.334C	Nondisplaced oblique fracture of shaft of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.335B	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type I or II
S52.335C	Nondisplaced oblique fracture of shaft of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.336B	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type I or II



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Code	Description
S52.336C	Nondisplaced oblique fracture of shaft of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.341B	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.341C	Displaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.342B	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.342C	Displaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.343B	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.343C	Displaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.344B	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.344C	Nondisplaced spiral fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.345B	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.345C	Nondisplaced spiral fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.346B	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.346C	Nondisplaced spiral fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.351B	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.351C	Displaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.352B	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II



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Code	Description
S52.352C	Displaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.353B	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.353C	Displaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.354B	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.354C	Nondisplaced comminuted fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.355B	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.355C	Nondisplaced comminuted fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.356B	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.356C	Nondisplaced comminuted fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.361B	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.361C	Displaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.362B	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.362C	Displaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.363B	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.363C	Displaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.364B	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.364C	Nondisplaced segmental fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.365B	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.365C	Nondisplaced segmental fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.366B	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.366C	Nondisplaced segmental fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.371B	Galeazzi's fracture of right radius, initial encounter for open fracture type I or II
S52.371C	Galeazzi's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.372B	Galeazzi's fracture of left radius, initial encounter for open fracture type I or II
S52.372C	Galeazzi's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.379B	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type I or II
S52.379C	Galeazzi's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.381B	Bent bone of right radius, initial encounter for open fracture type I or II
S52.381C	Bent bone of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.382B	Bent bone of left radius, initial encounter for open fracture type I or II
S52.382C	Bent bone of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.389B	Bent bone of unspecified radius, initial encounter for open fracture type I or II
S52.389C	Bent bone of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.391B	Other fracture of shaft of radius, right arm, initial encounter for open fracture type I or II
S52.391C	Other fracture of shaft of radius, right arm, initial encounter for open fracture type IIIA, IIIB, or IIIC



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.392B	Other fracture of shaft of radius, left arm, initial encounter for open fracture type I or II
S52.392C	Other fracture of shaft of radius, left arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.399B	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type I or II
S52.399C	Other fracture of shaft of radius, unspecified arm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.501B	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type I or II
S52.501C	Unspecified fracture of the lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.502B	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type I or II
S52.502C	Unspecified fracture of the lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.509B	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type I or II
S52.509C	Unspecified fracture of the lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.511B	Displaced fracture of right radial styloid process, initial encounter for open fracture type I or II
S52.511C	Displaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.512B	Displaced fracture of left radial styloid process, initial encounter for open fracture type I or II
S52.512C	Displaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.513B	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II
S52.513C	Displaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC



**Medicare National Coverage Determinations (NCD)
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Code	Description
S52.514B	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type I or II
S52.514C	Nondisplaced fracture of right radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.515B	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type I or II
S52.515C	Nondisplaced fracture of left radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.516B	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type I or II
S52.516C	Nondisplaced fracture of unspecified radial styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.531B	Colles' fracture of right radius, initial encounter for open fracture type I or II
S52.531C	Colles' fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.532B	Colles' fracture of left radius, initial encounter for open fracture type I or II
S52.532C	Colles' fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.539B	Colles' fracture of unspecified radius, initial encounter for open fracture type I or II
S52.539C	Colles' fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.541B	Smith's fracture of right radius, initial encounter for open fracture type I or II
S52.541C	Smith's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.542B	Smith's fracture of left radius, initial encounter for open fracture type I or II
S52.542C	Smith's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.549B	Smith's fracture of unspecified radius, initial encounter for open fracture type I or II
S52.549C	Smith's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.551B	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II
S52.551C	Other extraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.552B	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II
S52.552C	Other extraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.559B	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II
S52.559C	Other extraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.561B	Barton's fracture of right radius, initial encounter for open fracture type I or II
S52.561C	Barton's fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.562B	Barton's fracture of left radius, initial encounter for open fracture type I or II
S52.562C	Barton's fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.569B	Barton's fracture of unspecified radius, initial encounter for open fracture type I or II
S52.569C	Barton's fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.571B	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type I or II
S52.571C	Other intraarticular fracture of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.572B	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type I or II
S52.572C	Other intraarticular fracture of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.579B	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type I or II
S52.579C	Other intraarticular fracture of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.591B	Other fractures of lower end of right radius, initial encounter for open fracture type I or II
S52.591C	Other fractures of lower end of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.592B	Other fractures of lower end of left radius, initial encounter for open fracture type I or II
S52.592C	Other fractures of lower end of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.599B	Other fractures of lower end of unspecified radius, initial encounter for open fracture type I or II
S52.599C	Other fractures of lower end of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.601B	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type I or II
S52.601C	Unspecified fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.602B	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type I or II
S52.602C	Unspecified fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.609B	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II
S52.609C	Unspecified fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.611B	Displaced fracture of right ulna styloid process, initial encounter for open fracture type I or II
S52.611C	Displaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.612B	Displaced fracture of left ulna styloid process, initial encounter for open fracture type I or II
S52.612C	Displaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.613B	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II
S52.613C	Displaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S52.614B	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type I or II
S52.614C	Nondisplaced fracture of right ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.615B	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type I or II
S52.615C	Nondisplaced fracture of left ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.616B	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type I or II
S52.616C	Nondisplaced fracture of unspecified ulna styloid process, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.691B	Other fracture of lower end of right ulna, initial encounter for open fracture type I or II
S52.691C	Other fracture of lower end of right ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.692B	Other fracture of lower end of left ulna, initial encounter for open fracture type I or II
S52.692C	Other fracture of lower end of left ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.699B	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type I or II
S52.699C	Other fracture of lower end of unspecified ulna, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.90XA	Unspecified fracture of unspecified forearm, initial encounter for closed fracture
S52.90XB	Unspecified fracture of unspecified forearm, initial encounter for open fracture type I or II
S52.90XC	Unspecified fracture of unspecified forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.91XB	Unspecified fracture of right forearm, initial encounter for open fracture type I or II
S52.91XC	Unspecified fracture of right forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S52.92XB	Unspecified fracture of left forearm, initial encounter for open fracture type I or II



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

Code	Description
S52.92XC	Unspecified fracture of left forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC
S55.001A	Unspecified injury of ulnar artery at forearm level, right arm, initial encounter
S55.002A	Unspecified injury of ulnar artery at forearm level, left arm, initial encounter
S55.009A	Unspecified injury of ulnar artery at forearm level, unspecified arm, initial encounter
S55.011A	Laceration of ulnar artery at forearm level, right arm, initial encounter
S55.012A	Laceration of ulnar artery at forearm level, left arm, initial encounter
S55.019A	Laceration of ulnar artery at forearm level, unspecified arm, initial encounter
S55.091A	Other specified injury of ulnar artery at forearm level, right arm, initial encounter
S55.092A	Other specified injury of ulnar artery at forearm level, left arm, initial encounter
S55.099A	Other specified injury of ulnar artery at forearm level, unspecified arm, initial encounter
S55.101A	Unspecified injury of radial artery at forearm level, right arm, initial encounter
S55.102A	Unspecified injury of radial artery at forearm level, left arm, initial encounter
S55.109A	Unspecified injury of radial artery at forearm level, unspecified arm, initial encounter
S55.111A	Laceration of radial artery at forearm level, right arm, initial encounter
S55.112A	Laceration of radial artery at forearm level, left arm, initial encounter
S55.119A	Laceration of radial artery at forearm level, unspecified arm, initial encounter
S55.191A	Other specified injury of radial artery at forearm level, right arm, initial encounter
S55.192A	Other specified injury of radial artery at forearm level, left arm, initial encounter
S55.199A	Other specified injury of radial artery at forearm level, unspecified arm, initial encounter
S55.201A	Unspecified injury of vein at forearm level, right arm, initial encounter
S55.202A	Unspecified injury of vein at forearm level, left arm, initial encounter
S55.209A	Unspecified injury of vein at forearm level, unspecified arm, initial encounter
S55.211A	Laceration of vein at forearm level, right arm, initial encounter
S55.212A	Laceration of vein at forearm level, left arm, initial encounter
S55.219A	Laceration of vein at forearm level, unspecified arm, initial encounter
S55.291A	Other specified injury of vein at forearm level, right arm, initial encounter



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

Code	Description
S55.292A	Other specified injury of vein at forearm level, left arm, initial encounter
S55.299A	Other specified injury of vein at forearm level, unspecified arm, initial encounter
S55.801A	Unspecified injury of other blood vessels at forearm level, right arm, initial encounter
S55.802A	Unspecified injury of other blood vessels at forearm level, left arm, initial encounter
S55.809A	Unspecified injury of other blood vessels at forearm level, unspecified arm, initial encounter
S55.811A	Laceration of other blood vessels at forearm level, right arm, initial encounter
S55.812A	Laceration of other blood vessels at forearm level, left arm, initial encounter
S55.819A	Laceration of other blood vessels at forearm level, unspecified arm, initial encounter
S55.891A	Other specified injury of other blood vessels at forearm level, right arm, initial encounter
S55.892A	Other specified injury of other blood vessels at forearm level, left arm, initial encounter
S55.899A	Other specified injury of other blood vessels at forearm level, unspecified arm, initial encounter
S55.901A	Unspecified injury of unspecified blood vessel at forearm level, right arm, initial encounter
S55.902A	Unspecified injury of unspecified blood vessel at forearm level, left arm, initial encounter
S55.909A	Unspecified injury of unspecified blood vessel at forearm level, unspecified arm, initial encounter
S55.911A	Laceration of unspecified blood vessel at forearm level, right arm, initial encounter
S55.912A	Laceration of unspecified blood vessel at forearm level, left arm, initial encounter
S55.919A	Laceration of unspecified blood vessel at forearm level, unspecified arm, initial encounter
S55.991A	Other specified injury of unspecified blood vessel at forearm level, right arm, initial encounter
S55.992A	Other specified injury of unspecified blood vessel at forearm level, left arm, initial encounter
S55.999A	Other specified injury of unspecified blood vessel at forearm level, unspecified arm, initial encounter
S57.00XA	Crushing injury of unspecified elbow, initial encounter

NCD 190.17

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
S57.01XA	Crushing injury of right elbow, initial encounter
S57.02XA	Crushing injury of left elbow, initial encounter
S57.80XA	Crushing injury of unspecified forearm, initial encounter
S57.81XA	Crushing injury of right forearm, initial encounter
S57.82XA	Crushing injury of left forearm, initial encounter
S60.00XA	Contusion of unspecified finger without damage to nail, initial encounter
S60.011A	Contusion of right thumb without damage to nail, initial encounter
S60.012A	Contusion of left thumb without damage to nail, initial encounter
S60.019A	Contusion of unspecified thumb without damage to nail, initial encounter
S60.021A	Contusion of right index finger without damage to nail, initial encounter
S60.022A	Contusion of left index finger without damage to nail, initial encounter
S60.029A	Contusion of unspecified index finger without damage to nail, initial encounter
S60.031A	Contusion of right middle finger without damage to nail, initial encounter
S60.032A	Contusion of left middle finger without damage to nail, initial encounter
S60.039A	Contusion of unspecified middle finger without damage to nail, initial encounter
S60.041A	Contusion of right ring finger without damage to nail, initial encounter
S60.042A	Contusion of left ring finger without damage to nail, initial encounter
S60.049A	Contusion of unspecified ring finger without damage to nail, initial encounter
S60.051A	Contusion of right little finger without damage to nail, initial encounter
S60.052A	Contusion of left little finger without damage to nail, initial encounter
S60.059A	Contusion of unspecified little finger without damage to nail, initial encounter
S60.10XA	Contusion of unspecified finger with damage to nail, initial encounter
S60.111A	Contusion of right thumb with damage to nail, initial encounter
S60.112A	Contusion of left thumb with damage to nail, initial encounter
S60.119A	Contusion of unspecified thumb with damage to nail, initial encounter
S60.121A	Contusion of right index finger with damage to nail, initial encounter
S60.122A	Contusion of left index finger with damage to nail, initial encounter
S60.129A	Contusion of unspecified index finger with damage to nail, initial encounter

NCD 190.17

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
S60.131A	Contusion of right middle finger with damage to nail, initial encounter
S60.132A	Contusion of left middle finger with damage to nail, initial encounter
S60.139A	Contusion of unspecified middle finger with damage to nail, initial encounter
S60.141A	Contusion of right ring finger with damage to nail, initial encounter
S60.142A	Contusion of left ring finger with damage to nail, initial encounter
S60.149A	Contusion of unspecified ring finger with damage to nail, initial encounter
S60.151A	Contusion of right little finger with damage to nail, initial encounter
S60.152A	Contusion of left little finger with damage to nail, initial encounter
S60.159A	Contusion of unspecified little finger with damage to nail, initial encounter
S60.211A	Contusion of right wrist, initial encounter
S60.212A	Contusion of left wrist, initial encounter
S60.219A	Contusion of unspecified wrist, initial encounter
S60.221A	Contusion of right hand, initial encounter
S60.222A	Contusion of left hand, initial encounter
S60.229A	Contusion of unspecified hand, initial encounter
S65.001A	Unspecified injury of ulnar artery at wrist and hand level of right arm, initial encounter
S65.002A	Unspecified injury of ulnar artery at wrist and hand level of left arm, initial encounter
S65.009A	Unspecified injury of ulnar artery at wrist and hand level of unspecified arm, initial encounter
S65.011A	Laceration of ulnar artery at wrist and hand level of right arm, initial encounter
S65.012A	Laceration of ulnar artery at wrist and hand level of left arm, initial encounter
S65.019A	Laceration of ulnar artery at wrist and hand level of unspecified arm, initial encounter
S65.091A	Other specified injury of ulnar artery at wrist and hand level of right arm, initial encounter
S65.092A	Other specified injury of ulnar artery at wrist and hand level of left arm, initial encounter
S65.099A	Other specified injury of ulnar artery at wrist and hand level of unspecified arm, initial encounter



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

Code	Description
S65.101A	Unspecified injury of radial artery at wrist and hand level of right arm, initial encounter
S65.102A	Unspecified injury of radial artery at wrist and hand level of left arm, initial encounter
S65.109A	Unspecified injury of radial artery at wrist and hand level of unspecified arm, initial encounter
S65.111A	Laceration of radial artery at wrist and hand level of right arm, initial encounter
S65.112A	Laceration of radial artery at wrist and hand level of left arm, initial encounter
S65.119A	Laceration of radial artery at wrist and hand level of unspecified arm, initial encounter
S65.191A	Other specified injury of radial artery at wrist and hand level of right arm, initial encounter
S65.192A	Other specified injury of radial artery at wrist and hand level of left arm, initial encounter
S65.199A	Other specified injury of radial artery at wrist and hand level of unspecified arm, initial encounter
S65.201A	Unspecified injury of superficial palmar arch of right hand, initial encounter
S65.202A	Unspecified injury of superficial palmar arch of left hand, initial encounter
S65.209A	Unspecified injury of superficial palmar arch of unspecified hand, initial encounter
S65.211A	Laceration of superficial palmar arch of right hand, initial encounter
S65.212A	Laceration of superficial palmar arch of left hand, initial encounter
S65.219A	Laceration of superficial palmar arch of unspecified hand, initial encounter
S65.291A	Other specified injury of superficial palmar arch of right hand, initial encounter
S65.292A	Other specified injury of superficial palmar arch of left hand, initial encounter
S65.299A	Other specified injury of superficial palmar arch of unspecified hand, initial encounter
S65.301A	Unspecified injury of deep palmar arch of right hand, initial encounter
S65.302A	Unspecified injury of deep palmar arch of left hand, initial encounter
S65.309A	Unspecified injury of deep palmar arch of unspecified hand, initial encounter
S65.311A	Laceration of deep palmar arch of right hand, initial encounter
S65.312A	Laceration of deep palmar arch of left hand, initial encounter



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

Code	Description
S65.319A	Laceration of deep palmar arch of unspecified hand, initial encounter
S65.391A	Other specified injury of deep palmar arch of right hand, initial encounter
S65.392A	Other specified injury of deep palmar arch of left hand, initial encounter
S65.399A	Other specified injury of deep palmar arch of unspecified hand, initial encounter
S65.401A	Unspecified injury of blood vessel of right thumb, initial encounter
S65.402A	Unspecified injury of blood vessel of left thumb, initial encounter
S65.409A	Unspecified injury of blood vessel of unspecified thumb, initial encounter
S65.411A	Laceration of blood vessel of right thumb, initial encounter
S65.412A	Laceration of blood vessel of left thumb, initial encounter
S65.419A	Laceration of blood vessel of unspecified thumb, initial encounter
S65.491A	Other specified injury of blood vessel of right thumb, initial encounter
S65.492A	Other specified injury of blood vessel of left thumb, initial encounter
S65.499A	Other specified injury of blood vessel of unspecified thumb, initial encounter
S65.500A	Unspecified injury of blood vessel of right index finger, initial encounter
S65.501A	Unspecified injury of blood vessel of left index finger, initial encounter
S65.502A	Unspecified injury of blood vessel of right middle finger, initial encounter
S65.503A	Unspecified injury of blood vessel of left middle finger, initial encounter
S65.504A	Unspecified injury of blood vessel of right ring finger, initial encounter
S65.505A	Unspecified injury of blood vessel of left ring finger, initial encounter
S65.506A	Unspecified injury of blood vessel of right little finger, initial encounter
S65.507A	Unspecified injury of blood vessel of left little finger, initial encounter
S65.508A	Unspecified injury of blood vessel of other finger, initial encounter
S65.509A	Unspecified injury of blood vessel of unspecified finger, initial encounter
S65.510A	Laceration of blood vessel of right index finger, initial encounter
S65.511A	Laceration of blood vessel of left index finger, initial encounter
S65.512A	Laceration of blood vessel of right middle finger, initial encounter
S65.513A	Laceration of blood vessel of left middle finger, initial encounter
S65.514A	Laceration of blood vessel of right ring finger, initial encounter



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

Code	Description
S65.515A	Laceration of blood vessel of left ring finger, initial encounter
S65.516A	Laceration of blood vessel of right little finger, initial encounter
S65.517A	Laceration of blood vessel of left little finger, initial encounter
S65.518A	Laceration of blood vessel of other finger, initial encounter
S65.519A	Laceration of blood vessel of unspecified finger, initial encounter
S65.590A	Other specified injury of blood vessel of right index finger, initial encounter
S65.591A	Other specified injury of blood vessel of left index finger, initial encounter
S65.592A	Other specified injury of blood vessel of right middle finger, initial encounter
S65.593A	Other specified injury of blood vessel of left middle finger, initial encounter
S65.594A	Other specified injury of blood vessel of right ring finger, initial encounter
S65.595A	Other specified injury of blood vessel of left ring finger, initial encounter
S65.596A	Other specified injury of blood vessel of right little finger, initial encounter
S65.597A	Other specified injury of blood vessel of left little finger, initial encounter
S65.598A	Other specified injury of blood vessel of other finger, initial encounter
S65.599A	Other specified injury of blood vessel of unspecified finger, initial encounter
S65.801A	Unspecified injury of other blood vessels at wrist and hand level of right arm, initial encounter
S65.802A	Unspecified injury of other blood vessels at wrist and hand level of left arm, initial encounter
S65.809A	Unspecified injury of other blood vessels at wrist and hand level of unspecified arm, initial encounter
S65.811A	Laceration of other blood vessels at wrist and hand level of right arm, initial encounter
S65.812A	Laceration of other blood vessels at wrist and hand level of left arm, initial encounter
S65.819A	Laceration of other blood vessels at wrist and hand level of unspecified arm, initial encounter
S65.891A	Other specified injury of other blood vessels at wrist and hand level of right arm, initial encounter
S65.892A	Other specified injury of other blood vessels at wrist and hand level of left arm, initial encounter



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

Code	Description
S65.899A	Other specified injury of other blood vessels at wrist and hand level of unspecified arm, initial encounter
S65.901A	Unspecified injury of unspecified blood vessel at wrist and hand level of right arm, initial encounter
S65.902A	Unspecified injury of unspecified blood vessel at wrist and hand level of left arm, initial encounter
S65.909A	Unspecified injury of unspecified blood vessel at wrist and hand level of unspecified arm, initial encounter
S65.911A	Laceration of unspecified blood vessel at wrist and hand level of right arm, initial encounter
S65.912A	Laceration of unspecified blood vessel at wrist and hand level of left arm, initial encounter
S65.919A	Laceration of unspecified blood vessel at wrist and hand level of unspecified arm, initial encounter
S65.991A	Other specified injury of unspecified blood vessel at wrist and hand of right arm, initial encounter
S65.992A	Other specified injury of unspecified blood vessel at wrist and hand of left arm, initial encounter
S65.999A	Other specified injury of unspecified blood vessel at wrist and hand of unspecified arm, initial encounter
S67.00XA	Crushing injury of unspecified thumb, initial encounter
S67.01XA	Crushing injury of right thumb, initial encounter
S67.02XA	Crushing injury of left thumb, initial encounter
S67.10XA	Crushing injury of unspecified finger(s), initial encounter
S67.190A	Crushing injury of right index finger, initial encounter
S67.191A	Crushing injury of left index finger, initial encounter
S67.192A	Crushing injury of right middle finger, initial encounter
S67.193A	Crushing injury of left middle finger, initial encounter
S67.194A	Crushing injury of right ring finger, initial encounter
S67.195A	Crushing injury of left ring finger, initial encounter
S67.196A	Crushing injury of right little finger, initial encounter



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

Code	Description
S67.197A	Crushing injury of left little finger, initial encounter
S67.198A	Crushing injury of other finger, initial encounter
S67.20XA	Crushing injury of unspecified hand, initial encounter
S67.21XA	Crushing injury of right hand, initial encounter
S67.22XA	Crushing injury of left hand, initial encounter
S67.30XA	Crushing injury of unspecified wrist, initial encounter
S67.31XA	Crushing injury of right wrist, initial encounter
S67.32XA	Crushing injury of left wrist, initial encounter
S67.40XA	Crushing injury of unspecified wrist and hand, initial encounter
S67.41XA	Crushing injury of right wrist and hand, initial encounter
S67.42XA	Crushing injury of left wrist and hand, initial encounter
S67.90XA	Crushing injury of unspecified part(s) of unspecified wrist, hand and fingers, initial encounter
S67.91XA	Crushing injury of unspecified part(s) of right wrist, hand and fingers, initial encounter
S67.92XA	Crushing injury of unspecified part(s) of left wrist, hand and fingers, initial encounter
S70.00XA	Contusion of unspecified hip, initial encounter
S70.01XA	Contusion of right hip, initial encounter
S70.02XA	Contusion of left hip, initial encounter
S70.10XA	Contusion of unspecified thigh, initial encounter
S70.11XA	Contusion of right thigh, initial encounter
S70.12XA	Contusion of left thigh, initial encounter
S72.001A	Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
S72.001B	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type I or II
S72.001C	Fracture of unspecified part of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.002A	Fracture of unspecified part of neck of left femur, initial encounter for closed fracture



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

Code	Description
S72.002B	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type I or II
S72.002C	Fracture of unspecified part of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.009A	Fracture of unspecified part of neck of unspecified femur, initial encounter for closed fracture
S72.009B	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type I or II
S72.009C	Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.011A	Unspecified intracapsular fracture of right femur, initial encounter for closed fracture
S72.011B	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type I or II
S72.011C	Unspecified intracapsular fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.012A	Unspecified intracapsular fracture of left femur, initial encounter for closed fracture
S72.012B	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type I or II
S72.012C	Unspecified intracapsular fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.019A	Unspecified intracapsular fracture of unspecified femur, initial encounter for closed fracture
S72.019B	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type I or II
S72.019C	Unspecified intracapsular fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.021A	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture
S72.021B	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II
S72.021C	Displaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S72.022A	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture
S72.022B	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II
S72.022C	Displaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.023A	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture
S72.023B	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II
S72.023C	Displaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.024A	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for closed fracture
S72.024B	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type I or II
S72.024C	Nondisplaced fracture of epiphysis (separation) (upper) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.025A	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for closed fracture
S72.025B	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type I or II
S72.025C	Nondisplaced fracture of epiphysis (separation) (upper) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.026A	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for closed fracture
S72.026B	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type I or II
S72.026C	Nondisplaced fracture of epiphysis (separation) (upper) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.031A	Displaced midcervical fracture of right femur, initial encounter for closed fracture
S72.031B	Displaced midcervical fracture of right femur, initial encounter for open fracture type I or II



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

Code	Description
S72.031C	Displaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.032A	Displaced midcervical fracture of left femur, initial encounter for closed fracture
S72.032B	Displaced midcervical fracture of left femur, initial encounter for open fracture type I or II
S72.032C	Displaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.033A	Displaced midcervical fracture of unspecified femur, initial encounter for closed fracture
S72.033B	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II
S72.033C	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.034A	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture
S72.034B	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type I or II
S72.034C	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.035A	Nondisplaced midcervical fracture of left femur, initial encounter for closed fracture
S72.035B	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type I or II
S72.035C	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.036A	Nondisplaced midcervical fracture of unspecified femur, initial encounter for closed fracture
S72.036B	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II
S72.036C	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.041A	Displaced fracture of base of neck of right femur, initial encounter for closed fracture
S72.041B	Displaced fracture of base of neck of right femur, initial encounter for open fracture type I or II



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

Code	Description
S72.041C	Displaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.042A	Displaced fracture of base of neck of left femur, initial encounter for closed fracture
S72.042B	Displaced fracture of base of neck of left femur, initial encounter for open fracture type I or II
S72.042C	Displaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.043A	Displaced fracture of base of neck of unspecified femur, initial encounter for closed fracture
S72.043B	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II
S72.043C	Displaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.044A	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture
S72.044B	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type I or II
S72.044C	Nondisplaced fracture of base of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.045A	Nondisplaced fracture of base of neck of left femur, initial encounter for closed fracture
S72.045B	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type I or II
S72.045C	Nondisplaced fracture of base of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.046A	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for closed fracture
S72.046B	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type I or II
S72.046C	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.051A	Unspecified fracture of head of right femur, initial encounter for closed fracture



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

Code	Description
S72.051B	Unspecified fracture of head of right femur, initial encounter for open fracture type I or II
S72.051C	Unspecified fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.052A	Unspecified fracture of head of left femur, initial encounter for closed fracture
S72.052B	Unspecified fracture of head of left femur, initial encounter for open fracture type I or II
S72.052C	Unspecified fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.059A	Unspecified fracture of head of unspecified femur, initial encounter for closed fracture
S72.059B	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type I or II
S72.059C	Unspecified fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.061A	Displaced articular fracture of head of right femur, initial encounter for closed fracture
S72.061B	Displaced articular fracture of head of right femur, initial encounter for open fracture type I or II
S72.061C	Displaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.062A	Displaced articular fracture of head of left femur, initial encounter for closed fracture
S72.062B	Displaced articular fracture of head of left femur, initial encounter for open fracture type I or II
S72.062C	Displaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.063A	Displaced articular fracture of head of unspecified femur, initial encounter for closed fracture
S72.063B	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II
S72.063C	Displaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S72.064A	Nondisplaced articular fracture of head of right femur, initial encounter for closed fracture
S72.064B	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type I or II
S72.064C	Nondisplaced articular fracture of head of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.065A	Nondisplaced articular fracture of head of left femur, initial encounter for closed fracture
S72.065B	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type I or II
S72.065C	Nondisplaced articular fracture of head of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.066A	Nondisplaced articular fracture of head of unspecified femur, initial encounter for closed fracture
S72.066B	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type I or II
S72.066C	Nondisplaced articular fracture of head of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.091A	Other fracture of head and neck of right femur, initial encounter for closed fracture
S72.091B	Other fracture of head and neck of right femur, initial encounter for open fracture type I or II
S72.091C	Other fracture of head and neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.092A	Other fracture of head and neck of left femur, initial encounter for closed fracture
S72.092B	Other fracture of head and neck of left femur, initial encounter for open fracture type I or II
S72.092C	Other fracture of head and neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.099A	Other fracture of head and neck of unspecified femur, initial encounter for closed fracture
S72.099B	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type I or II



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

Code	Description
S72.099C	Other fracture of head and neck of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.101A	Unspecified trochanteric fracture of right femur, initial encounter for closed fracture
S72.101B	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.101C	Unspecified trochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.102A	Unspecified trochanteric fracture of left femur, initial encounter for closed fracture
S72.102B	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.102C	Unspecified trochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.109A	Unspecified trochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.109B	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.109C	Unspecified trochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.111A	Displaced fracture of greater trochanter of right femur, initial encounter for closed fracture
S72.111B	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II
S72.111C	Displaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.112A	Displaced fracture of greater trochanter of left femur, initial encounter for closed fracture
S72.112B	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II
S72.112C	Displaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.113A	Displaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture



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

Code	Description
S72.113B	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.113C	Displaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.114A	Nondisplaced fracture of greater trochanter of right femur, initial encounter for closed fracture
S72.114B	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type I or II
S72.114C	Nondisplaced fracture of greater trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.115A	Nondisplaced fracture of greater trochanter of left femur, initial encounter for closed fracture
S72.115B	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type I or II
S72.115C	Nondisplaced fracture of greater trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.116A	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for closed fracture
S72.116B	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.116C	Nondisplaced fracture of greater trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.121A	Displaced fracture of lesser trochanter of right femur, initial encounter for closed fracture
S72.121B	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II
S72.121C	Displaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.122A	Displaced fracture of lesser trochanter of left femur, initial encounter for closed fracture
S72.122B	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II



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

Code	Description
S72.122C	Displaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.123A	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture
S72.123B	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.123C	Displaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.124A	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for closed fracture
S72.124B	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type I or II
S72.124C	Nondisplaced fracture of lesser trochanter of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.125A	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for closed fracture
S72.125B	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type I or II
S72.125C	Nondisplaced fracture of lesser trochanter of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.126A	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for closed fracture
S72.126B	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type I or II
S72.126C	Nondisplaced fracture of lesser trochanter of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.131A	Displaced apophyseal fracture of right femur, initial encounter for closed fracture
S72.131B	Displaced apophyseal fracture of right femur, initial encounter for open fracture type I or II
S72.131C	Displaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.132A	Displaced apophyseal fracture of left femur, initial encounter for closed fracture



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

Code	Description
S72.132B	Displaced apophyseal fracture of left femur, initial encounter for open fracture type I or II
S72.132C	Displaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.133A	Displaced apophyseal fracture of unspecified femur, initial encounter for closed fracture
S72.133B	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II
S72.133C	Displaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.134A	Nondisplaced apophyseal fracture of right femur, initial encounter for closed fracture
S72.134B	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type I or II
S72.134C	Nondisplaced apophyseal fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.135A	Nondisplaced apophyseal fracture of left femur, initial encounter for closed fracture
S72.135B	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type I or II
S72.135C	Nondisplaced apophyseal fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.136A	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for closed fracture
S72.136B	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type I or II
S72.136C	Nondisplaced apophyseal fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.141A	Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture
S72.141B	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.141C	Displaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.142A	Displaced intertrochanteric fracture of left femur, initial encounter for closed fracture



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

Code	Description
S72.142B	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.142C	Displaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.143A	Displaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.143B	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.143C	Displaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.144A	Nondisplaced intertrochanteric fracture of right femur, initial encounter for closed fracture
S72.144B	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.144C	Nondisplaced intertrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.145A	Nondisplaced intertrochanteric fracture of left femur, initial encounter for closed fracture
S72.145B	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.145C	Nondisplaced intertrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.146A	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.146B	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.146C	Nondisplaced intertrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.21XA	Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture
S72.21XB	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.21XC	Displaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.22XA	Displaced subtrochanteric fracture of left femur, initial encounter for closed fracture
S72.22XB	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.22XC	Displaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.23XA	Displaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.23XB	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.23XC	Displaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.24XA	Nondisplaced subtrochanteric fracture of right femur, initial encounter for closed fracture
S72.24XB	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type I or II
S72.24XC	Nondisplaced subtrochanteric fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.25XA	Nondisplaced subtrochanteric fracture of left femur, initial encounter for closed fracture
S72.25XB	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type I or II
S72.25XC	Nondisplaced subtrochanteric fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.26XA	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for closed fracture
S72.26XB	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type I or II
S72.26XC	Nondisplaced subtrochanteric fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.301A	Unspecified fracture of shaft of right femur, initial encounter for closed fracture



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

Code	Description
S72.301B	Unspecified fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.301C	Unspecified fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.302A	Unspecified fracture of shaft of left femur, initial encounter for closed fracture
S72.302B	Unspecified fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.302C	Unspecified fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.309A	Unspecified fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.309B	Unspecified fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.309C	Unspecified fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.321A	Displaced transverse fracture of shaft of right femur, initial encounter for closed fracture
S72.321B	Displaced transverse fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.321C	Displaced transverse fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.322A	Displaced transverse fracture of shaft of left femur, initial encounter for closed fracture
S72.322B	Displaced transverse fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.322C	Displaced transverse fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.323A	Displaced transverse fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.323B	Displaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.323C	Displaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S72.324A	Nondisplaced transverse fracture of shaft of right femur, initial encounter for closed fracture
S72.324B	Nondisplaced transverse fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.324C	Nondisplaced transverse fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.325A	Nondisplaced transverse fracture of shaft of left femur, initial encounter for closed fracture
S72.325B	Nondisplaced transverse fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.325C	Nondisplaced transverse fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.326A	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.326B	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.326C	Nondisplaced transverse fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.331A	Displaced oblique fracture of shaft of right femur, initial encounter for closed fracture
S72.331B	Displaced oblique fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.331C	Displaced oblique fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.332A	Displaced oblique fracture of shaft of left femur, initial encounter for closed fracture
S72.332B	Displaced oblique fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.332C	Displaced oblique fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.333A	Displaced oblique fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.333B	Displaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type I or II



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

Code	Description
S72.333C	Displaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.334A	Nondisplaced oblique fracture of shaft of right femur, initial encounter for closed fracture
S72.334B	Nondisplaced oblique fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.334C	Nondisplaced oblique fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.335A	Nondisplaced oblique fracture of shaft of left femur, initial encounter for closed fracture
S72.335B	Nondisplaced oblique fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.335C	Nondisplaced oblique fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.336A	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.336B	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.336C	Nondisplaced oblique fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.341A	Displaced spiral fracture of shaft of right femur, initial encounter for closed fracture
S72.341B	Displaced spiral fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.341C	Displaced spiral fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.342A	Displaced spiral fracture of shaft of left femur, initial encounter for closed fracture
S72.342B	Displaced spiral fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.342C	Displaced spiral fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.343A	Displaced spiral fracture of shaft of unspecified femur, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.343B	Displaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.343C	Displaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.344A	Nondisplaced spiral fracture of shaft of right femur, initial encounter for closed fracture
S72.344B	Nondisplaced spiral fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.344C	Nondisplaced spiral fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.345A	Nondisplaced spiral fracture of shaft of left femur, initial encounter for closed fracture
S72.345B	Nondisplaced spiral fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.345C	Nondisplaced spiral fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.346A	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.346B	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.346C	Nondisplaced spiral fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.351A	Displaced comminuted fracture of shaft of right femur, initial encounter for closed fracture
S72.351B	Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.351C	Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.352A	Displaced comminuted fracture of shaft of left femur, initial encounter for closed fracture
S72.352B	Displaced comminuted fracture of shaft of left femur, initial encounter for open fracture type I or II



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

Code	Description
S72.352C	Displaced comminuted fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.353A	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.353B	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.353C	Displaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.354A	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for closed fracture
S72.354B	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.354C	Nondisplaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.355A	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for closed fracture
S72.355B	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.355C	Nondisplaced comminuted fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.356A	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.356B	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.356C	Nondisplaced comminuted fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.361A	Displaced segmental fracture of shaft of right femur, initial encounter for closed fracture
S72.361B	Displaced segmental fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.361C	Displaced segmental fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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

Code	Description
S72.362A	Displaced segmental fracture of shaft of left femur, initial encounter for closed fracture
S72.362B	Displaced segmental fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.362C	Displaced segmental fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.363A	Displaced segmental fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.363B	Displaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.363C	Displaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.364A	Nondisplaced segmental fracture of shaft of right femur, initial encounter for closed fracture
S72.364B	Nondisplaced segmental fracture of shaft of right femur, initial encounter for open fracture type I or II
S72.364C	Nondisplaced segmental fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.365A	Nondisplaced segmental fracture of shaft of left femur, initial encounter for closed fracture
S72.365B	Nondisplaced segmental fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.365C	Nondisplaced segmental fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.366A	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.366B	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.366C	Nondisplaced segmental fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.391A	Other fracture of shaft of right femur, initial encounter for closed fracture
S72.391B	Other fracture of shaft of right femur, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.391C	Other fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.392A	Other fracture of shaft of left femur, initial encounter for closed fracture
S72.392B	Other fracture of shaft of left femur, initial encounter for open fracture type I or II
S72.392C	Other fracture of shaft of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.399A	Other fracture of shaft of unspecified femur, initial encounter for closed fracture
S72.399B	Other fracture of shaft of unspecified femur, initial encounter for open fracture type I or II
S72.399C	Other fracture of shaft of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.401A	Unspecified fracture of lower end of right femur, initial encounter for closed fracture
S72.401B	Unspecified fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.401C	Unspecified fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.402A	Unspecified fracture of lower end of left femur, initial encounter for closed fracture
S72.402B	Unspecified fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.402C	Unspecified fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.409A	Unspecified fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.409B	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.409C	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.411A	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture
S72.411B	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.411C	Displaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.412A	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for closed fracture
S72.412B	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.412C	Displaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.413A	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.413B	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.413C	Displaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.414A	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for closed fracture
S72.414B	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.414C	Nondisplaced unspecified condyle fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.415A	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for closed fracture
S72.415B	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.415C	Nondisplaced unspecified condyle fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.416A	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.416B	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.416C	Nondisplaced unspecified condyle fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.421A	Displaced fracture of lateral condyle of right femur, initial encounter for closed fracture



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

Code	Description
S72.421B	Displaced fracture of lateral condyle of right femur, initial encounter for open fracture type I or II
S72.421C	Displaced fracture of lateral condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.422A	Displaced fracture of lateral condyle of left femur, initial encounter for closed fracture
S72.422B	Displaced fracture of lateral condyle of left femur, initial encounter for open fracture type I or II
S72.422C	Displaced fracture of lateral condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.423A	Displaced fracture of lateral condyle of unspecified femur, initial encounter for closed fracture
S72.423B	Displaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type I or II
S72.423C	Displaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.424A	Nondisplaced fracture of lateral condyle of right femur, initial encounter for closed fracture
S72.424B	Nondisplaced fracture of lateral condyle of right femur, initial encounter for open fracture type I or II
S72.424C	Nondisplaced fracture of lateral condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.425A	Nondisplaced fracture of lateral condyle of left femur, initial encounter for closed fracture
S72.425B	Nondisplaced fracture of lateral condyle of left femur, initial encounter for open fracture type I or II
S72.425C	Nondisplaced fracture of lateral condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.426A	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for closed fracture
S72.426B	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type I or II



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Code	Description
S72.426C	Nondisplaced fracture of lateral condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.431A	Displaced fracture of medial condyle of right femur, initial encounter for closed fracture
S72.431B	Displaced fracture of medial condyle of right femur, initial encounter for open fracture type I or II
S72.431C	Displaced fracture of medial condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.432A	Displaced fracture of medial condyle of left femur, initial encounter for closed fracture
S72.432B	Displaced fracture of medial condyle of left femur, initial encounter for open fracture type I or II
S72.432C	Displaced fracture of medial condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.433A	Displaced fracture of medial condyle of unspecified femur, initial encounter for closed fracture
S72.433B	Displaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type I or II
S72.433C	Displaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.434A	Nondisplaced fracture of medial condyle of right femur, initial encounter for closed fracture
S72.434B	Nondisplaced fracture of medial condyle of right femur, initial encounter for open fracture type I or II
S72.434C	Nondisplaced fracture of medial condyle of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.435A	Nondisplaced fracture of medial condyle of left femur, initial encounter for closed fracture
S72.435B	Nondisplaced fracture of medial condyle of left femur, initial encounter for open fracture type I or II
S72.435C	Nondisplaced fracture of medial condyle of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.436A	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for closed fracture
S72.436B	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type I or II
S72.436C	Nondisplaced fracture of medial condyle of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.441A	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture
S72.441B	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type I or II
S72.441C	Displaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.442A	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for closed fracture
S72.442B	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type I or II
S72.442C	Displaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.443A	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for closed fracture
S72.443B	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type I or II
S72.443C	Displaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.444A	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for closed fracture
S72.444B	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type I or II
S72.444C	Nondisplaced fracture of lower epiphysis (separation) of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.445A	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.445B	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type I or II
S72.445C	Nondisplaced fracture of lower epiphysis (separation) of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.446A	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for closed fracture
S72.446B	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type I or II
S72.446C	Nondisplaced fracture of lower epiphysis (separation) of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.451A	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.451B	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II
S72.451C	Displaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.452A	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.452B	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.452C	Displaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.453A	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.453B	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.453C	Displaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.454A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.454B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II



**Medicare National Coverage Determinations (NCD)
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Code	Description
S72.454C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.455A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.455B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.455C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.456A	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.456B	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.456C	Nondisplaced supracondylar fracture without intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.461A	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.461B	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II
S72.461C	Displaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.462A	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.462B	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.462C	Displaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.463A	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.463B	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.463C	Displaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S72.464A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for closed fracture
S72.464B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type I or II
S72.464C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.465A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for closed fracture
S72.465B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type I or II
S72.465C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.466A	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for closed fracture
S72.466B	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.466C	Nondisplaced supracondylar fracture with intracondylar extension of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.471A	Torus fracture of lower end of right femur, initial encounter for closed fracture
S72.472A	Torus fracture of lower end of left femur, initial encounter for closed fracture
S72.479A	Torus fracture of lower end of unspecified femur, initial encounter for closed fracture
S72.491A	Other fracture of lower end of right femur, initial encounter for closed fracture
S72.491B	Other fracture of lower end of right femur, initial encounter for open fracture type I or II
S72.491C	Other fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.492A	Other fracture of lower end of left femur, initial encounter for closed fracture
S72.492B	Other fracture of lower end of left femur, initial encounter for open fracture type I or II
S72.492C	Other fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.499A	Other fracture of lower end of unspecified femur, initial encounter for closed fracture



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Code	Description
S72.499B	Other fracture of lower end of unspecified femur, initial encounter for open fracture type I or II
S72.499C	Other fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.8X1A	Other fracture of right femur, initial encounter for closed fracture
S72.8X1B	Other fracture of right femur, initial encounter for open fracture type I or II
S72.8X1C	Other fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.8X2A	Other fracture of left femur, initial encounter for closed fracture
S72.8X2B	Other fracture of left femur, initial encounter for open fracture type I or II
S72.8X2C	Other fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.8X9A	Other fracture of unspecified femur, initial encounter for closed fracture
S72.8X9B	Other fracture of unspecified femur, initial encounter for open fracture type I or II
S72.8X9C	Other fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.90XA	Unspecified fracture of unspecified femur, initial encounter for closed fracture
S72.90XB	Unspecified fracture of unspecified femur, initial encounter for open fracture type I or II
S72.90XC	Unspecified fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.90XE	Unspecified fracture of unspecified femur, subsequent encounter for open fracture type I or II with routine healing
S72.91XA	Unspecified fracture of right femur, initial encounter for closed fracture
S72.91XB	Unspecified fracture of right femur, initial encounter for open fracture type I or II
S72.91XC	Unspecified fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.91XE	Unspecified fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.92XA	Unspecified fracture of left femur, initial encounter for closed fracture
S72.92XB	Unspecified fracture of left femur, initial encounter for open fracture type I or II
S72.92XC	Unspecified fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC

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Fu Associates, Ltd.

July 2021



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Code	Description
S72.92XE	Unspecified fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S75.001A	Unspecified injury of femoral artery, right leg, initial encounter
S75.002A	Unspecified injury of femoral artery, left leg, initial encounter
S75.009A	Unspecified injury of femoral artery, unspecified leg, initial encounter
S75.011A	Minor laceration of femoral artery, right leg, initial encounter
S75.012A	Minor laceration of femoral artery, left leg, initial encounter
S75.019A	Minor laceration of femoral artery, unspecified leg, initial encounter
S75.021A	Major laceration of femoral artery, right leg, initial encounter
S75.022A	Major laceration of femoral artery, left leg, initial encounter
S75.029A	Major laceration of femoral artery, unspecified leg, initial encounter
S75.091A	Other specified injury of femoral artery, right leg, initial encounter
S75.092A	Other specified injury of femoral artery, left leg, initial encounter
S75.099A	Other specified injury of femoral artery, unspecified leg, initial encounter
S75.101A	Unspecified injury of femoral vein at hip and thigh level, right leg, initial encounter
S75.102A	Unspecified injury of femoral vein at hip and thigh level, left leg, initial encounter
S75.109A	Unspecified injury of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.111A	Minor laceration of femoral vein at hip and thigh level, right leg, initial encounter
S75.112A	Minor laceration of femoral vein at hip and thigh level, left leg, initial encounter
S75.119A	Minor laceration of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.121A	Major laceration of femoral vein at hip and thigh level, right leg, initial encounter
S75.122A	Major laceration of femoral vein at hip and thigh level, left leg, initial encounter
S75.129A	Major laceration of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.191A	Other specified injury of femoral vein at hip and thigh level, right leg, initial encounter
S75.192A	Other specified injury of femoral vein at hip and thigh level, left leg, initial encounter



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Code	Description
S75.199A	Other specified injury of femoral vein at hip and thigh level, unspecified leg, initial encounter
S75.201A	Unspecified injury of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.202A	Unspecified injury of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.209A	Unspecified injury of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.211A	Minor laceration of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.212A	Minor laceration of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.219A	Minor laceration of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.221A	Major laceration of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.222A	Major laceration of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.229A	Major laceration of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.291A	Other specified injury of greater saphenous vein at hip and thigh level, right leg, initial encounter
S75.292A	Other specified injury of greater saphenous vein at hip and thigh level, left leg, initial encounter
S75.299A	Other specified injury of greater saphenous vein at hip and thigh level, unspecified leg, initial encounter
S75.801A	Unspecified injury of other blood vessels at hip and thigh level, right leg, initial encounter
S75.802A	Unspecified injury of other blood vessels at hip and thigh level, left leg, initial encounter
S75.809A	Unspecified injury of other blood vessels at hip and thigh level, unspecified leg, initial encounter
S75.811A	Laceration of other blood vessels at hip and thigh level, right leg, initial encounter



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Code	Description
S75.812A	Laceration of other blood vessels at hip and thigh level, left leg, initial encounter
S75.819A	Laceration of other blood vessels at hip and thigh level, unspecified leg, initial encounter
S75.891A	Other specified injury of other blood vessels at hip and thigh level, right leg, initial encounter
S75.892A	Other specified injury of other blood vessels at hip and thigh level, left leg, initial encounter
S75.899A	Other specified injury of other blood vessels at hip and thigh level, unspecified leg, initial encounter
S75.901A	Unspecified injury of unspecified blood vessel at hip and thigh level, right leg, initial encounter
S75.902A	Unspecified injury of unspecified blood vessel at hip and thigh level, left leg, initial encounter
S75.909A	Unspecified injury of unspecified blood vessel at hip and thigh level, unspecified leg, initial encounter
S75.911A	Laceration of unspecified blood vessel at hip and thigh level, right leg, initial encounter
S75.912A	Laceration of unspecified blood vessel at hip and thigh level, left leg, initial encounter
S75.919A	Laceration of unspecified blood vessel at hip and thigh level, unspecified leg, initial encounter
S75.991A	Other specified injury of unspecified blood vessel at hip and thigh level, right leg, initial encounter
S75.992A	Other specified injury of unspecified blood vessel at hip and thigh level, left leg, initial encounter
S75.999A	Other specified injury of unspecified blood vessel at hip and thigh level, unspecified leg, initial encounter
S77.00XA	Crushing injury of unspecified hip, initial encounter
S77.01XA	Crushing injury of right hip, initial encounter
S77.02XA	Crushing injury of left hip, initial encounter
S77.10XA	Crushing injury of unspecified thigh, initial encounter
S77.11XA	Crushing injury of right thigh, initial encounter



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Code	Description
S77.12XA	Crushing injury of left thigh, initial encounter
S77.20XA	Crushing injury of unspecified hip with thigh, initial encounter
S77.21XA	Crushing injury of right hip with thigh, initial encounter
S77.22XA	Crushing injury of left hip with thigh, initial encounter
S79.001A	Unspecified physeal fracture of upper end of right femur, initial encounter for closed fracture
S79.002A	Unspecified physeal fracture of upper end of left femur, initial encounter for closed fracture
S79.009A	Unspecified physeal fracture of upper end of unspecified femur, initial encounter for closed fracture
S79.011A	Salter-Harris Type I physeal fracture of upper end of right femur, initial encounter for closed fracture
S79.012A	Salter-Harris Type I physeal fracture of upper end of left femur, initial encounter for closed fracture
S79.019A	Salter-Harris Type I physeal fracture of upper end of unspecified femur, initial encounter for closed fracture
S79.091A	Other physeal fracture of upper end of right femur, initial encounter for closed fracture
S79.092A	Other physeal fracture of upper end of left femur, initial encounter for closed fracture
S79.099A	Other physeal fracture of upper end of unspecified femur, initial encounter for closed fracture
S79.101A	Unspecified physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.102A	Unspecified physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.109A	Unspecified physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.111A	Salter-Harris Type I physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.112A	Salter-Harris Type I physeal fracture of lower end of left femur, initial encounter for closed fracture



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Code	Description
S79.119A	Salter-Harris Type I physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.121A	Salter-Harris Type II physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.122A	Salter-Harris Type II physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.129A	Salter-Harris Type II physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.131A	Salter-Harris Type III physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.132A	Salter-Harris Type III physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.139A	Salter-Harris Type III physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.141A	Salter-Harris Type IV physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.142A	Salter-Harris Type IV physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.149A	Salter-Harris Type IV physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S79.191A	Other physeal fracture of lower end of right femur, initial encounter for closed fracture
S79.192A	Other physeal fracture of lower end of left femur, initial encounter for closed fracture
S79.199A	Other physeal fracture of lower end of unspecified femur, initial encounter for closed fracture
S80.00XA	Contusion of unspecified knee, initial encounter
S80.01XA	Contusion of right knee, initial encounter
S80.02XA	Contusion of left knee, initial encounter
S80.10XA	Contusion of unspecified lower leg, initial encounter
S80.11XA	Contusion of right lower leg, initial encounter
S80.12XA	Contusion of left lower leg, initial encounter
S82.101A	Unspecified fracture of upper end of right tibia, initial encounter for closed fracture



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Code	Description
S82.101B	Unspecified fracture of upper end of right tibia, initial encounter for open fracture type I or II
S82.101C	Unspecified fracture of upper end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.102A	Unspecified fracture of upper end of left tibia, initial encounter for closed fracture
S82.102B	Unspecified fracture of upper end of left tibia, initial encounter for open fracture type I or II
S82.102C	Unspecified fracture of upper end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.109A	Unspecified fracture of upper end of unspecified tibia, initial encounter for closed fracture
S82.109B	Unspecified fracture of upper end of unspecified tibia, initial encounter for open fracture type I or II
S82.109C	Unspecified fracture of upper end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.111A	Displaced fracture of right tibial spine, initial encounter for closed fracture
S82.111B	Displaced fracture of right tibial spine, initial encounter for open fracture type I or II
S82.111C	Displaced fracture of right tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.112A	Displaced fracture of left tibial spine, initial encounter for closed fracture
S82.112B	Displaced fracture of left tibial spine, initial encounter for open fracture type I or II
S82.112C	Displaced fracture of left tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.113A	Displaced fracture of unspecified tibial spine, initial encounter for closed fracture
S82.113B	Displaced fracture of unspecified tibial spine, initial encounter for open fracture type I or II
S82.113C	Displaced fracture of unspecified tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.114A	Nondisplaced fracture of right tibial spine, initial encounter for closed fracture
S82.114B	Nondisplaced fracture of right tibial spine, initial encounter for open fracture type I or II



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Code	Description
S82.114C	Nondisplaced fracture of right tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.115A	Nondisplaced fracture of left tibial spine, initial encounter for closed fracture
S82.115B	Nondisplaced fracture of left tibial spine, initial encounter for open fracture type I or II
S82.115C	Nondisplaced fracture of left tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.116A	Nondisplaced fracture of unspecified tibial spine, initial encounter for closed fracture
S82.116B	Nondisplaced fracture of unspecified tibial spine, initial encounter for open fracture type I or II
S82.116C	Nondisplaced fracture of unspecified tibial spine, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.121A	Displaced fracture of lateral condyle of right tibia, initial encounter for closed fracture
S82.121B	Displaced fracture of lateral condyle of right tibia, initial encounter for open fracture type I or II
S82.121C	Displaced fracture of lateral condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.122A	Displaced fracture of lateral condyle of left tibia, initial encounter for closed fracture
S82.122B	Displaced fracture of lateral condyle of left tibia, initial encounter for open fracture type I or II
S82.122C	Displaced fracture of lateral condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.123A	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for closed fracture
S82.123B	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.123C	Displaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.124A	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for closed fracture
S82.124B	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for open fracture type I or II



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Code	Description
S82.124C	Nondisplaced fracture of lateral condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.125A	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for closed fracture
S82.125B	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for open fracture type I or II
S82.125C	Nondisplaced fracture of lateral condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.126A	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for closed fracture
S82.126B	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.126C	Nondisplaced fracture of lateral condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.131A	Displaced fracture of medial condyle of right tibia, initial encounter for closed fracture
S82.131B	Displaced fracture of medial condyle of right tibia, initial encounter for open fracture type I or II
S82.131C	Displaced fracture of medial condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.132A	Displaced fracture of medial condyle of left tibia, initial encounter for closed fracture
S82.132B	Displaced fracture of medial condyle of left tibia, initial encounter for open fracture type I or II
S82.132C	Displaced fracture of medial condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.133A	Displaced fracture of medial condyle of unspecified tibia, initial encounter for closed fracture
S82.133B	Displaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.133C	Displaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.134A	Nondisplaced fracture of medial condyle of right tibia, initial encounter for closed fracture



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Code	Description
S82.134B	Nondisplaced fracture of medial condyle of right tibia, initial encounter for open fracture type I or II
S82.134C	Nondisplaced fracture of medial condyle of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.135A	Nondisplaced fracture of medial condyle of left tibia, initial encounter for closed fracture
S82.135B	Nondisplaced fracture of medial condyle of left tibia, initial encounter for open fracture type I or II
S82.135C	Nondisplaced fracture of medial condyle of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.136A	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for closed fracture
S82.136B	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type I or II
S82.136C	Nondisplaced fracture of medial condyle of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.141A	Displaced bicondylar fracture of right tibia, initial encounter for closed fracture
S82.141B	Displaced bicondylar fracture of right tibia, initial encounter for open fracture type I or II
S82.141C	Displaced bicondylar fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.142A	Displaced bicondylar fracture of left tibia, initial encounter for closed fracture
S82.142B	Displaced bicondylar fracture of left tibia, initial encounter for open fracture type I or II
S82.142C	Displaced bicondylar fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.143A	Displaced bicondylar fracture of unspecified tibia, initial encounter for closed fracture
S82.143B	Displaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type I or II
S82.143C	Displaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.144A	Nondisplaced bicondylar fracture of right tibia, initial encounter for closed fracture



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Code	Description
S82.144B	Nondisplaced bicondylar fracture of right tibia, initial encounter for open fracture type I or II
S82.144C	Nondisplaced bicondylar fracture of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.145A	Nondisplaced bicondylar fracture of left tibia, initial encounter for closed fracture
S82.145B	Nondisplaced bicondylar fracture of left tibia, initial encounter for open fracture type I or II
S82.145C	Nondisplaced bicondylar fracture of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.146A	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for closed fracture
S82.146B	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type I or II
S82.146C	Nondisplaced bicondylar fracture of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.151A	Displaced fracture of right tibial tuberosity, initial encounter for closed fracture
S82.151B	Displaced fracture of right tibial tuberosity, initial encounter for open fracture type I or II
S82.151C	Displaced fracture of right tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.152A	Displaced fracture of left tibial tuberosity, initial encounter for closed fracture
S82.152B	Displaced fracture of left tibial tuberosity, initial encounter for open fracture type I or II
S82.152C	Displaced fracture of left tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.153A	Displaced fracture of unspecified tibial tuberosity, initial encounter for closed fracture
S82.153B	Displaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type I or II
S82.153C	Displaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.154A	Nondisplaced fracture of right tibial tuberosity, initial encounter for closed fracture



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Code	Description
S82.154B	Nondisplaced fracture of right tibial tuberosity, initial encounter for open fracture type I or II
S82.154C	Nondisplaced fracture of right tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.155A	Nondisplaced fracture of left tibial tuberosity, initial encounter for closed fracture
S82.155B	Nondisplaced fracture of left tibial tuberosity, initial encounter for open fracture type I or II
S82.155C	Nondisplaced fracture of left tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.156A	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for closed fracture
S82.156B	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type I or II
S82.156C	Nondisplaced fracture of unspecified tibial tuberosity, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.161A	Torus fracture of upper end of right tibia, initial encounter for closed fracture
S82.162A	Torus fracture of upper end of left tibia, initial encounter for closed fracture
S82.169A	Torus fracture of upper end of unspecified tibia, initial encounter for closed fracture
S82.191A	Other fracture of upper end of right tibia, initial encounter for closed fracture
S82.191B	Other fracture of upper end of right tibia, initial encounter for open fracture type I or II
S82.191C	Other fracture of upper end of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.192A	Other fracture of upper end of left tibia, initial encounter for closed fracture
S82.192B	Other fracture of upper end of left tibia, initial encounter for open fracture type I or II
S82.192C	Other fracture of upper end of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.199A	Other fracture of upper end of unspecified tibia, initial encounter for closed fracture
S82.199B	Other fracture of upper end of unspecified tibia, initial encounter for open fracture type I or II
S82.199C	Other fracture of upper end of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.201A	Unspecified fracture of shaft of right tibia, initial encounter for closed fracture
S82.201B	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.201C	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.202A	Unspecified fracture of shaft of left tibia, initial encounter for closed fracture
S82.202B	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.202C	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.209A	Unspecified fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.209B	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.209C	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.221A	Displaced transverse fracture of shaft of right tibia, initial encounter for closed fracture
S82.221B	Displaced transverse fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.221C	Displaced transverse fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.222A	Displaced transverse fracture of shaft of left tibia, initial encounter for closed fracture
S82.222B	Displaced transverse fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.222C	Displaced transverse fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.223A	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.223B	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.223C	Displaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.224A	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for closed fracture
S82.224B	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.224C	Nondisplaced transverse fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.225A	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for closed fracture
S82.225B	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.225C	Nondisplaced transverse fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.226A	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.226B	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.226C	Nondisplaced transverse fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.231A	Displaced oblique fracture of shaft of right tibia, initial encounter for closed fracture
S82.231B	Displaced oblique fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.231C	Displaced oblique fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.232A	Displaced oblique fracture of shaft of left tibia, initial encounter for closed fracture
S82.232B	Displaced oblique fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.232C	Displaced oblique fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.233A	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.233B	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II



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Code	Description
S82.233C	Displaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.234A	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for closed fracture
S82.234B	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.234C	Nondisplaced oblique fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.235A	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for closed fracture
S82.235B	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.235C	Nondisplaced oblique fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.236A	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.236B	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.236C	Nondisplaced oblique fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.241A	Displaced spiral fracture of shaft of right tibia, initial encounter for closed fracture
S82.241B	Displaced spiral fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.241C	Displaced spiral fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.242A	Displaced spiral fracture of shaft of left tibia, initial encounter for closed fracture
S82.242B	Displaced spiral fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.242C	Displaced spiral fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.243A	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for closed fracture



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Code	Description
S82.243B	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.243C	Displaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.244A	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for closed fracture
S82.244B	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.244C	Nondisplaced spiral fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.245A	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for closed fracture
S82.245B	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.245C	Nondisplaced spiral fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.246A	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.246B	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.246C	Nondisplaced spiral fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.251A	Displaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture
S82.251B	Displaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.251C	Displaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.252A	Displaced comminuted fracture of shaft of left tibia, initial encounter for closed fracture
S82.252B	Displaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.252C	Displaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.253A	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.253B	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.253C	Displaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.254A	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for closed fracture
S82.254B	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.254C	Nondisplaced comminuted fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.255A	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for closed fracture
S82.255B	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.255C	Nondisplaced comminuted fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.256A	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.256B	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.256C	Nondisplaced comminuted fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.261A	Displaced segmental fracture of shaft of right tibia, initial encounter for closed fracture
S82.261B	Displaced segmental fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.261C	Displaced segmental fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.262A	Displaced segmental fracture of shaft of left tibia, initial encounter for closed fracture



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Code	Description
S82.262B	Displaced segmental fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.262C	Displaced segmental fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.263A	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.263B	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.263C	Displaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.264A	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for closed fracture
S82.264B	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.264C	Nondisplaced segmental fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.265A	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for closed fracture
S82.265B	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.265C	Nondisplaced segmental fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.266A	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.266B	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.266C	Nondisplaced segmental fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.291A	Other fracture of shaft of right tibia, initial encounter for closed fracture
S82.291B	Other fracture of shaft of right tibia, initial encounter for open fracture type I or II
S82.291C	Other fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.292A	Other fracture of shaft of left tibia, initial encounter for closed fracture



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Code	Description
S82.292B	Other fracture of shaft of left tibia, initial encounter for open fracture type I or II
S82.292C	Other fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.299A	Other fracture of shaft of unspecified tibia, initial encounter for closed fracture
S82.299B	Other fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
S82.299C	Other fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.311A	Torus fracture of lower end of right tibia, initial encounter for closed fracture
S82.312A	Torus fracture of lower end of left tibia, initial encounter for closed fracture
S82.319A	Torus fracture of lower end of unspecified tibia, initial encounter for closed fracture
S82.401A	Unspecified fracture of shaft of right fibula, initial encounter for closed fracture
S82.401B	Unspecified fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.401C	Unspecified fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.402A	Unspecified fracture of shaft of left fibula, initial encounter for closed fracture
S82.402B	Unspecified fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.402C	Unspecified fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.409A	Unspecified fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.409B	Unspecified fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.409C	Unspecified fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.421A	Displaced transverse fracture of shaft of right fibula, initial encounter for closed fracture
S82.421B	Displaced transverse fracture of shaft of right fibula, initial encounter for open fracture type I or II



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Code	Description
S82.421C	Displaced transverse fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.422A	Displaced transverse fracture of shaft of left fibula, initial encounter for closed fracture
S82.422B	Displaced transverse fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.422C	Displaced transverse fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.423A	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.423B	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.423C	Displaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.424A	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for closed fracture
S82.424B	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.424C	Nondisplaced transverse fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.425A	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for closed fracture
S82.425B	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.425C	Nondisplaced transverse fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.426A	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.426B	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.426C	Nondisplaced transverse fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.431A	Displaced oblique fracture of shaft of right fibula, initial encounter for closed fracture



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Code	Description
S82.431B	Displaced oblique fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.431C	Displaced oblique fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.432A	Displaced oblique fracture of shaft of left fibula, initial encounter for closed fracture
S82.432B	Displaced oblique fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.432C	Displaced oblique fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.433A	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.433B	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.433C	Displaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.434A	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for closed fracture
S82.434B	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.434C	Nondisplaced oblique fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.435A	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for closed fracture
S82.435B	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.435C	Nondisplaced oblique fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.436A	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.436B	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.436C	Nondisplaced oblique fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.441A	Displaced spiral fracture of shaft of right fibula, initial encounter for closed fracture
S82.441B	Displaced spiral fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.441C	Displaced spiral fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.442A	Displaced spiral fracture of shaft of left fibula, initial encounter for closed fracture
S82.442B	Displaced spiral fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.442C	Displaced spiral fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.443A	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.443B	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.443C	Displaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.444A	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for closed fracture
S82.444B	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.444C	Nondisplaced spiral fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.445A	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for closed fracture
S82.445B	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.445C	Nondisplaced spiral fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.446A	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.446B	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II



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Code	Description
S82.446C	Nondisplaced spiral fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.451A	Displaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture
S82.451B	Displaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.451C	Displaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.452A	Displaced comminuted fracture of shaft of left fibula, initial encounter for closed fracture
S82.452B	Displaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.452C	Displaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.453A	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.453B	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.453C	Displaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.454A	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for closed fracture
S82.454B	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.454C	Nondisplaced comminuted fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.455A	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for closed fracture
S82.455B	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.455C	Nondisplaced comminuted fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.456A	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.456B	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.456C	Nondisplaced comminuted fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.461A	Displaced segmental fracture of shaft of right fibula, initial encounter for closed fracture
S82.461B	Displaced segmental fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.461C	Displaced segmental fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.462A	Displaced segmental fracture of shaft of left fibula, initial encounter for closed fracture
S82.462B	Displaced segmental fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.462C	Displaced segmental fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.463A	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.463B	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.463C	Displaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.464A	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for closed fracture
S82.464B	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.464C	Nondisplaced segmental fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.465A	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for closed fracture



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Code	Description
S82.465B	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.465C	Nondisplaced segmental fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.466A	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.466B	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.466C	Nondisplaced segmental fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.491A	Other fracture of shaft of right fibula, initial encounter for closed fracture
S82.491B	Other fracture of shaft of right fibula, initial encounter for open fracture type I or II
S82.491C	Other fracture of shaft of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.492A	Other fracture of shaft of left fibula, initial encounter for closed fracture
S82.492B	Other fracture of shaft of left fibula, initial encounter for open fracture type I or II
S82.492C	Other fracture of shaft of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.499A	Other fracture of shaft of unspecified fibula, initial encounter for closed fracture
S82.499B	Other fracture of shaft of unspecified fibula, initial encounter for open fracture type I or II
S82.499C	Other fracture of shaft of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.811A	Torus fracture of upper end of right fibula, initial encounter for closed fracture
S82.812A	Torus fracture of upper end of left fibula, initial encounter for closed fracture
S82.819A	Torus fracture of upper end of unspecified fibula, initial encounter for closed fracture
S82.821A	Torus fracture of lower end of right fibula, initial encounter for closed fracture
S82.822A	Torus fracture of lower end of left fibula, initial encounter for closed fracture
S82.829A	Torus fracture of lower end of unspecified fibula, initial encounter for closed fracture
S82.831A	Other fracture of upper and lower end of right fibula, initial encounter for closed fracture



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Code	Description
S82.831B	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type I or II
S82.831C	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.832A	Other fracture of upper and lower end of left fibula, initial encounter for closed fracture
S82.832B	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type I or II
S82.832C	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.839A	Other fracture of upper and lower end of unspecified fibula, initial encounter for closed fracture
S82.839B	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type I or II
S82.839C	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.861A	Displaced Maisonneuve's fracture of right leg, initial encounter for closed fracture
S82.861B	Displaced Maisonneuve's fracture of right leg, initial encounter for open fracture type I or II
S82.861C	Displaced Maisonneuve's fracture of right leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.862A	Displaced Maisonneuve's fracture of left leg, initial encounter for closed fracture
S82.862B	Displaced Maisonneuve's fracture of left leg, initial encounter for open fracture type I or II
S82.862C	Displaced Maisonneuve's fracture of left leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.863A	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for closed fracture
S82.863B	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type I or II
S82.863C	Displaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type IIIA, IIIB, or IIIC



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Code	Description
S82.864A	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for closed fracture
S82.864B	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for open fracture type I or II
S82.864C	Nondisplaced Maisonneuve's fracture of right leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.865A	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for closed fracture
S82.865B	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for open fracture type I or II
S82.865C	Nondisplaced Maisonneuve's fracture of left leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.866A	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for closed fracture
S82.866B	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type I or II
S82.866C	Nondisplaced Maisonneuve's fracture of unspecified leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.90XA	Unspecified fracture of unspecified lower leg, initial encounter for closed fracture
S82.90XB	Unspecified fracture of unspecified lower leg, initial encounter for open fracture type I or II
S82.90XC	Unspecified fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.91XA	Unspecified fracture of right lower leg, initial encounter for closed fracture
S82.91XB	Unspecified fracture of right lower leg, initial encounter for open fracture type I or II
S82.91XC	Unspecified fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.92XA	Unspecified fracture of left lower leg, initial encounter for closed fracture
S82.92XB	Unspecified fracture of left lower leg, initial encounter for open fracture type I or II
S82.92XC	Unspecified fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
S85.001A	Unspecified injury of popliteal artery, right leg, initial encounter
S85.002A	Unspecified injury of popliteal artery, left leg, initial encounter



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Code	Description
S85.009A	Unspecified injury of popliteal artery, unspecified leg, initial encounter
S85.011A	Laceration of popliteal artery, right leg, initial encounter
S85.012A	Laceration of popliteal artery, left leg, initial encounter
S85.019A	Laceration of popliteal artery, unspecified leg, initial encounter
S85.091A	Other specified injury of popliteal artery, right leg, initial encounter
S85.092A	Other specified injury of popliteal artery, left leg, initial encounter
S85.099A	Other specified injury of popliteal artery, unspecified leg, initial encounter
S85.101A	Unspecified injury of unspecified tibial artery, right leg, initial encounter
S85.102A	Unspecified injury of unspecified tibial artery, left leg, initial encounter
S85.109A	Unspecified injury of unspecified tibial artery, unspecified leg, initial encounter
S85.111A	Laceration of unspecified tibial artery, right leg, initial encounter
S85.112A	Laceration of unspecified tibial artery, left leg, initial encounter
S85.119A	Laceration of unspecified tibial artery, unspecified leg, initial encounter
S85.121A	Other specified injury of unspecified tibial artery, right leg, initial encounter
S85.122A	Other specified injury of unspecified tibial artery, left leg, initial encounter
S85.129A	Other specified injury of unspecified tibial artery, unspecified leg, initial encounter
S85.131A	Unspecified injury of anterior tibial artery, right leg, initial encounter
S85.132A	Unspecified injury of anterior tibial artery, left leg, initial encounter
S85.139A	Unspecified injury of anterior tibial artery, unspecified leg, initial encounter
S85.141A	Laceration of anterior tibial artery, right leg, initial encounter
S85.142A	Laceration of anterior tibial artery, left leg, initial encounter
S85.149A	Laceration of anterior tibial artery, unspecified leg, initial encounter
S85.151A	Other specified injury of anterior tibial artery, right leg, initial encounter
S85.152A	Other specified injury of anterior tibial artery, left leg, initial encounter
S85.159A	Other specified injury of anterior tibial artery, unspecified leg, initial encounter
S85.161A	Unspecified injury of posterior tibial artery, right leg, initial encounter
S85.162A	Unspecified injury of posterior tibial artery, left leg, initial encounter
S85.169A	Unspecified injury of posterior tibial artery, unspecified leg, initial encounter



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S85.171A	Laceration of posterior tibial artery, right leg, initial encounter
S85.172A	Laceration of posterior tibial artery, left leg, initial encounter
S85.179A	Laceration of posterior tibial artery, unspecified leg, initial encounter
S85.181A	Other specified injury of posterior tibial artery, right leg, initial encounter
S85.182A	Other specified injury of posterior tibial artery, left leg, initial encounter
S85.189A	Other specified injury of posterior tibial artery, unspecified leg, initial encounter
S85.201A	Unspecified injury of peroneal artery, right leg, initial encounter
S85.202A	Unspecified injury of peroneal artery, left leg, initial encounter
S85.209A	Unspecified injury of peroneal artery, unspecified leg, initial encounter
S85.211A	Laceration of peroneal artery, right leg, initial encounter
S85.212A	Laceration of peroneal artery, left leg, initial encounter
S85.219A	Laceration of peroneal artery, unspecified leg, initial encounter
S85.291A	Other specified injury of peroneal artery, right leg, initial encounter
S85.292A	Other specified injury of peroneal artery, left leg, initial encounter
S85.299A	Other specified injury of peroneal artery, unspecified leg, initial encounter
S85.301A	Unspecified injury of greater saphenous vein at lower leg level, right leg, initial encounter
S85.302A	Unspecified injury of greater saphenous vein at lower leg level, left leg, initial encounter
S85.309A	Unspecified injury of greater saphenous vein at lower leg level, unspecified leg, initial encounter
S85.311A	Laceration of greater saphenous vein at lower leg level, right leg, initial encounter
S85.312A	Laceration of greater saphenous vein at lower leg level, left leg, initial encounter
S85.319A	Laceration of greater saphenous vein at lower leg level, unspecified leg, initial encounter
S85.391A	Other specified injury of greater saphenous vein at lower leg level, right leg, initial encounter
S85.392A	Other specified injury of greater saphenous vein at lower leg level, left leg, initial encounter



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Code	Description
S85.399A	Other specified injury of greater saphenous vein at lower leg level, unspecified leg, initial encounter
S85.401A	Unspecified injury of lesser saphenous vein at lower leg level, right leg, initial encounter
S85.402A	Unspecified injury of lesser saphenous vein at lower leg level, left leg, initial encounter
S85.409A	Unspecified injury of lesser saphenous vein at lower leg level, unspecified leg, initial encounter
S85.411A	Laceration of lesser saphenous vein at lower leg level, right leg, initial encounter
S85.412A	Laceration of lesser saphenous vein at lower leg level, left leg, initial encounter
S85.419A	Laceration of lesser saphenous vein at lower leg level, unspecified leg, initial encounter
S85.491A	Other specified injury of lesser saphenous vein at lower leg level, right leg, initial encounter
S85.492A	Other specified injury of lesser saphenous vein at lower leg level, left leg, initial encounter
S85.499A	Other specified injury of lesser saphenous vein at lower leg level, unspecified leg, initial encounter
S85.501A	Unspecified injury of popliteal vein, right leg, initial encounter
S85.502A	Unspecified injury of popliteal vein, left leg, initial encounter
S85.509A	Unspecified injury of popliteal vein, unspecified leg, initial encounter
S85.511A	Laceration of popliteal vein, right leg, initial encounter
S85.512A	Laceration of popliteal vein, left leg, initial encounter
S85.519A	Laceration of popliteal vein, unspecified leg, initial encounter
S85.591A	Other specified injury of popliteal vein, right leg, initial encounter
S85.592A	Other specified injury of popliteal vein, left leg, initial encounter
S85.599A	Other specified injury of popliteal vein, unspecified leg, initial encounter
S85.801A	Unspecified injury of other blood vessels at lower leg level, right leg, initial encounter
S85.802A	Unspecified injury of other blood vessels at lower leg level, left leg, initial encounter



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

Code	Description
S85.809A	Unspecified injury of other blood vessels at lower leg level, unspecified leg, initial encounter
S85.811A	Laceration of other blood vessels at lower leg level, right leg, initial encounter
S85.812A	Laceration of other blood vessels at lower leg level, left leg, initial encounter
S85.819A	Laceration of other blood vessels at lower leg level, unspecified leg, initial encounter
S85.891A	Other specified injury of other blood vessels at lower leg level, right leg, initial encounter
S85.892A	Other specified injury of other blood vessels at lower leg level, left leg, initial encounter
S85.899A	Other specified injury of other blood vessels at lower leg level, unspecified leg, initial encounter
S85.901A	Unspecified injury of unspecified blood vessel at lower leg level, right leg, initial encounter
S85.902A	Unspecified injury of unspecified blood vessel at lower leg level, left leg, initial encounter
S85.909A	Unspecified injury of unspecified blood vessel at lower leg level, unspecified leg, initial encounter
S85.911A	Laceration of unspecified blood vessel at lower leg level, right leg, initial encounter
S85.912A	Laceration of unspecified blood vessel at lower leg level, left leg, initial encounter
S85.919A	Laceration of unspecified blood vessel at lower leg level, unspecified leg, initial encounter
S85.991A	Other specified injury of unspecified blood vessel at lower leg level, right leg, initial encounter
S85.992A	Other specified injury of unspecified blood vessel at lower leg level, left leg, initial encounter
S85.999A	Other specified injury of unspecified blood vessel at lower leg level, unspecified leg, initial encounter
S87.00XA	Crushing injury of unspecified knee, initial encounter
S87.01XA	Crushing injury of right knee, initial encounter
S87.02XA	Crushing injury of left knee, initial encounter
S87.80XA	Crushing injury of unspecified lower leg, initial encounter



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S87.81XA	Crushing injury of right lower leg, initial encounter
S87.82XA	Crushing injury of left lower leg, initial encounter
S89.001A	Unspecified physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.002A	Unspecified physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.009A	Unspecified physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.011A	Salter-Harris Type I physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.012A	Salter-Harris Type I physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.019A	Salter-Harris Type I physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.021A	Salter-Harris Type II physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.022A	Salter-Harris Type II physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.029A	Salter-Harris Type II physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.031A	Salter-Harris Type III physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.032A	Salter-Harris Type III physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.039A	Salter-Harris Type III physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.041A	Salter-Harris Type IV physeal fracture of upper end of right tibia, initial encounter for closed fracture
S89.042A	Salter-Harris Type IV physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.049A	Salter-Harris Type IV physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.091A	Other physeal fracture of upper end of right tibia, initial encounter for closed fracture



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Code	Description
S89.092A	Other physeal fracture of upper end of left tibia, initial encounter for closed fracture
S89.099A	Other physeal fracture of upper end of unspecified tibia, initial encounter for closed fracture
S89.201A	Unspecified physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.202A	Unspecified physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.209A	Unspecified physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S89.211A	Salter-Harris Type I physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.212A	Salter-Harris Type I physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.219A	Salter-Harris Type I physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S89.221A	Salter-Harris Type II physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.222A	Salter-Harris Type II physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.229A	Salter-Harris Type II physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S89.291A	Other physeal fracture of upper end of right fibula, initial encounter for closed fracture
S89.292A	Other physeal fracture of upper end of left fibula, initial encounter for closed fracture
S89.299A	Other physeal fracture of upper end of unspecified fibula, initial encounter for closed fracture
S90.00XA	Contusion of unspecified ankle, initial encounter
S90.01XA	Contusion of right ankle, initial encounter
S90.02XA	Contusion of left ankle, initial encounter
S90.111A	Contusion of right great toe without damage to nail, initial encounter
S90.112A	Contusion of left great toe without damage to nail, initial encounter
S90.119A	Contusion of unspecified great toe without damage to nail, initial encounter

NCD 190.17

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



**Medicare National Coverage Determinations (NCD)
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Code	Description
S90.121A	Contusion of right lesser toe(s) without damage to nail, initial encounter
S90.122A	Contusion of left lesser toe(s) without damage to nail, initial encounter
S90.129A	Contusion of unspecified lesser toe(s) without damage to nail, initial encounter
S90.211A	Contusion of right great toe with damage to nail, initial encounter
S90.212A	Contusion of left great toe with damage to nail, initial encounter
S90.219A	Contusion of unspecified great toe with damage to nail, initial encounter
S90.221A	Contusion of right lesser toe(s) with damage to nail, initial encounter
S90.222A	Contusion of left lesser toe(s) with damage to nail, initial encounter
S90.229A	Contusion of unspecified lesser toe(s) with damage to nail, initial encounter
S90.30XA	Contusion of unspecified foot, initial encounter
S90.31XA	Contusion of right foot, initial encounter
S90.32XA	Contusion of left foot, initial encounter
S92.812A	Other fracture of left foot, initial encounter for closed fracture
S92.812B	Other fracture of left foot, initial encounter for open fracture
S92.819A	Other fracture of unspecified foot, initial encounter for closed fracture
S92.819B	Other fracture of unspecified foot, initial encounter for open fracture
S95.001A	Unspecified injury of dorsal artery of right foot, initial encounter
S95.002A	Unspecified injury of dorsal artery of left foot, initial encounter
S95.009A	Unspecified injury of dorsal artery of unspecified foot, initial encounter
S95.011A	Laceration of dorsal artery of right foot, initial encounter
S95.012A	Laceration of dorsal artery of left foot, initial encounter
S95.019A	Laceration of dorsal artery of unspecified foot, initial encounter
S95.091A	Other specified injury of dorsal artery of right foot, initial encounter
S95.092A	Other specified injury of dorsal artery of left foot, initial encounter
S95.099A	Other specified injury of dorsal artery of unspecified foot, initial encounter
S95.101A	Unspecified injury of plantar artery of right foot, initial encounter
S95.102A	Unspecified injury of plantar artery of left foot, initial encounter
S95.109A	Unspecified injury of plantar artery of unspecified foot, initial encounter



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

Code	Description
S95.111A	Laceration of plantar artery of right foot, initial encounter
S95.112A	Laceration of plantar artery of left foot, initial encounter
S95.119A	Laceration of plantar artery of unspecified foot, initial encounter
S95.191A	Other specified injury of plantar artery of right foot, initial encounter
S95.192A	Other specified injury of plantar artery of left foot, initial encounter
S95.199A	Other specified injury of plantar artery of unspecified foot, initial encounter
S95.201A	Unspecified injury of dorsal vein of right foot, initial encounter
S95.202A	Unspecified injury of dorsal vein of left foot, initial encounter
S95.209A	Unspecified injury of dorsal vein of unspecified foot, initial encounter
S95.211A	Laceration of dorsal vein of right foot, initial encounter
S95.212A	Laceration of dorsal vein of left foot, initial encounter
S95.219A	Laceration of dorsal vein of unspecified foot, initial encounter
S95.291A	Other specified injury of dorsal vein of right foot, initial encounter
S95.292A	Other specified injury of dorsal vein of left foot, initial encounter
S95.299A	Other specified injury of dorsal vein of unspecified foot, initial encounter
S95.801A	Unspecified injury of other blood vessels at ankle and foot level, right leg, initial encounter
S95.802A	Unspecified injury of other blood vessels at ankle and foot level, left leg, initial encounter
S95.809A	Unspecified injury of other blood vessels at ankle and foot level, unspecified leg, initial encounter
S95.811A	Laceration of other blood vessels at ankle and foot level, right leg, initial encounter
S95.812A	Laceration of other blood vessels at ankle and foot level, left leg, initial encounter
S95.819A	Laceration of other blood vessels at ankle and foot level, unspecified leg, initial encounter
S95.891A	Other specified injury of other blood vessels at ankle and foot level, right leg, initial encounter
S95.892A	Other specified injury of other blood vessels at ankle and foot level, left leg, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
S95.899A	Other specified injury of other blood vessels at ankle and foot level, unspecified leg, initial encounter
S95.901A	Unspecified injury of unspecified blood vessel at ankle and foot level, right leg, initial encounter
S95.902A	Unspecified injury of unspecified blood vessel at ankle and foot level, left leg, initial encounter
S95.909A	Unspecified injury of unspecified blood vessel at ankle and foot level, unspecified leg, initial encounter
S95.911A	Laceration of unspecified blood vessel at ankle and foot level, right leg, initial encounter
S95.912A	Laceration of unspecified blood vessel at ankle and foot level, left leg, initial encounter
S95.919A	Laceration of unspecified blood vessel at ankle and foot level, unspecified leg, initial encounter
S95.991A	Other specified injury of unspecified blood vessel at ankle and foot level, right leg, initial encounter
S95.992A	Other specified injury of unspecified blood vessel at ankle and foot level, left leg, initial encounter
S95.999A	Other specified injury of unspecified blood vessel at ankle and foot level, unspecified leg, initial encounter
S97.00XA	Crushing injury of unspecified ankle, initial encounter
S97.01XA	Crushing injury of right ankle, initial encounter
S97.02XA	Crushing injury of left ankle, initial encounter
S97.101A	Crushing injury of unspecified right toe(s), initial encounter
S97.102A	Crushing injury of unspecified left toe(s), initial encounter
S97.109A	Crushing injury of unspecified toe(s), initial encounter
S97.111A	Crushing injury of right great toe, initial encounter
S97.112A	Crushing injury of left great toe, initial encounter
S97.119A	Crushing injury of unspecified great toe, initial encounter
S97.121A	Crushing injury of right lesser toe(s), initial encounter
S97.122A	Crushing injury of left lesser toe(s), initial encounter



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Code	Description
S97.129A	Crushing injury of unspecified lesser toe(s), initial encounter
S97.80XA	Crushing injury of unspecified foot, initial encounter
S97.81XA	Crushing injury of right foot, initial encounter
S97.82XA	Crushing injury of left foot, initial encounter
S99.001A	Unspecified physeal fracture of right calcaneus, initial encounter for closed fracture
S99.002A	Unspecified physeal fracture of left calcaneus, initial encounter for closed fracture
S99.002B	Unspecified physeal fracture of left calcaneus, initial encounter for open fracture
S99.009A	Unspecified physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.009B	Unspecified physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.011B	Salter-Harris Type I physeal fracture of right calcaneus, initial encounter for open fracture
S99.011D	Salter-Harris Type I physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing
S99.012A	Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for closed fracture
S99.012B	Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for open fracture
S99.019A	Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.019B	Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.021A	Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for closed fracture
S99.021B	Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for open fracture
S99.022A	Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for closed fracture
S99.022B	Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for open fracture



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Code	Description
S99.029A	Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.029B	Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.031B	Salter-Harris Type III physeal fracture of right calcaneus, initial encounter for open fracture
S99.031D	Salter-Harris Type III physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing
S99.032A	Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for closed fracture
S99.032B	Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for open fracture
S99.039A	Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.039B	Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.041A	Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for closed fracture
S99.041B	Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for open fracture
S99.042A	Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for closed fracture
S99.042B	Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for open fracture
S99.049A	Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.049B	Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.091A	Other physeal fracture of right calcaneus, initial encounter for closed fracture
S99.091B	Other physeal fracture of right calcaneus, initial encounter for open fracture
S99.092A	Other physeal fracture of left calcaneus, initial encounter for closed fracture
S99.092B	Other physeal fracture of left calcaneus, initial encounter for open fracture
S99.099A	Other physeal fracture of unspecified calcaneus, initial encounter for closed fracture

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**Medicare National Coverage Determinations (NCD)
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Code	Description
S99.101A	Unspecified physeal fracture of right metatarsal, initial encounter for closed fracture
S99.102A	Unspecified physeal fracture of left metatarsal, initial encounter for closed fracture
S99.102B	Unspecified physeal fracture of left metatarsal, initial encounter for open fracture
S99.109A	Unspecified physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.109B	Unspecified physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.111A	Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for closed fracture
S99.111B	Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for open fracture
S99.112A	Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for closed fracture
S99.112B	Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for open fracture
S99.119A	Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.119B	Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.121A	Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for closed fracture
S99.121B	Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for open fracture
S99.122A	Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for closed fracture
S99.122B	Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for open fracture
S99.129A	Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.129B	Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.131A	Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for closed fracture



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Code	Description
S99.131B	Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for open fracture
S99.132A	Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for closed fracture
S99.132B	Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for open fracture
S99.139A	Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.139B	Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.141A	Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for closed fracture
S99.141B	Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for open fracture
S99.142A	Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for closed fracture
S99.142B	Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for open fracture
S99.149A	Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.149B	Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.192A	Other physeal fracture of left metatarsal, initial encounter for closed fracture
S99.192B	Other physeal fracture of left metatarsal, initial encounter for open fracture
S99.199A	Other physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.199B	Other physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.201A	Unspecified physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.201B	Unspecified physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.202A	Unspecified physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.202B	Unspecified physeal fracture of phalanx of left toe, initial encounter for open fracture

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Code	Description
S99.209A	Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.209B	Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.211A	Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.211B	Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.212A	Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.212B	Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.219A	Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.219B	Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.221A	Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.221B	Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.222A	Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.222B	Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.229A	Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.229B	Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.231A	Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.231B	Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for open fracture



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Code	Description
S99.232A	Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.232B	Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.239A	Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.239B	Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.241A	Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.241B	Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.242A	Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.242B	Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.249A	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.249B	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.291A	Other physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.291B	Other physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.292A	Other physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.292B	Other physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.299A	Other physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.299B	Other physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
T14.8XXA	Other injury of unspecified body region, initial encounter
T14.90XA	Injury, unspecified, initial encounter
T36.0X5A	Adverse effect of penicillins, initial encounter
T36.1X5A	Adverse effect of cephalosporins and other beta-lactam antibiotics, initial encounter



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Code	Description
T36.2X5A	Adverse effect of chloramphenicol group, initial encounter
T36.3X5A	Adverse effect of macrolides, initial encounter
T36.4X5A	Adverse effect of tetracyclines, initial encounter
T36.6X5A	Adverse effect of rifampicins, initial encounter
T36.7X5A	Adverse effect of antifungal antibiotics, systemically used, initial encounter
T36.8X5A	Adverse effect of other systemic antibiotics, initial encounter
T36.95XA	Adverse effect of unspecified systemic antibiotic, initial encounter
T37.0X5A	Adverse effect of sulfonamides, initial encounter
T37.1X5A	Adverse effect of antimycobacterial drugs, initial encounter
T37.2X5A	Adverse effect of antimalarials and drugs acting on other blood protozoa, initial encounter
T37.3X5A	Adverse effect of other antiprotozoal drugs, initial encounter
T37.4X5A	Adverse effect of anthelmintics, initial encounter
T37.5X5A	Adverse effect of antiviral drugs, initial encounter
T37.8X5A	Adverse effect of other specified systemic anti-infectives and antiparasitics, initial encounter
T37.95XA	Adverse effect of unspecified systemic anti-infective and antiparasitic, initial encounter
T38.0X5A	Adverse effect of glucocorticoids and synthetic analogues, initial encounter
T38.1X5A	Adverse effect of thyroid hormones and substitutes, initial encounter
T38.2X5A	Adverse effect of antithyroid drugs, initial encounter
T38.4X5A	Adverse effect of oral contraceptives, initial encounter
T38.5X5A	Adverse effect of other estrogens and progestogens, initial encounter
T38.6X5A	Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter
T38.7X5A	Adverse effect of androgens and anabolic congeners, initial encounter
T38.805A	Adverse effect of unspecified hormones and synthetic substitutes, initial encounter
T38.815A	Adverse effect of anterior pituitary [adenohypophyseal] hormones, initial encounter
T38.895A	Adverse effect of other hormones and synthetic substitutes, initial encounter
T38.905A	Adverse effect of unspecified hormone antagonists, initial encounter

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Code	Description
T38.995A	Adverse effect of other hormone antagonists, initial encounter
T39.015A	Adverse effect of aspirin, initial encounter
T39.095A	Adverse effect of salicylates, initial encounter
T39.2X5A	Adverse effect of pyrazolone derivatives, initial encounter
T39.315A	Adverse effect of propionic acid derivatives, initial encounter
T39.395A	Adverse effect of other nonsteroidal anti-inflammatory drugs [NSAID], initial encounter
T39.4X5A	Adverse effect of antirheumatics, not elsewhere classified, initial encounter
T39.8X5A	Adverse effect of other nonopioid analgesics and antipyretics, not elsewhere classified, initial encounter
T39.95XA	Adverse effect of unspecified nonopioid analgesic, antipyretic and antirheumatic, initial encounter
T40.0X5A	Adverse effect of opium, initial encounter
T40.2X5A	Adverse effect of other opioids, initial encounter
T40.3X5A	Adverse effect of methadone, initial encounter
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela

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Code	Description
T40.415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
T40.415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
T40.415S	Adverse effect of fentanyl or fentanyl analogs, sequela
T40.416A	Underdosing of fentanyl or fentanyl analogs, initial encounter
T40.416D	Underdosing of fentanyl or fentanyl analogs, subsequent encounter
T40.416S	Underdosing of fentanyl or fentanyl analogs, sequela
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter
T40.422S	Poisoning by tramadol, intentional self-harm, sequela
T40.423A	Poisoning by tramadol, assault, initial encounter
T40.423D	Poisoning by tramadol, assault, subsequent encounter
T40.423S	Poisoning by tramadol, assault, sequela
T40.424A	Poisoning by tramadol, undetermined, initial encounter
T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
T40.424S	Poisoning by tramadol, undetermined, sequela
T40.425A	Adverse effect of tramadol, initial encounter
T40.425D	Adverse effect of tramadol, subsequent encounter
T40.425S	Adverse effect of tramadol, sequela
T40.426A	Underdosing of tramadol, initial encounter
T40.426D	Underdosing of tramadol, subsequent encounter
T40.426S	Underdosing of tramadol, sequela
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter

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Code	Description
T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40.493S	Poisoning by other synthetic narcotics, assault, sequela
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
T40.495A	Adverse effect of other synthetic narcotics, initial encounter
T40.495D	Adverse effect of other synthetic narcotics, subsequent encounter
T40.495S	Adverse effect of other synthetic narcotics, sequela
T40.496A	Underdosing of other synthetic narcotics, initial encounter
T40.496D	Underdosing of other synthetic narcotics, subsequent encounter
T40.496S	Underdosing of other synthetic narcotics, sequela
T40.5X5A	Adverse effect of cocaine, initial encounter
T40.605A	Adverse effect of unspecified narcotics, initial encounter
T40.695A	Adverse effect of other narcotics, initial encounter
T40.7X5A	Adverse effect of cannabis (derivatives), initial encounter
T40.905A	Adverse effect of unspecified psychodysleptics [hallucinogens], initial encounter
T40.995A	Adverse effect of other psychodysleptics [hallucinogens], initial encounter
T42.0X5A	Adverse effect of hydantoin derivatives, initial encounter
T42.1X5A	Adverse effect of iminostilbenes, initial encounter
T42.2X5A	Adverse effect of succinimides and oxazolidinediones, initial encounter
T42.3X5A	Adverse effect of barbiturates, initial encounter
T42.4X5A	Adverse effect of benzodiazepines, initial encounter
T42.5X5A	Adverse effect of mixed antiepileptics, initial encounter
T42.6X5A	Adverse effect of other antiepileptic and sedative-hypnotic drugs, initial encounter
T42.75XA	Adverse effect of unspecified antiepileptic and sedative-hypnotic drugs, initial encounter

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Code	Description
T42.8X5A	Adverse effect of antiparkinsonism drugs and other central muscle-tone depressants, initial encounter
T43.015A	Adverse effect of tricyclic antidepressants, initial encounter
T43.025A	Adverse effect of tetracyclic antidepressants, initial encounter
T43.205A	Adverse effect of unspecified antidepressants, initial encounter
T43.295A	Adverse effect of other antidepressants, initial encounter
T43.3X5A	Adverse effect of phenothiazine antipsychotics and neuroleptics, initial encounter
T43.4X5A	Adverse effect of butyrophenone and thiothixene neuroleptics, initial encounter
T43.505A	Adverse effect of unspecified antipsychotics and neuroleptics, initial encounter
T43.595A	Adverse effect of other antipsychotics and neuroleptics, initial encounter
T43.605A	Adverse effect of unspecified psychostimulants, initial encounter
T43.625A	Adverse effect of amphetamines, initial encounter
T43.635A	Adverse effect of methylphenidate, initial encounter
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
T43.644S	Poisoning by ecstasy, undetermined, sequela
T43.695A	Adverse effect of other psychostimulants, initial encounter
T43.8X5A	Adverse effect of other psychotropic drugs, initial encounter
T43.95XA	Adverse effect of unspecified psychotropic drug, initial encounter
T44.7X5A	Adverse effect of beta-adrenoreceptor antagonists, initial encounter

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Code	Description
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.2X5A	Adverse effect of vitamins, initial encounter
T45.4X1A	Poisoning by iron and its compounds, accidental (unintentional), initial encounter
T45.4X2A	Poisoning by iron and its compounds, intentional self-harm, initial encounter
T45.4X3A	Poisoning by iron and its compounds, assault, initial encounter
T45.4X4A	Poisoning by iron and its compounds, undetermined, initial encounter
T45.4X5A	Adverse effect of iron and its compounds, initial encounter
T45.511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter
T45.512A	Poisoning by anticoagulants, intentional self-harm, initial encounter
T45.513A	Poisoning by anticoagulants, assault, initial encounter
T45.514A	Poisoning by anticoagulants, undetermined, initial encounter
T45.515A	Adverse effect of anticoagulants, initial encounter
T45.521A	Poisoning by antithrombotic drugs, accidental (unintentional), initial encounter
T45.522A	Poisoning by antithrombotic drugs, intentional self-harm, initial encounter
T45.523A	Poisoning by antithrombotic drugs, assault, initial encounter
T45.524A	Poisoning by antithrombotic drugs, undetermined, initial encounter
T45.525A	Adverse effect of antithrombotic drugs, initial encounter
T45.601A	Poisoning by unspecified fibrinolysis-affecting drugs, accidental (unintentional), initial encounter
T45.602A	Poisoning by unspecified fibrinolysis-affecting drugs, intentional self-harm, initial encounter
T45.603A	Poisoning by unspecified fibrinolysis-affecting drugs, assault, initial encounter
T45.604A	Poisoning by unspecified fibrinolysis-affecting drugs, undetermined, initial encounter
T45.605A	Adverse effect of unspecified fibrinolysis-affecting drugs, initial encounter
T45.611A	Poisoning by thrombolytic drug, accidental (unintentional), initial encounter
T45.612A	Poisoning by thrombolytic drug, intentional self-harm, initial encounter
T45.613A	Poisoning by thrombolytic drug, assault, initial encounter
T45.614A	Poisoning by thrombolytic drug, undetermined, initial encounter
T45.615A	Adverse effect of thrombolytic drugs, initial encounter

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Code	Description
T45.621A	Poisoning by hemostatic drug, accidental (unintentional), initial encounter
T45.622A	Poisoning by hemostatic drug, intentional self-harm, initial encounter
T45.623A	Poisoning by hemostatic drug, assault, initial encounter
T45.624A	Poisoning by hemostatic drug, undetermined, initial encounter
T45.625A	Adverse effect of hemostatic drug, initial encounter
T45.691A	Poisoning by other fibrinolysis-affecting drugs, accidental (unintentional), initial encounter
T45.692A	Poisoning by other fibrinolysis-affecting drugs, intentional self-harm, initial encounter
T45.693A	Poisoning by other fibrinolysis-affecting drugs, assault, initial encounter
T45.694A	Poisoning by other fibrinolysis-affecting drugs, undetermined, initial encounter
T45.695A	Adverse effect of other fibrinolysis-affecting drugs, initial encounter
T45.7X1A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, accidental (unintentional), initial encounter
T45.7X2A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, intentional self-harm, initial encounter
T45.7X3A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, assault, initial encounter
T45.7X4A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, undetermined, initial encounter
T45.7X5A	Adverse effect of anticoagulant antagonists, vitamin K and other coagulants, initial encounter
T45.8X1A	Poisoning by other primarily systemic and hematological agents, accidental (unintentional), initial encounter
T45.8X2A	Poisoning by other primarily systemic and hematological agents, intentional self-harm, initial encounter
T45.8X3A	Poisoning by other primarily systemic and hematological agents, assault, initial encounter
T45.8X4A	Poisoning by other primarily systemic and hematological agents, undetermined, initial encounter
T45.8X5A	Adverse effect of other primarily systemic and hematological agents, initial encounter



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Code	Description
T45.91XA	Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional), initial encounter
T45.92XA	Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, initial encounter
T45.93XA	Poisoning by unspecified primarily systemic and hematological agent, assault, initial encounter
T45.94XA	Poisoning by unspecified primarily systemic and hematological agent, undetermined, initial encounter
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T46.1X5A	Adverse effect of calcium-channel blockers, initial encounter
T46.2X5A	Adverse effect of other antidysrhythmic drugs, initial encounter
T46.3X5A	Adverse effect of coronary vasodilators, initial encounter
T46.4X5A	Adverse effect of angiotensin-converting-enzyme inhibitors, initial encounter
T46.5X5A	Adverse effect of other antihypertensive drugs, initial encounter
T46.6X5A	Adverse effect of antihyperlipidemic and antiarteriosclerotic drugs, initial encounter
T46.7X5A	Adverse effect of peripheral vasodilators, initial encounter
T46.8X5A	Adverse effect of antivaricose drugs, including sclerosing agents, initial encounter
T46.905A	Adverse effect of unspecified agents primarily affecting the cardiovascular system, initial encounter
T46.995A	Adverse effect of other agents primarily affecting the cardiovascular system, initial encounter
T48.0X5A	Adverse effect of oxytocic drugs, initial encounter
T48.1X5A	Adverse effect of skeletal muscle relaxants [neuromuscular blocking agents], initial encounter
T49.1X5A	Adverse effect of antipruritics, initial encounter
T50.4X5A	Adverse effect of drugs affecting uric acid metabolism, initial encounter
T50.6X5A	Adverse effect of antidotes and chelating agents, initial encounter
T50.7X5A	Adverse effect of analeptics and opioid receptor antagonists, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter



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Code	Description
T50.911A	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.911D	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), subsequent encounter
T50.911S	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), sequela
T50.912A	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.912D	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, subsequent encounter
T50.912S	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, sequela
T50.913A	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.913D	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, subsequent encounter
T50.913S	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, sequela
T50.914A	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.914D	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, subsequent encounter
T50.914S	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, sequela
T50.915A	Adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.915D	Adverse effect of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.915S	Adverse effect of multiple unspecified drugs, medicaments and biological substances, sequela
T50.916A	Underdosing of multiple unspecified drugs, medicaments and biological substances, initial encounter



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Code	Description
T50.916D	Underdosing of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.916S	Underdosing of multiple unspecified drugs, medicaments and biological substances, sequela
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T50.A15A	Adverse effect of pertussis vaccine, including combinations with a pertussis component, initial encounter
T50.B95A	Adverse effect of other viral vaccines, initial encounter
T50.Z11A	Poisoning by immunoglobulin, accidental (unintentional), initial encounter
T50.Z12A	Poisoning by immunoglobulin, intentional self-harm, initial encounter
T50.Z13A	Poisoning by immunoglobulin, assault, initial encounter
T50.Z14A	Poisoning by immunoglobulin, undetermined, initial encounter
T50.Z15A	Adverse effect of immunoglobulin, initial encounter
T50.Z95A	Adverse effect of other vaccines and biological substances, initial encounter
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter
T51.0X3A	Toxic effect of ethanol, assault, initial encounter
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter
T51.1X1A	Toxic effect of methanol, accidental (unintentional), initial encounter
T51.1X2A	Toxic effect of methanol, intentional self-harm, initial encounter
T51.1X3A	Toxic effect of methanol, assault, initial encounter
T51.1X4A	Toxic effect of methanol, undetermined, initial encounter
T51.2X1A	Toxic effect of 2-Propanol, accidental (unintentional), initial encounter
T51.2X2A	Toxic effect of 2-Propanol, intentional self-harm, initial encounter
T51.2X3A	Toxic effect of 2-Propanol, assault, initial encounter
T51.2X4A	Toxic effect of 2-Propanol, undetermined, initial encounter
T51.3X1A	Toxic effect of fusel oil, accidental (unintentional), initial encounter
T51.3X2A	Toxic effect of fusel oil, intentional self-harm, initial encounter
T51.3X3A	Toxic effect of fusel oil, assault, initial encounter

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Code	Description
T51.3X4A	Toxic effect of fusel oil, undetermined, initial encounter
T51.8X1A	Toxic effect of other alcohols, accidental (unintentional), initial encounter
T51.8X2A	Toxic effect of other alcohols, intentional self-harm, initial encounter
T51.8X3A	Toxic effect of other alcohols, assault, initial encounter
T51.8X4A	Toxic effect of other alcohols, undetermined, initial encounter
T51.91XA	Toxic effect of unspecified alcohol, accidental (unintentional), initial encounter
T51.92XA	Toxic effect of unspecified alcohol, intentional self-harm, initial encounter
T51.93XA	Toxic effect of unspecified alcohol, assault, initial encounter
T51.94XA	Toxic effect of unspecified alcohol, undetermined, initial encounter
T52.0X1A	Toxic effect of petroleum products, accidental (unintentional), initial encounter
T52.0X2A	Toxic effect of petroleum products, intentional self-harm, initial encounter
T52.0X3A	Toxic effect of petroleum products, assault, initial encounter
T52.0X4A	Toxic effect of petroleum products, undetermined, initial encounter
T52.1X1A	Toxic effect of benzene, accidental (unintentional), initial encounter
T52.1X2A	Toxic effect of benzene, intentional self-harm, initial encounter
T52.1X3A	Toxic effect of benzene, assault, initial encounter
T52.1X4A	Toxic effect of benzene, undetermined, initial encounter
T52.2X1A	Toxic effect of homologues of benzene, accidental (unintentional), initial encounter
T52.2X2A	Toxic effect of homologues of benzene, intentional self-harm, initial encounter
T52.2X3A	Toxic effect of homologues of benzene, assault, initial encounter
T52.2X4A	Toxic effect of homologues of benzene, undetermined, initial encounter
T52.3X1A	Toxic effect of glycols, accidental (unintentional), initial encounter
T52.3X2A	Toxic effect of glycols, intentional self-harm, initial encounter
T52.3X3A	Toxic effect of glycols, assault, initial encounter
T52.3X4A	Toxic effect of glycols, undetermined, initial encounter
T52.4X1A	Toxic effect of ketones, accidental (unintentional), initial encounter
T52.4X2A	Toxic effect of ketones, intentional self-harm, initial encounter
T52.4X3A	Toxic effect of ketones, assault, initial encounter

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Code	Description
T52.4X4A	Toxic effect of ketones, undetermined, initial encounter
T52.8X1A	Toxic effect of other organic solvents, accidental (unintentional), initial encounter
T52.8X2A	Toxic effect of other organic solvents, intentional self-harm, initial encounter
T52.8X3A	Toxic effect of other organic solvents, assault, initial encounter
T52.8X4A	Toxic effect of other organic solvents, undetermined, initial encounter
T52.91XA	Toxic effect of unspecified organic solvent, accidental (unintentional), initial encounter
T52.92XA	Toxic effect of unspecified organic solvent, intentional self-harm, initial encounter
T52.93XA	Toxic effect of unspecified organic solvent, assault, initial encounter
T52.94XA	Toxic effect of unspecified organic solvent, undetermined, initial encounter
T53.0X1A	Toxic effect of carbon tetrachloride, accidental (unintentional), initial encounter
T53.0X2A	Toxic effect of carbon tetrachloride, intentional self-harm, initial encounter
T53.0X3A	Toxic effect of carbon tetrachloride, assault, initial encounter
T53.0X4A	Toxic effect of carbon tetrachloride, undetermined, initial encounter
T53.1X1A	Toxic effect of chloroform, accidental (unintentional), initial encounter
T53.1X2A	Toxic effect of chloroform, intentional self-harm, initial encounter
T53.1X3A	Toxic effect of chloroform, assault, initial encounter
T53.1X4A	Toxic effect of chloroform, undetermined, initial encounter
T53.2X1A	Toxic effect of trichloroethylene, accidental (unintentional), initial encounter
T53.2X2A	Toxic effect of trichloroethylene, intentional self-harm, initial encounter
T53.2X3A	Toxic effect of trichloroethylene, assault, initial encounter
T53.2X4A	Toxic effect of trichloroethylene, undetermined, initial encounter
T53.3X1A	Toxic effect of tetrachloroethylene, accidental (unintentional), initial encounter
T53.3X2A	Toxic effect of tetrachloroethylene, intentional self-harm, initial encounter
T53.3X3A	Toxic effect of tetrachloroethylene, assault, initial encounter
T53.3X4A	Toxic effect of tetrachloroethylene, undetermined, initial encounter
T53.4X1A	Toxic effect of dichloromethane, accidental (unintentional), initial encounter
T53.4X2A	Toxic effect of dichloromethane, intentional self-harm, initial encounter
T53.4X3A	Toxic effect of dichloromethane, assault, initial encounter

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Code	Description
T53.4X4A	Toxic effect of dichloromethane, undetermined, initial encounter
T53.5X1A	Toxic effect of chlorofluorocarbons, accidental (unintentional), initial encounter
T53.5X2A	Toxic effect of chlorofluorocarbons, intentional self-harm, initial encounter
T53.5X3A	Toxic effect of chlorofluorocarbons, assault, initial encounter
T53.5X4A	Toxic effect of chlorofluorocarbons, undetermined, initial encounter
T53.6X1A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, accidental (unintentional), initial encounter
T53.6X2A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, intentional self-harm, initial encounter
T53.6X3A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, assault, initial encounter
T53.6X4A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, undetermined, initial encounter
T53.7X1A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, accidental (unintentional), initial encounter
T53.7X2A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, intentional self-harm, initial encounter
T53.7X3A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, assault, initial encounter
T53.7X4A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, undetermined, initial encounter
T53.91XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, accidental (unintentional), initial encounter
T53.92XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, intentional self-harm, initial encounter
T53.93XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, assault, initial encounter
T53.94XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, undetermined, initial encounter
T55.0X1A	Toxic effect of soaps, accidental (unintentional), initial encounter
T55.0X2A	Toxic effect of soaps, intentional self-harm, initial encounter
T55.0X3A	Toxic effect of soaps, assault, initial encounter



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T55.0X4A	Toxic effect of soaps, undetermined, initial encounter
T55.1X1A	Toxic effect of detergents, accidental (unintentional), initial encounter
T55.1X2A	Toxic effect of detergents, intentional self-harm, initial encounter
T55.1X3A	Toxic effect of detergents, assault, initial encounter
T55.1X4A	Toxic effect of detergents, undetermined, initial encounter
T57.3X1A	Toxic effect of hydrogen cyanide, accidental (unintentional), initial encounter
T57.3X2A	Toxic effect of hydrogen cyanide, intentional self-harm, initial encounter
T57.3X3A	Toxic effect of hydrogen cyanide, assault, initial encounter
T57.3X4A	Toxic effect of hydrogen cyanide, undetermined, initial encounter
T57.8X1A	Toxic effect of other specified inorganic substances, accidental (unintentional), initial encounter
T57.8X2A	Toxic effect of other specified inorganic substances, intentional self-harm, initial encounter
T57.8X3A	Toxic effect of other specified inorganic substances, assault, initial encounter
T57.8X4A	Toxic effect of other specified inorganic substances, undetermined, initial encounter
T57.91XA	Toxic effect of unspecified inorganic substance, accidental (unintentional), initial encounter
T57.92XA	Toxic effect of unspecified inorganic substance, intentional self-harm, initial encounter
T57.93XA	Toxic effect of unspecified inorganic substance, assault, initial encounter
T57.94XA	Toxic effect of unspecified inorganic substance, undetermined, initial encounter
T59.0X1A	Toxic effect of nitrogen oxides, accidental (unintentional), initial encounter
T59.0X2A	Toxic effect of nitrogen oxides, intentional self-harm, initial encounter
T59.0X3A	Toxic effect of nitrogen oxides, assault, initial encounter
T59.0X4A	Toxic effect of nitrogen oxides, undetermined, initial encounter
T59.1X1A	Toxic effect of sulfur dioxide, accidental (unintentional), initial encounter
T59.1X2A	Toxic effect of sulfur dioxide, intentional self-harm, initial encounter
T59.1X3A	Toxic effect of sulfur dioxide, assault, initial encounter
T59.1X4A	Toxic effect of sulfur dioxide, undetermined, initial encounter
T59.2X1A	Toxic effect of formaldehyde, accidental (unintentional), initial encounter

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Code	Description
T59.2X2A	Toxic effect of formaldehyde, intentional self-harm, initial encounter
T59.2X3A	Toxic effect of formaldehyde, assault, initial encounter
T59.2X4A	Toxic effect of formaldehyde, undetermined, initial encounter
T59.3X1A	Toxic effect of lacrimogenic gas, accidental (unintentional), initial encounter
T59.3X2A	Toxic effect of lacrimogenic gas, intentional self-harm, initial encounter
T59.3X3A	Toxic effect of lacrimogenic gas, assault, initial encounter
T59.3X4A	Toxic effect of lacrimogenic gas, undetermined, initial encounter
T59.4X1A	Toxic effect of chlorine gas, accidental (unintentional), initial encounter
T59.4X2A	Toxic effect of chlorine gas, intentional self-harm, initial encounter
T59.4X3A	Toxic effect of chlorine gas, assault, initial encounter
T59.4X4A	Toxic effect of chlorine gas, undetermined, initial encounter
T59.5X1A	Toxic effect of fluorine gas and hydrogen fluoride, accidental (unintentional), initial encounter
T59.5X2A	Toxic effect of fluorine gas and hydrogen fluoride, intentional self-harm, initial encounter
T59.5X3A	Toxic effect of fluorine gas and hydrogen fluoride, assault, initial encounter
T59.5X4A	Toxic effect of fluorine gas and hydrogen fluoride, undetermined, initial encounter
T59.6X1A	Toxic effect of hydrogen sulfide, accidental (unintentional), initial encounter
T59.6X2A	Toxic effect of hydrogen sulfide, intentional self-harm, initial encounter
T59.6X3A	Toxic effect of hydrogen sulfide, assault, initial encounter
T59.6X4A	Toxic effect of hydrogen sulfide, undetermined, initial encounter
T59.7X1A	Toxic effect of carbon dioxide, accidental (unintentional), initial encounter
T59.7X2A	Toxic effect of carbon dioxide, intentional self-harm, initial encounter
T59.7X3A	Toxic effect of carbon dioxide, assault, initial encounter
T59.7X4A	Toxic effect of carbon dioxide, undetermined, initial encounter
T59.811A	Toxic effect of smoke, accidental (unintentional), initial encounter
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter
T59.813A	Toxic effect of smoke, assault, initial encounter
T59.814A	Toxic effect of smoke, undetermined, initial encounter



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Code	Description
T59.891A	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.892A	Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter
T59.893A	Toxic effect of other specified gases, fumes and vapors, assault, initial encounter
T59.894A	Toxic effect of other specified gases, fumes and vapors, undetermined, initial encounter
T59.91XA	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter
T59.93XA	Toxic effect of unspecified gases, fumes and vapors, assault, initial encounter
T59.94XA	Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter
T60.0X1A	Toxic effect of organophosphate and carbamate insecticides, accidental (unintentional), initial encounter
T60.0X2A	Toxic effect of organophosphate and carbamate insecticides, intentional self-harm, initial encounter
T60.0X3A	Toxic effect of organophosphate and carbamate insecticides, assault, initial encounter
T60.0X4A	Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter
T60.1X1A	Toxic effect of halogenated insecticides, accidental (unintentional), initial encounter
T60.1X2A	Toxic effect of halogenated insecticides, intentional self-harm, initial encounter
T60.1X3A	Toxic effect of halogenated insecticides, assault, initial encounter
T60.1X4A	Toxic effect of halogenated insecticides, undetermined, initial encounter
T60.2X1A	Toxic effect of other insecticides, accidental (unintentional), initial encounter
T60.2X2A	Toxic effect of other insecticides, intentional self-harm, initial encounter
T60.2X3A	Toxic effect of other insecticides, assault, initial encounter
T60.2X4A	Toxic effect of other insecticides, undetermined, initial encounter
T60.3X1A	Toxic effect of herbicides and fungicides, accidental (unintentional), initial encounter



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Code	Description
T60.3X2A	Toxic effect of herbicides and fungicides, intentional self-harm, initial encounter
T60.3X3A	Toxic effect of herbicides and fungicides, assault, initial encounter
T60.3X4A	Toxic effect of herbicides and fungicides, undetermined, initial encounter
T60.4X1A	Toxic effect of rodenticides, accidental (unintentional), initial encounter
T60.4X2A	Toxic effect of rodenticides, intentional self-harm, initial encounter
T60.4X3A	Toxic effect of rodenticides, assault, initial encounter
T60.4X4A	Toxic effect of rodenticides, undetermined, initial encounter
T60.8X1A	Toxic effect of other pesticides, accidental (unintentional), initial encounter
T60.8X2A	Toxic effect of other pesticides, intentional self-harm, initial encounter
T60.8X3A	Toxic effect of other pesticides, assault, initial encounter
T60.8X4A	Toxic effect of other pesticides, undetermined, initial encounter
T60.91XA	Toxic effect of unspecified pesticide, accidental (unintentional), initial encounter
T60.92XA	Toxic effect of unspecified pesticide, intentional self-harm, initial encounter
T60.93XA	Toxic effect of unspecified pesticide, assault, initial encounter
T60.94XA	Toxic effect of unspecified pesticide, undetermined, initial encounter
T63.001A	Toxic effect of unspecified snake venom, accidental (unintentional), initial encounter
T63.002A	Toxic effect of unspecified snake venom, intentional self-harm, initial encounter
T63.003A	Toxic effect of unspecified snake venom, assault, initial encounter
T63.004A	Toxic effect of unspecified snake venom, undetermined, initial encounter
T63.011A	Toxic effect of rattlesnake venom, accidental (unintentional), initial encounter
T63.012A	Toxic effect of rattlesnake venom, intentional self-harm, initial encounter
T63.013A	Toxic effect of rattlesnake venom, assault, initial encounter
T63.014A	Toxic effect of rattlesnake venom, undetermined, initial encounter
T63.021A	Toxic effect of coral snake venom, accidental (unintentional), initial encounter
T63.022A	Toxic effect of coral snake venom, intentional self-harm, initial encounter
T63.023A	Toxic effect of coral snake venom, assault, initial encounter
T63.024A	Toxic effect of coral snake venom, undetermined, initial encounter
T63.031A	Toxic effect of taipan venom, accidental (unintentional), initial encounter

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Code	Description
T63.032A	Toxic effect of taipan venom, intentional self-harm, initial encounter
T63.033A	Toxic effect of taipan venom, assault, initial encounter
T63.034A	Toxic effect of taipan venom, undetermined, initial encounter
T63.041A	Toxic effect of cobra venom, accidental (unintentional), initial encounter
T63.042A	Toxic effect of cobra venom, intentional self-harm, initial encounter
T63.043A	Toxic effect of cobra venom, assault, initial encounter
T63.044A	Toxic effect of cobra venom, undetermined, initial encounter
T63.061A	Toxic effect of venom of other North and South American snake, accidental (unintentional), initial encounter
T63.062A	Toxic effect of venom of other North and South American snake, intentional self-harm, initial encounter
T63.063A	Toxic effect of venom of other North and South American snake, assault, initial encounter
T63.064A	Toxic effect of venom of other North and South American snake, undetermined, initial encounter
T63.071A	Toxic effect of venom of other Australian snake, accidental (unintentional), initial encounter
T63.072A	Toxic effect of venom of other Australian snake, intentional self-harm, initial encounter
T63.073A	Toxic effect of venom of other Australian snake, assault, initial encounter
T63.074A	Toxic effect of venom of other Australian snake, undetermined, initial encounter
T63.081A	Toxic effect of venom of other African and Asian snake, accidental (unintentional), initial encounter
T63.082A	Toxic effect of venom of other African and Asian snake, intentional self-harm, initial encounter
T63.083A	Toxic effect of venom of other African and Asian snake, assault, initial encounter
T63.084A	Toxic effect of venom of other African and Asian snake, undetermined, initial encounter
T63.091A	Toxic effect of venom of other snake, accidental (unintentional), initial encounter
T63.092A	Toxic effect of venom of other snake, intentional self-harm, initial encounter
T63.093A	Toxic effect of venom of other snake, assault, initial encounter



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T63.094A	Toxic effect of venom of other snake, undetermined, initial encounter
T63.111A	Toxic effect of venom of gila monster, accidental (unintentional), initial encounter
T63.112A	Toxic effect of venom of gila monster, intentional self-harm, initial encounter
T63.113A	Toxic effect of venom of gila monster, assault, initial encounter
T63.114A	Toxic effect of venom of gila monster, undetermined, initial encounter
T63.121A	Toxic effect of venom of other venomous lizard, accidental (unintentional), initial encounter
T63.122A	Toxic effect of venom of other venomous lizard, intentional self-harm, initial encounter
T63.123A	Toxic effect of venom of other venomous lizard, assault, initial encounter
T63.124A	Toxic effect of venom of other venomous lizard, undetermined, initial encounter
T63.191A	Toxic effect of venom of other reptiles, accidental (unintentional), initial encounter
T63.192A	Toxic effect of venom of other reptiles, intentional self-harm, initial encounter
T63.193A	Toxic effect of venom of other reptiles, assault, initial encounter
T63.194A	Toxic effect of venom of other reptiles, undetermined, initial encounter
T63.2X1A	Toxic effect of venom of scorpion, accidental (unintentional), initial encounter
T63.2X2A	Toxic effect of venom of scorpion, intentional self-harm, initial encounter
T63.2X3A	Toxic effect of venom of scorpion, assault, initial encounter
T63.2X4A	Toxic effect of venom of scorpion, undetermined, initial encounter
T63.301A	Toxic effect of unspecified spider venom, accidental (unintentional), initial encounter
T63.302A	Toxic effect of unspecified spider venom, intentional self-harm, initial encounter
T63.303A	Toxic effect of unspecified spider venom, assault, initial encounter
T63.304A	Toxic effect of unspecified spider venom, undetermined, initial encounter
T63.311A	Toxic effect of venom of black widow spider, accidental (unintentional), initial encounter
T63.312A	Toxic effect of venom of black widow spider, intentional self-harm, initial encounter
T63.313A	Toxic effect of venom of black widow spider, assault, initial encounter
T63.314A	Toxic effect of venom of black widow spider, undetermined, initial encounter
T63.321A	Toxic effect of venom of tarantula, accidental (unintentional), initial encounter

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Code	Description
T63.322A	Toxic effect of venom of tarantula, intentional self-harm, initial encounter
T63.323A	Toxic effect of venom of tarantula, assault, initial encounter
T63.324A	Toxic effect of venom of tarantula, undetermined, initial encounter
T63.331A	Toxic effect of venom of brown recluse spider, accidental (unintentional), initial encounter
T63.332A	Toxic effect of venom of brown recluse spider, intentional self-harm, initial encounter
T63.333A	Toxic effect of venom of brown recluse spider, assault, initial encounter
T63.334A	Toxic effect of venom of brown recluse spider, undetermined, initial encounter
T63.391A	Toxic effect of venom of other spider, accidental (unintentional), initial encounter
T63.392A	Toxic effect of venom of other spider, intentional self-harm, initial encounter
T63.393A	Toxic effect of venom of other spider, assault, initial encounter
T63.394A	Toxic effect of venom of other spider, undetermined, initial encounter
T63.411A	Toxic effect of venom of centipedes and venomous millipedes, accidental (unintentional), initial encounter
T63.412A	Toxic effect of venom of centipedes and venomous millipedes, intentional self-harm, initial encounter
T63.413A	Toxic effect of venom of centipedes and venomous millipedes, assault, initial encounter
T63.414A	Toxic effect of venom of centipedes and venomous millipedes, undetermined, initial encounter
T63.421A	Toxic effect of venom of ants, accidental (unintentional), initial encounter
T63.422A	Toxic effect of venom of ants, intentional self-harm, initial encounter
T63.423A	Toxic effect of venom of ants, assault, initial encounter
T63.424A	Toxic effect of venom of ants, undetermined, initial encounter
T63.431A	Toxic effect of venom of caterpillars, accidental (unintentional), initial encounter
T63.432A	Toxic effect of venom of caterpillars, intentional self-harm, initial encounter
T63.433A	Toxic effect of venom of caterpillars, assault, initial encounter
T63.434A	Toxic effect of venom of caterpillars, undetermined, initial encounter
T63.441A	Toxic effect of venom of bees, accidental (unintentional), initial encounter



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T63.442A	Toxic effect of venom of bees, intentional self-harm, initial encounter
T63.443A	Toxic effect of venom of bees, assault, initial encounter
T63.444A	Toxic effect of venom of bees, undetermined, initial encounter
T63.451A	Toxic effect of venom of hornets, accidental (unintentional), initial encounter
T63.452A	Toxic effect of venom of hornets, intentional self-harm, initial encounter
T63.453A	Toxic effect of venom of hornets, assault, initial encounter
T63.454A	Toxic effect of venom of hornets, undetermined, initial encounter
T63.461A	Toxic effect of venom of wasps, accidental (unintentional), initial encounter
T63.462A	Toxic effect of venom of wasps, intentional self-harm, initial encounter
T63.463A	Toxic effect of venom of wasps, assault, initial encounter
T63.464A	Toxic effect of venom of wasps, undetermined, initial encounter
T63.481A	Toxic effect of venom of other arthropod, accidental (unintentional), initial encounter
T63.482A	Toxic effect of venom of other arthropod, intentional self-harm, initial encounter
T63.483A	Toxic effect of venom of other arthropod, assault, initial encounter
T63.484A	Toxic effect of venom of other arthropod, undetermined, initial encounter
T63.511A	Toxic effect of contact with stingray, accidental (unintentional), initial encounter
T63.512A	Toxic effect of contact with stingray, intentional self-harm, initial encounter
T63.513A	Toxic effect of contact with stingray, assault, initial encounter
T63.514A	Toxic effect of contact with stingray, undetermined, initial encounter
T63.591A	Toxic effect of contact with other venomous fish, accidental (unintentional), initial encounter
T63.592A	Toxic effect of contact with other venomous fish, intentional self-harm, initial encounter
T63.593A	Toxic effect of contact with other venomous fish, assault, initial encounter
T63.594A	Toxic effect of contact with other venomous fish, undetermined, initial encounter
T63.611A	Toxic effect of contact with Portugese Man-o-war, accidental (unintentional), initial encounter
T63.612A	Toxic effect of contact with Portugese Man-o-war, intentional self-harm, initial encounter
T63.613A	Toxic effect of contact with Portugese Man-o-war, assault, initial encounter

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Code	Description
T63.614A	Toxic effect of contact with Portugese Man-o-war, undetermined, initial encounter
T63.621A	Toxic effect of contact with other jellyfish, accidental (unintentional), initial encounter
T63.622A	Toxic effect of contact with other jellyfish, intentional self-harm, initial encounter
T63.623A	Toxic effect of contact with other jellyfish, assault, initial encounter
T63.624A	Toxic effect of contact with other jellyfish, undetermined, initial encounter
T63.631A	Toxic effect of contact with sea anemone, accidental (unintentional), initial encounter
T63.632A	Toxic effect of contact with sea anemone, intentional self-harm, initial encounter
T63.633A	Toxic effect of contact with sea anemone, assault, initial encounter
T63.634A	Toxic effect of contact with sea anemone, undetermined, initial encounter
T63.691A	Toxic effect of contact with other venomous marine animals, accidental (unintentional), initial encounter
T63.692A	Toxic effect of contact with other venomous marine animals, intentional self-harm, initial encounter
T63.693A	Toxic effect of contact with other venomous marine animals, assault, initial encounter
T63.694A	Toxic effect of contact with other venomous marine animals, undetermined, initial encounter
T63.711A	Toxic effect of contact with venomous marine plant, accidental (unintentional), initial encounter
T63.712A	Toxic effect of contact with venomous marine plant, intentional self-harm, initial encounter
T63.713A	Toxic effect of contact with venomous marine plant, assault, initial encounter
T63.714A	Toxic effect of contact with venomous marine plant, undetermined, initial encounter
T63.791A	Toxic effect of contact with other venomous plant, accidental (unintentional), initial encounter
T63.792A	Toxic effect of contact with other venomous plant, intentional self-harm, initial encounter
T63.793A	Toxic effect of contact with other venomous plant, assault, initial encounter
T63.794A	Toxic effect of contact with other venomous plant, undetermined, initial encounter



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Code	Description
T63.811A	Toxic effect of contact with venomous frog, accidental (unintentional), initial encounter
T63.812A	Toxic effect of contact with venomous frog, intentional self-harm, initial encounter
T63.813A	Toxic effect of contact with venomous frog, assault, initial encounter
T63.814A	Toxic effect of contact with venomous frog, undetermined, initial encounter
T63.821A	Toxic effect of contact with venomous toad, accidental (unintentional), initial encounter
T63.822A	Toxic effect of contact with venomous toad, intentional self-harm, initial encounter
T63.823A	Toxic effect of contact with venomous toad, assault, initial encounter
T63.824A	Toxic effect of contact with venomous toad, undetermined, initial encounter
T63.831A	Toxic effect of contact with other venomous amphibian, accidental (unintentional), initial encounter
T63.832A	Toxic effect of contact with other venomous amphibian, intentional self-harm, initial encounter
T63.833A	Toxic effect of contact with other venomous amphibian, assault, initial encounter
T63.834A	Toxic effect of contact with other venomous amphibian, undetermined, initial encounter
T63.891A	Toxic effect of contact with other venomous animals, accidental (unintentional), initial encounter
T63.892A	Toxic effect of contact with other venomous animals, intentional self-harm, initial encounter
T63.893A	Toxic effect of contact with other venomous animals, assault, initial encounter
T63.894A	Toxic effect of contact with other venomous animals, undetermined, initial encounter
T63.91XA	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), initial encounter
T63.92XA	Toxic effect of contact with unspecified venomous animal, intentional self-harm, initial encounter
T63.93XA	Toxic effect of contact with unspecified venomous animal, assault, initial encounter
T63.94XA	Toxic effect of contact with unspecified venomous animal, undetermined, initial encounter
T64.01XA	Toxic effect of aflatoxin, accidental (unintentional), initial encounter

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Code	Description
T64.02XA	Toxic effect of aflatoxin, intentional self-harm, initial encounter
T64.03XA	Toxic effect of aflatoxin, assault, initial encounter
T64.04XA	Toxic effect of aflatoxin, undetermined, initial encounter
T64.81XA	Toxic effect of other mycotoxin food contaminants, accidental (unintentional), initial encounter
T64.82XA	Toxic effect of other mycotoxin food contaminants, intentional self-harm, initial encounter
T64.83XA	Toxic effect of other mycotoxin food contaminants, assault, initial encounter
T64.84XA	Toxic effect of other mycotoxin food contaminants, undetermined, initial encounter
T65.0X1A	Toxic effect of cyanides, accidental (unintentional), initial encounter
T65.0X2A	Toxic effect of cyanides, intentional self-harm, initial encounter
T65.0X3A	Toxic effect of cyanides, assault, initial encounter
T65.0X4A	Toxic effect of cyanides, undetermined, initial encounter
T65.1X1A	Toxic effect of strychnine and its salts, accidental (unintentional), initial encounter
T65.1X2A	Toxic effect of strychnine and its salts, intentional self-harm, initial encounter
T65.1X3A	Toxic effect of strychnine and its salts, assault, initial encounter
T65.1X4A	Toxic effect of strychnine and its salts, undetermined, initial encounter
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter
T65.213A	Toxic effect of chewing tobacco, assault, initial encounter
T65.214A	Toxic effect of chewing tobacco, undetermined, initial encounter
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter



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Code	Description
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter
T65.3X1A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, accidental (unintentional), initial encounter
T65.3X2A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, intentional self-harm, initial encounter
T65.3X3A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, assault, initial encounter
T65.3X4A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, undetermined, initial encounter
T65.4X1A	Toxic effect of carbon disulfide, accidental (unintentional), initial encounter
T65.4X2A	Toxic effect of carbon disulfide, intentional self-harm, initial encounter
T65.4X3A	Toxic effect of carbon disulfide, assault, initial encounter
T65.4X4A	Toxic effect of carbon disulfide, undetermined, initial encounter
T65.5X1A	Toxic effect of nitroglycerin and other nitric acids and esters, accidental (unintentional), initial encounter
T65.5X2A	Toxic effect of nitroglycerin and other nitric acids and esters, intentional self-harm, initial encounter
T65.5X3A	Toxic effect of nitroglycerin and other nitric acids and esters, assault, initial encounter
T65.5X4A	Toxic effect of nitroglycerin and other nitric acids and esters, undetermined, initial encounter
T65.6X1A	Toxic effect of paints and dyes, not elsewhere classified, accidental (unintentional), initial encounter
T65.6X2A	Toxic effect of paints and dyes, not elsewhere classified, intentional self-harm, initial encounter
T65.6X3A	Toxic effect of paints and dyes, not elsewhere classified, assault, initial encounter
T65.6X4A	Toxic effect of paints and dyes, not elsewhere classified, undetermined, initial encounter
T65.811A	Toxic effect of latex, accidental (unintentional), initial encounter
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.813A	Toxic effect of latex, assault, initial encounter
T65.814A	Toxic effect of latex, undetermined, initial encounter

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Code	Description
T65.821A	Toxic effect of harmful algae and algae toxins, accidental (unintentional), initial encounter
T65.822A	Toxic effect of harmful algae and algae toxins, intentional self-harm, initial encounter
T65.823A	Toxic effect of harmful algae and algae toxins, assault, initial encounter
T65.824A	Toxic effect of harmful algae and algae toxins, undetermined, initial encounter
T65.831A	Toxic effect of fiberglass, accidental (unintentional), initial encounter
T65.832A	Toxic effect of fiberglass, intentional self-harm, initial encounter
T65.833A	Toxic effect of fiberglass, assault, initial encounter
T65.834A	Toxic effect of fiberglass, undetermined, initial encounter
T65.891A	Toxic effect of other specified substances, accidental (unintentional), initial encounter
T65.892A	Toxic effect of other specified substances, intentional self-harm, initial encounter
T65.893A	Toxic effect of other specified substances, assault, initial encounter
T65.894A	Toxic effect of other specified substances, undetermined, initial encounter
T65.91XA	Toxic effect of unspecified substance, accidental (unintentional), initial encounter
T65.92XA	Toxic effect of unspecified substance, intentional self-harm, initial encounter
T65.93XA	Toxic effect of unspecified substance, assault, initial encounter
T65.94XA	Toxic effect of unspecified substance, undetermined, initial encounter
T67.01XA	Heatstroke and sunstroke, initial encounter
T67.01XD	Heatstroke and sunstroke, subsequent encounter
T67.02XA	Exertional heatstroke, initial encounter
T67.02XD	Exertional heatstroke, subsequent encounter
T67.09XA	Other heatstroke and sunstroke, initial encounter
T67.09XD	Other heatstroke and sunstroke, subsequent encounter
T78.41XA	Arthus phenomenon, initial encounter
T79.2XXA	Traumatic secondary and recurrent hemorrhage and seroma, initial encounter
T80.1XXA	Vascular complications following infusion, transfusion and therapeutic injection, initial encounter



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Code	Description
T80.89XA	Other complications following infusion, transfusion and therapeutic injection, initial encounter
T80.910A	Acute hemolytic transfusion reaction, unspecified incompatibility, initial encounter
T80.911A	Delayed hemolytic transfusion reaction, unspecified incompatibility, initial encounter
T80.919A	Hemolytic transfusion reaction, unspecified incompatibility, unspecified as acute or delayed, initial encounter
T80.92XA	Unspecified transfusion reaction, initial encounter
T82.855A	Stenosis of coronary artery stent, initial encounter
T82.855D	Stenosis of coronary artery stent, subsequent encounter
T82.855S	Stenosis of coronary artery stent, sequela
T82.856A	Stenosis of peripheral vascular stent, initial encounter
T82.856D	Stenosis of peripheral vascular stent, subsequent encounter
T82.856S	Stenosis of peripheral vascular stent, sequela
T85.810A	Embolism due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.810D	Embolism due to nervous system prosthetic devices, implants and grafts, subsequent encounter
T85.810S	Embolism due to nervous system prosthetic devices, implants and grafts, sequela
T85.818A	Embolism due to other internal prosthetic devices, implants and grafts, initial encounter
T85.818D	Embolism due to other internal prosthetic devices, implants and grafts, subsequent encounter
T85.818S	Embolism due to other internal prosthetic devices, implants and grafts, sequela
T85.830A	Hemorrhage due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.838A	Hemorrhage due to other internal prosthetic devices, implants and grafts, initial encounter
T85.840A	Pain due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.848A	Pain due to other internal prosthetic devices, implants and grafts, initial encounter



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Code	Description
T85.850A	Stenosis due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.858A	Stenosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.860A	Thrombosis due to nervous system prosthetic devices, implants and grafts, initial encounter
T85.860D	Thrombosis due to nervous system prosthetic devices, implants and grafts, subsequent encounter
T85.860S	Thrombosis due to nervous system prosthetic devices, implants and grafts, sequela
T85.868A	Thrombosis due to other internal prosthetic devices, implants and grafts, initial encounter
T85.868D	Thrombosis due to other internal prosthetic devices, implants and grafts, subsequent encounter
T85.868S	Thrombosis due to other internal prosthetic devices, implants and grafts, sequela
T86.40	Unspecified complication of liver transplant
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.43	Liver transplant infection
T86.49	Other complications of liver transplant
T86.8401	Corneal transplant rejection, right eye
T86.8402	Corneal transplant rejection, left eye
T86.8403	Corneal transplant rejection, bilateral
T86.8409	Corneal transplant rejection, unspecified eye
T86.8411	Corneal transplant failure, right eye
T86.8412	Corneal transplant failure, left eye
T86.8413	Corneal transplant failure, bilateral
T86.8419	Corneal transplant failure, unspecified eye
T86.8421	Corneal transplant infection, right eye
T86.8422	Corneal transplant infection, left eye
T86.8423	Corneal transplant infection, bilateral



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Code	Description
T86.8429	Corneal transplant infection, unspecified eye
T88.52XA	Failed moderate sedation during procedure, initial encounter
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z22.7	Latent tuberculosis
Z48.21	Encounter for aftercare following heart transplant
Z48.22	Encounter for aftercare following kidney transplant

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Code	Description
Z48.23	Encounter for aftercare following liver transplant
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart-lung transplant
Z48.290	Encounter for aftercare following bone marrow transplant
Z48.298	Encounter for aftercare following other organ transplant
Z51.81	Encounter for therapeutic drug level monitoring
Z51.89	Encounter for other specified aftercare
Z53.31	Laparoscopic surgical procedure converted to open procedure
Z53.32	Thoracoscopic surgical procedure converted to open procedure
Z53.33	Arthroscopic surgical procedure converted to open procedure
Z53.39	Other specified procedure converted to open procedure
Z79.01	Long term (current) use of anticoagulants
Z84.82	Family history of sudden infant death syndrome
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs
Z86.003	Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs
Z86.005	Personal history of in-situ neoplasm of middle ear and respiratory system
Z86.006	Personal history of melanoma in-situ
Z86.007	Personal history of in-situ neoplasm of skin
Z86.15	Personal history of latent tuberculosis infection
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.39	Personal history of other endocrine, nutritional and metabolic disease
Z86.711	Personal history of pulmonary embolism
Z86.718	Personal history of other venous thrombosis and embolism
Z86.72	Personal history of thrombophlebitis
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
Z86.74	Personal history of sudden cardiac arrest

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Code	Description
Z86.79	Personal history of other diseases of the circulatory system
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status
Z95.2	Presence of prosthetic heart valve
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart-valve replacement
Z95.811	Presence of heart assist device
Z95.812	Presence of fully implantable artificial heart
Z95.820	Peripheral vascular angioplasty status with implants and grafts
Z95.828	Presence of other vascular implants and grafts
Z96.82	Presence of neurostimulator
Z98.870	Personal history of in utero procedure during pregnancy
Z98.871	Personal history of in utero procedure while a fetus
Z98.890	Other specified postprocedural states
Z98.891	History of uterine scar from previous surgery

Indications

1. A PT may be used to assess patients taking warfarin. The PT is generally not useful in monitoring patients receiving heparin who are not taking warfarin.
2. A PT may be used to assess patients with signs or symptoms of abnormal bleeding or thrombosis. For example:



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- Swollen extremity with or without prior trauma
 - Unexplained bruising
 - Abnormal bleeding, hemorrhage or hematoma
 - Petechiae or other signs of thrombocytopenia that could be due to Disseminated Intravascular Coagulation
3. A PT may be useful in evaluating patients who have a history of a condition known to be associated with the risk of bleeding or thrombosis that is related to the extrinsic coagulation pathway. Such abnormalities may be genetic or acquired. For example:
- Dysfibrinogenemia
 - Afibrinogenemia (complete)
 - Acute or chronic liver dysfunction or failure, including Wilson's disease and Hemochromatosis
 - Disseminated intravascular coagulation (DIC)
 - Congenital and acquired deficiencies of factors II, V, VII, X
 - Vitamin K deficiency
 - Lupus erythematosus
 - Hypercoagulable state
 - Paraproteinemia
 - Lymphoma
 - Amyloidosis
 - Acute and chronic leukemias
 - Plasma cell dyscrasia
 - HIV infection
 - Malignant neoplasms
 - Hemorrhagic fever
 - Salicylate poisoning
 - Obstructive jaundice
 - Intestinal fistula
 - Malabsorption syndrome
 - Colitis
 - Chronic diarrhea
 - Presence of peripheral venous or arterial thrombosis or pulmonary emboli or myocardial infarction
 - Patients with bleeding or clotting tendencies
 - Organ transplantation
 - Presence of circulating coagulation inhibitors
4. A PT may be used to assess the risk of hemorrhage or thrombosis in patients who are going to have a medical intervention known to be associated with increased risk of bleeding or thrombosis. For example:



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- Evaluation prior to invasive procedures or operations of patients with personal history of bleeding or a condition associated with coagulopathy.
- Prior to the use of thrombolytic medication

Limitations

1. When an ESRD patient is tested for PT, testing more frequently than weekly requires documentation of medical necessity, e.g., other than chronic renal failure or renal failure unspecified.
2. The need to repeat this test is determined by changes in the underlying medical condition and/or the dosing of warfarin. In a patient on stable warfarin therapy, it is ordinarily not necessary to repeat testing more than every two to three weeks. When testing is performed to evaluate a patient with signs or symptoms of abnormal bleeding or thrombosis and the initial test result is normal, it is ordinarily not necessary to repeat testing unless there is a change in the patient's medical status.
3. Since the INR is a calculation, it will not be paid in addition to the PT when expressed in seconds, and is considered part of the conventional PT test.
4. Testing prior to any medical intervention associated with a risk of bleeding and thrombosis (other than thrombolytic therapy) will generally be considered medically necessary only where there are signs or symptoms of a bleeding or thrombotic abnormality or a personal history of bleeding, thrombosis or a condition associated with a coagulopathy. Hospital/clinic-specific policies, protocols, etc., in and of themselves, cannot alone justify coverage.

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.

Sources of Information

CMD Clinical Laboratory Workgroup

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Hemostasis and Thrombosis: Basic Principles and Clinical Practice. Colman, et al editors, J.B. Lippincott, 3rd Edition, 1994, pp 896-898 and 1045-1046.

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190.18 - Serum Iron Studies

Description

Serum iron studies are useful in the evaluation of disorders of iron metabolism, particularly iron deficiency and iron excess. Iron studies are best performed when the patient is fasting in the morning and has abstained from medications that may influence iron balance.

Iron deficiency is the most common cause of anemia. In young children on a milk diet, iron deficiency is often secondary to dietary deficiency. In adults, iron deficiency is usually the result of blood loss and is only occasionally secondary to dietary deficiency or malabsorption. Following major surgery the patient may have iron deficient erythropoietin for months or years if adequate iron replacement has not been given. High doses of supplemental iron may cause the serum iron to be elevated. Serum iron may also be altered in acute and chronic inflammatory and neoplastic conditions.

Total Iron Binding Capacity (TIBC) is an indirect measure of transferrin, a protein that binds and transports iron. TIBC quantifies transferrin by the amount of iron that it can bind. TIBC and transferrin are elevated in iron deficiency, and with oral contraceptive use, and during pregnancy. TIBC and transferrin may be decreased in malabsorption syndromes or in those affected with chronic diseases. The percent saturation represents the ratio of iron to the TIBC.

Assays for ferritin are also useful in assessing iron balance. Low concentrations are associated with iron deficiency and are highly specific. High concentrations are found in hemosiderosis (iron overload without associated tissue injury) and hemochromatosis (iron overload with associated tissue injury). In these conditions the iron is elevated, the TIBC and transferrin are within the reference range or low, and the percent saturation is elevated. Serum ferritin can be useful for both initiating and monitoring treatment for iron overload.

Transferrin and ferritin belong to a group of serum proteins known as acute phase reactants, and are increased in response to stressful or inflammatory conditions and also can occur with infection and tissue injury due to surgery, trauma or necrosis. Ferritin and iron/TIBC (or transferrin) are affected by acute and chronic inflammatory conditions, and in patients with these disorders, tests of iron status may be difficult to interpret.

HCP Codes (Alphanumeric, CPT® AMA)

Code	Description
82728	Ferritin
83540	Iron
83550	Iron Binding capacity
84466	Transferrin



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
A01.00	Typhoid fever, unspecified
A01.01	Typhoid meningitis
A01.02	Typhoid fever with heart involvement
A01.03	Typhoid pneumonia
A01.04	Typhoid arthritis
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A01.4	Paratyphoid fever, unspecified
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A02.20	Localized salmonella infection, unspecified
A02.21	Salmonella meningitis
A02.22	Salmonella pneumonia
A02.23	Salmonella arthritis
A02.24	Salmonella osteomyelitis
A02.25	Salmonella pyelonephritis
A02.29	Salmonella with other localized infection
A02.8	Other specified salmonella infections
A02.9	Salmonella infection, unspecified
A04.0	Enteropathogenic Escherichia coli infection
A04.1	Enterotoxigenic Escherichia coli infection



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Code	Description
A04.2	Enteroinvasive Escherichia coli infection
A04.3	Enterohemorrhagic Escherichia coli infection
A04.4	Other intestinal Escherichia coli infections
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A06.3	Ameboma of intestine
A06.4	Amebic liver abscess
A06.5	Amebic lung abscess
A06.6	Amebic brain abscess
A06.7	Cutaneous amebiasis
A06.81	Amebic cystitis
A06.82	Other amebic genitourinary infections
A06.89	Other amebic infections
A06.9	Amebiasis, unspecified
A07.0	Balantidiasis
A07.1	Giardiasis [lambliasis]
A07.2	Cryptosporidiosis
A07.3	Isosporiasis
A07.4	Cyclosporiasis
A07.8	Other specified protozoal intestinal diseases
A07.9	Protozoal intestinal disease, unspecified



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Code	Description
A08.0	Rotaviral enteritis
A08.11	Acute gastroenteropathy due to Norwalk agent
A08.19	Acute gastroenteropathy due to other small round viruses
A08.2	Adenoviral enteritis
A08.31	Calicivirus enteritis
A08.32	Astrovirus enteritis
A08.39	Other viral enteritis
A08.4	Viral intestinal infection, unspecified
A08.8	Other specified intestinal infections
A09	Infectious gastroenteritis and colitis, unspecified
A15.0	Tuberculosis of lung
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma



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Code	Description
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B25.1	Cytomegaloviral hepatitis
B52.0	Plasmodium malariae malaria with nephropathy
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified

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Code	Description
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified



**Medicare National Coverage Determinations (NCD)
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Code	Description
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified



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Code	Description
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure



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Code	Description
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas

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Code	Description
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung



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Code	Description
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb



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Code	Description
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin



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Code	Description
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus

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Code	Description
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose

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Code	Description
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder

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Code	Description
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C45.0	Mesothelioma of pleura

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**Medicare National Coverage Determinations (NCD)
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Code	Description
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system



**Medicare National Coverage Determinations (NCD)
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Code	Description
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites



**Medicare National Coverage Determinations (NCD)
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Code	Description
C4A.0	Merkel cell carcinoma of lip
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast



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Code	Description
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast



**Medicare National Coverage Determinations (NCD)
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Code	Description
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina



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Code	Description
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified



**Medicare National Coverage Determinations (NCD)
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Code	Description
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis

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**Medicare National Coverage Determinations (NCD)
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Code	Description
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.10	Malignant neoplasm of unspecified cornea
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.20	Malignant neoplasm of unspecified retina



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Code	Description
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe



**Medicare National Coverage Determinations (NCD)
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Code	Description
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland



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Code	Description
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis
C76.40	Malignant neoplasm of unspecified upper limb
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.50	Malignant neoplasm of unspecified lower limb
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of other specified ill-defined sites
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes



**Medicare National Coverage Determinations (NCD)
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Code	Description
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow



**Medicare National Coverage Determinations (NCD)
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Code	Description
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified



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Code	Description
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites

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**Medicare National Coverage Determinations (NCD)
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Code	Description
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes

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Code	Description
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb

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Code	Description
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes

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Code	Description
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site

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Code	Description
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites



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Code	Description
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes



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Code	Description
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb

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Code	Description
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes

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Code	Description
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site

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Code	Description
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes

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Code	Description
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb

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Code	Description
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site

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Code	Description
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse

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Code	Description
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission

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Code	Description
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission

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Code	Description
C92.92	Myeloid leukemia, unspecified in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse



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Code	Description
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge



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Code	Description
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D02.3	Carcinoma in situ of other parts of respiratory system
D02.4	Carcinoma in situ of respiratory system, unspecified
D03.0	Melanoma in situ of lip
D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus



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Code	Description
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D04.0	Carcinoma in situ of skin of lip
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.30	Carcinoma in situ of skin of unspecified part of face



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Code	Description
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D04.9	Carcinoma in situ of skin, unspecified
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D07.0	Carcinoma in situ of endometrium



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Code	Description
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.30	Carcinoma in situ of unspecified female genital organs
D07.39	Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.5	Carcinoma in situ of prostate
D07.60	Carcinoma in situ of unspecified male genital organs
D07.61	Carcinoma in situ of scrotum
D07.69	Carcinoma in situ of other male genital organs
D09.0	Carcinoma in situ of bladder
D09.10	Carcinoma in situ of unspecified urinary organ
D09.19	Carcinoma in situ of other urinary organs
D09.20	Carcinoma in situ of unspecified eye
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D09.9	Carcinoma in situ, unspecified
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx, unspecified



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Code	Description
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D11.9	Benign neoplasm of major salivary gland, unspecified
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.6	Benign neoplasm of colon, unspecified
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach
D13.2	Benign neoplasm of duodenum
D13.30	Benign neoplasm of unspecified part of small intestine
D13.39	Benign neoplasm of other parts of small intestine
D13.4	Benign neoplasm of liver
D13.5	Benign neoplasm of extrahepatic bile ducts
D13.6	Benign neoplasm of pancreas
D13.7	Benign neoplasm of endocrine pancreas
D13.9	Benign neoplasm of ill-defined sites within the digestive system
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D14.1	Benign neoplasm of larynx
D14.2	Benign neoplasm of trachea
D14.30	Benign neoplasm of unspecified bronchus and lung
D14.31	Benign neoplasm of right bronchus and lung



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Code	Description
D14.32	Benign neoplasm of left bronchus and lung
D14.4	Benign neoplasm of respiratory system, unspecified
D15.0	Benign neoplasm of thymus
D15.1	Benign neoplasm of heart
D15.2	Benign neoplasm of mediastinum
D15.7	Benign neoplasm of other specified intrathoracic organs
D15.9	Benign neoplasm of intrathoracic organ, unspecified
D16.00	Benign neoplasm of scapula and long bones of unspecified upper limb
D16.01	Benign neoplasm of scapula and long bones of right upper limb
D16.02	Benign neoplasm of scapula and long bones of left upper limb
D16.10	Benign neoplasm of short bones of unspecified upper limb
D16.11	Benign neoplasm of short bones of right upper limb
D16.12	Benign neoplasm of short bones of left upper limb
D16.20	Benign neoplasm of long bones of unspecified lower limb
D16.21	Benign neoplasm of long bones of right lower limb
D16.22	Benign neoplasm of long bones of left lower limb
D16.30	Benign neoplasm of short bones of unspecified lower limb
D16.31	Benign neoplasm of short bones of right lower limb
D16.32	Benign neoplasm of short bones of left lower limb
D16.4	Benign neoplasm of bones of skull and face
D16.5	Benign neoplasm of lower jaw bone
D16.6	Benign neoplasm of vertebral column
D16.7	Benign neoplasm of ribs, sternum and clavicle
D16.8	Benign neoplasm of pelvic bones, sacrum and coccyx
D16.9	Benign neoplasm of bone and articular cartilage, unspecified
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
D17.20	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified limb

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Code	Description
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D17.4	Benign lipomatous neoplasm of intrathoracic organs
D17.5	Benign lipomatous neoplasm of intra-abdominal organs
D17.6	Benign lipomatous neoplasm of spermatic cord
D17.71	Benign lipomatous neoplasm of kidney
D17.72	Benign lipomatous neoplasm of other genitourinary organ
D17.79	Benign lipomatous neoplasm of other sites
D17.9	Benign lipomatous neoplasm, unspecified
D18.00	Hemangioma unspecified site
D18.01	Hemangioma of skin and subcutaneous tissue
D18.02	Hemangioma of intracranial structures
D18.03	Hemangioma of intra-abdominal structures
D18.09	Hemangioma of other sites
D18.1	Lymphangioma, any site
D19.0	Benign neoplasm of mesothelial tissue of pleura
D19.1	Benign neoplasm of mesothelial tissue of peritoneum
D19.7	Benign neoplasm of mesothelial tissue of other sites
D19.9	Benign neoplasm of mesothelial tissue, unspecified
D20.0	Benign neoplasm of soft tissue of retroperitoneum
D20.1	Benign neoplasm of soft tissue of peritoneum
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D21.10	Benign neoplasm of connective and other soft tissue of unspecified upper limb, including shoulder



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Code	Description
D21.11	Benign neoplasm of connective and other soft tissue of right upper limb, including shoulder
D21.12	Benign neoplasm of connective and other soft tissue of left upper limb, including shoulder
D21.20	Benign neoplasm of connective and other soft tissue of unspecified lower limb, including hip
D21.21	Benign neoplasm of connective and other soft tissue of right lower limb, including hip
D21.22	Benign neoplasm of connective and other soft tissue of left lower limb, including hip
D21.3	Benign neoplasm of connective and other soft tissue of thorax
D21.4	Benign neoplasm of connective and other soft tissue of abdomen
D21.5	Benign neoplasm of connective and other soft tissue of pelvis
D21.6	Benign neoplasm of connective and other soft tissue of trunk, unspecified
D21.9	Benign neoplasm of connective and other soft tissue, unspecified
D22.0	Melanocytic nevi of lip
D22.10	Melanocytic nevi of unspecified eyelid, including canthus
D22.111	Melanocytic nevi of right upper eyelid, including canthus
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D22.20	Melanocytic nevi of unspecified ear and external auricular canal
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk
D22.60	Melanocytic nevi of unspecified upper limb, including shoulder
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder

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Code	Description
D22.70	Melanocytic nevi of unspecified lower limb, including hip
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip
D22.9	Melanocytic nevi, unspecified
D23.0	Other benign neoplasm of skin of lip
D23.10	Other benign neoplasm of skin of unspecified eyelid, including canthus
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D23.20	Other benign neoplasm of skin of unspecified ear and external auricular canal
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.30	Other benign neoplasm of skin of unspecified part of face
D23.39	Other benign neoplasm of skin of other parts of face
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.60	Other benign neoplasm of skin of unspecified upper limb, including shoulder
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D23.9	Other benign neoplasm of skin, unspecified
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D24.9	Benign neoplasm of unspecified breast
D25.0	Submucous leiomyoma of uterus



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Code	Description
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
D26.0	Other benign neoplasm of cervix uteri
D26.1	Other benign neoplasm of corpus uteri
D26.7	Other benign neoplasm of other parts of uterus
D26.9	Other benign neoplasm of uterus, unspecified
D27.0	Benign neoplasm of right ovary
D27.1	Benign neoplasm of left ovary
D27.9	Benign neoplasm of unspecified ovary
D28.0	Benign neoplasm of vulva
D28.1	Benign neoplasm of vagina
D28.2	Benign neoplasm of uterine tubes and ligaments
D28.7	Benign neoplasm of other specified female genital organs
D28.9	Benign neoplasm of female genital organ, unspecified
D29.0	Benign neoplasm of penis
D29.1	Benign neoplasm of prostate
D29.20	Benign neoplasm of unspecified testis
D29.21	Benign neoplasm of right testis
D29.22	Benign neoplasm of left testis
D29.30	Benign neoplasm of unspecified epididymis
D29.31	Benign neoplasm of right epididymis
D29.32	Benign neoplasm of left epididymis
D29.4	Benign neoplasm of scrotum
D29.8	Benign neoplasm of other specified male genital organs
D29.9	Benign neoplasm of male genital organ, unspecified
D30.00	Benign neoplasm of unspecified kidney
D30.01	Benign neoplasm of right kidney



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Code	Description
D30.02	Benign neoplasm of left kidney
D30.10	Benign neoplasm of unspecified renal pelvis
D30.11	Benign neoplasm of right renal pelvis
D30.12	Benign neoplasm of left renal pelvis
D30.20	Benign neoplasm of unspecified ureter
D30.21	Benign neoplasm of right ureter
D30.22	Benign neoplasm of left ureter
D30.3	Benign neoplasm of bladder
D30.4	Benign neoplasm of urethra
D30.8	Benign neoplasm of other specified urinary organs
D30.9	Benign neoplasm of urinary organ, unspecified
D31.00	Benign neoplasm of unspecified conjunctiva
D31.01	Benign neoplasm of right conjunctiva
D31.02	Benign neoplasm of left conjunctiva
D31.10	Benign neoplasm of unspecified cornea
D31.11	Benign neoplasm of right cornea
D31.12	Benign neoplasm of left cornea
D31.20	Benign neoplasm of unspecified retina
D31.21	Benign neoplasm of right retina
D31.22	Benign neoplasm of left retina
D31.30	Benign neoplasm of unspecified choroid
D31.31	Benign neoplasm of right choroid
D31.32	Benign neoplasm of left choroid
D31.40	Benign neoplasm of unspecified ciliary body
D31.41	Benign neoplasm of right ciliary body
D31.42	Benign neoplasm of left ciliary body
D31.50	Benign neoplasm of unspecified lacrimal gland and duct
D31.51	Benign neoplasm of right lacrimal gland and duct



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Code	Description
D31.52	Benign neoplasm of left lacrimal gland and duct
D31.60	Benign neoplasm of unspecified site of unspecified orbit
D31.61	Benign neoplasm of unspecified site of right orbit
D31.62	Benign neoplasm of unspecified site of left orbit
D31.90	Benign neoplasm of unspecified part of unspecified eye
D31.91	Benign neoplasm of unspecified part of right eye
D31.92	Benign neoplasm of unspecified part of left eye
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord
D33.7	Benign neoplasm of other specified parts of central nervous system
D33.9	Benign neoplasm of central nervous system, unspecified
D34	Benign neoplasm of thyroid gland
D35.00	Benign neoplasm of unspecified adrenal gland
D35.01	Benign neoplasm of right adrenal gland
D35.02	Benign neoplasm of left adrenal gland
D35.1	Benign neoplasm of parathyroid gland
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D35.5	Benign neoplasm of carotid body
D35.6	Benign neoplasm of aortic body and other paraganglia
D35.7	Benign neoplasm of other specified endocrine glands



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Code	Description
D35.9	Benign neoplasm of endocrine gland, unspecified
D36.0	Benign neoplasm of lymph nodes
D36.10	Benign neoplasm of peripheral nerves and autonomic nervous system, unspecified
D36.11	Benign neoplasm of peripheral nerves and autonomic nervous system of face, head, and neck
D36.12	Benign neoplasm of peripheral nerves and autonomic nervous system, upper limb, including shoulder
D36.13	Benign neoplasm of peripheral nerves and autonomic nervous system of lower limb, including hip
D36.14	Benign neoplasm of peripheral nerves and autonomic nervous system of thorax
D36.15	Benign neoplasm of peripheral nerves and autonomic nervous system of abdomen
D36.16	Benign neoplasm of peripheral nerves and autonomic nervous system of pelvis
D36.17	Benign neoplasm of peripheral nerves and autonomic nervous system of trunk, unspecified
D36.7	Benign neoplasm of other specified sites
D36.9	Benign neoplasm, unspecified site
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum

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**Medicare National Coverage Determinations (NCD)
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Code	Description
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
D39.0	Neoplasm of uncertain behavior of uterus
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
D3A.00	Benign carcinoid tumor of unspecified site
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon

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Code	Description
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.091	Benign carcinoid tumor of the thymus
D3A.092	Benign carcinoid tumor of the stomach
D3A.093	Benign carcinoid tumor of the kidney
D3A.094	Benign carcinoid tumor of the foregut, unspecified
D3A.095	Benign carcinoid tumor of the midgut, unspecified
D3A.096	Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Benign carcinoid tumors of other sites
D3A.8	Other benign neuroendocrine tumors
D40.0	Neoplasm of uncertain behavior of prostate
D40.10	Neoplasm of uncertain behavior of unspecified testis
D40.11	Neoplasm of uncertain behavior of right testis
D40.12	Neoplasm of uncertain behavior of left testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified
D41.00	Neoplasm of uncertain behavior of unspecified kidney
D41.01	Neoplasm of uncertain behavior of right kidney
D41.02	Neoplasm of uncertain behavior of left kidney
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis
D41.11	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Neoplasm of uncertain behavior of left renal pelvis
D41.20	Neoplasm of uncertain behavior of unspecified ureter
D41.21	Neoplasm of uncertain behavior of right ureter
D41.22	Neoplasm of uncertain behavior of left ureter
D41.3	Neoplasm of uncertain behavior of urethra
D41.4	Neoplasm of uncertain behavior of bladder



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Code	Description
D41.8	Neoplasm of uncertain behavior of other specified urinary organs
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D44.0	Neoplasm of uncertain behavior of thyroid gland
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland
D44.11	Neoplasm of uncertain behavior of right adrenal gland
D44.12	Neoplasm of uncertain behavior of left adrenal gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D44.6	Neoplasm of uncertain behavior of carotid body
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1



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Code	Description
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.09	Other mast cell neoplasms of uncertain behavior
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
D48.5	Neoplasm of uncertain behavior of skin
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D48.7	Neoplasm of uncertain behavior of other specified sites
D48.9	Neoplasm of uncertain behavior, unspecified
D49.0	Neoplasm of unspecified behavior of digestive system



**Medicare National Coverage Determinations (NCD)
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Code	Description
D49.1	Neoplasm of unspecified behavior of respiratory system
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.3	Neoplasm of unspecified behavior of breast
D49.4	Neoplasm of unspecified behavior of bladder
D49.511	Neoplasm of unspecified behavior of right kidney
D49.512	Neoplasm of unspecified behavior of left kidney
D49.519	Neoplasm of unspecified behavior of unspecified kidney
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D49.81	Neoplasm of unspecified behavior of retina and choroid
D49.89	Neoplasm of unspecified behavior of other specified sites
D49.9	Neoplasm of unspecified behavior of unspecified site
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
D51.2	Transcobalamin II deficiency
D51.3	Other dietary vitamin B12 deficiency anemia
D51.8	Other vitamin B12 deficiency anemias
D51.9	Vitamin B12 deficiency anemia, unspecified
D52.0	Dietary folate deficiency anemia
D52.1	Drug-induced folate deficiency anemia
D52.8	Other folate deficiency anemias
D52.9	Folate deficiency anemia, unspecified

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Code	Description
D53.0	Protein deficiency anemia
D53.1	Other megaloblastic anemias, not elsewhere classified
D53.2	Scorbutic anemia
D53.8	Other specified nutritional anemias
D53.9	Nutritional anemia, unspecified
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D56.3	Thalassemia minor
D56.5	Hemoglobin E-beta thalassemia
D56.8	Other thalassemias
D56.9	Thalassemia, unspecified
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.03	Hb-SS disease with cerebral vascular involvement
D57.09	Hb-SS disease with crisis with other specified complication
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.213	Sickle-cell/Hb-C disease with cerebral vascular involvement
D57.218	Sickle-cell/Hb-C disease with crisis with other specified complication
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia, unspecified, with acute chest syndrome
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration
D57.413	Sickle-cell thalassemia, unspecified, with cerebral vascular involvement



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Code	Description
D57.418	Sickle-cell thalassemia, unspecified, with crisis with other specified complication
D57.419	Sickle-cell thalassemia, unspecified, with crisis
D57.42	Sickle-cell thalassemia beta zero without crisis
D57.431	Sickle-cell thalassemia beta zero with acute chest syndrome
D57.432	Sickle-cell thalassemia beta zero with splenic sequestration
D57.433	Sickle-cell thalassemia beta zero with cerebral vascular involvement
D57.438	Sickle-cell thalassemia beta zero with crisis with other specified complication
D57.439	Sickle-cell thalassemia beta zero with crisis, unspecified
D57.44	Sickle-cell thalassemia beta plus without crisis
D57.451	Sickle-cell thalassemia beta plus with acute chest syndrome
D57.452	Sickle-cell thalassemia beta plus with splenic sequestration
D57.453	Sickle-cell thalassemia beta plus with cerebral vascular involvement
D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.813	Other sickle-cell disorders with cerebral vascular involvement
D57.818	Other sickle-cell disorders with crisis with other specified complication
D57.819	Other sickle-cell disorders with crisis, unspecified
D62	Acute posthemorrhagic anemia
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias



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Code	Description
D64.81	Anemia due to antineoplastic chemotherapy
D64.9	Anemia, unspecified
D65	Disseminated intravascular coagulation [defibrination syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.0	Von Willebrand's disease
D68.1	Hereditary factor XI deficiency
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D68.312	Antiphospholipid antibody with hemorrhagic disorder
D68.318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.0	Allergic purpura
D69.1	Qualitative platelet defects
D69.2	Other nonthrombocytopenic purpura
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D69.9	Hemorrhagic condition, unspecified



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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

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**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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

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**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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

NCD 190.18

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
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
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

NCD 190.18

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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

NCD 190.18

***July 2021 Changes
ICD-10-CM Version – Red**



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
E23.0	Hypopituitarism
E23.1	Drug-induced hypopituitarism
E23.6	Other disorders of pituitary gland
E24.1	Nelson's syndrome
E28.310	Symptomatic premature menopause
E28.319	Asymptomatic premature menopause
E28.39	Other primary ovarian failure
E29.1	Testicular hypofunction
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor

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Code	Description
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E61.1	Iron deficiency
E64.0	Sequelae of protein-calorie malnutrition
E75.26	Sulfatase deficiency
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria
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
E88.02	Plasminogen deficiency
E89.3	Postprocedural hypopituitarism
F45.8	Other somatoform disorders
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.81	Binge eating disorder



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Code	Description
F50.82	Avoidant/restrictive food intake disorder
F50.89	Other specified eating disorder
F50.9	Eating disorder, unspecified
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I27.83	Eisenmenger's syndrome
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.30	Unspecified atrioventricular block
I44.39	Other atrioventricular block
I44.4	Left anterior fascicular block
I44.5	Left posterior fascicular block
I44.60	Unspecified fascicular block
I44.69	Other fascicular block

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Code	Description
I44.7	Left bundle-branch block, unspecified
I45.0	Right fascicular block
I45.10	Unspecified right bundle-branch block
I45.19	Other right bundle-branch block
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.4	Nonspecific intraventricular block
I45.5	Other specified heart block
I45.6	Pre-excitation syndrome
I45.89	Other specified conduction disorders
I45.9	Conduction disorder, unspecified
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation



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Code	Description
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.8	Other specified diseases of esophagus
K25.0	Acute gastric ulcer with hemorrhage
K25.1	Acute gastric ulcer with perforation
K25.2	Acute gastric ulcer with both hemorrhage and perforation

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Code	Description
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.1	Acute duodenal ulcer with perforation
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.3	Acute duodenal ulcer without hemorrhage or perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.5	Chronic or unspecified duodenal ulcer with perforation
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K26.7	Chronic duodenal ulcer without hemorrhage or perforation
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Acute peptic ulcer, site unspecified, with perforation
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage
K28.1	Acute gastrojejunal ulcer with perforation
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation



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Code	Description
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K29.30	Chronic superficial gastritis without bleeding
K29.31	Chronic superficial gastritis with bleeding
K29.40	Chronic atrophic gastritis without bleeding
K29.41	Chronic atrophic gastritis with bleeding
K29.50	Unspecified chronic gastritis without bleeding
K29.51	Unspecified chronic gastritis with bleeding
K29.60	Other gastritis without bleeding
K29.61	Other gastritis with bleeding
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K30	Functional dyspepsia
K31.0	Acute dilatation of stomach
K31.7	Polyp of stomach and duodenum
K31.811	Angiodysplasia of stomach and duodenum with bleeding

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Code	Description
K31.82	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
K31.83	Achlorhydria
K31.84	Gastroparesis
K31.9	Disease of stomach and duodenum, unspecified
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction

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Code	Description
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction

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Code	Description
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.3	Indeterminate colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.831	Collagenous colitis



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Code	Description
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis
K52.839	Microscopic colitis, unspecified
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diffuse acute (reversible) ischemia of large intestine
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified
K55.041	Focal (segmental) acute infarction of large intestine
K55.042	Diffuse acute infarction of large intestine
K55.049	Acute infarction of large intestine, extent unspecified
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diffuse acute infarction of intestine, part unspecified
K55.069	Acute infarction of intestine, part and extent unspecified
K55.1	Chronic vascular disorders of intestine
K55.21	Angiodysplasia of colon with hemorrhage
K55.30	Necrotizing enterocolitis, unspecified
K55.31	Stage 1 necrotizing enterocolitis
K55.32	Stage 2 necrotizing enterocolitis
K55.33	Stage 3 necrotizing enterocolitis
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction



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Code	Description
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K62.5	Hemorrhage of anus and rectum
K63.5	Polyp of colon
K63.81	Dieulafoy lesion of intestine
K70.0	Alcoholic fatty liver
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified



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Code	Description
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K72.00	Acute and subacute hepatic failure without 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
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis



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Code	Description
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.2	Central hemorrhagic necrosis of liver
K76.3	Infarction of liver
K76.4	Peliosis hepatis
K76.5	Hepatic veno-occlusive disease
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified



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Code	Description
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
K94.20	Gastrostomy complication, unspecified
K94.21	Gastrostomy hemorrhage
K94.22	Gastrostomy infection
K94.23	Gastrostomy malfunction
K94.29	Other complications of gastrostomy
L28.0	Lichen simplex chronicus
L28.1	Prurigo nodularis
L28.2	Other prurigo
L29.0	Pruritus ani
L29.1	Pruritus scroti
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
L29.8	Other pruritus
L29.9	Pruritus, unspecified
L57.3	Poikiloderma of Civatte
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis
L63.2	Ophiasis
L63.8	Other alopecia areata
L63.9	Alopecia areata, unspecified



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Code	Description
L64.0	Drug-induced androgenic alopecia
L64.8	Other androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L65.0	Telogen effluvium
L65.1	Anagen effluvium
L65.2	Alopecia mucinosa
L65.8	Other specified nonscarring hair loss
L65.9	Nonscarring hair loss, unspecified
L66.0	Pseudopelade
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified
L80	Vitiligo
L81.0	Postinflammatory hyperpigmentation
L81.1	Chloasma
L81.2	Freckles
L81.3	Cafe au lait spots
L81.4	Other melanin hyperpigmentation
L81.5	Leukoderma, not elsewhere classified
L81.6	Other disorders of diminished melanin formation
L81.7	Pigmented purpuric dermatosis
L81.8	Other specified disorders of pigmentation
L81.9	Disorder of pigmentation, unspecified
L98.1	Factitial dermatitis
M07.60	Enteropathic arthropathies, unspecified site
M07.611	Enteropathic arthropathies, right shoulder
M07.612	Enteropathic arthropathies, left shoulder
M07.619	Enteropathic arthropathies, unspecified shoulder



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Code	Description
M07.621	Enteropathic arthropathies, right elbow
M07.622	Enteropathic arthropathies, left elbow
M07.629	Enteropathic arthropathies, unspecified elbow
M07.631	Enteropathic arthropathies, right wrist
M07.632	Enteropathic arthropathies, left wrist
M07.639	Enteropathic arthropathies, unspecified wrist
M07.641	Enteropathic arthropathies, right hand
M07.642	Enteropathic arthropathies, left hand
M07.649	Enteropathic arthropathies, unspecified hand
M07.651	Enteropathic arthropathies, right hip
M07.652	Enteropathic arthropathies, left hip
M07.659	Enteropathic arthropathies, unspecified hip
M07.661	Enteropathic arthropathies, right knee
M07.662	Enteropathic arthropathies, left knee
M07.669	Enteropathic arthropathies, unspecified knee
M07.671	Enteropathic arthropathies, right ankle and foot
M07.672	Enteropathic arthropathies, left ankle and foot
M07.679	Enteropathic arthropathies, unspecified ankle and foot
M07.68	Enteropathic arthropathies, vertebrae
M07.69	Enteropathic arthropathies, multiple sites
M12.80	Other specific arthropathies, not elsewhere classified, unspecified site
M12.811	Other specific arthropathies, not elsewhere classified, right shoulder
M12.812	Other specific arthropathies, not elsewhere classified, left shoulder
M12.819	Other specific arthropathies, not elsewhere classified, unspecified shoulder
M12.821	Other specific arthropathies, not elsewhere classified, right elbow
M12.822	Other specific arthropathies, not elsewhere classified, left elbow
M12.829	Other specific arthropathies, not elsewhere classified, unspecified elbow
M12.831	Other specific arthropathies, not elsewhere classified, right wrist

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Code	Description
M12.832	Other specific arthropathies, not elsewhere classified, left wrist
M12.839	Other specific arthropathies, not elsewhere classified, unspecified wrist
M12.841	Other specific arthropathies, not elsewhere classified, right hand
M12.842	Other specific arthropathies, not elsewhere classified, left hand
M12.849	Other specific arthropathies, not elsewhere classified, unspecified hand
M12.851	Other specific arthropathies, not elsewhere classified, right hip
M12.852	Other specific arthropathies, not elsewhere classified, left hip
M12.859	Other specific arthropathies, not elsewhere classified, unspecified hip
M12.861	Other specific arthropathies, not elsewhere classified, right knee
M12.862	Other specific arthropathies, not elsewhere classified, left knee
M12.869	Other specific arthropathies, not elsewhere classified, unspecified knee
M12.871	Other specific arthropathies, not elsewhere classified, right ankle and foot
M12.872	Other specific arthropathies, not elsewhere classified, left ankle and foot
M12.879	Other specific arthropathies, not elsewhere classified, unspecified ankle and foot
M12.88	Other specific arthropathies, not elsewhere classified, other specified site
M12.89	Other specific arthropathies, not elsewhere classified, multiple sites
M12.9	Arthropathy, unspecified
M13.0	Polyarthritis, unspecified
M13.10	Monoarthritis, not elsewhere classified, unspecified site
M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M13.121	Monoarthritis, not elsewhere classified, right elbow
M13.122	Monoarthritis, not elsewhere classified, left elbow
M13.129	Monoarthritis, not elsewhere classified, unspecified elbow
M13.131	Monoarthritis, not elsewhere classified, right wrist
M13.132	Monoarthritis, not elsewhere classified, left wrist
M13.139	Monoarthritis, not elsewhere classified, unspecified wrist



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Code	Description
M13.141	Monoarthritis, not elsewhere classified, right hand
M13.142	Monoarthritis, not elsewhere classified, left hand
M13.149	Monoarthritis, not elsewhere classified, unspecified hand
M13.151	Monoarthritis, not elsewhere classified, right hip
M13.152	Monoarthritis, not elsewhere classified, left hip
M13.159	Monoarthritis, not elsewhere classified, unspecified hip
M13.161	Monoarthritis, not elsewhere classified, right knee
M13.162	Monoarthritis, not elsewhere classified, left knee
M13.169	Monoarthritis, not elsewhere classified, unspecified knee
M13.171	Monoarthritis, not elsewhere classified, right ankle and foot
M13.172	Monoarthritis, not elsewhere classified, left ankle and foot
M13.179	Monoarthritis, not elsewhere classified, unspecified ankle and foot
M14.80	Arthropathies in other specified diseases classified elsewhere, unspecified site
M1A.10X0	Lead-induced chronic gout, unspecified site, without tophus (tophi)
M1A.10X1	Lead-induced chronic gout, unspecified site, with tophus (tophi)
M1A.1110	Lead-induced chronic gout, right shoulder, without tophus (tophi)
M1A.1111	Lead-induced chronic gout, right shoulder, with tophus (tophi)
M1A.1120	Lead-induced chronic gout, left shoulder, without tophus (tophi)
M1A.1121	Lead-induced chronic gout, left shoulder, with tophus (tophi)
M1A.1190	Lead-induced chronic gout, unspecified shoulder, without tophus (tophi)
M1A.1191	Lead-induced chronic gout, unspecified shoulder, with tophus (tophi)
M1A.1210	Lead-induced chronic gout, right elbow, without tophus (tophi)
M1A.1211	Lead-induced chronic gout, right elbow, with tophus (tophi)
M1A.1220	Lead-induced chronic gout, left elbow, without tophus (tophi)
M1A.1221	Lead-induced chronic gout, left elbow, with tophus (tophi)
M1A.1290	Lead-induced chronic gout, unspecified elbow, without tophus (tophi)
M1A.1291	Lead-induced chronic gout, unspecified elbow, with tophus (tophi)
M1A.1310	Lead-induced chronic gout, right wrist, without tophus (tophi)



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Code	Description
M1A.1311	Lead-induced chronic gout, right wrist, with tophus (tophi)
M1A.1320	Lead-induced chronic gout, left wrist, without tophus (tophi)
M1A.1321	Lead-induced chronic gout, left wrist, with tophus (tophi)
M1A.1390	Lead-induced chronic gout, unspecified wrist, without tophus (tophi)
M1A.1391	Lead-induced chronic gout, unspecified wrist, with tophus (tophi)
M1A.1410	Lead-induced chronic gout, right hand, without tophus (tophi)
M1A.1411	Lead-induced chronic gout, right hand, with tophus (tophi)
M1A.1420	Lead-induced chronic gout, left hand, without tophus (tophi)
M1A.1421	Lead-induced chronic gout, left hand, with tophus (tophi)
M1A.1490	Lead-induced chronic gout, unspecified hand, without tophus (tophi)
M1A.1491	Lead-induced chronic gout, unspecified hand, with tophus (tophi)
M1A.1510	Lead-induced chronic gout, right hip, without tophus (tophi)
M1A.1511	Lead-induced chronic gout, right hip, with tophus (tophi)
M1A.1520	Lead-induced chronic gout, left hip, without tophus (tophi)
M1A.1521	Lead-induced chronic gout, left hip, with tophus (tophi)
M1A.1590	Lead-induced chronic gout, unspecified hip, without tophus (tophi)
M1A.1591	Lead-induced chronic gout, unspecified hip, with tophus (tophi)
M1A.1610	Lead-induced chronic gout, right knee, without tophus (tophi)
M1A.1611	Lead-induced chronic gout, right knee, with tophus (tophi)
M1A.1620	Lead-induced chronic gout, left knee, without tophus (tophi)
M1A.1621	Lead-induced chronic gout, left knee, with tophus (tophi)
M1A.1690	Lead-induced chronic gout, unspecified knee, without tophus (tophi)
M1A.1691	Lead-induced chronic gout, unspecified knee, with tophus (tophi)
M1A.1710	Lead-induced chronic gout, right ankle and foot, without tophus (tophi)
M1A.1711	Lead-induced chronic gout, right ankle and foot, with tophus (tophi)
M1A.1720	Lead-induced chronic gout, left ankle and foot, without tophus (tophi)
M1A.1721	Lead-induced chronic gout, left ankle and foot, with tophus (tophi)
M1A.1790	Lead-induced chronic gout, unspecified ankle and foot, without tophus (tophi)



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Code	Description
M1A.1791	Lead-induced chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.18X0	Lead-induced chronic gout, vertebrae, without tophus (tophi)
M1A.18X1	Lead-induced chronic gout, vertebrae, with tophus (tophi)
M1A.19X0	Lead-induced chronic gout, multiple sites, without tophus (tophi)
M1A.19X1	Lead-induced chronic gout, multiple sites, with tophus (tophi)
M25.50	Pain in unspecified joint
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified shoulder
M25.521	Pain in right elbow
M25.522	Pain in left elbow
M25.529	Pain in unspecified elbow
M25.531	Pain in right wrist
M25.532	Pain in left wrist
M25.539	Pain in unspecified wrist
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.569	Pain in unspecified knee
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.579	Pain in unspecified ankle and joints of unspecified foot
M25.59	Pain in other specified joint
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.644	Pain in right finger(s)



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Code	Description
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)
M84.750A	Atypical femoral fracture, unspecified, initial encounter for fracture
M84.750D	Atypical femoral fracture, unspecified, subsequent encounter for fracture with routine healing
M84.750G	Atypical femoral fracture, unspecified, subsequent encounter for fracture with delayed healing
M84.750K	Atypical femoral fracture, unspecified, subsequent encounter for fracture with nonunion
M84.750P	Atypical femoral fracture, unspecified, subsequent encounter for fracture with malunion
M84.750S	Atypical femoral fracture, unspecified, sequela
M84.751D	Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with routine healing
M84.751G	Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with delayed healing
M84.751K	Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with nonunion
M84.751P	Incomplete atypical femoral fracture, right leg, subsequent encounter for fracture with malunion
M84.751S	Incomplete atypical femoral fracture, right leg, sequela
M84.752A	Incomplete atypical femoral fracture, left leg, initial encounter for fracture
M84.752D	Incomplete atypical femoral fracture, left leg, subsequent encounter for fracture with routine healing
M84.752G	Incomplete atypical femoral fracture, left leg, subsequent encounter for fracture with delayed healing
M84.752K	Incomplete atypical femoral fracture, left leg, subsequent encounter for fracture with nonunion
M84.752P	Incomplete atypical femoral fracture, left leg, subsequent encounter for fracture with malunion
M84.752S	Incomplete atypical femoral fracture, left leg, sequela
M84.753A	Incomplete atypical femoral fracture, unspecified leg, initial encounter for fracture

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Code	Description
M84.753D	Incomplete atypical femoral fracture, unspecified leg, subsequent encounter for fracture with routine healing
M84.753G	Incomplete atypical femoral fracture, unspecified leg, subsequent encounter for fracture with delayed healing
M84.753K	Incomplete atypical femoral fracture, unspecified leg, subsequent encounter for fracture with nonunion
M84.753P	Incomplete atypical femoral fracture, unspecified leg, subsequent encounter for fracture with malunion
M84.753S	Incomplete atypical femoral fracture, unspecified leg, sequela
M84.754A	Complete transverse atypical femoral fracture, right leg, initial encounter for fracture
M84.754D	Complete transverse atypical femoral fracture, right leg, subsequent encounter for fracture with routine healing
M84.754G	Complete transverse atypical femoral fracture, right leg, subsequent encounter for fracture with delayed healing
M84.754K	Complete transverse atypical femoral fracture, right leg, subsequent encounter for fracture with nonunion
M84.754P	Complete transverse atypical femoral fracture, right leg, subsequent encounter for fracture with malunion
M84.754S	Complete transverse atypical femoral fracture, right leg, sequela
M84.755A	Complete transverse atypical femoral fracture, left leg, initial encounter for fracture
M84.755D	Complete transverse atypical femoral fracture, left leg, subsequent encounter for fracture with routine healing
M84.755G	Complete transverse atypical femoral fracture, left leg, subsequent encounter for fracture with delayed healing
M84.755K	Complete transverse atypical femoral fracture, left leg, subsequent encounter for fracture with nonunion
M84.755P	Complete transverse atypical femoral fracture, left leg, subsequent encounter for fracture with malunion
M84.755S	Complete transverse atypical femoral fracture, left leg, sequela
M84.756A	Complete transverse atypical femoral fracture, unspecified leg, initial encounter for fracture
M84.756D	Complete transverse atypical femoral fracture, unspecified leg, subsequent encounter for fracture with routine healing



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Code	Description
M84.756G	Complete transverse atypical femoral fracture, unspecified leg, subsequent encounter for fracture with delayed healing
M84.756K	Complete transverse atypical femoral fracture, unspecified leg, subsequent encounter for fracture with nonunion
M84.756P	Complete transverse atypical femoral fracture, unspecified leg, subsequent encounter for fracture with malunion
M84.756S	Complete transverse atypical femoral fracture, unspecified leg, sequela
M84.757A	Complete oblique atypical femoral fracture, right leg, initial encounter for fracture
M84.757D	Complete oblique atypical femoral fracture, right leg, subsequent encounter for fracture with routine healing
M84.757G	Complete oblique atypical femoral fracture, right leg, subsequent encounter for fracture with delayed healing
M84.757K	Complete oblique atypical femoral fracture, right leg, subsequent encounter for fracture with nonunion
M84.757P	Complete oblique atypical femoral fracture, right leg, subsequent encounter for fracture with malunion
M84.757S	Complete oblique atypical femoral fracture, right leg, sequela
M84.758A	Complete oblique atypical femoral fracture, left leg, initial encounter for fracture
M84.758D	Complete oblique atypical femoral fracture, left leg, subsequent encounter for fracture with routine healing
M84.758G	Complete oblique atypical femoral fracture, left leg, subsequent encounter for fracture with delayed healing
M84.758K	Complete oblique atypical femoral fracture, left leg, subsequent encounter for fracture with nonunion
M84.758P	Complete oblique atypical femoral fracture, left leg, subsequent encounter for fracture with malunion
M84.758S	Complete oblique atypical femoral fracture, left leg, sequela
M84.759A	Complete oblique atypical femoral fracture, unspecified leg, initial encounter for fracture
M84.759D	Complete oblique atypical femoral fracture, unspecified leg, subsequent encounter for fracture with routine healing
M84.759G	Complete oblique atypical femoral fracture, unspecified leg, subsequent encounter for fracture with delayed healing

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**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.759K	Complete oblique atypical femoral fracture, unspecified leg, subsequent encounter for fracture with nonunion
M84.759P	Complete oblique atypical femoral fracture, unspecified leg, subsequent encounter for fracture with malunion
M84.759S	Complete oblique atypical femoral fracture, unspecified leg, sequela
M97.01XA	Periprosthetic fracture around internal prosthetic right hip joint, initial encounter
M97.02XA	Periprosthetic fracture around internal prosthetic left hip joint, initial encounter
M97.11XA	Periprosthetic fracture around internal prosthetic right knee joint, initial encounter
M97.12XA	Periprosthetic fracture around internal prosthetic left knee joint, initial encounter
M97.21XA	Periprosthetic fracture around internal prosthetic right ankle joint, initial encounter
M97.22XA	Periprosthetic fracture around internal prosthetic left ankle joint, initial encounter
M97.31XA	Periprosthetic fracture around internal prosthetic right shoulder joint, initial encounter
M97.32XA	Periprosthetic fracture around internal prosthetic left shoulder joint, initial encounter
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions



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Code	Description
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N04.9	Nephrotic syndrome with unspecified morphologic changes
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N08	Glomerular disorders in diseases classified elsewhere
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N19	Unspecified kidney failure
N50.0	Atrophy of testis
N89.7	Hematocolpos
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N91.3	Primary oligomenorrhea
N91.4	Secondary oligomenorrhea
N91.5	Oligomenorrhea, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.2	Excessive menstruation at puberty
N92.3	Ovulation bleeding
N92.4	Excessive bleeding in the premenopausal period

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Code	Description
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.0	Postcoital and contact bleeding
N93.1	Pre-pubertal vaginal bleeding
N93.8	Other specified abnormal uterine and vaginal bleeding
N93.9	Abnormal uterine and vaginal bleeding, unspecified
N95.0	Postmenopausal bleeding
N99.116	Postprocedural urethral stricture, male, overlapping sites
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	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
O90.81	Anemia of the puerperium
O99.011	Anemia complicating pregnancy, first trimester
O99.012	Anemia complicating pregnancy, second trimester
O99.013	Anemia complicating pregnancy, third trimester
O99.019	Anemia complicating pregnancy, unspecified trimester
O99.02	Anemia complicating childbirth
O99.03	Anemia complicating the puerperium
O99.891	Other specified diseases and conditions complicating pregnancy
O99.892	Other specified diseases and conditions complicating childbirth
O99.893	Other specified diseases and conditions complicating puerperium
P55.1	ABO isoimmunization of newborn
P55.8	Other hemolytic diseases of newborn
P55.9	Hemolytic disease of newborn, unspecified
P56.0	Hydrops fetalis due to isoimmunization

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Code	Description
P56.90	Hydrops fetalis due to unspecified hemolytic disease
P56.99	Hydrops fetalis due to other hemolytic disease
P57.0	Kernicterus due to isoimmunization
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
R00.1	Bradycardia, unspecified
R11.10	Vomiting, unspecified
R11.13	Vomiting of fecal matter
R63.8	Other symptoms and signs concerning food and fluid intake
R64	Cachexia
R71.0	Precipitous drop in hematocrit
R71.8	Other abnormality of red blood cells
R74.01	Elevation of levels of liver transaminase levels
R74.02	Elevation of levels of lactic acid dehydrogenase [LDH]
R74.8	Abnormal levels of other serum enzymes
R74.9	Abnormal serum enzyme level, 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
*T40.411A	*Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
*T40.411D	*Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter



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Code	Description
*T40.411S	*Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
*T40.412A	*Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
*T40.412D	*Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
*T40.412S	*Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
*T40.413A	*Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
*T40.413D	*Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
*T40.413S	*Poisoning by fentanyl or fentanyl analogs, assault, sequela
*T40.414A	*Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
*T40.414D	*Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
*T40.414S	*Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
*T40.415A	*Adverse effect of fentanyl or fentanyl analogs, initial encounter
*T40.415D	*Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
*T40.415S	*Adverse effect of fentanyl or fentanyl analogs, sequela
*T40.421A	*Poisoning by tramadol, accidental (unintentional), initial encounter
*T40.421D	*Poisoning by tramadol, accidental (unintentional), subsequent encounter
*T40.421S	*Poisoning by tramadol, accidental (unintentional), sequela
*T40.422A	*Poisoning by tramadol, intentional self-harm, initial encounter
*T40.422D	*Poisoning by tramadol, intentional self-harm, subsequent encounter
*T40.422S	*Poisoning by tramadol, intentional self-harm, sequela
*T40.423A	*Poisoning by tramadol, assault, initial encounter
*T40.423D	*Poisoning by tramadol, assault, subsequent encounter
*T40.423S	*Poisoning by tramadol, assault, sequela
*T40.424A	*Poisoning by tramadol, undetermined, initial encounter
*T40.424D	*Poisoning by tramadol, undetermined, subsequent encounter
*T40.424S	*Poisoning by tramadol, undetermined, sequela
*T40.425A	*Adverse effect of tramadol, initial encounter

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Code	Description
*T40.425D	*Adverse effect of tramadol, subsequent encounter
*T40.425S	*Adverse effect of tramadol, sequela
*T40.491A	*Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
*T40.491D	*Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
*T40.491S	*Poisoning by other synthetic narcotics, accidental (unintentional), sequela
*T40.492A	*Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
*T40.492D	*Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
*T40.492S	*Poisoning by other synthetic narcotics, intentional self-harm, sequela
*T40.493A	*Poisoning by other synthetic narcotics, assault, initial encounter
*T40.493D	*Poisoning by other synthetic narcotics, assault, subsequent encounter
*T40.493S	*Poisoning by other synthetic narcotics, assault, sequela
*T40.494A	*Poisoning by other synthetic narcotics, undetermined, initial encounter
*T40.494D	*Poisoning by other synthetic narcotics, undetermined, subsequent encounter
*T40.494S	*Poisoning by other synthetic narcotics, undetermined, sequela
*T40.495A	*Adverse effect of other synthetic narcotics, initial encounter
*T40.495D	*Adverse effect of other synthetic narcotics, subsequent encounter
*T40.495S	*Adverse effect of other synthetic narcotics, sequela
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter



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Code	Description
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
T43.644S	Poisoning by ecstasy, undetermined, sequela
T45.4X1A	Poisoning by iron and its compounds, accidental (unintentional), initial encounter
T45.4X2A	Poisoning by iron and its compounds, intentional self-harm, initial encounter
T45.4X3A	Poisoning by iron and its compounds, assault, initial encounter
T45.4X4A	Poisoning by iron and its compounds, undetermined, initial encounter
T50.911A	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.911D	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), subsequent encounter
T50.911S	Poisoning by multiple unspecified drugs, medicaments and biological substances, accidental (unintentional), sequela
T50.912A	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.912D	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, subsequent encounter
T50.912S	Poisoning by multiple unspecified drugs, medicaments and biological substances, intentional self-harm, sequela
T50.913A	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.913D	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, subsequent encounter
T50.913S	Poisoning by multiple unspecified drugs, medicaments and biological substances, assault, sequela
T50.914A	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.914D	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, subsequent encounter
T50.914S	Poisoning by multiple unspecified drugs, medicaments and biological substances, undetermined, sequela



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Code	Description
T50.915A	Adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter
T50.915D	Adverse effect of multiple unspecified drugs, medicaments and biological substances, subsequent encounter
T50.915S	Adverse effect of multiple unspecified drugs, medicaments and biological substances, sequela
T56.0X1A	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
T56.0X2A	Toxic effect of lead and its compounds, intentional self-harm, initial encounter
T56.0X3A	Toxic effect of lead and its compounds, assault, initial encounter
T56.0X4A	Toxic effect of lead and its compounds, undetermined, initial encounter
T80.89XA	Other complications following infusion, transfusion and therapeutic injection, initial encounter
T80.910A	Acute hemolytic transfusion reaction, unspecified incompatibility, initial encounter
T80.911A	Delayed hemolytic transfusion reaction, unspecified incompatibility, initial encounter
T80.919A	Hemolytic transfusion reaction, unspecified incompatibility, unspecified as acute or delayed, initial encounter
T80.92XA	Unspecified transfusion reaction, initial encounter
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z31.7	Encounter for procreative management and counseling for gestational carrier
Z49.31	Encounter for adequacy testing for hemodialysis
Z49.32	Encounter for adequacy testing for peritoneal dialysis
Z83.430	Family history of elevated lipoprotein(a)
Z83.438	Family history of other disorder of lipoprotein metabolism and other lipidemia
Z84.82	Family history of sudden infant death syndrome



Code	Description
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.39	Personal history of other endocrine, nutritional and metabolic disease
Z95.2	Presence of prosthetic heart valve
Z95.811	Presence of heart assist device
Z95.812	Presence of fully implantable artificial heart
Z95.820	Peripheral vascular angioplasty status with implants and grafts
Z95.828	Presence of other vascular implants and grafts
Z96.60	Presence of unspecified orthopedic joint implant
Z98.870	Personal history of in utero procedure during pregnancy
Z98.871	Personal history of in utero procedure while a fetus
Z98.890	Other specified postprocedural states
Z98.891	History of uterine scar from previous surgery

Indications

1. Ferritin, iron and either iron binding capacity or transferrin are useful in the differential diagnosis of iron deficiency, anemia, and for iron overload conditions.
 - a. The following presentations are examples that may support the use of these studies for evaluating iron deficiency:
 - Certain abnormal blood count values (i.e., decreased Mean Corpuscular Volume (MCV), decreased hemoglobin/hematocrit when the MCV is low or normal, or increased Red cell Distribution Width (RDW) and low or normal MCV)
 - Abnormal appetite (pica)
 - Acute or chronic gastrointestinal blood loss
 - Hematuria
 - Menorrhagia
 - Malabsorption
 - Status post-gastrectomy
 - Status post-gastrojejunostomy
 - Malnutrition
 - Preoperative autologous blood collection(s)
 - Malignant, chronic inflammatory and infectious conditions associated with anemia which may present in a similar manner to iron deficiency anemia



- Following a significant surgical procedure where blood loss had occurred and had not been repaired with adequate iron replacement.
 - b. The following presentations are examples that may support the use of these studies for evaluating iron overload:
 - Chronic Hepatitis
 - Diabetes
 - Hyperpigmentation of skin
 - Arthropathy
 - Cirrhosis
 - Hypogonadism
 - Hypopituitarism
 - Impaired porphyrin metabolism
 - Heart failure
 - Multiple transfusions
 - Sideroblastic anemia
 - Thalassemia major
 - Cardiomyopathy, cardiac dysrhythmias and conduction disturbances
2. Follow-up testing may be appropriate to monitor response to therapy, e.g., oral or parenteral iron, ascorbic acid, and erythropoietin.
 3. Iron studies may be appropriate in patients after treatment for other nutritional deficiency anemias, such as folate and vitamin B12, because iron deficiency may not be revealed until such a nutritional deficiency is treated.
 4. Serum ferritin may be appropriate for monitoring iron status in patients with chronic renal disease with or without dialysis.
 5. Serum iron may also be indicated for evaluation of toxic effects of iron and other metals (e.g., nickel, cadmium, aluminum, and lead) whether due to accidental, intentional exposure or metabolic causes.

Limitations

1. Iron studies should be used to diagnose and manage iron deficiency or iron overload states. These tests are not to be used solely to assess acute phase reactants where disease management will be unchanged. For example, infections and malignancies are associated with elevations in acute phase reactants such as ferritin, and decreases in serum iron concentration, but iron studies would only be medically necessary if results of iron studies might alter the management of the primary diagnosis or might warrant direct treatment of an iron disorder or condition.
2. If a normal serum ferritin level is documented, repeat testing would not ordinarily be medically necessary unless there is a change in the patient's condition, and ferritin assessment is needed for the ongoing management of the patient. For example, a patient presents with new onset insulin-dependent diabetes mellitus and has a serum



ferritin level performed for the suspicion of hemochromatosis. If the ferritin level is normal, the repeat ferritin for diabetes mellitus would not be medically necessary.

3. When an End Stage Renal Disease (ESRD) patient is tested for ferritin, testing more frequently than every three months requires documentation of medical necessity (e.g., other than chronic renal failure or renal failure, unspecified).
4. It is ordinarily not necessary to measure both transferrin and TIBC at the same time because TIBC is an indirect measure of transferrin. When transferrin is ordered as part of the nutritional assessment for evaluating malnutrition, it is not necessary to order other iron studies unless iron deficiency or iron overload is suspected as well.
5. It is not ordinarily necessary to measure either iron/TIBC (or transferrin) and ferritin in initial patient testing. If clinically indicated after evaluation of the initial iron studies, it may be appropriate to perform additional iron studies either on the initial specimen or on a subsequently obtained specimen. After a diagnosis of iron deficiency or iron overload is established, either iron/TIBC (or transferrin) or ferritin may be medically necessary for monitoring, but not both.
6. It would not ordinarily be considered medically necessary to do a ferritin as a preoperative test except in the presence of anemia or recent autologous blood collections prior to the surgery.

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.

Sources of Information

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190.19 - Collagen Crosslinks, Any Method

Description

Collagen crosslinks, part of the matrix of bone upon which bone mineral is deposited, are biochemical markers the excretion of which provides a quantitative measurement of bone resorption. Elevated levels of urinary collagen crosslinks indicate elevated bone resorption. Elevated bone resorption contributes to age-related and postmenopausal loss of bone leading to osteoporosis and increased risk of fracture. The collagen crosslinks assay can be performed by immunoassay or by high performance liquid chromatography (HPLC). Collagen crosslink immunoassays measure the pyridinoline crosslinks and associated telopeptides in urine.

Bone is constantly undergoing a metabolic process called turnover or remodeling. This includes a degradation process, bone resorption, mediated by the action of osteoclasts, and a building process, bone formation, mediated by the action of osteoblasts. Remodeling is required for the maintenance and overall health of bone and is tightly coupled; that is, resorption and formation must be in balance. In abnormal states of bone remodeling, when resorption exceeds formation, it results in a net loss of bone. The measurement of specific, bone-derived resorption products provides analytical data about the rate of bone resorption.

Osteoporosis is a condition characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased susceptibility to fractures of the hip, spine, and wrist. The term primary osteoporosis is applied where the causal factor in the disease is menopause or aging. The term secondary osteoporosis is applied where the causal factor is something other than menopause or aging, such as long-term administration of glucocorticosteroids, endocrine-related disorders (other than loss of estrogen due to menopause), and certain bone diseases such as cancer of the bone.

With respect to quantifying bone resorption, collagen crosslink tests can provide adjunct diagnostic information in concert with bone mass measurements. Bone mass measurements and biochemical markers may have complementary roles to play in assessing effectiveness of osteoporosis treatment. Proper management of osteoporosis patients, who are on long-term therapeutic regimens, may include laboratory testing of biochemical markers of bone turnover, such as collagen crosslinks, that provide a profile of bone turnover responses within weeks of therapy. Changes in collagen crosslinks are determined following commencement of antiresorptive therapy. These can be measured over a shorter time interval when compared to bone mass density. If bone resorption is not elevated, repeat testing is not medically necessary.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
82523	Collagen cross links, any method



**Medicare National Coverage Determinations (NCD)
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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
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.3	Autoimmune thyroiditis
E07.9	Disorder of thyroid, unspecified
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified



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Code	Description
E28.310	Symptomatic premature menopause
E28.319	Asymptomatic premature menopause
E28.39	Other primary ovarian failure
E28.8	Other ovarian dysfunction
E28.9	Ovarian dysfunction, unspecified
E55.9	Vitamin D deficiency, unspecified
E58	Dietary calcium deficiency
E59	Dietary selenium deficiency
E60	Dietary zinc deficiency
E61.0	Copper deficiency
E61.1	Iron deficiency
E61.2	Magnesium deficiency
E61.3	Manganese deficiency
E61.4	Chromium deficiency
E61.5	Molybdenum deficiency
E61.6	Vanadium deficiency
E88.02	Plasminogen deficiency
E89.40	Asymptomatic postprocedural ovarian failure
E89.41	Symptomatic postprocedural ovarian failure
M48.50XA	Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture
M48.51XA	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, initial encounter for fracture
M48.52XA	Collapsed vertebra, not elsewhere classified, cervical region, initial encounter for fracture
M48.53XA	Collapsed vertebra, not elsewhere classified, cervicothoracic region, initial encounter for fracture
M48.54XA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
M48.55XA	Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture
M48.56XA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture
M48.57XA	Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture
M48.58XA	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, initial encounter for fracture
M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.011A	Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.012A	Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.019A	Age-related osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture
M80.021A	Age-related osteoporosis with current pathological fracture, right humerus, initial encounter for fracture
M80.022A	Age-related osteoporosis with current pathological fracture, left humerus, initial encounter for fracture
M80.029A	Age-related osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture
M80.031A	Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture
M80.032A	Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.039A	Age-related osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture
M80.041A	Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.042A	Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
M80.049A	Age-related osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture
M80.051A	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.052A	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.059A	Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture
M80.061A	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.062A	Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.069A	Age-related osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture
M80.071A	Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture
M80.072A	Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.079A	Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.0AXA	Age-related osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.0AXD	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.0AXG	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.0AXK	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.0AXP	Age-related osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.0AXS	Age-related osteoporosis with current pathological fracture, other site, sequela



**Medicare National Coverage Determinations (NCD)
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Code	Description
M80.80XA	Other osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.811A	Other osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.812A	Other osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.819A	Other osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture
M80.821A	Other osteoporosis with current pathological fracture, right humerus, initial encounter for fracture
M80.822A	Other osteoporosis with current pathological fracture, left humerus, initial encounter for fracture
M80.829A	Other osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture
M80.831A	Other osteoporosis with current pathological fracture, right forearm, initial encounter for fracture
M80.832A	Other osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.839A	Other osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture
M80.841A	Other osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.842A	Other osteoporosis with current pathological fracture, left hand, initial encounter for fracture
M80.849A	Other osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture
M80.851A	Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.852A	Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.859A	Other osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture



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Code	Description
M80.861A	Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.862A	Other osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.869A	Other osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture
M80.871A	Other osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture
M80.872A	Other osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.879A	Other osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture
M80.88XA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M80.8AXA	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.8AXD	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.8AXG	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.8AXK	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.8AXP	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.8AXS	Other osteoporosis with current pathological fracture, other site, sequela
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M84.40XA	Pathological fracture, unspecified site, initial encounter for fracture
M84.411A	Pathological fracture, right shoulder, initial encounter for fracture
M84.412A	Pathological fracture, left shoulder, initial encounter for fracture
M84.419A	Pathological fracture, unspecified shoulder, initial encounter for fracture

NCD 190.19

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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

Code	Description
M84.421A	Pathological fracture, right humerus, initial encounter for fracture
M84.422A	Pathological fracture, left humerus, initial encounter for fracture
M84.429A	Pathological fracture, unspecified humerus, initial encounter for fracture
M84.431A	Pathological fracture, right ulna, initial encounter for fracture
M84.432A	Pathological fracture, left ulna, initial encounter for fracture
M84.433A	Pathological fracture, right radius, initial encounter for fracture
M84.434A	Pathological fracture, left radius, initial encounter for fracture
M84.439A	Pathological fracture, unspecified ulna and radius, initial encounter for fracture
M84.441A	Pathological fracture, right hand, initial encounter for fracture
M84.442A	Pathological fracture, left hand, initial encounter for fracture
M84.443A	Pathological fracture, unspecified hand, initial encounter for fracture
M84.444A	Pathological fracture, right finger(s), initial encounter for fracture
M84.445A	Pathological fracture, left finger(s), initial encounter for fracture
M84.446A	Pathological fracture, unspecified finger(s), initial encounter for fracture
M84.451A	Pathological fracture, right femur, initial encounter for fracture
M84.452A	Pathological fracture, left femur, initial encounter for fracture
M84.453A	Pathological fracture, unspecified femur, initial encounter for fracture
M84.454A	Pathological fracture, pelvis, initial encounter for fracture
M84.459A	Pathological fracture, hip, unspecified, initial encounter for fracture
M84.461A	Pathological fracture, right tibia, initial encounter for fracture
M84.462A	Pathological fracture, left tibia, initial encounter for fracture
M84.463A	Pathological fracture, right fibula, initial encounter for fracture
M84.464A	Pathological fracture, left fibula, initial encounter for fracture
M84.469A	Pathological fracture, unspecified tibia and fibula, initial encounter for fracture
M84.471A	Pathological fracture, right ankle, initial encounter for fracture
M84.472A	Pathological fracture, left ankle, initial encounter for fracture
M84.473A	Pathological fracture, unspecified ankle, initial encounter for fracture
M84.474A	Pathological fracture, right foot, initial encounter for fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.475A	Pathological fracture, left foot, initial encounter for fracture
M84.476A	Pathological fracture, unspecified foot, initial encounter for fracture
M84.477A	Pathological fracture, right toe(s), initial encounter for fracture
M84.478A	Pathological fracture, left toe(s), initial encounter for fracture
M84.479A	Pathological fracture, unspecified toe(s), initial encounter for fracture
M84.48XA	Pathological fracture, other site, initial encounter for fracture
M84.50XA	Pathological fracture in neoplastic disease, unspecified site, initial encounter for fracture
M84.511A	Pathological fracture in neoplastic disease, right shoulder, initial encounter for fracture
M84.512A	Pathological fracture in neoplastic disease, left shoulder, initial encounter for fracture
M84.519A	Pathological fracture in neoplastic disease, unspecified shoulder, initial encounter for fracture
M84.521A	Pathological fracture in neoplastic disease, right humerus, initial encounter for fracture
M84.522A	Pathological fracture in neoplastic disease, left humerus, initial encounter for fracture
M84.529A	Pathological fracture in neoplastic disease, unspecified humerus, initial encounter for fracture
M84.531A	Pathological fracture in neoplastic disease, right ulna, initial encounter for fracture
M84.532A	Pathological fracture in neoplastic disease, left ulna, initial encounter for fracture
M84.533A	Pathological fracture in neoplastic disease, right radius, initial encounter for fracture
M84.534A	Pathological fracture in neoplastic disease, left radius, initial encounter for fracture
M84.539A	Pathological fracture in neoplastic disease, unspecified ulna and radius, initial encounter for fracture
M84.541A	Pathological fracture in neoplastic disease, right hand, initial encounter for fracture
M84.542A	Pathological fracture in neoplastic disease, left hand, initial encounter for fracture
M84.549A	Pathological fracture in neoplastic disease, unspecified hand, initial encounter for fracture
M84.550A	Pathological fracture in neoplastic disease, pelvis, initial encounter for fracture



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Code	Description
M84.551A	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture
M84.552A	Pathological fracture in neoplastic disease, left femur, initial encounter for fracture
M84.553A	Pathological fracture in neoplastic disease, unspecified femur, initial encounter for fracture
M84.559A	Pathological fracture in neoplastic disease, hip, unspecified, initial encounter for fracture
M84.561A	Pathological fracture in neoplastic disease, right tibia, initial encounter for fracture
M84.562A	Pathological fracture in neoplastic disease, left tibia, initial encounter for fracture
M84.563A	Pathological fracture in neoplastic disease, right fibula, initial encounter for fracture
M84.564A	Pathological fracture in neoplastic disease, left fibula, initial encounter for fracture
M84.569A	Pathological fracture in neoplastic disease, unspecified tibia and fibula, initial encounter for fracture
M84.571A	Pathological fracture in neoplastic disease, right ankle, initial encounter for fracture
M84.572A	Pathological fracture in neoplastic disease, left ankle, initial encounter for fracture
M84.573A	Pathological fracture in neoplastic disease, unspecified ankle, initial encounter for fracture
M84.574A	Pathological fracture in neoplastic disease, right foot, initial encounter for fracture
M84.575A	Pathological fracture in neoplastic disease, left foot, initial encounter for fracture
M84.576A	Pathological fracture in neoplastic disease, unspecified foot, initial encounter for fracture
M84.58XA	Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture
M84.60XA	Pathological fracture in other disease, unspecified site, initial encounter for fracture
M84.611A	Pathological fracture in other disease, right shoulder, initial encounter for fracture
M84.612A	Pathological fracture in other disease, left shoulder, initial encounter for fracture
M84.619A	Pathological fracture in other disease, unspecified shoulder, initial encounter for fracture
M84.621A	Pathological fracture in other disease, right humerus, initial encounter for fracture
M84.622A	Pathological fracture in other disease, left humerus, initial encounter for fracture
M84.629A	Pathological fracture in other disease, unspecified humerus, initial encounter for fracture



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Code	Description
M84.631A	Pathological fracture in other disease, right ulna, initial encounter for fracture
M84.632A	Pathological fracture in other disease, left ulna, initial encounter for fracture
M84.633A	Pathological fracture in other disease, right radius, initial encounter for fracture
M84.634A	Pathological fracture in other disease, left radius, initial encounter for fracture
M84.639A	Pathological fracture in other disease, unspecified ulna and radius, initial encounter for fracture
M84.641A	Pathological fracture in other disease, right hand, initial encounter for fracture
M84.642A	Pathological fracture in other disease, left hand, initial encounter for fracture
M84.649A	Pathological fracture in other disease, unspecified hand, initial encounter for fracture
M84.650A	Pathological fracture in other disease, pelvis, initial encounter for fracture
M84.651A	Pathological fracture in other disease, right femur, initial encounter for fracture
M84.652A	Pathological fracture in other disease, left femur, initial encounter for fracture
M84.653A	Pathological fracture in other disease, unspecified femur, initial encounter for fracture
M84.659A	Pathological fracture in other disease, hip, unspecified, initial encounter for fracture
M84.661A	Pathological fracture in other disease, right tibia, initial encounter for fracture
M84.662A	Pathological fracture in other disease, left tibia, initial encounter for fracture
M84.663A	Pathological fracture in other disease, right fibula, initial encounter for fracture
M84.664A	Pathological fracture in other disease, left fibula, initial encounter for fracture
M84.669A	Pathological fracture in other disease, unspecified tibia and fibula, initial encounter for fracture
M84.671A	Pathological fracture in other disease, right ankle, initial encounter for fracture
M84.672A	Pathological fracture in other disease, left ankle, initial encounter for fracture
M84.673A	Pathological fracture in other disease, unspecified ankle, initial encounter for fracture
M84.674A	Pathological fracture in other disease, right foot, initial encounter for fracture
M84.675A	Pathological fracture in other disease, left foot, initial encounter for fracture
M84.676A	Pathological fracture in other disease, unspecified foot, initial encounter for fracture
M84.68XA	Pathological fracture in other disease, other site, initial encounter for fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
M84.751A	Incomplete atypical femoral fracture, right leg, initial encounter for fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.811	Other specified disorders of bone density and structure, right shoulder
M85.812	Other specified disorders of bone density and structure, left shoulder
M85.819	Other specified disorders of bone density and structure, unspecified shoulder
M85.821	Other specified disorders of bone density and structure, right upper arm
M85.822	Other specified disorders of bone density and structure, left upper arm
M85.829	Other specified disorders of bone density and structure, unspecified upper arm
M85.831	Other specified disorders of bone density and structure, right forearm
M85.832	Other specified disorders of bone density and structure, left forearm
M85.839	Other specified disorders of bone density and structure, unspecified forearm
M85.841	Other specified disorders of bone density and structure, right hand
M85.842	Other specified disorders of bone density and structure, left hand
M85.849	Other specified disorders of bone density and structure, unspecified hand
M85.851	Other specified disorders of bone density and structure, right thigh
M85.852	Other specified disorders of bone density and structure, left thigh
M85.859	Other specified disorders of bone density and structure, unspecified thigh
M85.861	Other specified disorders of bone density and structure, right lower leg
M85.862	Other specified disorders of bone density and structure, left lower leg
M85.869	Other specified disorders of bone density and structure, unspecified lower leg
M85.871	Other specified disorders of bone density and structure, right ankle and foot
M85.872	Other specified disorders of bone density and structure, left ankle and foot
M85.879	Other specified disorders of bone density and structure, unspecified ankle and foot
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites
M85.9	Disorder of bone density and structure, unspecified
M88.0	Osteitis deformans of skull
M88.1	Osteitis deformans of vertebrae



**Medicare National Coverage Determinations (NCD)
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Code	Description
M88.811	Osteitis deformans of right shoulder
M88.812	Osteitis deformans of left shoulder
M88.819	Osteitis deformans of unspecified shoulder
M88.821	Osteitis deformans of right upper arm
M88.822	Osteitis deformans of left upper arm
M88.829	Osteitis deformans of unspecified upper arm
M88.831	Osteitis deformans of right forearm
M88.832	Osteitis deformans of left forearm
M88.839	Osteitis deformans of unspecified forearm
M88.841	Osteitis deformans of right hand
M88.842	Osteitis deformans of left hand
M88.849	Osteitis deformans of unspecified hand
M88.851	Osteitis deformans of right thigh
M88.852	Osteitis deformans of left thigh
M88.859	Osteitis deformans of unspecified thigh
M88.861	Osteitis deformans of right lower leg
M88.862	Osteitis deformans of left lower leg
M88.869	Osteitis deformans of unspecified lower leg
M88.871	Osteitis deformans of right ankle and foot
M88.872	Osteitis deformans of left ankle and foot
M88.879	Osteitis deformans of unspecified ankle and foot
M88.88	Osteitis deformans of other bones
M88.89	Osteitis deformans of multiple sites
M88.9	Osteitis deformans of unspecified bone
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N92.4	Excessive bleeding in the premenopausal period
N95.0	Postmenopausal bleeding



Code	Description
N95.1	Menopausal and female climacteric states
N95.8	Other specified menopausal and perimenopausal disorders
N95.9	Unspecified menopausal and perimenopausal disorder
P78.84	Gestational alloimmune liver disease
S12.9XXA	Fracture of neck, unspecified, initial encounter
Z79.3	Long term (current) use of hormonal contraceptives
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
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy

Indications

Generally speaking, collagen crosslink testing is useful mostly in “fast losers” of bone. The age when these bone markers can help direct therapy is often pre-Medicare. By the time a fast loser of bone reaches age 65, she will most likely have been stabilized by appropriate therapy or have lost so much bone mass that further testing is useless. Coverage for bone marker assays may be established, however, for younger Medicare beneficiaries and for those men and women who might become fast losers because of some other therapy such as glucocorticoids. Safeguards should be incorporated to prevent excessive use of tests in patients for whom they have no clinical relevance.

Collagen crosslinks testing is used to:

- Identify individuals with elevated bone resorption, who have osteoporosis in whom response to treatment is being monitored.
- Predict response (as assessed by bone mass measurements) to FDA approved antiresorptive therapy in postmenopausal women.
- Assess response to treatment of patients with osteoporosis, Paget’s disease of the bone, or risk for osteoporosis where treatment may include FDA approved antiresorptive agents, anti-estrogens or selective estrogen receptor moderators.

Limitations

Because of significant specimen to specimen collagen crosslink physiologic variability (15-20%), current recommendations for appropriate utilization include: one or two base-line assays from specified urine collections on separate days; followed by a repeat assay about 3 months after starting anti-resorptive therapy; followed by a repeat assay in 12 months after the 3-month assay;



and thereafter not more than annually, unless there is a change in therapy in which circumstance an additional test may be indicated 3 months after the initiation of new therapy.

Some collagen crosslink assays may not be appropriate for use in some disorders, according to FDA labeling restrictions.

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.

Sources of Information

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Garnero P, Delmas PD. Clinical usefulness of markers of bone remodelling in osteoporosis. In: Meunier PJ. (ed). *Osteoporosis: diagnosis and management*. London: Martin Dunitz Ltd 1998:79-101.

Garnero P, Shih WJ, Gineyts E, et al. Comparison of new biochemical markers of bone turnover in late postmenopausal osteoporotic women in response to alendronate treatment. *J. Clin. Endocrinol. Metab.* 1994;79:1693-700.

Harper KD, Weber TJ. Secondary osteoporosis - Diagnostic considerations. *Endocrinol. Metab. Clin. North Am.* 1998;27:325-48.

Hesley RP, Shepard KA, Jenkins DK, Riggs BL. Monitoring estrogen replacement therapy and identifying rapid bone losers with an immunoassay for deoxypyridinoline. *Osteoporos. Int.* 1998;8:159-64.

Melton LJ, III, Khosla S, Atkinson EJ, et al. Relationship of bone turnover to bone density and fractures. *J. Bone Miner. Res.* 1997;12:1083-91.

Millard PS. Prevention of osteoporosis: making sense of the published evidence. In: Rosen CJ (ed). *Osteoporosis: diagnostic & therapeutic principles*. Totowa: Humana Press. 1996:275-85.

Rosen CJ. Biochemical markers of bone turnover. In: Rosen CJ(ed). *Osteoporosis: diagnostic and therapeutic principles*. Totowa: Humana Press Inc. 1996:129-41.

Schneider DL, Barrett-Connor EL. Urinary N-Telopeptide levels discriminate normal, osteopenic, and osteoporotic bone mineral density. *Arch. Intern. Med.* 1997;157:1241-5.



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)
Coding Policy Manual and Change Report (ICD-10-CM)**

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)
Coding Policy Manual and Change Report (ICD-10-CM)**

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



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

Code	Description
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
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



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

Code	Description
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
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



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

Code	Description
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
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

NCD 190.20

***July 2021 Changes
ICD-10-CM Version – Red**

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July 2021



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

Code	Description
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
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

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

Code	Description
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
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



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

Code	Description
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
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



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

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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

NCD 190.20

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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

NCD 190.20

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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
E11.10 Covered only for procedure code 82947.	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11 Covered only for procedure code 82947.	Type 2 diabetes mellitus with ketoacidosis 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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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	Hypercarotenemia
E72.52	Trimethylaminuria
E72.53	Primary 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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.89	Other specified disorders of carbohydrate metabolism
E74.9	Disorder of carbohydrate metabolism, unspecified
E75.26	Sulfatase deficiency
E77.1	Defects in glycoprotein degradation
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.41	Elevated Lipoprotein(a)



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
E78.49	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
E88.02	Plasminogen deficiency
E89.1	Postprocedural hypoinsulinemia
E89.3	Postprocedural hypopituitarism
F05	Delirium due to known physiological condition



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F12.23	Cannabis dependence with withdrawal
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
F68.A	Factitious disorder imposed on another
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	Other lesions of median nerve, bilateral upper limbs



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

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
H02.151	Paralytic ectropion of right upper eyelid



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
H02.21A	Cicatricial lagophthalmos right eye, upper and lower eyelids
H02.21B	Cicatricial lagophthalmos left eye, upper and lower eyelids
H02.21C	Cicatricial lagophthalmos, bilateral, upper and lower eyelids
H02.22A	Mechanical lagophthalmos right eye, upper and lower eyelids
H02.22B	Mechanical lagophthalmos left eye, upper and lower eyelids
H02.22C	Mechanical lagophthalmos, bilateral, upper and lower eyelids
H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids
H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids
H02.23C	Paralytic lagophthalmos, bilateral, upper and lower eyelids
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884 Covered only for procedure code 82947.	Meibomian gland dysfunction left upper eyelid
H02.885 Covered only for procedure code 82947.	Meibomian gland dysfunction left lower eyelid
H02.88A Covered only for procedure code 82947.	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88B Covered only for procedure	Meibomian gland dysfunction left eye, upper and lower eyelids



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Code	Description
code 82947.	
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H25.011	Cortical age-related cataract, right eye
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

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Code	Description
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
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



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Code	Description
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
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

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Code	Description
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
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

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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



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Code	Description
H40.1120 Covered only for procedure code 82947.	Primary open-angle glaucoma, left eye, stage unspecified
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	Primary open-angle glaucoma, bilateral, mild stage



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Code	Description
only for procedure code 82947.	
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	Primary open-angle glaucoma, unspecified eye, moderate stage



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Code	Description
code 82947.	
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

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Code	Description
H40.63X3	Glaucoma secondary to drugs, bilateral, severe stage
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



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Code	Description
H52.10	Myopia, unspecified eye
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
I21.9 Covered only for procedure code 82947.	Acute myocardial infarction, unspecified
I21.A1 Covered only for procedure code 82947.	Myocardial infarction type 2



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Code	Description
I21.A9 Covered only for procedure code 82947.	Other myocardial infarction type
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
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

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Code	Description
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
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



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Code	Description
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
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
I50.810 Covered only for procedure code 82947.	Right heart failure, unspecified
I50.811 Covered only for procedure code 82947.	Acute right heart failure



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Code	Description
I50.812 Covered only for procedure code 82947.	Chronic right heart failure
I50.813 Covered only for procedure code 82947.	Acute on chronic right heart failure
I50.814 Covered only for procedure code 82947.	Right heart failure due to left heart failure
I50.82 Covered only for procedure code 82947.	Biventricular heart failure
I50.83 Covered only for procedure code 82947.	High output heart failure
I50.84 Covered only for procedure code 82947.	End stage heart failure
I50.89 Covered	Other heart failure



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Code	Description
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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 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 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
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



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Code	Description
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
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs



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Code	Description
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
170.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
170.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
170.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
170.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
170.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
170.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
170.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
170.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
170.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
170.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
170.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
170.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
170.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
170.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
170.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration



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Code	Description
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



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Code	Description
170.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
170.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
170.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
170.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
170.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
170.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
170.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
170.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
170.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
170.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
170.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
170.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
170.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
170.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
170.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
170.735	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
I96	Gangrene, not elsewhere classified
J02.8	Acute pharyngitis due to other specified organisms

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Code	Description
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 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
J18.0	Bronchopneumonia, unspecified organism
J18.1	Lobar pneumonia, unspecified organism

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Code	Description
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
K29.71	Gastritis, unspecified, with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding

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Code	Description
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
K80.32	Calculus of bile duct with acute cholangitis without obstruction
K80.33	Calculus of bile duct with acute cholangitis with obstruction

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Code	Description
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
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis
K83.01	Primary sclerosing cholangitis
K83.09	Other 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



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Code	Description
K85.82	Other acute pancreatitis with infected necrosis
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



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Code	Description
L02.33	Carbuncle of buttock
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]



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Code	Description
L02.828	Furuncle of other sites
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

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Code	Description
L89.010	Pressure ulcer of right elbow, unstageable
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
L89.016	Pressure-induced deep tissue damage of right elbow
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
L89.026	Pressure-induced deep tissue damage of left elbow
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
L89.116	Pressure-induced deep tissue damage of right upper back
L89.119	Pressure ulcer of right upper back, unspecified stage
L89.120	Pressure ulcer of left upper back, unstageable

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Code	Description
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
L89.126	Pressure-induced deep tissue damage of left upper back
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
L89.136	Pressure-induced deep tissue damage of right lower back
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
L89.146	Pressure-induced deep tissue damage of left lower back
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
L89.156	Pressure-induced deep tissue damage of sacral region
L89.159	Pressure ulcer of sacral region, unspecified stage
L89.200	Pressure ulcer of unspecified hip, unstageable

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Code	Description
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
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.216	Pressure-induced deep tissue damage of right hip
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
L89.226	Pressure-induced deep tissue damage of left hip
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

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Code	Description
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.316	Pressure-induced deep tissue damage of right buttock
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
L89.326	Pressure-induced deep tissue damage of left buttock
L89.329	Pressure ulcer of left buttock, unspecified stage
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage
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
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip
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



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Code	Description
L89.514	Pressure ulcer of right ankle, stage 4
L89.516	Pressure-induced deep tissue damage of right ankle
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
L89.526	Pressure-induced deep tissue damage of left ankle
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
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
L89.616	Pressure-induced deep tissue damage of right heel
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

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Code	Description
L89.626	Pressure-induced deep tissue damage of left heel
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
L89.816	Pressure-induced deep tissue damage of head
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
L89.896	Pressure-induced deep tissue damage of other site
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
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

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Code	Description
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
L97.115 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right thigh with other specified severity
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
L97.125 Covered only for procedure	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis



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Code	Description
code 82947.	
L97.126 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left thigh with other specified severity
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
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
L97.215 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216 Covered only for procedure	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis



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Code	Description
code 82947.	
L97.218 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right calf with other specified severity
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
L97.225 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left calf with other specified severity
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

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Code	Description
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
L97.315 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.318 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right ankle with other specified severity
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
L97.325 Covered only for procedure	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis



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Code	Description
code 82947.	
L97.326 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left ankle with other specified severity
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
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
L97.415 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416 Covered only for	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis

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Code	Description
procedure code 82947.	
L97.418 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
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
L97.425 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis
L97.428 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
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



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Code	Description
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
L97.515 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right foot with other specified severity
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



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Code	Description
L97.525 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis
L97.526 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left foot with other specified severity
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity
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



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Code	Description
L97.815 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.818 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
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
L97.825 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis



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Code	Description
L97.828 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
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
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
L97.915 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis
L97.916 Covered only for procedure	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis



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Code	Description
code 82947.	
L97.918 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity
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
L97.925 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis
L97.926 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis
L97.928 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity



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Code	Description
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
L98.415 Covered only for procedure code 82947.	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416 Covered only for procedure code 82947.	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.418 Covered only for procedure code 82947.	Non-pressure chronic ulcer of buttock with other specified severity
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
L98.425 Covered only for procedure	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis

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Code	Description
code 82947.	
L98.426 Covered only for procedure code 82947.	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.428 Covered only for procedure code 82947.	Non-pressure chronic ulcer of back with other specified severity
L98.429	Non-pressure chronic ulcer of back with unspecified severity
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
L98.495 Covered only for procedure code 82947.	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.496 Covered only for procedure code 82947.	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis
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	Periodic fever syndromes

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Code	Description
procedure code 82947.	
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
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
M79.10	Myalgia, unspecified site

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Code	Description
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
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
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



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Code	Description
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
N35.016	Post-traumatic urethral stricture, male, overlapping sites
N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
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
N50.82	Scrotal pain
N50.89	Other specified disorders of the male genital organs
N52.01	Erectile dysfunction due to arterial insufficiency



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Code	Description
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
N92.6	Irregular menstruation, unspecified
N97.9	Female infertility, unspecified
O09.00	Supervision of pregnancy with history of infertility, unspecified trimester



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Code	Description
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
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester

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Code	Description
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
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester



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Code	Description
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
O09.A3 Covered only for procedure	Supervision of pregnancy with history of molar pregnancy, third trimester



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Code	Description
code 82947.	
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
O12.24 Covered only for procedure code 82947.	Gestational edema with proteinuria, complicating childbirth
O12.25 Covered only for	Gestational edema with proteinuria, complicating the puerperium

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Code	Description
procedure code 82947.	
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
O14.14 Covered only for procedure code 82947.	Severe pre-eclampsia complicating childbirth
O14.15 Covered only for procedure	Severe pre-eclampsia, complicating the puerperium



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Code	Description
code 82947.	
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
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



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Code	Description
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
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



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Code	Description
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
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
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	Maternal care for disproportion due to other fetal deformities, fetus 2



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Code	Description
only for procedure code 82947.	
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

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Code	Description
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
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



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Code	Description
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
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



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Code	Description
O40.9XX5	Polyhydramnios, unspecified trimester, fetus 5
O40.9XX9	Polyhydramnios, unspecified trimester, other fetus
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	Partial placenta previa with hemorrhage, first trimester



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Code	Description
code 82947.	
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



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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
P78.84 Covered only for	Gestational alloimmune liver disease



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Code	Description
procedure code 82947.	
R00.0	Tachycardia, unspecified
R06.00	Dyspnea, unspecified
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

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Code	Description
R25.9	Unspecified abnormal involuntary movements
R29.2	Abnormal reflex
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	NIHSS score 5



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Code	Description
code 82947.	
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



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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
R29.718 Covered	NIHSS score 18

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Code	Description
only for procedure code 82947.	
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
R29.724 Covered only for procedure	NIHSS score 24

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Code	Description
code 82947.	
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
R29.730 Covered only for procedure code 82947.	NIHSS score 30



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Code	Description
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
R29.736 Covered only for procedure code 82947.	NIHSS score 36
R29.737 Covered	NIHSS score 37



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Code	Description
only for procedure code 82947.	
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
R29.742 Covered only for procedure code 82947.	NIHSS score 42
R35.0	Frequency of micturition
R35.1	Nocturia
R35.8	Other polyuria

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Code	Description
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]
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



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Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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]
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	Glasgow coma scale score 9-12, 24 hours or more after hospital admission

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
only for procedure code 82947.	
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
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	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
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
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

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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	Fracture of base of skull, unspecified side, initial encounter for open fracture



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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	Other fracture of occiput, right side, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
only for procedure code 82947.	
S02.11GB Covered only for procedure code 82947.	Other fracture of occiput, right side, initial encounter for open fracture
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
S02.121A Covered only for procedure code 82947.	Fracture of orbital roof, right side, initial encounter for closed fracture
S02.121B Covered only for procedure code 82947.	Fracture of orbital roof, right side, initial encounter for open fracture
S02.121D Covered only for procedure	Fracture of orbital roof, right side, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
S02.121G Covered only for procedure code 82947.	Fracture of orbital roof, right side, subsequent encounter for fracture with delayed healing
S02.121K Covered only for procedure code 82947.	Fracture of orbital roof, right side, subsequent encounter for fracture with nonunion
S02.121S Covered only for procedure code 82947.	Fracture of orbital roof, right side, sequela
S02.122A Covered only for procedure code 82947.	Fracture of orbital roof, left side, initial encounter for closed fracture
S02.122B Covered only for procedure code 82947.	Fracture of orbital roof, left side, initial encounter for open fracture
S02.122D Covered only for procedure code 82947.	Fracture of orbital roof, left side, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S02.122G Covered only for procedure code 82947.	Fracture of orbital roof, left side, subsequent encounter for fracture with delayed healing
S02.122K Covered only for procedure code 82947.	Fracture of orbital roof, left side, subsequent encounter for fracture with nonunion
S02.122S Covered only for procedure code 82947.	Fracture of orbital roof, left side, sequela
S02.129A Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, initial encounter for closed fracture
S02.129B Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, initial encounter for open fracture
S02.129D Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with routine healing
S02.129G Covered	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with delayed healing

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
only for procedure code 82947.	
S02.129K Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with nonunion
S02.129S Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, sequela
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	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
code 82947.	
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)
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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
S02.40FA Covered	Zygomatic fracture, left side, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
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Code	Description
only for procedure code 82947.	
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
S02.610A Covered only for procedure	Fracture of condylar process of mandible, unspecified side, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
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
S02.620A Covered only for procedure code 82947.	Fracture of subcondylar process of mandible, unspecified side, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
S02.630A Covered only for procedure code 82947.	Fracture of coronoid process of mandible, unspecified side, initial encounter for closed fracture
S02.630B Covered	Fracture of coronoid process of mandible, unspecified side, initial encounter for open fracture

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
only for procedure code 82947.	
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
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	Fracture of ramus of mandible, unspecified side, initial encounter for open fracture



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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	Fracture of alveolus of right mandible, initial encounter for closed fracture



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
only for procedure code 82947.	
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
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	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture



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Code	Description
code 82947.	
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
S02.831A Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, initial encounter for closed fracture
S02.831B Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, initial encounter for open fracture
S02.831D Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, subsequent encounter for fracture with routine healing



**Medicare National Coverage Determinations (NCD)
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Code	Description
S02.831G Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, subsequent encounter for fracture with delayed healing
S02.831K Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, subsequent encounter for fracture with nonunion
S02.831S Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, sequela
S02.832A Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, initial encounter for closed fracture
S02.832B Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, initial encounter for open fracture
S02.832D Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, subsequent encounter for fracture with routine healing
S02.832G Covered	Fracture of medial orbital wall, left side, subsequent encounter for fracture with delayed healing

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**Medicare National Coverage Determinations (NCD)
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Code	Description
only for procedure code 82947.	
S02.832K Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, subsequent encounter for fracture with nonunion
S02.832S Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, sequela
S02.839A Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, initial encounter for closed fracture
S02.839B Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, initial encounter for open fracture
S02.839D Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with routine healing
S02.839G Covered only for procedure	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
S02.839K Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with nonunion
S02.839S Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, sequela
S02.841A Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, initial encounter for closed fracture
S02.841B Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, initial encounter for open fracture
S02.841D Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with routine healing
S02.841G Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with delayed healing



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S02.841K Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with nonunion
S02.841S Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, sequela
S02.842A Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, initial encounter for closed fracture
S02.842B Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, initial encounter for open fracture
S02.842D Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with routine healing
S02.842G Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.842K Covered	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with nonunion

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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
only for procedure code 82947.	
S02.842S Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, sequela
S02.849A Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, initial encounter for closed fracture
S02.849B Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, initial encounter for open fracture
S02.849D Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with routine healing
S02.849G Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with delayed healing
S02.849K Covered only for procedure	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with nonunion



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
code 82947.	
S02.849S Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, sequela
S02.85XA Covered only for procedure code 82947.	Fracture of orbit, unspecified, initial encounter for closed fracture
S02.85XB Covered only for procedure code 82947.	Fracture of orbit, unspecified, initial encounter for open fracture
S02.85XD Covered only for procedure code 82947.	Fracture of orbit, unspecified, subsequent encounter for fracture with routine healing
S02.85XG Covered only for procedure code 82947.	Fracture of orbit, unspecified, subsequent encounter for fracture with delayed healing
S02.85XK Covered only for procedure code 82947.	Fracture of orbit, unspecified, subsequent encounter for fracture with nonunion



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
S02.85XS Covered only for procedure code 82947.	Fracture of orbit, unspecified, sequela
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	Unspecified physeal fracture of left calcaneus, initial encounter for closed fracture

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Code	Description
only for procedure code 82947.	
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	Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for closed fracture



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Code	Description
code 82947.	
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

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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
S99.032B Covered	Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for open fracture

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Code	Description
only for procedure code 82947.	
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
S99.042B Covered only for procedure	Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for open fracture



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Code	Description
code 82947.	
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
S99.092B Covered only for procedure code 82947.	Other physeal fracture of left calcaneus, initial encounter for open fracture



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Code	Description
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
S99.109B Covered only for procedure code 82947.	Unspecified physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.111A Covered	Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for closed fracture

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Code	Description
only for procedure code 82947.	
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
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	Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for closed fracture



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Code	Description
code 82947.	
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
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



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Code	Description
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
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	Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for open fracture

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Code	Description
only for procedure code 82947.	
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
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	Other physeal fracture of left metatarsal, initial encounter for open fracture



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Code	Description
code 82947.	
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
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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	Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture

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Code	Description
only for procedure code 82947.	
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
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	Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture



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Code	Description
code 82947.	
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
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



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Code	Description
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
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	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for open fracture

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Code	Description
only for procedure code 82947.	
S99.291A Covered only for procedure code 82947.	Other physeal fracture of phalanx of right toe, initial encounter for closed fracture
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	Other physeal fracture of phalanx of unspecified toe, initial encounter for open fracture



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Code	Description
code 82947.	
T82.855A Covered only for procedure code 82947.	Stenosis of coronary artery stent, initial encounter
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



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Code	Description
*U07.1	*COVID-19
Z05.0 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected cardiac condition ruled out
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



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Code	Description
Z05.43 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected immunologic condition ruled out
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	Observation and evaluation of newborn for other specified suspected condition ruled out

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Code	Description
only for procedure code 82947.	
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

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Code	Description
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
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z83.430	Family history of elevated lipoprotein(a)
Z83.438	Family history of other disorder of lipoprotein metabolism and other lipidemia
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 (FPG 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,

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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.

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.



190.21 - Glycated Hemoglobin/Glycated Protein

Description

The management of diabetes mellitus requires regular determinations of blood glucose levels. Glycated hemoglobin/protein levels are used to assess long-term glucose control in diabetes. Alternative names for these tests include glycated or glycosylated hemoglobin or Hgb, hemoglobin glycated or glycosylated protein, and fructosamine.

Glycated hemoglobin (equivalent to hemoglobin A1) refers to total glycosylated hemoglobin present in erythrocytes, usually determined by affinity or ion-exchange chromatographic methodology. Hemoglobin A1c refers to the major component of hemoglobin A1, usually determined by ion-exchange affinity chromatography, immunoassay or agar gel electrophoresis. Fructosamine or glycated protein refers to glycosylated protein present in a serum or plasma sample. Glycated protein refers to measurement of the component of the specific protein that is glycated usually by colorimetric method or affinity chromatography.

Glycated hemoglobin in whole blood assesses glycemic control over a period of 4-8 weeks and appears to be the more appropriate test for monitoring a patient who is capable of maintaining long-term, stable control. Measurement may be medically necessary every 3 months to determine whether a patient's metabolic control has been on average within the target range. More frequent assessments, every 1-2 months, may be appropriate in the patient whose diabetes regimen has been altered to improve control or in whom evidence is present that intercurrent events may have altered a previously satisfactory level of control (for example, post-major surgery or as a result of glucocorticoid therapy). Glycated protein in serum/plasma assesses glycemic control over a period of 1-2 weeks. It may be reasonable and necessary to monitor glycated protein monthly in pregnant diabetic women. Glycated hemoglobin/protein test results may be low, indicating significant, persistent hypoglycemia, in nesidioblastosis or insulinoma, conditions which are accompanied by inappropriate hyperinsulinemia. A below normal test value is helpful in establishing the patient's hypoglycemic state in those conditions.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
82985	Glycated protein
83036	Hemoglobin; glycated

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>



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Code	Description
D13.7	Benign neoplasm of endocrine pancreas
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
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
E08.3291	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
E08.3311	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

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Code	Description
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
E08.3411	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
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
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
E08.3511	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
E08.3521	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
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye



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Code	Description
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
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
E08.3551	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
E08.3591	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
E08.36	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
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
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E09.3291	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
E09.3311	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
E09.3391	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

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***July 2021 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E09.3491	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
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
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
E09.3521	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
E09.3531	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
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E09.3551	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
E09.3591	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
E09.36	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
E09.39	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)
Coding Policy Manual and Change Report (ICD-10-CM)**

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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***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

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
E10.3291	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
E10.3311	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
E10.3391	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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E10.3511	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
E10.3521	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
E10.3531	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
E10.3541	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
E10.3551	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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
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
E10.39	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

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***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis 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
E11.3291	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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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
E11.3411	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
E11.3491	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
E11.3511	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
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E11.3531	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
E11.3541	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
E11.3551	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
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
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
E11.36	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
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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

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***July 2021 Changes
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Fu Associates, Ltd.

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
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
E13.3311	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
E13.3391	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
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E13.3491	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
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
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
E13.3521	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
E13.3531	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
E13.3541	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)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
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
E13.3591	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
E13.36	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
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E16.8	Other specified disorders of pancreatic internal secretion
E16.9	Disorder of pancreatic internal secretion, unspecified
E31.0	Autoimmune polyglandular failure
E31.1	Polyglandular hyperfunction
E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified
E31.21	Multiple endocrine neoplasia [MEN] type I
E31.22	Multiple endocrine neoplasia [MEN] type IIA
E31.23	Multiple endocrine neoplasia [MEN] type IIB



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Code	Description
E31.8	Other polyglandular dysfunction
E31.9	Polyglandular dysfunction, unspecified
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.89	Other specified disorders of carbohydrate metabolism
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
E88.02	Plasminogen deficiency
E89.1	Postprocedural hypoinsulinemia
H44.2E1	Degenerative myopia with other maculopathy, right eye
H44.2E2	Degenerative myopia with other maculopathy, left eye
H44.2E3	Degenerative myopia with other maculopathy, bilateral eye
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K91.2	Postsurgical malabsorption, not elsewhere classified
L89.006	Pressure-induced deep tissue damage of unspecified elbow
L89.016	Pressure-induced deep tissue damage of right elbow
L89.026	Pressure-induced deep tissue damage of left elbow
L89.116	Pressure-induced deep tissue damage of right upper back

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Code	Description
L89.126	Pressure-induced deep tissue damage of left upper back
L89.136	Pressure-induced deep tissue damage of right lower back
L89.146	Pressure-induced deep tissue damage of left lower back
L89.156	Pressure-induced deep tissue damage of sacral region
L89.216	Pressure-induced deep tissue damage of right hip
L89.226	Pressure-induced deep tissue damage of left hip
L89.316	Pressure-induced deep tissue damage of right buttock
L89.326	Pressure-induced deep tissue damage of left buttock
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip
L89.516	Pressure-induced deep tissue damage of right ankle
L89.526	Pressure-induced deep tissue damage of left ankle
L89.616	Pressure-induced deep tissue damage of right heel
L89.626	Pressure-induced deep tissue damage of left heel
L89.816	Pressure-induced deep tissue damage of head
L89.896	Pressure-induced deep tissue damage of other site
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118	Non-pressure chronic ulcer of right thigh with other specified severity
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128	Non-pressure chronic ulcer of left thigh with other specified severity
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.218	Non-pressure chronic ulcer of right calf with other specified severity



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Code	Description
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228	Non-pressure chronic ulcer of left calf with other specified severity
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.318	Non-pressure chronic ulcer of right ankle with other specified severity
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328	Non-pressure chronic ulcer of left ankle with other specified severity
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.418	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis
L97.428	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518	Non-pressure chronic ulcer of other part of right foot with other specified severity
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis



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Code	Description
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528	Non-pressure chronic ulcer of other part of left foot with other specified severity
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.818	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.828	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis
L97.918	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis
L97.928	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.418	Non-pressure chronic ulcer of buttock with other specified severity



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Code	Description
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.428	Non-pressure chronic ulcer of back with other specified severity
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis
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
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24.439	Gestational diabetes mellitus in the puerperium, unspecified control

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Code	Description
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
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
O99.810	Abnormal glucose complicating pregnancy
O99.815	Abnormal glucose complicating the puerperium
R73.01	Impaired fasting glucose
R73.02	Impaired glucose tolerance (oral)

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Code	Description
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
T38.3X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter
T38.3X2A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, intentional self-harm, initial encounter
T38.3X3A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, initial encounter
T38.3X4A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter
Z79.3	Long term (current) use of hormonal contraceptives
Z79.4	Long term (current) use of insulin
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.31	Personal history of diabetic foot ulcer
Z86.32	Personal history of gestational diabetes
Z86.39	Personal history of other endocrine, nutritional and metabolic disease



Indications

Glycated hemoglobin/protein testing is accepted as medically necessary for management and control of diabetes and to assess hyperglycemia, a history of hyperglycemia or dangerous hypoglycemia. Glycated protein testing may be used in place of glycated hemoglobin in the management of diabetic patients, and is useful in patients with abnormalities of erythrocytes such as hemolytic anemia or hemoglobinopathies.

Limitations

It is not reasonable and necessary to perform glycated hemoglobin tests more often than every three months on a controlled diabetic patient to determine if the patient's metabolic control has been on average within the target range. It is not reasonable and necessary for these tests to be performed more frequently than once a month for diabetic pregnant women. Testing for uncontrolled type one or two diabetes mellitus may require testing more than four times a year. The above Description Section provides the clinical basis for those situations in which testing more frequently than four times per annum is indicated, and medical necessity documentation must support such testing in excess of the above guidelines.

Many analytical methods of glycated hemoglobin show interference from elevated levels of fetal hemoglobin or by variant hemoglobin molecules. When the glycated hemoglobin assay is initially performed in these patients, the laboratory may inform the ordering physician of a possible analytical interference. Alternative testing, including glycated protein, for example, fructosamine, may be indicated for monitoring the degree of glycemic control. It is therefore conceivable that a patient will have both a glycated hemoglobin and glycated protein ordered on the same day. This should be limited to the initial assay of glycated hemoglobin, with subsequent exclusive use of glycated protein. These tests are not considered to be medically necessary for the diagnosis of diabetes.

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.

Sources of Information

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Foster, Daniel W., Diabetes Mellitus, Harrison's Principles of Internal Medicine. 13th ed., Kurt J. Isselbacher et al. Editors, New York/McGraw-Hill, 1994, pg. 1990.

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***Medicare National Coverage Determinations (NCD)
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Sacks, David B., Carbohydrates. In Tietz Textbook of Clinical Chemistry, 2nd Ed., Carl A. Burtis and Edward R. Ashwood, editors. Philadelphia, W.B. Saunders Co., 1994. pp. 980-988.

Tests of Glycemia in Diabetes, American Diabetes Association, Diabetes Care, Volume 20, Supplement I, January 1997, pp. 518-520.



190.22 - Thyroid Testing

Description

Thyroid function studies are used to delineate the presence or absence of hormonal abnormalities of the thyroid and pituitary glands. These abnormalities may be either primary or secondary and often but not always accompany clinically defined signs and symptoms indicative of thyroid dysfunction.

Laboratory evaluation of thyroid function has become more scientifically defined. Tests can be done with increased specificity, thereby reducing the number of tests needed to diagnose and follow treatment of most thyroid disease. Measurements of serum sensitive thyroid-stimulating hormone (TSH) levels, complemented by determination of thyroid hormone levels [free thyroxine (fT-4) or total thyroxine (T4) with Triiodothyronine (T3) uptake] are used for diagnosis and follow-up of patients with thyroid disorders. Additional tests may be necessary to evaluate certain complex diagnostic problems or on hospitalized patients, where many circumstances can skew tests results. When a test for total thyroxine (total T4 or T4 radioimmunoassay) or T3 uptake is performed, calculation of the free thyroxine index (FTI) is useful to correct for abnormal results for either total T4 or T3 uptake due to protein binding effects.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
84436	Thyroxine; total
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)

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
A18.81	Tuberculosis of thyroid gland
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C73	Malignant neoplasm of thyroid gland



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Code	Description
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D27.0	Benign neoplasm of right ovary
D27.1	Benign neoplasm of left ovary
D27.9	Benign neoplasm of unspecified ovary
D34	Benign neoplasm of thyroid gland
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D44.0	Neoplasm of uncertain behavior of thyroid gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D53.9	Nutritional anemia, unspecified
D59.0	Drug-induced autoimmune hemolytic anemia
D59.10	Autoimmune hemolytic anemia, unspecified
D59.11	Warm autoimmune hemolytic anemia
D59.12	Cold autoimmune hemolytic anemia
D59.13	Mixed type autoimmune hemolytic anemia
D59.19	Other autoimmune hemolytic anemia
D64.89	Other specified anemias
D64.9	Anemia, unspecified
D89.82	Autoimmune lymphoproliferative syndrome [ALPS]
*D89.831	*Cytokine release syndrome, grade 1
*D89.832	*Cytokine release syndrome, grade 2



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Code	Description
*D89.833	*Cytokine release syndrome, grade 3
*D89.834	*Cytokine release syndrome, grade 4
*D89.835	*Cytokine release syndrome, grade 5
*D89.839	*Cytokine release syndrome, grade unspecified
D89.89	Other specified disorders involving the immune mechanism, not elsewhere classified
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E01.0	Iodine-deficiency related diffuse (endemic) goiter
E01.1	Iodine-deficiency related multinodular (endemic) goiter
E01.2	Iodine-deficiency related (endemic) goiter, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.4	Atrophy of thyroid (acquired)
E03.5	Myxedema coma
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E04.0	Nontoxic diffuse goiter
E04.1	Nontoxic single thyroid nodule
E04.2	Nontoxic multinodular goiter
E04.8	Other specified nontoxic goiter
E04.9	Nontoxic goiter, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm

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**Medicare National Coverage Determinations (NCD)
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Code	Description
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified
E07.0	Hypersecretion of calcitonin
E07.1	Dyshormogenetic goiter
E07.89	Other specified disorders of thyroid
E07.9	Disorder of thyroid, unspecified
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

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**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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

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***July 2021 Changes
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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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

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***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis 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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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

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***July 2021 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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

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***July 2021 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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

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Code	Description
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
E20.0	Idiopathic hypoparathyroidism
E20.1	Pseudohypoparathyroidism
E20.8	Other hypoparathyroidism
E20.9	Hypoparathyroidism, unspecified
E22.1	Hyperprolactinemia
E22.8	Other hyperfunction of pituitary gland
E22.9	Hyperfunction of pituitary gland, unspecified
E23.0	Hypopituitarism
E23.1	Drug-induced hypopituitarism
E23.6	Other disorders of pituitary gland
E25.0	Congenital adrenogenital disorders associated with enzyme deficiency

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Code	Description
E25.8	Other adrenogenital disorders
E25.9	Adrenogenital disorder, unspecified
E27.1	Primary adrenocortical insufficiency
E27.2	Addisonian crisis
E27.3	Drug-induced adrenocortical insufficiency
E27.40	Unspecified adrenocortical insufficiency
E27.49	Other adrenocortical insufficiency
E28.310	Symptomatic premature menopause
E28.319	Asymptomatic premature menopause
E28.39	Other primary ovarian failure
E29.1	Testicular hypofunction
E31.0	Autoimmune polyglandular failure
E31.1	Polyglandular hyperfunction
E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified
E31.21	Multiple endocrine neoplasia [MEN] type I
E31.22	Multiple endocrine neoplasia [MEN] type IIA
E31.23	Multiple endocrine neoplasia [MEN] type IIB
E31.8	Other polyglandular dysfunction
E31.9	Polyglandular dysfunction, unspecified
E35	Disorders of endocrine glands in diseases classified elsewhere
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E53.0	Riboflavin deficiency
E64.0	Sequelae of protein-calorie malnutrition
E67.1	Hypercarotenemia



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Code	Description
E75.26	Sulfatase deficiency
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E83.81	Hungry bone syndrome
E87.0	Hyperosmolality and hyponatremia
E87.1	Hypo-osmolality and hyponatremia
E88.02	Plasminogen deficiency
E89.0	Postprocedural hypothyroidism
E89.2	Postprocedural hypoparathyroidism
E89.3	Postprocedural hypopituitarism
E89.6	Postprocedural adrenocortical (-medullary) hypofunction
F03.90	Unspecified dementia without behavioral disturbance
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.30	Mood disorder due to known physiological condition, unspecified
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode



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Code	Description
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F06.4	Anxiety disorder 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
F12.23	Cannabis dependence with withdrawal
F22	Delusional disorders
F23	Brief psychotic disorder
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features

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Code	Description
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.4	Major depressive disorder, single episode, in partial remission
F32.5	Major depressive disorder, single episode, in full remission
F32.81	Premenstrual dysphoric disorder
F32.89	Other specified depressive episodes
F32.9	Major depressive disorder, single episode, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate



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Code	Description
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F41.3	Other mixed anxiety disorders
F41.8	Other specified anxiety disorders
F41.9	Anxiety disorder, unspecified
F50.82	Avoidant/restrictive food intake disorder
F53.0	Postpartum depression
F53.1	Puerperal psychosis
F63.3	Trichotillomania
G12.23	Primary lateral sclerosis
G25.0	Essential tremor
G25.1	Drug-induced tremor
G25.2	Other specified forms of tremor
G25.70	Drug induced movement disorder, unspecified
G25.71	Drug induced akathisia
G25.79	Other drug induced movement disorders
G25.89	Other specified extrapyramidal and movement disorders



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Code	Description
G25.9	Extrapyramidal and movement disorder, unspecified
G26	Extrapyramidal and movement disorders in diseases classified elsewhere
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.01	Pick's disease
G31.09	Other frontotemporal dementia
G31.1	Senile degeneration of brain, not elsewhere classified
G31.84	Mild cognitive impairment, so stated
G47.00	Insomnia, unspecified
G47.01	Insomnia due to medical condition
G47.09	Other insomnia
G47.30	Sleep apnea, unspecified
G47.39	Other sleep apnea
G47.62	Sleep related leg cramps
G47.8	Other sleep disorders
G47.9	Sleep disorder, unspecified
G56.00	Carpal tunnel syndrome, unspecified upper limb
G56.01	Carpal tunnel syndrome, right upper limb
G56.02	Carpal tunnel syndrome, left upper limb
G56.03	Carpal tunnel syndrome, bilateral upper limbs
G56.13	Other lesions of median nerve, bilateral upper limbs
G56.23	Lesion of ulnar nerve, bilateral upper limbs
G56.33	Lesion of radial nerve, bilateral upper limbs
G56.43	Causalgia of bilateral upper limbs
G56.83	Other specified mononeuropathies of bilateral upper limbs
G56.93	Unspecified mononeuropathy of bilateral upper limbs

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Code	Description
G57.83	Other specified mononeuropathies of bilateral lower limbs
G57.93	Unspecified mononeuropathy of bilateral lower limbs
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61.82	Multifocal motor neuropathy
G71.9	Primary disorder of muscle, unspecified
G72.9	Myopathy, unspecified
G73.3	Myasthenic syndromes in other diseases classified elsewhere
G73.7	Myopathy in diseases classified elsewhere
G93.3	Postviral fatigue syndrome
H02.531	Eyelid retraction right upper eyelid
H02.532	Eyelid retraction right lower eyelid
H02.533	Eyelid retraction right eye, unspecified eyelid
H02.534	Eyelid retraction left upper eyelid
H02.535	Eyelid retraction left lower eyelid
H02.536	Eyelid retraction left eye, unspecified eyelid
H02.539	Eyelid retraction unspecified eye, unspecified lid
H02.841	Edema of right upper eyelid
H02.842	Edema of right lower eyelid
H02.843	Edema of right eye, unspecified eyelid
H02.844	Edema of left upper eyelid
H02.845	Edema of left lower eyelid
H02.846	Edema of left eye, unspecified eyelid
H02.849	Edema of unspecified eye, unspecified eyelid
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884	Meibomian gland dysfunction left upper eyelid
H02.885	Meibomian gland dysfunction left lower eyelid
H05.20	Unspecified exophthalmos



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Code	Description
H05.221	Edema of right orbit
H05.222	Edema of left orbit
H05.223	Edema of bilateral orbit
H05.229	Edema of unspecified orbit
H05.241	Constant exophthalmos, right eye
H05.242	Constant exophthalmos, left eye
H05.243	Constant exophthalmos, bilateral
H05.249	Constant exophthalmos, unspecified eye
H05.251	Intermittent exophthalmos, right eye
H05.252	Intermittent exophthalmos, left eye
H05.253	Intermittent exophthalmos, bilateral
H05.259	Intermittent exophthalmos, unspecified eye
H05.89	Other disorders of orbit
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H11.421	Conjunctival edema, right eye
H11.422	Conjunctival edema, left eye
H11.423	Conjunctival edema, bilateral
H11.429	Conjunctival edema, unspecified eye
H11.431	Conjunctival hyperemia, right eye
H11.432	Conjunctival hyperemia, left eye
H11.433	Conjunctival hyperemia, bilateral
H11.439	Conjunctival hyperemia, unspecified eye
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



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Code	Description
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
H53.2	Diplopia
I10	Essential (primary) hypertension
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease



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Code	Description
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified
I31.3	Pericardial effusion (noninflammatory)
I31.9	Disease of pericardium, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I47.1	Supraventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.91	Unspecified atrial fibrillation
I49.2	Junctional premature depolarization
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure

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Code	Description
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
I51.7	Cardiomegaly
J91.8	Pleural effusion in other conditions classified elsewhere
J96.00	Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J96.01	Acute respiratory failure with hypoxia
J96.02	Acute respiratory failure with hypercapnia
J96.90	Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia
J96.91	Respiratory failure, unspecified with hypoxia
J96.92	Respiratory failure, unspecified with hypercapnia
K14.8	Other diseases of tongue
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
K56.0	Paralytic ileus
K56.7	Ileus, unspecified

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Code	Description
K58.1	Irritable bowel syndrome with constipation
K58.2	Mixed irritable bowel syndrome
K58.8	Other irritable bowel syndrome
K59.00	Constipation, unspecified
K59.01	Slow transit constipation
K59.02	Outlet dysfunction constipation
K59.04	Chronic idiopathic constipation
K59.09	Other constipation
K59.39	Other megacolon
L11.0	Acquired keratosis follicularis
L29.9	Pruritus, unspecified
L60.1	Onycholysis
L60.2	Onychogryphosis
L60.3	Nail dystrophy
L60.4	Beau's lines
L60.5	Yellow nail syndrome
L60.8	Other nail disorders
L62	Nail disorders in diseases classified elsewhere
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis
L63.2	Ophiasis
L63.8	Other alopecia areata
L63.9	Alopecia areata, unspecified
L64.0	Drug-induced androgenic alopecia
L64.8	Other androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L65.0	Telogen effluvium
L65.1	Anagen effluvium



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Code	Description
L65.2	Alopecia mucinosa
L65.8	Other specified nonscarring hair loss
L65.9	Nonscarring hair loss, unspecified
L66.0	Pseudopelade
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified
L80	Vitiligo
L85.0	Acquired ichthyosis
L85.1	Acquired keratosis [keratoderma] palmaris et plantaris
L85.2	Keratosis punctata (palmaris et plantaris)
L86	Keratoderma in diseases classified elsewhere
L87.0	Keratosis follicularis et parafollicularis in cutem penetrans
L87.2	Elastosis perforans serpiginosa
M04.1	Periodic fever syndromes
M04.2	Cryopyrin-associated periodic syndromes
M04.8	Other autoinflammatory syndromes
M04.9	Autoinflammatory syndrome, unspecified
M32.0	Drug-induced systemic lupus erythematosus
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified



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Code	Description
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.03	Juvenile dermatomyositis without myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.13	Other dermatomyositis without myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement
M33.90	Dermatopolymyositis, unspecified, organ involvement unspecified
M33.91	Dermatopolymyositis, unspecified with respiratory involvement
M33.92	Dermatopolymyositis, unspecified with myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
M33.99	Dermatopolymyositis, unspecified with other organ involvement
M34.0	Progressive systemic sclerosis
M34.1	CR(E)ST syndrome
M34.2	Systemic sclerosis induced by drug and chemical
M34.81	Systemic sclerosis with lung involvement
M34.82	Systemic sclerosis with myopathy
M34.83	Systemic sclerosis with polyneuropathy
M34.89	Other systemic sclerosis
M34.9	Systemic sclerosis, unspecified
M35.00	Sicca syndrome, unspecified



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Code	Description
M35.01	Sicca syndrome with keratoconjunctivitis
M35.02	Sicca syndrome with lung involvement
M35.03	Sicca syndrome with myopathy
M35.04	Sicca syndrome with tubulo-interstitial nephropathy
M35.09	Sicca syndrome with other organ involvement
M35.1	Other overlap syndromes
M35.5	Multifocal fibrosclerosis
*M35.81	*Multisystem inflammatory syndrome
*M35.89	*Other specified systemic involvement of connective tissue
M35.9	Systemic involvement of connective tissue, unspecified
M36.0	Dermato(poly)myositis in neoplastic disease
M36.8	Systemic disorders of connective tissue in other diseases classified elsewhere
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



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Code	Description
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
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
M62.50	Muscle wasting and atrophy, not elsewhere classified, unspecified site
M62.511	Muscle wasting and atrophy, not elsewhere classified, right shoulder
M62.512	Muscle wasting and atrophy, not elsewhere classified, left shoulder
M62.519	Muscle wasting and atrophy, not elsewhere classified, unspecified shoulder
M62.521	Muscle wasting and atrophy, not elsewhere classified, right upper arm
M62.522	Muscle wasting and atrophy, not elsewhere classified, left upper arm
M62.529	Muscle wasting and atrophy, not elsewhere classified, unspecified upper arm
M62.531	Muscle wasting and atrophy, not elsewhere classified, right forearm
M62.532	Muscle wasting and atrophy, not elsewhere classified, left forearm
M62.539	Muscle wasting and atrophy, not elsewhere classified, unspecified forearm
M62.541	Muscle wasting and atrophy, not elsewhere classified, right hand
M62.542	Muscle wasting and atrophy, not elsewhere classified, left hand
M62.549	Muscle wasting and atrophy, not elsewhere classified, unspecified hand
M62.551	Muscle wasting and atrophy, not elsewhere classified, right thigh
M62.552	Muscle wasting and atrophy, not elsewhere classified, left thigh
M62.559	Muscle wasting and atrophy, not elsewhere classified, unspecified thigh
M62.561	Muscle wasting and atrophy, not elsewhere classified, right lower leg
M62.562	Muscle wasting and atrophy, not elsewhere classified, left lower leg
M62.569	Muscle wasting and atrophy, not elsewhere classified, unspecified lower leg



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Code	Description
M62.571	Muscle wasting and atrophy, not elsewhere classified, right ankle and foot
M62.572	Muscle wasting and atrophy, not elsewhere classified, left ankle and foot
M62.579	Muscle wasting and atrophy, not elsewhere classified, unspecified ankle and foot
M62.58	Muscle wasting and atrophy, not elsewhere classified, other site
M62.59	Muscle wasting and atrophy, not elsewhere classified, multiple sites
M62.81	Muscle weakness (generalized)
M62.9	Disorder of muscle, unspecified
M63.80	Disorders of muscle in diseases classified elsewhere, unspecified site
M63.811	Disorders of muscle in diseases classified elsewhere, right shoulder
M63.812	Disorders of muscle in diseases classified elsewhere, left shoulder
M63.819	Disorders of muscle in diseases classified elsewhere, unspecified shoulder
M63.821	Disorders of muscle in diseases classified elsewhere, right upper arm
M63.822	Disorders of muscle in diseases classified elsewhere, left upper arm
M63.829	Disorders of muscle in diseases classified elsewhere, unspecified upper arm
M63.831	Disorders of muscle in diseases classified elsewhere, right forearm
M63.832	Disorders of muscle in diseases classified elsewhere, left forearm
M63.839	Disorders of muscle in diseases classified elsewhere, unspecified forearm
M63.841	Disorders of muscle in diseases classified elsewhere, right hand
M63.842	Disorders of muscle in diseases classified elsewhere, left hand
M63.849	Disorders of muscle in diseases classified elsewhere, unspecified hand
M63.851	Disorders of muscle in diseases classified elsewhere, right thigh
M63.852	Disorders of muscle in diseases classified elsewhere, left thigh
M63.859	Disorders of muscle in diseases classified elsewhere, unspecified thigh
M63.861	Disorders of muscle in diseases classified elsewhere, right lower leg
M63.862	Disorders of muscle in diseases classified elsewhere, left lower leg
M63.869	Disorders of muscle in diseases classified elsewhere, unspecified lower leg
M63.871	Disorders of muscle in diseases classified elsewhere, right ankle and foot
M63.872	Disorders of muscle in diseases classified elsewhere, left ankle and foot



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Code	Description
M63.879	Disorders of muscle in diseases classified elsewhere, unspecified ankle and foot
M63.88	Disorders of muscle in diseases classified elsewhere, other site
M63.89	Disorders of muscle in diseases classified elsewhere, multiple sites
M79.10	Myalgia, unspecified site
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.7	Fibromyalgia
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M86.9	Osteomyelitis, unspecified
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N91.3	Primary oligomenorrhea
N91.4	Secondary oligomenorrhea
N91.5	Oligomenorrhea, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N94.4	Primary dysmenorrhea
N94.5	Secondary dysmenorrhea
N94.6	Dysmenorrhea, unspecified
O12.04	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth

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Code	Description
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.24	HELLP syndrome, complicating childbirth
O14.25	HELLP syndrome, complicating the puerperium
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O36.8310	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, not applicable or unspecified
O36.8311	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 1
O36.8312	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 2
O36.8313	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 3
O36.8314	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 4
O36.8315	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, fetus 5



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Code	Description
O36.8319	Maternal care for abnormalities of the fetal heart rate or rhythm, first trimester, other fetus
O36.8320	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, not applicable or unspecified
O36.8321	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 1
O36.8322	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 2
O36.8323	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 3
O36.8324	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 4
O36.8325	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, fetus 5
O36.8329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus
O36.8330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O36.8331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O36.8332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2
O36.8333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O36.8334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O36.8335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O36.8339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
O36.8390	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, not applicable or unspecified



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Code	Description
O36.8391	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 1
O36.8392	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 2
O36.8393	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 3
O36.8394	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 4
O36.8395	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, fetus 5
O36.8399	Maternal care for abnormalities of the fetal heart rate or rhythm, unspecified trimester, other fetus
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester
O90.5	Postpartum thyroiditis
O92.29	Other disorders of breast associated with pregnancy and the puerperium



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Code	Description
O99.280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99.281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99.282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99.284	Endocrine, nutritional and metabolic diseases complicating childbirth
O99.285	Endocrine, nutritional and metabolic diseases complicating the puerperium
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P05.09	Newborn light for gestational age, 2500 grams and over
Q38.2	Macroglossia
Q89.2	Congenital malformations of other endocrine glands
R00.0	Tachycardia, unspecified
R00.1	Bradycardia, unspecified
R00.2	Palpitations
R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.1	Stridor
R06.83	Snoring
R06.89	Other abnormalities of breathing
R07.0	Pain in throat
R09.89	Other specified symptoms and signs involving the circulatory and respiratory systems
R13.0	Aphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase



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Code	Description
R13.13	Dysphagia, pharyngeal phase
R13.14	Dysphagia, pharyngoesophageal phase
R13.19	Other dysphagia
R18.0	Malignant ascites
R18.8	Other ascites
R19.4	Change in bowel habit
R19.7	Diarrhea, unspecified
R19.8	Other specified symptoms and signs involving the digestive system and abdomen
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
R23.4	Changes in skin texture
R23.8	Other skin changes
R23.9	Unspecified skin changes
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
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R29.2	Abnormal reflex
R29.700	NIHSS score 0

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Code	Description
R29.701	NIHSS score 1
R29.702	NIHSS score 2
R29.703	NIHSS score 3
R29.704	NIHSS score 4
R29.705	NIHSS score 5
R29.706	NIHSS score 6
R29.707	NIHSS score 7
R29.708	NIHSS score 8
R29.709	NIHSS score 9
R29.710	NIHSS score 10
R29.711	NIHSS score 11
R29.712	NIHSS score 12
R29.713	NIHSS score 13
R29.714	NIHSS score 14
R29.715	NIHSS score 15
R29.716	NIHSS score 16
R29.717	NIHSS score 17
R29.718	NIHSS score 18
R29.719	NIHSS score 19
R29.720	NIHSS score 20
R29.721	NIHSS score 21
R29.722	NIHSS score 22
R29.723	NIHSS score 23
R29.724	NIHSS score 24
R29.725	NIHSS score 25
R29.726	NIHSS score 26
R29.727	NIHSS score 27
R29.728	NIHSS score 28



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Code	Description
R29.729	NIHSS score 29
R29.730	NIHSS score 30
R29.731	NIHSS score 31
R29.732	NIHSS score 32
R29.733	NIHSS score 33
R29.734	NIHSS score 34
R29.735	NIHSS score 35
R29.736	NIHSS score 36
R29.737	NIHSS score 37
R29.738	NIHSS score 38
R29.739	NIHSS score 39
R29.740	NIHSS score 40
R29.741	NIHSS score 41
R29.742	NIHSS score 42
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

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Code	Description
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]
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



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Code	Description
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	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
R41.0	Disorientation, unspecified
R41.1	Anterograde amnesia



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Code	Description
R41.2	Retrograde amnesia
R41.3	Other amnesia
R41.82	Altered mental status, unspecified
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness
R45.0	Nervousness
R45.1	Restlessness and agitation
R45.3	Demoralization and apathy
R45.4	Irritability and anger
R45.81	Low self-esteem
R45.82	Worries
R45.84	Anhedonia
R45.86	Emotional lability
R45.87	Impulsiveness
R45.89	Other symptoms and signs involving emotional state
R47.02	Dysphasia
R47.1	Dysarthria and anarthria
R47.81	Slurred speech
R47.89	Other speech disturbances
R47.9	Unspecified speech disturbances
R49.0	Dysphonia
R49.21	Hypernasality
R49.22	Hyponasality
R49.8	Other voice and resonance disorders
R50.2	Drug induced fever
R50.81	Fever presenting with conditions classified elsewhere
R50.82	Postprocedural fever
R50.83	Postvaccination fever
R50.84	Febrile nonhemolytic transfusion reaction



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Code	Description
R50.9	Fever, unspecified
R52	Pain, unspecified
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
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified
R61	Generalized hyperhidrosis
R63.0	Anorexia
R63.2	Polyphagia
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R68.0	Hypothermia, not associated with low environmental temperature
R68.81	Early satiety
R68.83	Chills (without fever)
R68.89	Other general symptoms and signs
R73.03	Prediabetes
R90.89	Other abnormal findings on diagnostic imaging of central nervous system
R93.811	Abnormal radiologic findings on diagnostic imaging of right testicle
R93.812	Abnormal radiologic findings on diagnostic imaging of left testicle
R93.813	Abnormal radiologic findings on diagnostic imaging of testicles, bilateral
R93.819	Abnormal radiologic findings on diagnostic imaging of unspecified testicle
R93.89	Abnormal findings on diagnostic imaging of other specified body structures
R94.6	Abnormal results of thyroid function studies

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Code	Description
T66.XXXA	Radiation sickness, unspecified, initial encounter
*U07.1	*COVID-19
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	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
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z31.7	Encounter for procreative management and counseling for gestational carrier

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Code	Description
Z79.3	Long term (current) use of hormonal contraceptives
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z83.430	Family history of elevated lipoprotein(a)
Z84.82	Family history of sudden infant death syndrome
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.230	Personal history of malignant carcinoid tumor of thymus
Z85.520	Personal history of malignant carcinoid tumor of kidney
Z85.821	Personal history of Merkel cell carcinoma
Z85.850	Personal history of malignant neoplasm of thyroid
Z85.858	Personal history of malignant neoplasm of other endocrine glands
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.32	Personal history of gestational diabetes
Z86.39	Personal history of other endocrine, nutritional and metabolic disease

Indications

Thyroid function tests are used to define hyper function, euthyroidism, or hypofunction of thyroid disease. Thyroid testing may be reasonable and necessary to:

- Distinguish between primary and secondary hypothyroidism
- Confirm or rule out primary hypothyroidism
- Monitor thyroid hormone levels (for example, patients with goiter, thyroid nodules, or thyroid cancer)
- Monitor drug therapy in patients with primary hypothyroidism
- Confirm or rule out primary hyperthyroidism
- Monitor therapy in patients with hyperthyroidism

NCD 190.22

***July 2021 Changes
ICD-10-CM Version – Red**



**Medicare National Coverage Determinations (NCD)
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Thyroid function testing may be medically necessary in patients with disease or neoplasm of the thyroid and other endocrine glands. Thyroid function testing may also be medically necessary in patients with metabolic disorders; malnutrition; hyperlipidemia; certain types of anemia; psychosis and non-psychotic personality disorders; unexplained depression; ophthalmologic disorders; various cardiac arrhythmias; disorders of menstruation; skin conditions; myalgias; and a wide array of signs and symptoms, including alterations in consciousness; malaise; hypothermia; symptoms of the nervous and musculoskeletal system; skin and integumentary system; nutrition and metabolism; cardiovascular; and gastrointestinal system.

It may be medically necessary to do follow-up thyroid testing in patients with a history of malignant neoplasm of the endocrine system and in patients on long-term thyroid drug therapy.

Limitations

Testing may be covered up to two times a year in clinically stable patients; more frequent testing may be reasonable and necessary for patients whose thyroid therapy has been altered or in whom symptoms or signs of hyperthyroidism or hypothyroidism are noted.

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.

Documentation Requirements

When these tests are billed at a greater frequency than the norm (two per year), the ordering physician's documentation must support the medical necessity of this frequency.

Sources of Information

AACE Clinical Practice Guidelines for the Diagnosis and Management of Thyroid Nodules, Endocrine Practice (1996) 2:1, pp. 78-84.

AACE Clinical Practice Guidelines for Evaluation and Treatment of Hyperthyroidism and Hypothyroidism, Endocrine Practice (1995) 1:1, pp. 54-62.

AACE Clinical Practice Guidelines for Management of Thyroid Carcinoma, Endocrine Practice (1997) 3:1, pp. 60-71.

Cooper DS. Treatment of thyrotoxicosis. In Braverman LE, Utiger RD, eds. Werner and Ingbar's The Thyroid: A Fundamental and Clinical Text. 6th ed. Philadelphia, Pa: JB Lippincott Co; 1991:887-916.

Endocrinology. DeGroot LJ, et. al. Eds. 3rd ed. Philadelphia, Pa: W.B.Saunders Co.; 1995.

Endocrinology and Metabolism. Felig, P, Baxter, JD, Frohman, LA, eds.3rd ed. McGraw-Hill, Inc.: 1995.

Franklyn JA. The Management of Hyperthyroidism. N Engl J Med. 1994; 330(24):1731-1738.

Glenn GC and the Laboratory Testing Strategy Task Force of the College of American Pathologists. Practice parameter on laboratory panel testing for screening and case finding in asymptomatic adults. Arch Pathol LabMed. 1996:120:929-43.

Larsen PR, Ingbar SH. The Thyroid Gland. In: Wilson JD, Foster DW, eds. Williams Textbook of Endocrinology. 9th ed. Philadelphia, Pa: WB Saunders Co; 1992:357-487. The Merck Manual, 16th Edition, pp. 1072-1081.



190.23 - Lipids Testing

Description

Lipoproteins are a class of heterogeneous particles of varying sizes and densities containing lipid and protein. These lipoproteins include cholesterol esters and free cholesterol, triglycerides, phospholipids and A, C, and E apoproteins. Total cholesterol comprises all the cholesterol found in various lipoproteins.

Factors that affect blood cholesterol levels include age, sex, body weight, diet, alcohol and tobacco use, exercise, genetic factors, family history, medications, menopausal status, the use of hormone replacement therapy, and chronic disorders such as hypothyroidism, obstructive liver disease, pancreatic disease (including diabetes), and kidney disease.

In many individuals, an elevated blood cholesterol level constitutes an increased risk of developing coronary artery disease. Blood levels of total cholesterol and various fractions of cholesterol, especially low density lipoprotein cholesterol (LDL -C) and high density lipoprotein cholesterol (HDL-C) are useful in assessing and monitoring treatment for that risk in patients with cardiovascular and related diseases. Blood levels of the above cholesterol components including triglyceride have been separated into desirable, borderline and high-risk categories by the National Heart, Lung, and Blood Institute in their report in 1993. These categories form a useful basis for evaluation and treatment of patients with hyperlipidemia. Therapy to reduce these risk parameters includes diet, exercise and medication, and fat weight loss, which is particularly powerful when combined with diet and exercise.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
80061	Lipid panel
82465	Cholesterol, serum or whole blood, total
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement, LDL cholesterol
84478	Triglycerides



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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
B25.2	Cytomegaloviral pancreatitis
B52.0	Plasmodium malariae malaria with nephropathy
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.4	Atrophy of thyroid (acquired)
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm



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Code	Description
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified
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
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye



**Medicare National Coverage Determinations (NCD)
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Code	Description
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



**Medicare National Coverage Determinations (NCD)
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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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
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

NCD 190.23

***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
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



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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



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Code	Description
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
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

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Code	Description
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
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
E11.10 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Type 2 diabetes mellitus with ketoacidosis 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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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

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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
E24.0	Pituitary-dependent Cushing's disease
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
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition

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Code	Description
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified
E71.30	Disorder of fatty-acid metabolism, unspecified
E72.00	Disorders of amino-acid transport, unspecified
E72.01	Cystinuria
E72.02	Hartnup's disease
E72.04	Cystinosis
E72.09	Other disorders of amino-acid transport
E74.20	Disorders of galactose metabolism, unspecified
E74.21	Galactosemia
E74.29	Other disorders of galactose metabolism
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.26	Sulfatase deficiency



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Code	Description
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E85.0	Non-neuropathic hereditary familial amyloidosis
E85.1	Neuropathic hereditary familial amyloidosis
E85.2	Hereditary familial amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis



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Code	Description
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.02	Plasminogen deficiency
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
E89.0	Postprocedural hypothyroidism
F10.20	Alcohol dependence, uncomplicated
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
H02.60	Xanthelasma of unspecified eye, unspecified eyelid
H02.61	Xanthelasma of right upper eyelid
H02.62	Xanthelasma of right lower eyelid
H02.63	Xanthelasma of right eye, unspecified eyelid
H02.64	Xanthelasma of left upper eyelid
H02.65	Xanthelasma of left lower eyelid
H02.66	Xanthelasma of left eye, unspecified eyelid
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye



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Code	Description
H10.823	Rosacea conjunctivitis, bilateral
H18.411	Arcus senilis, right eye
H18.412	Arcus senilis, left eye
H18.413	Arcus senilis, bilateral
H18.419	Arcus senilis, unspecified eye
H34.00	Transient retinal artery occlusion, unspecified eye
H34.01	Transient retinal artery occlusion, right eye
H34.02	Transient retinal artery occlusion, left eye
H34.03	Transient retinal artery occlusion, bilateral
H34.10	Central retinal artery occlusion, unspecified eye
H34.11	Central retinal artery occlusion, right eye
H34.12	Central retinal artery occlusion, left eye
H34.13	Central retinal artery occlusion, bilateral
H34.211	Partial retinal artery occlusion, right eye
H34.212	Partial retinal artery occlusion, left eye
H34.213	Partial retinal artery occlusion, bilateral
H34.219	Partial retinal artery occlusion, unspecified eye
H34.231	Retinal artery branch occlusion, right eye
H34.232	Retinal artery branch occlusion, left eye
H34.233	Retinal artery branch occlusion, bilateral
H34.239	Retinal artery branch occlusion, unspecified eye
H34.9	Unspecified retinal vascular occlusion
H35.00	Unspecified background retinopathy
H35.011	Changes in retinal vascular appearance, right eye
H35.012	Changes in retinal vascular appearance, left eye
H35.013	Changes in retinal vascular appearance, bilateral
H35.019	Changes in retinal vascular appearance, unspecified eye
H35.021	Exudative retinopathy, right eye

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Code	Description
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H35.029	Exudative retinopathy, unspecified eye
H35.031	Hypertensive retinopathy, right eye
H35.032	Hypertensive retinopathy, left eye
H35.033	Hypertensive retinopathy, bilateral
H35.039	Hypertensive retinopathy, unspecified eye
H35.041	Retinal micro-aneurysms, unspecified, right eye
H35.042	Retinal micro-aneurysms, unspecified, left eye
H35.043	Retinal micro-aneurysms, unspecified, bilateral
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye
H35.051	Retinal neovascularization, unspecified, right eye
H35.052	Retinal neovascularization, unspecified, left eye
H35.053	Retinal neovascularization, unspecified, bilateral
H35.059	Retinal neovascularization, unspecified, unspecified eye
H35.071	Retinal telangiectasis, right eye
H35.072	Retinal telangiectasis, left eye
H35.073	Retinal telangiectasis, bilateral
H35.079	Retinal telangiectasis, unspecified eye
H35.89	Other specified retinal disorders
H43.20	Crystalline deposits in vitreous body, unspecified eye
H43.21	Crystalline deposits in vitreous body, right eye
H43.22	Crystalline deposits in vitreous body, left eye
H43.23	Crystalline deposits in vitreous body, bilateral
H93.011	Transient ischemic deafness, right ear
H93.012	Transient ischemic deafness, left ear
H93.013	Transient ischemic deafness, bilateral
H93.019	Transient ischemic deafness, unspecified ear

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Code	Description
H93.091	Unspecified degenerative and vascular disorders of right ear
H93.092	Unspecified degenerative and vascular disorders of left ear
H93.093	Unspecified degenerative and vascular disorders of ear, bilateral
H93.099	Unspecified degenerative and vascular disorders of unspecified ear
I10	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I15.9	Secondary hypertension, unspecified
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris



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Code	Description
I20.9	Angina pectoris, unspecified
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
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
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
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
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
I25.2	Old myocardial infarction
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Right heart failure, unspecified

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Code	Description
150.811 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Acute right heart failure
150.812 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Chronic right heart failure
150.813 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Acute on chronic right heart failure
150.814 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Right heart failure due to left heart failure
150.82 Covered only for	Biventricular heart failure



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Code	Description
procedure codes 80061, 82465, 83718, & 84778.	
I50.83 Covered only for procedure codes 80061, 82465, 83718, & 84778.	High output heart failure
I50.84 Covered only for procedure codes 80061, 82465, 83718, & 84778.	End stage heart failure
I50.89 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Other heart failure
I50.9	Heart failure, unspecified
I51.9	Heart disease, unspecified
I52	Other heart disorders in diseases classified elsewhere
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical



**Medicare National Coverage Determinations (NCD)
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Code	Description
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized
I61.8	Other nontraumatic intracerebral hemorrhage
I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries



**Medicare National Coverage Determinations (NCD)
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Code	Description
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery



**Medicare National Coverage Determinations (NCD)
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Code	Description
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery

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Code	Description
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction



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Code	Description
I63.9	Cerebral infarction, unspecified
I65.01	Occlusion and stenosis of right vertebral artery
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.2	Cerebral atherosclerosis

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Code	Description
I67.5	Moyamoya disease
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I67.858	Other hereditary cerebrovascular disease
I67.89	Other cerebrovascular disease
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage
I69.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
I69.011	Memory deficit following nontraumatic subarachnoid hemorrhage
I69.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
I69.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage
I69.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
I69.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
I69.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage



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Code	Description
169.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side



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Code	Description
169.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
169.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.090	Apraxia following nontraumatic subarachnoid hemorrhage
169.091	Dysphagia following nontraumatic subarachnoid hemorrhage
169.092	Facial weakness following nontraumatic subarachnoid hemorrhage
169.093	Ataxia following nontraumatic subarachnoid hemorrhage
169.098	Other sequelae following nontraumatic subarachnoid hemorrhage
169.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage
169.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
169.111	Memory deficit following nontraumatic intracerebral hemorrhage
169.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
169.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage
169.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
169.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
169.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
169.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
169.120	Aphasia following nontraumatic intracerebral hemorrhage
169.121	Dysphasia following nontraumatic intracerebral hemorrhage



**Medicare National Coverage Determinations (NCD)
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Code	Description
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side



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Code	Description
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
169.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
169.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
169.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
169.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
169.190	Apraxia following nontraumatic intracerebral hemorrhage
169.191	Dysphagia following nontraumatic intracerebral hemorrhage
169.192	Facial weakness following nontraumatic intracerebral hemorrhage
169.193	Ataxia following nontraumatic intracerebral hemorrhage
169.198	Other sequelae of nontraumatic intracerebral hemorrhage
169.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage
169.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
169.211	Memory deficit following other nontraumatic intracranial hemorrhage
169.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
169.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage
169.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
169.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
169.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage



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Code	Description
169.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
169.220	Aphasia following other nontraumatic intracranial hemorrhage
169.221	Dysphasia following other nontraumatic intracranial hemorrhage
169.222	Dysarthria following other nontraumatic intracranial hemorrhage
169.223	Fluency disorder following other nontraumatic intracranial hemorrhage
169.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side



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Code	Description
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
169.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
169.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
169.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
169.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
169.290	Apraxia following other nontraumatic intracranial hemorrhage
169.291	Dysphagia following other nontraumatic intracranial hemorrhage
169.292	Facial weakness following other nontraumatic intracranial hemorrhage
169.293	Ataxia following other nontraumatic intracranial hemorrhage
169.298	Other sequelae of other nontraumatic intracranial hemorrhage
169.30	Unspecified sequelae of cerebral infarction
169.310	Attention and concentration deficit following cerebral infarction
169.311	Memory deficit following cerebral infarction
169.312	Visuospatial deficit and spatial neglect following cerebral infarction
169.313	Psychomotor deficit following cerebral infarction
169.314	Frontal lobe and executive function deficit following cerebral infarction
169.315	Cognitive social or emotional deficit following cerebral infarction
169.318	Other symptoms and signs involving cognitive functions following cerebral infarction

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Code	Description
I69.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction
I69.320	Aphasia following cerebral infarction
I69.321	Dysphasia following cerebral infarction
I69.322	Dysarthria following cerebral infarction
I69.323	Fluency disorder following cerebral infarction
I69.328	Other speech and language deficits following cerebral infarction
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side



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Code	Description
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
I69.365	Other paralytic syndrome following cerebral infarction, bilateral
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side
I69.390	Apraxia following cerebral infarction
I69.391	Dysphagia following cerebral infarction
I69.392	Facial weakness following cerebral infarction
I69.393	Ataxia following cerebral infarction
I69.398	Other sequelae of cerebral infarction
I69.80	Unspecified sequelae of other cerebrovascular disease
I69.810	Attention and concentration deficit following other cerebrovascular disease
I69.811	Memory deficit following other cerebrovascular disease
I69.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease
I69.813	Psychomotor deficit following other cerebrovascular disease
I69.814	Frontal lobe and executive function deficit following other cerebrovascular disease
I69.815	Cognitive social or emotional deficit following other cerebrovascular disease
I69.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.820	Aphasia following other cerebrovascular disease
I69.821	Dysphasia following other cerebrovascular disease
I69.822	Dysarthria following other cerebrovascular disease
I69.823	Fluency disorder following other cerebrovascular disease
I69.828	Other speech and language deficits following other cerebrovascular disease
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side



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Code	Description
169.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
169.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
169.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
169.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
169.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
169.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
169.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side



**Medicare National Coverage Determinations (NCD)
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Code	Description
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
I69.890	Apraxia following other cerebrovascular disease
I69.891	Dysphagia following other cerebrovascular disease
I69.892	Facial weakness following other cerebrovascular disease
I69.893	Ataxia following other cerebrovascular disease
I69.898	Other sequelae of other cerebrovascular disease
I69.90	Unspecified sequelae of unspecified cerebrovascular disease
I69.910	Attention and concentration deficit following unspecified cerebrovascular disease
I69.911	Memory deficit following unspecified cerebrovascular disease
I69.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
I69.913	Psychomotor deficit following unspecified cerebrovascular disease
I69.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
I69.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease
I69.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69.920	Aphasia following unspecified cerebrovascular disease
I69.921	Dysphasia following unspecified cerebrovascular disease
I69.922	Dysarthria following unspecified cerebrovascular disease
I69.923	Fluency disorder following unspecified cerebrovascular disease
I69.928	Other speech and language deficits following unspecified cerebrovascular disease



**Medicare National Coverage Determinations (NCD)
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Code	Description
169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
169.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
169.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
169.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side



**Medicare National Coverage Determinations (NCD)
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Code	Description
169.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
169.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
169.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
169.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
169.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
169.990	Apraxia following unspecified cerebrovascular disease
169.991	Dysphagia following unspecified cerebrovascular disease
169.992	Facial weakness following unspecified cerebrovascular disease
169.993	Ataxia following unspecified cerebrovascular disease
169.998	Other sequelae following unspecified cerebrovascular disease
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg

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**Medicare National Coverage Determinations (NCD)
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Code	Description
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
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 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 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
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs

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Code	Description
170.298	Other atherosclerosis of native arteries of extremities, other extremity
170.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
170.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
170.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
170.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
170.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
170.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
170.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
170.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
170.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
170.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
170.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
170.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
170.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity



**Medicare National Coverage Determinations (NCD)
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Code	Description
170.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
170.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
170.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
170.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
170.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
170.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
170.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
170.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
170.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
170.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
170.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
170.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
170.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
170.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
170.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg



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Code	Description
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
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
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg



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Code	Description
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, 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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg



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Code	Description
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, 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



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Code	Description
170.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
170.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
170.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
170.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
170.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
170.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
170.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
170.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
170.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
170.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
170.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs



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Code	Description
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity



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Code	Description
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, 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
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity



**Medicare National Coverage Determinations (NCD)
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Code	Description
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, 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
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
I71.00	Dissection of unspecified site of aorta
I71.01	Dissection of thoracic aorta
I71.02	Dissection of abdominal aorta
I71.03	Dissection of thoracoabdominal aorta
I71.1	Thoracic aortic aneurysm, ruptured
I71.2	Thoracic aortic aneurysm, without rupture
I71.3	Abdominal aortic aneurysm, ruptured
I71.4	Abdominal aortic aneurysm, without rupture
I71.5	Thoracoabdominal aortic aneurysm, ruptured
I71.6	Thoracoabdominal aortic aneurysm, without rupture
I71.8	Aortic aneurysm of unspecified site, ruptured
I71.9	Aortic aneurysm of unspecified site, without rupture
I72.1	Aneurysm of artery of upper extremity
I72.2	Aneurysm of renal artery
I72.3	Aneurysm of iliac artery
I72.5 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Aneurysm of other precerebral arteries
I72.6 Covered only for procedure	Aneurysm of vertebral artery



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
codes 80061, 82465, 83718, & 84778.	
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.11	Embolism and thrombosis of thoracic aorta
I74.19	Embolism and thrombosis of other parts of aorta
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified
I74.5	Embolism and thrombosis of iliac artery
I74.8	Embolism and thrombosis of other arteries
I74.9	Embolism and thrombosis of unspecified artery
I77.70 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Dissection of unspecified artery
I77.75 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Dissection of other precerebral arteries



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
I77.76 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Dissection of artery of upper extremity
I77.77 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Dissection of artery of lower extremity
I79.0	Aneurysm of aorta in diseases classified elsewhere
K55.1	Chronic vascular disorders of intestine
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.5	Hepatic veno-occlusive disease
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
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



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
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
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K86.9	Disease of pancreas, unspecified
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis

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**Medicare National Coverage Determinations (NCD)
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Code	Description
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N04.9	Nephrotic syndrome with unspecified morphologic changes
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N17.0	Acute kidney failure with tubular necrosis
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N25.0	Renal osteodystrophy
N25.1	Nephrogenic diabetes insipidus
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N25.9	Disorder resulting from impaired renal tubular function, unspecified
N26.2	Page kidney
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 Covered only for procedure codes 83700, 83701,	Drug-induced erectile dysfunction



**Medicare National Coverage Determinations (NCD)
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Code	Description
83704, & 83721.	
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
O26.611	Liver and biliary tract disorders in pregnancy, first trimester
O26.612	Liver and biliary tract disorders in pregnancy, second trimester
O26.613	Liver and biliary tract disorders in pregnancy, third trimester
O26.619	Liver and biliary tract disorders in pregnancy, unspecified trimester
O26.62	Liver and biliary tract disorders in childbirth
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester



**Medicare National Coverage Determinations (NCD)
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Code	Description
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
O90.5	Postpartum thyroiditis
O99.280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99.281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99.282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99.284	Endocrine, nutritional and metabolic diseases complicating childbirth
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P05.10	Newborn small for gestational age, unspecified weight
P05.11	Newborn small for gestational age, less than 500 grams
P05.12	Newborn small for gestational age, 500-749 grams
P05.13	Newborn small for gestational age, 750-999 grams
P05.14	Newborn small for gestational age, 1000-1249 grams
P05.15	Newborn small for gestational age, 1250-1499 grams
P05.16	Newborn small for gestational age, 1500-1749 grams
P05.17	Newborn small for gestational age, 1750-1999 grams
P05.18	Newborn small for gestational age, 2000-2499 grams
Q25.21 Covered only for procedure codes 80061, 82465,	Interruption of aortic arch

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**Medicare National Coverage Determinations (NCD)
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Code	Description
83718, & 84778.	
Q25.40 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Congenital malformation of aorta unspecified
Q25.44 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Congenital dilation of aorta
Q25.45 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Double aortic arch
Q25.46 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Tortuous aortic arch



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
Q25.47 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Right aortic arch
Q25.48 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Anomalous origin of subclavian artery
Q25.49 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Other congenital malformations of aorta
Q44.2	Atresia of bile ducts
Q44.3	Congenital stenosis and stricture of bile ducts
R07.2	Precordial pain
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
R29.700 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 0
R29.701 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 1
R29.702 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 2
R29.703 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 3
R29.704 Covered only for	NIHSS score 4



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
procedure codes 80061, 82465, 83718, & 84778.	
R29.705 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 5
R29.706 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 6
R29.707 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 7
R29.708 Covered only for procedure codes 80061,	NIHSS score 8



**Medicare National Coverage Determinations (NCD)
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Code	Description
82465, 83718, & 84778.	
R29.709 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 9
R29.710 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 10
R29.711 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 11
R29.712 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 12



**Medicare National Coverage Determinations (NCD)
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Code	Description
R29.713 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 13
R29.714 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 14
R29.715 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 15
R29.716 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 16
R29.717 Covered only for	NIHSS score 17



**Medicare National Coverage Determinations (NCD)
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Code	Description
procedure codes 80061, 82465, 83718, & 84778.	
R29.718 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 18
R29.719 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 19
R29.720 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 20
R29.721 Covered only for procedure codes 80061,	NIHSS score 21



**Medicare National Coverage Determinations (NCD)
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Code	Description
82465, 83718, & 84778.	
R29.722 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 22
R29.723 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 23
R29.724 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 24
R29.725 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 25



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
R29.726 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 26
R29.727 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 27
R29.728 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 28
R29.729 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 29
R29.730 Covered only for	NIHSS score 30



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
procedure codes 80061, 82465, 83718, & 84778.	
R29.731 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 31
R29.732 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 32
R29.733 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 33
R29.734 Covered only for procedure codes 80061,	NIHSS score 34



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
82465, 83718, & 84778.	
R29.735 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 35
R29.736 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 36
R29.737 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 37
R29.738 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 38



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
R29.739 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 39
R29.740 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 40
R29.741 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 41
R29.742 Covered only for procedure codes 80061, 82465, 83718, & 84778.	NIHSS score 42
R74.01	Elevation of levels of liver transaminase levels
R74.02	Elevation of levels of lactic acid dehydrogenase [LDH]



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
R74.8	Abnormal levels of other serum enzymes
R74.9	Abnormal serum enzyme level, unspecified
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
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
T59.811A	Toxic effect of smoke, accidental (unintentional), initial encounter
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter
T59.813A	Toxic effect of smoke, assault, initial encounter
T59.814A	Toxic effect of smoke, undetermined, initial encounter
T59.891A	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.892A	Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter
T59.893A	Toxic effect of other specified gases, fumes and vapors, assault, initial encounter
T59.894A	Toxic effect of other specified gases, fumes and vapors, undetermined, initial encounter
T59.91XA	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter
T59.93XA	Toxic effect of unspecified gases, fumes and vapors, assault, initial encounter
T59.94XA	Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter
T82.855A Covered only for procedure codes 80061, 82465,	Stenosis of coronary artery stent, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
83718, & 84778.	
T82.855D Covered only for procedure codes 80061, 82465, 83718, & 84778.	Stenosis of coronary artery stent, subsequent encounter
T82.855S Covered only for procedure codes 80061, 82465, 83718, & 84778.	Stenosis of coronary artery stent, sequela
T82.856A Covered only for procedure codes 80061, 82465, 83718, & 84778.	Stenosis of peripheral vascular stent, initial encounter
T82.856D Covered only for procedure codes 80061, 82465, 83718, & 84778.	Stenosis of peripheral vascular stent, subsequent encounter



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Code	Description
T82.856S Covered only for procedure codes 80061, 82465, 83718, & 84778.	Stenosis of peripheral vascular stent, sequela
T86.10	Unspecified complication of kidney transplant
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
Z13.6 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Encounter for screening for cardiovascular disorders
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
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
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.899	Other long term (current) drug therapy
Z83.42	Family history of familial hypercholesterolemia
Z83.430	Family history of elevated lipoprotein(a)
Z84.82 Covered	Family history of sudden infant death syndrome

NCD 190.23

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Code	Description
only for procedure codes 83700, 83701, 83704, & 83721.	
Z94.0	Kidney transplant status
Z94.4	Liver transplant status

Indications

The medical community recognizes lipid testing as appropriate for evaluating atherosclerotic cardiovascular disease. Conditions in which lipid testing may be indicated include:

- Assessment of patients with atherosclerotic cardiovascular disease
- Evaluation of primary dyslipidemia
- Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease
- Diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism
- Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure
- Signs or symptoms of dyslipidemias, such as skin lesions
- As follow-up to the initial screen for coronary heart disease (total cholesterol + HDL cholesterol) when total cholesterol is determined to be high (>240 mg/dL), or borderline-high (200-240 mg/dL) plus two or more coronary heart disease risk factors, or an HDL cholesterol <35 mg/dL.

To monitor the progress of patients on anti-lipid dietary management and pharmacologic therapy for the treatment of elevated blood lipid disorders, total cholesterol, HDL cholesterol and LDL cholesterol may be used. Triglycerides may be obtained if this lipid fraction is also elevated or if the patient is put on drugs (for example, thiazide diuretics, beta blockers, estrogens, glucocorticoids, and tamoxifen) which may raise the triglyceride level.

When monitoring long-term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it may be reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.

Any one component of the panel or a measured LDL may be reasonable and necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total



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cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

Electrophoretic or other quantitation of lipoproteins may be indicated if the patient has a primary disorder of lipid metabolism.

Effective January 1, 2005, the Medicare law expanded coverage to cardiovascular screening services. Several of the procedures included in this NCD may be covered for screening purposes subject to specified frequencies. See 42 CFR 410.17 and section 100, chapter 18, of the Claims Processing Manual, for a full description of this benefit.

Limitations

Lipid panel and hepatic panel testing may be used for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid etretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis. Routine screening and prophylactic testing for lipid disorder are not covered by Medicare. While lipid screening may be medically appropriate, Medicare by statute does not pay for it. Lipid testing in asymptomatic individuals is considered to be screening regardless of the presence of other risk factors such as family history, tobacco use, etc.

Once a diagnosis is established, one or several specific tests are usually adequate for monitoring the course of the disease. Less specific diagnoses (for example, other chest pain) alone do not support medical necessity of these tests.

When monitoring long-term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it is reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.

Any one component of the panel or a measured LDL may be medically necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

If no dietary or pharmacological therapy is advised, monitoring is not necessary.

When evaluating non-specific chronic abnormalities of the liver (for example, elevations of transaminase, alkaline phosphatase, abnormal imaging studies, etc.), a lipid panel would generally not be indicated more than twice per year.

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.



Sources of Information

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Jialal, I. Evolving lipoprotein risk factors: lipoprotein (a) and oxidizing low-density lipoprotein. Clin Chem 1998; 44:8(B) 1827-1832.

McMorrow, ME, Malarkey, L. Laboratory and Diagnostic Tests: A Pocket Guide. W.B. Saunders Company. 206-207.

U.S. Department of Health and Human Services. National Cholesterol Education Program. Recommendations for Improving Cholesterol Measurement. NIH Publication 90-2964. February 1990.

National Institutes of Health. Second Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. NIH Publication 93-3095. September 1993.

Bierman EL. Atherosclerosis and other forms of arteriosclerosis. Harrison's Principles of Internal Medicine. Eds. Isselbacher KJ, Braunwald E, Wilson JD, et al. McGraw-Hill. New York. 1994; 2058-2069.

Brown MS and Goldstein JL. The hyperlipoproteinemias and other disorders of lipid metabolism. Harrison's Principles of Internal Medicine. Eds. Isselbacher KJ, Braunwald E, Wilson JD, et al. McGraw-Hill. New York. 1994; 1106-1116.



190.24 - Digoxin Therapeutic Drug Assay

Description

A digoxin therapeutic drug assay is useful for diagnosis and prevention of digoxin toxicity, and/or prevention for under dosage of digoxin.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
80162	Digoxin (Therapeutic Drug Assay)

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
A18.84	Tuberculosis of heart
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.5	Myxedema coma
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm



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Code	Description
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified
E20.1	Pseudohypoparathyroidism
E83.40	Disorders of magnesium metabolism, unspecified
E83.41	Hypermagnesemia
E83.42	Hypomagnesemia
E83.49	Other disorders of magnesium metabolism
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
E83.81	Hungry bone syndrome



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Code	Description
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
E88.02	Plasminogen deficiency
E89.0	Postprocedural hypothyroidism
F05	Delirium due to known physiological condition
F12.23	Cannabis dependence with withdrawal
F51.5	Nightmare disorder
G44.1	Vascular headache, not elsewhere classified
G44.40	Drug-induced headache, not elsewhere classified, not intractable
G44.41	Drug-induced headache, not elsewhere classified, intractable
H53.16	Psychophysical visual disturbances
H53.71	Glare sensitivity
H53.72	Impaired contrast sensitivity
H53.8	Other visual disturbances
H53.9	Unspecified visual disturbance
I08.1	Rheumatic disorders of both mitral and tricuspid valves



**Medicare National Coverage Determinations (NCD)
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Code	Description
I08.2	Rheumatic disorders of both aortic and tricuspid valves
I08.3	Combined rheumatic disorders of mitral, aortic and tricuspid valves
I08.8	Other rheumatic multiple valve diseases
I08.9	Rheumatic multiple valve disease, unspecified
I09.0	Rheumatic myocarditis
I09.1	Rheumatic diseases of endocardium, valve unspecified
I09.81	Rheumatic heart failure
I11.0	Hypertensive heart disease with heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
I23.1	Atrial septal defect as current complication following acute myocardial infarction
I23.2	Ventricular septal defect as current complication following acute myocardial infarction
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
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
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



**Medicare National Coverage Determinations (NCD)
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Code	Description
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
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



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Code	Description
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
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I27.83	Eisenmenger's syndrome
I40.0	Infective myocarditis
I40.1	Isolated myocarditis
I40.8	Other acute myocarditis
I40.9	Acute myocarditis, unspecified
I41	Myocarditis in diseases classified elsewhere
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy

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Code	Description
I42.3	Endomyocardial (eosinophilic) disease
I42.4	Endocardial fibroelastosis
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.30	Unspecified atrioventricular block
I44.39	Other atrioventricular block
I44.4	Left anterior fascicular block
I44.5	Left posterior fascicular block
I44.60	Unspecified fascicular block
I44.69	Other fascicular block
I44.7	Left bundle-branch block, unspecified
I45.0	Right fascicular block
I45.10	Unspecified right bundle-branch block
I45.19	Other right bundle-branch block
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.4	Nonspecific intraventricular block
I45.5	Other specified heart block
I45.6	Pre-excitation syndrome
I45.81	Long QT syndrome
I45.89	Other specified conduction disorders



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Code	Description
I45.9	Conduction disorder, unspecified
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I50.1	Left ventricular failure, unspecified



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Code	Description
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
I51.0	Cardiac septal defect, acquired
I51.1	Rupture of chordae tendineae, not elsewhere classified
I51.2	Rupture of papillary muscle, not elsewhere classified
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.19	Embolism and thrombosis of other parts of aorta
I97.0	Postcardiotomy syndrome
I97.110	Postprocedural cardiac insufficiency following cardiac surgery
I97.111	Postprocedural cardiac insufficiency following other surgery
I97.120	Postprocedural cardiac arrest following cardiac surgery

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Code	Description
I97.121	Postprocedural cardiac arrest following other surgery
I97.130	Postprocedural heart failure following cardiac surgery
I97.131	Postprocedural heart failure following other surgery
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery
I97.191	Other postprocedural cardiac functional disturbances following other surgery
J81.1	Chronic pulmonary edema
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
K76.81	Hepatopulmonary syndrome
K90.9	Intestinal malabsorption, unspecified
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.1	Chronic kidney disease, stage 1
N18.2	Chronic kidney disease, stage 2 (mild)
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N19	Unspecified kidney failure
N25.0	Renal osteodystrophy

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Code	Description
N25.1	Nephrogenic diabetes insipidus
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N25.9	Disorder resulting from impaired renal tubular function, unspecified
N26.1	Atrophy of kidney (terminal)
N26.9	Renal sclerosis, unspecified
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
O36.8329	Maternal care for abnormalities of the fetal heart rate or rhythm, second trimester, other fetus
O36.8330	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, not applicable or unspecified
O36.8331	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 1
O36.8332	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 2



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Code	Description
O36.8333	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 3
O36.8334	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 4
O36.8335	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, fetus 5
O36.8339	Maternal care for abnormalities of the fetal heart rate or rhythm, third trimester, other fetus
R00.1	Bradycardia, unspecified
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.14	Bilious vomiting
R11.15	Cyclical vomiting syndrome unrelated to migraine
R11.2	Nausea with vomiting, unspecified
R19.7	Diarrhea, unspecified
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

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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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]
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

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R40.4	Transient alteration of awareness
R42	Dizziness and giddiness
R44.0	Auditory hallucinations
R44.1	Visual hallucinations
R44.2	Other hallucinations
R44.3	Hallucinations, unspecified
R45.0	Nervousness
R45.3	Demoralization and apathy
R45.4	Irritability and anger
R45.86	Emotional lability
R45.87	Impulsiveness
R45.89	Other symptoms and signs involving emotional state
R48.3	Visual agnosia
R51.0	Headache with orthostatic component, not elsewhere classified
R51.9	Headache, unspecified
R53.1	Weakness
R53.2	Functional quadriplegia
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R55	Syncope and collapse
R63.0	Anorexia
R94.31	Abnormal electrocardiogram [ECG] [EKG]
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter
**T46.0X5A	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, initial encounter
**T46.0X5S	Adverse effect of cardiac-stimulant glycosides and drugs of similar action, sequela
T46.1X5A	Adverse effect of calcium-channel blockers, initial encounter
T46.2X1A	Poisoning by other antidysrhythmic drugs, accidental (unintentional), initial encounter
T46.2X2A	Poisoning by other antidysrhythmic drugs, intentional self-harm, initial encounter
T46.2X3A	Poisoning by other antidysrhythmic drugs, assault, initial encounter
T46.2X4A	Poisoning by other antidysrhythmic drugs, undetermined, initial encounter
T46.2X5A	Adverse effect of other antidysrhythmic drugs, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.995A	Adverse effect of other drugs, medicaments and biological substances, initial encounter
T78.41XA	Arthus phenomenon, initial encounter
T88.52XA	Failed moderate sedation during procedure, initial encounter
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.899	Other long term (current) drug therapy
**Codes may not be reported as a stand-alone or first-listed code on the claim.	

Indications

Digoxin levels may be performed to monitor drug levels of individuals receiving digoxin therapy because the margin of safety between side effects and toxicity is narrow or because the blood level may not be high enough to achieve the desired clinical effect.

Clinical indications may include individuals on digoxin:

- With symptoms, signs or electrocardiogram (ECG) suggestive of digoxin toxicity



- Taking medications that influence absorption, bioavailability, distribution, and/or elimination of digoxin
- With impaired renal, hepatic, gastrointestinal, or thyroid function
- With pH and/or electrolyte abnormalities
- With unstable cardiovascular status, including myocarditis
- Requiring monitoring of patient compliance

Clinical indications may include individuals:

- Suspected of accidental or intended overdose
- Who have an acceptable cardiac diagnosis (as listed) and for whom an accurate history of use of digoxin is unobtainable

The value of obtaining regular serum digoxin levels is uncertain, but it may be reasonable to check levels once yearly after a steady state is achieved. In addition, it may be reasonable to check the level if:

- Heart failure status worsens
- Renal function deteriorates
- Additional medications are added that could affect the digoxin level
- Signs or symptoms of toxicity develop

Steady state will be reached in approximately 1 week in patients with normal renal function, although 2-3 weeks may be needed in patients with renal impairment. After changes in dosages or the addition of a medication that could affect the digoxin level, it is reasonable to check the digoxin level one week after the change or addition. Based on the clinical situation, in cases of digoxin toxicity, testing may need to be done more than once a week.

Digoxin is indicated for the treatment of patients with heart failure due to systolic dysfunction and for reduction of the ventricular response in patients with atrial fibrillation or flutter. Digoxin may also be indicated to treat other supraventricular arrhythmias, particularly with heart failure.

Limitations

This test is not appropriate for patients on digitoxin or treated with digoxin FAB (fragment antigen binding) antibody.

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.

Sources of Information

Doherty JE. Digitalis serum levels: clinical use. *Ann Intern Med* 1971 May; 74(5):787-789.

Duhme DW, Greenblatt DJ, Koch-Weser J. Reduction of digoxin toxicity associated with measurement of serum levels. A report from the Boston Collaborative Drug Surveillance Program. *Ann Intern Med* 1974 Apr; 80(4):516-519

Goldman RH. Use of Serum Digoxin Levels in Clinical Practice. *JAMA* 1974, Jul 15, 229(3).

Howanitz PJ, Steindel SJ. Digoxin therapeutic drug monitoring practices. A College of American Pathologists Q-Probes study of 666 institutions and 18,679 toxic levels. *Arch Pathol Lab Med* 1993 Jul; 117(7):684-690.

Marcus FI. Pharmacokinetic interactions between digoxin and other drugs. *J Am Coll Cardiol* 1985 May; 5(5 Suppl A):82A-90A.



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Rodin SM, Johnson BF. Pharmacokinetic interactions with digoxin. Clin Pharmacokinetics 1988 Oct; 15(4):227-244.

Smith TW, Butler VP Jr, Haber E. Determination of therapeutic and toxic serum digoxin concentrations by radioimmunoassay. N Engl J Med 1969 Nov 27; 281(22):1212-1216.

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Valdes R. Jr, Jortani SA, Gheorghide M. Standards of laboratory practice: cardiac drug monitoring. National Academy of Clinical Biochemistry. Clin Chem 1998 May; 44(5): 1096-1109.

Konstam M, Dracup K, Baker D, et al. Heart Failure: Evaluation and Care of Patients with Left-Ventricular Systolic Dysfunction. Clinical Practice Guideline No.11. AHCPR Pub. No. 94-0612. Rockville, MD: Agency for Health Care Policy & Research, Public Health Service, U.S. Dept. of Health and Human Services. June 1994.



190.25 - Alpha-fetoprotein

Other Names/Abbreviations

AFP

Description

Alpha-fetoprotein (AFP) is a polysaccharide found in some carcinomas. It is effective as a biochemical marker for monitoring the response of certain malignancies to therapy.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
82105	Alpha-fetoprotein; serum

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
A52.74	Syphilis of liver and other viscera
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B66.1	Clonorchiasis
B66.3	Fascioliasis
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C38.1	Malignant neoplasm of anterior mediastinum



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C78.1	Secondary malignant neoplasm of mediastinum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.82	Secondary malignant neoplasm of genital organs
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
D13.4	Benign neoplasm of liver
D13.5	Benign neoplasm of extrahepatic bile ducts
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D81.810	Biotinidase deficiency
D84.1	Defects in the complement system
E78.2	Mixed hyperlipidemia
E83.00	Disorder of copper metabolism, unspecified
E83.01	Wilson's disease
E83.09	Other disorders of copper metabolism
E83.10	Disorder of iron metabolism, unspecified

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
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
E84.19	Cystic fibrosis with other intestinal manifestations
E84.9	Cystic fibrosis, unspecified
E88.01	Alpha-1-antitrypsin deficiency
E88.02	Plasminogen deficiency
G89.3	Neoplasm related pain (acute) (chronic)
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.19	Embolism and thrombosis of other parts of aorta
J98.59	Other diseases of mediastinum, not elsewhere classified
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.60	Unspecified cirrhosis of liver

NCD 190.25

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**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
K74.69	Other cirrhosis of liver
K75.4	Autoimmune hepatitis
K76.81	Hepatopulmonary syndrome
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
N50.82	Scrotal pain
N50.89	Other specified disorders of the male genital organs
N53.12	Painful ejaculation
N53.8	Other male sexual dysfunction
N53.9	Unspecified male sexual dysfunction
Q53.111	Unilateral intraabdominal testis
Q53.112	Unilateral inguinal testis
Q53.13	Unilateral high scrotal testis
Q53.211	Bilateral intraabdominal testes
Q53.212	Bilateral inguinal testes
Q53.23	Bilateral high scrotal testes
R39.83	Unilateral non-palpable testicle
R39.84	Bilateral non-palpable testicles
R91.1	Solitary pulmonary nodule
R91.8	Other nonspecific abnormal finding of lung field
R93.1	Abnormal findings on diagnostic imaging of heart and coronary circulation
R93.2	Abnormal findings on diagnostic imaging of liver and biliary tract
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum

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Code	Description
R93.811	Abnormal radiologic findings on diagnostic imaging of right testicle
R93.812	Abnormal radiologic findings on diagnostic imaging of left testicle
R93.813	Abnormal radiologic findings on diagnostic imaging of testicles, bilateral
R93.819	Abnormal radiologic findings on diagnostic imaging of unspecified testicle
R93.89	Abnormal findings on diagnostic imaging of other specified body structures
R97.8	Other abnormal tumor markers
Z17.0	Estrogen receptor positive status [ER+]
Z17.1	Estrogen receptor negative status [ER-]
Z85.05	Personal history of malignant neoplasm of liver
Z85.43	Personal history of malignant neoplasm of ovary
Z85.47	Personal history of malignant neoplasm of testis
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs
Z86.003	Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs

Indications

AFP is useful for the diagnosis of hepatocellular carcinoma in high-risk patients (such as alcoholic cirrhosis, cirrhosis of viral etiology, hemochromatosis, and alpha 1-antitrypsin deficiency) and in separating patients with benign hepatocellular neoplasms or metastases from those with hepatocellular carcinoma and, as a non-specific tumor associated antigen, serves in marking germ cell neoplasms of the testis, ovary, retro peritoneum, and mediastinum.

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.

Sources of Information

Tatsuta M. Yamamura H. Iishi H. Kasugai H. Okuda S. Value of serum alpha-fetoprotein and ferritin in the diagnosis of hepatocellular carcinoma. *Oncology*. 43(5):306-10, 1986.



190.26 - Carcinoembryonic Antigen

Other Names/Abbreviations

CEA

Description

Carcinoembryonic antigen (CEA) is a protein polysaccharide found in some carcinomas. It is effective as a biochemical marker for monitoring the response of certain malignancies to therapy.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
82378	Carcinoembryonic antigen (CEA)

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
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.4	Secondary malignant neoplasm of small intestine



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C78.5	Secondary malignant neoplasm of large intestine and rectum
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites



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Code	Description
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
G89.3	Neoplasm related pain (acute) (chronic)
R70.1	Abnormal plasma viscosity
R77.0	Abnormality of albumin
R77.1	Abnormality of globulin
R77.2	Abnormality of alphafetoprotein
R77.8	Other specified abnormalities of plasma proteins
R77.9	Abnormality of plasma protein, unspecified
R78.89	Finding of other specified substances, not normally found in blood
R78.9	Finding of unspecified substance, not normally found in blood
R79.89	Other specified abnormal findings of blood chemistry
R97.0	Elevated carcinoembryonic antigen [CEA]
R97.8	Other abnormal tumor markers
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.43	Personal history of malignant neoplasm of ovary
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs
Z86.003	Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs

Indications

CEA may be medically necessary for follow-up of patients with colorectal carcinoma. It would however only be medically necessary at treatment decision-making points. In some clinical situations (e.g. adenocarcinoma of the lung, small cell carcinoma of the lung, and some gastrointestinal carcinomas) when a more specific marker is not expressed by the tumor, CEA may be a medically necessary alternative marker for monitoring. Preoperative CEA may also be helpful in determining the post-operative adequacy of surgical resection and subsequent medical management. In general, a single tumor marker will suffice in following patients with colorectal carcinoma or other malignancies that express such tumor markers.

In following patients who have had treatment for colorectal carcinoma, ASCO guideline suggests that if resection of liver metastasis would be indicated, it is recommended that post-operative CEA testing be performed every two to three months in patients with initial stage II or stage III disease for at least two years after diagnosis.

For patients with metastatic solid tumors which express CEA, CEA may be measured at the start of the treatment and with subsequent treatment cycles to assess the tumor's response to therapy.

Limitations

Serum CEA determinations are generally not indicated more frequently than once per chemotherapy treatment cycle for patients with metastatic solid tumors which express CEA or every two months post-surgical treatment for patients who have had colorectal carcinoma. However, it may be proper to order the test more frequently in certain situations, for example,



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when there has been a significant change from prior CEA level or a significant change in patient status which could reflect disease progression or recurrence.

Testing with a diagnosis of an in situ carcinoma is not reasonably done more frequently than once, unless the result is abnormal, in which case the test may be repeated once.

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.

Sources of Information

Journal Clinical Oncol: 14(10:2843-2877), 1996

Vauthey JN. Dudrick PS. Lind DS. Copeland EM 3rd. Management of recurrent colorectal cancer: another look at carcinoembryonic antigen detected recurrence [see comments]. [Review] Digestive Diseases. 14(1):5©13, 1996 Jan-Feb.

Germ J. The prognostic importance of tumor markers in adenocarcinoma of the gastrointestinal tract. [Review] [38 refs] Current Opinion in Oncology. 9(4):380-7, 1997 Jul.

Bergama chi R. Arnaud JP. Routine compared with nonscheduled follow-up of patients with “curative” surgery for colorectal cancer. Annals of Surgical Oncology. 3(5):464-9, 1996 Sep.

Kim YH. Ajani JA. Ota DM. Lynch P. Roth JA. Value of serial carcinoembryonic antigen levels in patients with respectable adenocarcinoma of the esophagus and stomach Cancer. 75(2):451©6, 1995 Jan 15.



190.27 - Human Chorionic Gonadotropin

Other Names/Abbreviations

hCG

Description

Human Chorionic Gonadotropin (hCG) is useful for monitoring and diagnosis of germ cell neoplasms of the ovary, testis, mediastinum, retroperitoneum, and central nervous system. In addition, hCG is useful for monitoring pregnant patients with vaginal bleeding, hypertension and/or suspected fetal loss.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
84702	Gonadotropin, chorionic (hCG); quantitative

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
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C45.1	Mesothelioma of peritoneum
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C58	Malignant neoplasm of placenta



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Code	Description
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C75.3	Malignant neoplasm of pineal gland
C78.1	Secondary malignant neoplasm of mediastinum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.82	Secondary malignant neoplasm of genital organs
D39.2	Neoplasm of uncertain behavior of placenta
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
G89.3	Neoplasm related pain (acute) (chronic)
J98.59	Other diseases of mediastinum, not elsewhere classified
N89.8	Other specified noninflammatory disorders of vagina
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N99.116	Postprocedural urethral stricture, male, overlapping sites
O00.00	Abdominal pregnancy without intrauterine pregnancy
O00.01	Abdominal pregnancy with intrauterine pregnancy
O00.101	Right tubal pregnancy without intrauterine pregnancy
O00.102	Left tubal pregnancy without intrauterine pregnancy

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Code	Description
O00.109	Unspecified tubal pregnancy without intrauterine pregnancy
O00.111	Right tubal pregnancy with intrauterine pregnancy
O00.112	Left tubal pregnancy with intrauterine pregnancy
O00.119	Unspecified tubal pregnancy with intrauterine pregnancy
O00.201	Right ovarian pregnancy without intrauterine pregnancy
O00.202	Left ovarian pregnancy without intrauterine pregnancy
O00.209	Unspecified ovarian pregnancy without intrauterine pregnancy
O00.211	Right ovarian pregnancy with intrauterine pregnancy
O00.212	Left ovarian pregnancy with intrauterine pregnancy
O00.219	Unspecified ovarian pregnancy with intrauterine pregnancy
O00.80	Other ectopic pregnancy without intrauterine pregnancy
O00.81	Other ectopic pregnancy with intrauterine pregnancy
O00.90	Unspecified ectopic pregnancy without intrauterine pregnancy
O00.91	Unspecified ectopic pregnancy with intrauterine pregnancy
O01.0	Classical hydatidiform mole
O01.1	Incomplete and partial hydatidiform mole
O01.9	Hydatidiform mole, unspecified
O02.0	Blighted ovum and nonhydatidiform mole
O02.1	Missed abortion
O02.81	Inappropriate change in quantitative human chorionic gonadotropin (hCG) in early pregnancy
O02.89	Other abnormal products of conception
O02.9	Abnormal product of conception, unspecified
O03.0	Genital tract and pelvic infection following incomplete spontaneous abortion
O03.37	Sepsis following incomplete spontaneous abortion
O03.5	Genital tract and pelvic infection following complete or unspecified spontaneous abortion
O03.87	Sepsis following complete or unspecified spontaneous abortion
O09.A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
O09.A1	Supervision of pregnancy with history of molar pregnancy, first trimester
O09.A2	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3	Supervision of pregnancy with history of molar pregnancy, third trimester
O11.1	Pre-existing hypertension with pre-eclampsia, first trimester
O11.2	Pre-existing hypertension with pre-eclampsia, second trimester
O11.3	Pre-existing hypertension with pre-eclampsia, third trimester
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O12.04	Gestational edema, complicating childbirth
O12.05	Gestational edema, complicating the puerperium
O12.14	Gestational proteinuria, complicating childbirth
O12.15	Gestational proteinuria, complicating the puerperium
O12.24	Gestational edema with proteinuria, complicating childbirth
O12.25	Gestational edema with proteinuria, complicating the puerperium
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O14.00	Mild to moderate pre-eclampsia, unspecified trimester
O14.02	Mild to moderate pre-eclampsia, second trimester
O14.03	Mild to moderate pre-eclampsia, third trimester

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Code	Description
O14.04	Mild to moderate pre-eclampsia, complicating childbirth
O14.05	Mild to moderate pre-eclampsia, complicating the puerperium
O14.10	Severe pre-eclampsia, unspecified trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.14	Severe pre-eclampsia complicating childbirth
O14.15	Severe pre-eclampsia, complicating the puerperium
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O14.24	HELLP syndrome, complicating childbirth
O14.25	HELLP syndrome, complicating the puerperium
O14.90	Unspecified pre-eclampsia, unspecified trimester
O14.92	Unspecified pre-eclampsia, second trimester
O14.93	Unspecified pre-eclampsia, third trimester
O14.94	Unspecified pre-eclampsia, complicating childbirth
O14.95	Unspecified pre-eclampsia, complicating the puerperium
O15.00	Eclampsia complicating pregnancy, unspecified trimester
O15.02	Eclampsia complicating pregnancy, second trimester
O15.03	Eclampsia complicating pregnancy, third trimester
O15.1	Eclampsia complicating labor
O15.2	Eclampsia complicating the puerperium
O15.9	Eclampsia, unspecified as to time period
O16.1	Unspecified maternal hypertension, first trimester
O16.2	Unspecified maternal hypertension, second trimester
O16.3	Unspecified maternal hypertension, third trimester
O16.4	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium



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Code	Description
O16.9	Unspecified maternal hypertension, unspecified trimester
O20.0	Threatened abortion
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O44.20	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21	Partial placenta previa NOS or without hemorrhage, first trimester
O44.22	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30	Partial placenta previa with hemorrhage, unspecified trimester
O44.31	Partial placenta previa with hemorrhage, first trimester
O44.32	Partial placenta previa with hemorrhage, second trimester
O44.33	Partial placenta previa with hemorrhage, third trimester
O44.40	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41	Low lying placenta NOS or without hemorrhage, first trimester
O44.42	Low lying placenta NOS or without hemorrhage, second trimester
O44.43	Low lying placenta NOS or without hemorrhage, third trimester
O44.50	Low lying placenta with hemorrhage, unspecified trimester
O44.51	Low lying placenta with hemorrhage, first trimester
O44.52	Low lying placenta with hemorrhage, second trimester
O44.53	Low lying placenta with hemorrhage, third trimester
Q53.13	Unilateral high scrotal testis
Q53.23	Bilateral high scrotal testes
R10.2	Pelvic and perineal pain
R39.83	Unilateral non-palpable testicle
R39.84	Bilateral non-palpable testicles
R93.49	Abnormal radiologic findings on diagnostic imaging of other urinary organs
R97.8	Other abnormal tumor markers



**Medicare National Coverage Determinations (NCD)
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Code	Description
Z31.7	Encounter for procreative management and counseling for gestational carrier
Z34.00	Encounter for supervision of normal first pregnancy, unspecified trimester
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
Z34.02	Encounter for supervision of normal first pregnancy, second trimester
Z34.03	Encounter for supervision of normal first pregnancy, third trimester
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.81	Encounter for supervision of other normal pregnancy, first trimester
Z34.82	Encounter for supervision of other normal pregnancy, second trimester
Z34.83	Encounter for supervision of other normal pregnancy, third trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester
Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester
Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester
Z83.438	Family history of other disorder of lipoprotein metabolism and other lipidemia
Z84.82	Family history of sudden infant death syndrome
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.29	Personal history of malignant neoplasm of other respiratory and intrathoracic organs
Z85.43	Personal history of malignant neoplasm of ovary
Z85.47	Personal history of malignant neoplasm of testis
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs

Limitations

It is not reasonable and necessary to perform hCG testing more than once per month for diagnostic purposes. It may be performed as needed for monitoring of patient progress and treatment. Qualitative hCG assays are not appropriate for medically managing patients with known or suspected germ cell neoplasms.

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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.

Sources of Information

O'Callaghan A. Mead GM. Testicular carcinoma. [Review] [23 Refs] Postgraduate Medical Journal. 73(862):4816, 1997 Aug.

Sawamura Y. Current diagnosis and treatment of central nervous system germ cell tumors. [Review] [47 Refs] Current Opinion in Neurology. 9(6):41923, 1996 Dec.

Wilkins M. Horwich A. Diagnosis and treatment of urological malignancy: The testes. [Review] [23 Refs] British Journal of Hospital Medicine. 55(4): 199203, 1996. Feb 21, Mar 5.



190.28 - Tumor Antigen by Immunoassay CA 125

Description

Immunoassay determinations of the serum levels of certain proteins or carbohydrates serve as tumor markers. When elevated, serum concentration of these markers may reflect tumor size and grade. This policy specifically addresses tumor antigen CA 125.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
86304	Immunoassay for tumor antigen, quantitative, CA 125

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
C45.1	Mesothelioma of peritoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C51.8	Malignant neoplasm of overlapping sites of vulva
C53.0	Malignant neoplasm of endocervix
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube



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Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.82	Secondary malignant neoplasm of genital organs
D39.0	Neoplasm of uncertain behavior of uterus
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
G89.3	Neoplasm related pain (acute) (chronic)
M33.03	Juvenile dermatomyositis without myopathy
M33.13	Other dermatomyositis without myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R97.1	Elevated cancer antigen 125 [CA 125]
R97.8	Other abnormal tumor markers
Z85.41	Personal history of malignant neoplasm of cervix uteri
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.44	Personal history of malignant neoplasm of other female genital organs

Indications

CA 125 is a high molecular weight serum tumor marker elevated in 80% of patients who present with epithelial ovarian carcinoma. It is also elevated in carcinomas of the fallopian tube,

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endometrium, and endocervix. An elevated level may also be associated with the presence of a malignant mesothelioma or primary peritoneal carcinoma.

A CA 125 level may be obtained as part of the initial pre-operative work-up for women presenting with a suspicious pelvic mass to be used as a baseline for purposes of post-operative monitoring. Initial declines in CA 125 after initial surgery and/or chemotherapy for ovarian carcinoma are also measured by obtaining three serum levels during the first month post treatment to determine the patient's CA 125 half-life, which has significant prognostic implications.

The CA 125 levels are again obtained at the completion of chemotherapy as an index of residual disease. Surveillance CA 125 measurements are generally obtained every 3 months for 2 years, every 6 months for the next 3 years, and yearly thereafter. CA 125 levels are also an important indicator of a patient's response to therapy in the presence of advanced or recurrent disease. In this setting, CA 125 levels may be obtained prior to each treatment cycle.

Limitations

These services are not covered for the evaluation of patients with signs or symptoms suggestive of malignancy. The service may be ordered at times necessary to assess either the presence of recurrent disease or the patient's response to treatment with subsequent treatment cycles.

The CA 125 is specifically not covered for aiding in the differential diagnosis of patients with a pelvic mass as the sensitivity and specificity of the test is not sufficient. In general, a single "tumor marker" will suffice in following a patient with one of these malignancies.

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.

Documentation Requirements

Indicated if service request for CA125 is requested more frequently than stipulated.

Sources of Information

Clinical Pancreatic Guideline for the Use of Tumor Markers in Breast and Colorectal Cancer, American Society of Clinical Oncology. J Clin Oncol 14:2843-2877, 1996.

Chan DW, Beveridge RA, Muss H, et al. Use of Triquant BR Radioimmunoassay for Early Detection of Breast Cancer Recurrence in Patients with Stage II and Stage III Disease. J Clin Oncol 1977, 15(6):2322-2328.



190.29 - Tumor Antigen by Immunoassay CA 15-3/CA 27.29

Description

Immunoassay determinations of the serum levels of certain proteins or carbohydrates serve as tumor markers. When elevated, serum concentration of markers may reflect tumor size & grade. This policy specifically addresses the following tumor antigens: CA 15-3 and CA 27.29

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)

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
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast



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Code	Description
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast



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Code	Description
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C79.2	Secondary malignant neoplasm of skin
C79.81	Secondary malignant neoplasm of breast
G89.3	Neoplasm related pain (acute) (chronic)
R97.8	Other abnormal tumor markers
Z85.3	Personal history of malignant neoplasm of breast
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs
Z86.003	Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs
Z86.005	Personal history of in-situ neoplasm of middle ear and respiratory system
Z86.006	Personal history of melanoma in-situ
Z86.007	Personal history of in-situ neoplasm of skin

Indications

Multiple tumor markers are available for monitoring the response of certain malignancies to therapy and assessing whether a residual tumor exists post-surgical therapy. CA 15-3 is often

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medically necessary to aid in the management of patients with breast cancer. Serial testing must be used in conjunction with other clinical methods for monitoring breast cancer. For monitoring, if medically necessary, use consistently either CA 15-3 or CA 27.29, not both. CA 27.29 is equivalent to CA 15-3 in its usage in management of patients with breast cancer.

Limitations

These services are not covered for the evaluation of patients with signs or symptoms suggestive of malignancy. The service may be ordered at times necessary to assess either the presence of recurrent disease or the patient's response to treatment with subsequent treatment cycles.

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.

Sources of Information

Clinical Pancreatic Guideline for the Use of Tumor Markers in Breast and Colorectal Cancer, American Society of Clinical Oncology. J Clin Oncol 14:2843-2877, 1996.

Chan DW, Beveridge RA, Muss H, et al. Use of Triquant BR Radioimmunoassay for Early Detection of Breast Cancer Recurrence in Patients with Stage II & Stage III Disease. J Clin Oncol 1977, 15(6):2322-2328.

Bone GG, von Mensdorff-Pouilly S, Kenemans P, van Kamp GJ, et al. Clinical and Technical Evaluation of ACS BR Serum Assay of MUC-1 Gene Derived Glycoprotein in Breast Cancer, and Compared with CA15-3 Assays. Clin Chem 1997, 43(4):585-593.



190.30 - Tumor Antigen by Immunoassay CA 19-9

Description

Immunoassay determinations of the serum levels of certain proteins or carbohydrates serve as tumor markers. When elevated, serum concentration of these markers may reflect tumor size and grade. This policy specifically addresses the following tumor antigen: CA19-9.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
86301	Immunoassay for tumor antigen, quantitative; CA 19-9

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
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs



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Code	Description
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
G89.3	Neoplasm related pain (acute) (chronic)
M33.03	Juvenile dermatomyositis without myopathy
M33.13	Other dermatomyositis without myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
R97.8	Other abnormal tumor markers
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs

Indications

Multiple tumor markers are available for monitoring the response of certain malignancies to therapy and assessing whether residual tumor exists post-surgical therapy.

Levels are useful in following the course of patients with established diagnosis of pancreatic and biliary ductal carcinoma. The test is not indicated for diagnosing these two diseases.

Limitations

These services are not covered for the evaluation of patients with signs or symptoms suggestive of malignancy. The service may be ordered at times necessary to assess either the presence of recurrent disease or the patient's response to treatment with subsequent treatment cycles.

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.

Sources of Information

Clinical Pancreatic Guideline for the Use of Tumor Markers in Breast and Colorectal Cancer, American Society of Clinical Oncology. J Clin Oncol 14:2843-2877, 1996.

Richter JM, Christensen MR, Rustgi AK, and Silverstein MD. The Clinical Utility of the CA19-9 Radioimmunoassay for the Diagnosis of Pancreatic Cancer Presenting as Pain or Weight Loss: A Cost Effective Analysis. Arch Intern Med 1989, 149:2292-2297.

Safi F, SchlosseW, Falkenreck S, et. al. Prognostic Value of CA 19-9 Serum Course in Pancreatic Cancer. Hepatogastroenterology 1998 Jan-Feb; 45(19):253-9.



190.31 - Prostate Specific Antigen

Other Names/Abbreviations

Total PSA

Description

Prostate Specific Antigen (PSA), a tumor marker for adenocarcinoma of the prostate, can predict residual tumor in the post-operative phase of prostate cancer. Three to 6 months after radical prostatectomy, PSA is reported to provide a sensitive indicator of persistent disease. Six months following introduction of antiandrogen therapy, PSA is reported of distinguishing patients with favorable response from those in whom limited response is anticipated.

PSA when used in conjunction with other prostate cancer tests, such as digital rectal examination, may assist in the decision-making process for diagnosing prostate cancer. PSA also, serves as a marker in following the progress of most prostate tumors once a diagnosis has been established. This test is also an aid in the management of prostate cancer patients and in detecting metastatic or persistent disease in patients following treatment.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
84153	Prostate Specific Antigen (PSA), total

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
C61	Malignant neoplasm of prostate
C67.5	Malignant neoplasm of bladder neck
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.82	Secondary malignant neoplasm of genital organs



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Code	Description
D07.5	Carcinoma in situ of prostate
D40.0	Neoplasm of uncertain behavior of prostate
D49.511	Neoplasm of unspecified behavior of right kidney
D49.512	Neoplasm of unspecified behavior of left kidney
D49.519	Neoplasm of unspecified behavior of unspecified kidney
D49.59	Neoplasm of unspecified behavior of other genitourinary organ
M33.03	Juvenile dermatomyositis without myopathy
M33.13	Other dermatomyositis without myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
N13.9	Obstructive and reflux uropathy, unspecified
N32.0	Bladder-neck obstruction
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
N40.1	Benign prostatic hyperplasia with lower urinary tract symptoms
N40.2	Nodular prostate without lower urinary tract symptoms
N40.3	Nodular prostate with lower urinary tract symptoms
N41.9	Inflammatory disease of prostate, unspecified
N42.9	Disorder of prostate, unspecified
R31.0	Gross hematuria
R31.1	Benign essential microscopic hematuria
R31.21	Asymptomatic microscopic hematuria
R31.29	Other microscopic hematuria
R31.9	Hematuria, unspecified
R32	Unspecified urinary incontinence
R33.9	Retention of urine, unspecified
R35.0	Frequency of micturition
R35.1	Nocturia
R39.11	Hesitancy of micturition
R39.12	Poor urinary stream

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Code	Description
R39.14	Feeling of incomplete bladder emptying
R39.15	Urgency of urination
R39.16	Straining to void
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R93.6	Abnormal findings on diagnostic imaging of limbs
R93.7	Abnormal findings on diagnostic imaging of other parts of musculoskeletal system
R94.8	Abnormal results of function studies of other organs and systems
R97.20	Elevated prostate specific antigen [PSA]
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

Indications

PSA is of proven value in differentiating benign from malignant disease in men with lower urinary tract signs & symptoms (e.g., hematuria, slow urine stream, hesitancy, urgency, frequency, nocturia & incontinence) as well as with patients with palpably abnormal prostate glands on physician exam, and in patients with other laboratory or imaging studies that suggest the possibility of a malignant prostate disorder. PSA is also a marker used to follow the progress of prostate cancer once a diagnosis has been established, such as detecting metastatic or persistent disease in patients who may require additional treatment. PSA testing may also be useful in the differential diagnosis of men presenting with as yet undiagnosed disseminated metastatic disease.

Limitations

Generally, for patients with lower urinary tract signs or symptoms, the test is performed only once per year unless there is a change in the patient's medical condition.

Testing with a diagnosis of in situ carcinoma is not reasonably done more frequently than once, unless the result is abnormal, in which case the test may be repeated once.

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.

Sources of Information

Laboratory Test Handbook, 3rd edition, pp.338-340.



***Medicare National Coverage Determinations (NCD)
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Cooner WH, Mosley BR, Rutherford CL, et al. Prostate Cancer Detection in a Clinical Urological Practice by Ultrasonography, Digital Rectal Examination and Prostate Specific Antigen. J.Urol.1990; 143: 1146-1154.



190.32 - Gamma Glutamyl Transferase

Other Names/Abbreviations

GGT

Description

Gamma glutamyl transferase (GGT) is an intracellular enzyme that appears in blood following leakage from cells. Renal tubules, liver, and pancreas contain high amounts, although the measurement of GGT in serum is almost always used for assessment of Hepatobiliary function. Unlike other enzymes which are found in heart, skeletal muscle, and intestinal mucosa as well as liver, the appearance of an elevated level of GGT in serum is almost always the result of liver disease or injury. It is specifically useful to differentiate elevated alkaline phosphatase levels when the source of the alkaline phosphatase increase (bone, liver, or placenta) is unclear. The combination of high alkaline phosphatase and a normal GGT does not, however, rule out liver disease completely.

As well as being a very specific marker of Hepatobiliary function, GGT is also a very sensitive marker for hepatocellular damage. Abnormal concentrations typically appear before elevations of other liver enzymes or biliuria are evident. Obstruction of the biliary tract, viral infection (e.g., hepatitis, mononucleosis), metastatic cancer, exposure to hepatotoxins (e.g., organic solvents, drugs, alcohol), and use of drugs that induce microsomal enzymes in the liver (e.g., cimetidine, barbiturates, phenytoin, and carbamazepine) all can cause a moderate to marked increase in GGT serum concentration. In addition, some drugs can cause or exacerbate liver dysfunction (e.g., atorvastatin, troglitazone, and others as noted in FDA Contraindications and Warnings.)

GGT is useful for diagnosis of liver disease or injury, exclusion of hepatobiliary involvement related to other diseases, and patient management during the resolution of existing disease or following injury.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
82977	Glutamyl transferase, gamma (GGT)

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
A02.1	Salmonella sepsis
A06.0	Acute amebic dysentery



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Code	Description
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A06.3	Ameboma of intestine
A06.4	Amebic liver abscess
A06.5	Amebic lung abscess
A06.6	Amebic brain abscess
A06.7	Cutaneous amebiasis
A06.81	Amebic cystitis
A06.82	Other amebic genitourinary infections
A06.89	Other amebic infections
A06.9	Amebiasis, unspecified
A17.83	Tuberculous neuritis
A17.9	Tuberculosis of nervous system, unspecified
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.89	Tuberculosis of other sites
A19.9	Miliary tuberculosis, unspecified
A20.0	Bubonic plague
A20.1	Cellulocutaneous plague
A20.2	Pneumonic plague
A20.3	Plague meningitis
A20.7	Septicemic plague
A20.8	Other forms of plague
A20.9	Plague, unspecified

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Code	Description
A22.7	Anthrax sepsis
A26.0	Cutaneous erysipeloid
A26.7	Erysipelothrix sepsis
A26.8	Other forms of erysipeloid
A26.9	Erysipeloid, unspecified
A27.0	Leptospirosis icterohemorrhagica
A30.1	Tuberculoid leprosy
A32.0	Cutaneous listeriosis
A32.11	Listerial meningitis
A32.12	Listerial meningoencephalitis
A32.7	Listerial sepsis
A32.81	Oculoglandular listeriosis
A32.82	Listerial endocarditis
A32.89	Other forms of listeriosis
A32.9	Listeriosis, unspecified
A36.89	Other diphtheritic complications
A39.2	Acute meningococcemia
A39.3	Chronic meningococcemia
A39.4	Meningococcemia, unspecified
A39.81	Meningococcal encephalitis
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
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



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Code	Description
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
A42.1	Abdominal actinomycosis
A42.7	Actinomycotic sepsis
A48.0	Gas gangrene
A51.45	Secondary syphilitic hepatitis
A52.74	Syphilis of liver and other viscera
A69.20	Lyme disease, unspecified
A69.21	Meningitis due to Lyme disease
A69.22	Other neurologic disorders in Lyme disease
A69.23	Arthritis due to Lyme disease
A69.29	Other conditions associated with Lyme disease
A70	Chlamydia psittaci infections
A77.0	Spotted fever due to Rickettsia rickettsii
A77.1	Spotted fever due to Rickettsia conorii
A77.2	Spotted fever due to Rickettsia siberica
A77.3	Spotted fever due to Rickettsia australis
A77.40	Ehrlichiosis, unspecified
A77.41	Ehrlichiosis chafeensis [E. chafeensis]



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Code	Description
A77.49	Other ehrlichiosis
A77.8	Other spotted fevers
A77.9	Spotted fever, unspecified
A79.9	Rickettsiosis, unspecified
A95.0	Sylvatic yellow fever
A95.1	Urban yellow fever
B00.0	Eczema herpeticum
B00.7	Disseminated herpesviral disease
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma

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Code	Description
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B25.0	Cytomegaloviral pneumonitis
B25.1	Cytomegaloviral hepatitis
B25.2	Cytomegaloviral pancreatitis
B25.8	Other cytomegaloviral diseases
B25.9	Cytomegaloviral disease, unspecified
B26.81	Mumps hepatitis
B27.00	Gammaherpesviral mononucleosis without complication
B27.01	Gammaherpesviral mononucleosis with polyneuropathy
B27.02	Gammaherpesviral mononucleosis with meningitis
B27.09	Gammaherpesviral mononucleosis with other complications
B27.10	Cytomegaloviral mononucleosis without complications
B27.11	Cytomegaloviral mononucleosis with polyneuropathy
B27.12	Cytomegaloviral mononucleosis with meningitis
B27.19	Cytomegaloviral mononucleosis with other complication
B27.80	Other infectious mononucleosis without complication
B27.81	Other infectious mononucleosis with polyneuropathy
B27.82	Other infectious mononucleosis with meningitis
B27.89	Other infectious mononucleosis with other complication
B27.90	Infectious mononucleosis, unspecified without complication
B27.91	Infectious mononucleosis, unspecified with polyneuropathy
B27.92	Infectious mononucleosis, unspecified with meningitis
B27.99	Infectious mononucleosis, unspecified with other complication
B34.1	Enterovirus infection, unspecified
B37.7	Candidal sepsis

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Code	Description
B39.4	Histoplasmosis capsulati, unspecified
B50.0	Plasmodium falciparum malaria with cerebral complications
B50.8	Other severe and complicated Plasmodium falciparum malaria
B51.0	Plasmodium vivax malaria with rupture of spleen
B51.8	Plasmodium vivax malaria with other complications
B52.0	Plasmodium malariae malaria with nephropathy
B52.8	Plasmodium malariae malaria with other complications
B57.30	Chagas' disease with digestive system involvement, unspecified
B57.31	Megaesophagus in Chagas' disease
B57.32	Megacolon in Chagas' disease
B57.39	Other digestive system involvement in Chagas' disease
B57.40	Chagas' disease with nervous system involvement, unspecified
B57.41	Meningitis in Chagas' disease
B57.42	Meningoencephalitis in Chagas' disease
B57.49	Other nervous system involvement in Chagas' disease
B57.5	Chagas' disease (chronic) with other organ involvement
B58.1	Toxoplasma hepatitis
B65.9	Schistosomiasis, unspecified
B66.1	Clonorchiasis
B66.3	Fascioliasis
B67.0	Echinococcus granulosus infection of liver
B67.5	Echinococcus multilocularis infection of liver
B67.8	Echinococcosis, unspecified, of liver
B67.90	Echinococcosis, unspecified
B67.99	Other echinococcosis
B97.10	Unspecified enterovirus as the cause of diseases classified elsewhere
B97.89	Other viral agents as the cause of diseases classified elsewhere
C15.3	Malignant neoplasm of upper third of esophagus

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Code	Description
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon

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Code	Description
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

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Code	Description
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung

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Code	Description
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb

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Code	Description
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder



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Code	Description
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus

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Code	Description
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose

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Code	Description
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder

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Code	Description
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C46.0	Kaposi's sarcoma of skin

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Code	Description
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum



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Code	Description
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast

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**Medicare National Coverage Determinations (NCD)
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Code	Description
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast



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Code	Description
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix



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Code	Description
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce



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Code	Description
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis

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Code	Description
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites

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Code	Description
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes

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Code	Description
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb

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Code	Description
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes



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Code	Description
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site

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Code	Description
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites

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Code	Description
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes



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Code	Description
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb

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Code	Description
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes



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Code	Description
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site

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Code	Description
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen

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Code	Description
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes



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Code	Description
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck

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Code	Description
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes

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Code	Description
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission

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Code	Description
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission

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Code	Description
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse

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Code	Description
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified

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Code	Description
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D03.0	Melanoma in situ of lip
D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus

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Code	Description
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D13.4	Benign neoplasm of liver
D13.5	Benign neoplasm of extrahepatic bile ducts
D13.6	Benign neoplasm of pancreas
D13.7	Benign neoplasm of endocrine pancreas
D18.03	Hemangioma of intra-abdominal structures
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified

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Code	Description
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
D39.0	Neoplasm of uncertain behavior of uterus
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified
D40.0	Neoplasm of uncertain behavior of prostate
D40.10	Neoplasm of uncertain behavior of unspecified testis
D40.11	Neoplasm of uncertain behavior of right testis

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Code	Description
D40.12	Neoplasm of uncertain behavior of left testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified
D41.00	Neoplasm of uncertain behavior of unspecified kidney
D41.01	Neoplasm of uncertain behavior of right kidney
D41.02	Neoplasm of uncertain behavior of left kidney
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis
D41.11	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Neoplasm of uncertain behavior of left renal pelvis
D41.20	Neoplasm of uncertain behavior of unspecified ureter
D41.21	Neoplasm of uncertain behavior of right ureter
D41.22	Neoplasm of uncertain behavior of left ureter
D41.3	Neoplasm of uncertain behavior of urethra
D41.4	Neoplasm of uncertain behavior of bladder
D41.8	Neoplasm of uncertain behavior of other specified urinary organs
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D44.0	Neoplasm of uncertain behavior of thyroid gland
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland

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Code	Description
D44.11	Neoplasm of uncertain behavior of right adrenal gland
D44.12	Neoplasm of uncertain behavior of left adrenal gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D44.6	Neoplasm of uncertain behavior of carotid body
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.09	Other mast cell neoplasms of uncertain behavior
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z2	Castleman disease



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Code	Description
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
D48.5	Neoplasm of uncertain behavior of skin
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D48.7	Neoplasm of uncertain behavior of other specified sites
D48.9	Neoplasm of uncertain behavior, unspecified
D49.0	Neoplasm of unspecified behavior of digestive system
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
D65	Disseminated intravascular coagulation [defibrination syndrome]

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Code	Description
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D73.1	Hypersplenism
D81.810	Biotinidase deficiency
D84.1	Defects in the complement system
D86.0	Sarcoidosis of lung
D86.1	Sarcoidosis of lymph nodes
D86.2	Sarcoidosis of lung with sarcoidosis of lymph nodes
D86.3	Sarcoidosis of skin
D86.81	Sarcoid meningitis
D86.82	Multiple cranial nerve palsies in sarcoidosis
D86.83	Sarcoid iridocyclitis
D86.84	Sarcoid pyelonephritis
D86.85	Sarcoid myocarditis
D86.86	Sarcoid arthropathy
D86.87	Sarcoid myositis
D86.89	Sarcoidosis of other sites
D86.9	Sarcoidosis, unspecified
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
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
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

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Code	Description
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
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



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Code	Description
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
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
E10.3591	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



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Code	Description
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
E10.39	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
E10.9	Type 1 diabetes mellitus without complications

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Code	Description
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
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye

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Code	Description
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
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
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
E11.39	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
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

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Code	Description
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
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



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Code	Description
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
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



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Code	Description
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
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral



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Code	Description
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
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

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Code	Description
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
E20.1	Pseudohypoparathyroidism
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E55.0	Rickets, active
E56.1	Deficiency of vitamin K

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Code	Description
E64.0	Sequelae of protein-calorie malnutrition
E70.20	Disorder of tyrosine metabolism, unspecified
E70.21	Tyrosinemia
E70.29	Other disorders of tyrosine metabolism
E70.30	Albinism, unspecified
E70.310	X-linked ocular albinism
E70.311	Autosomal recessive ocular albinism
E70.318	Other ocular albinism
E70.319	Ocular albinism, unspecified
E70.320	Tyrosinase negative oculocutaneous albinism
E70.321	Tyrosinase positive oculocutaneous albinism
E70.328	Other oculocutaneous albinism
E70.329	Oculocutaneous albinism, unspecified
E70.330	Chediak-Higashi syndrome
E70.331	Hermansky-Pudlak syndrome
E70.338	Other albinism with hematologic abnormality
E70.339	Albinism with hematologic abnormality, unspecified
E70.39	Other specified albinism
E70.5	Disorders of tryptophan metabolism
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	Other disorders of aromatic amino-acid metabolism
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E72.9	Disorder of amino-acid metabolism, unspecified
E74.00	Glycogen storage disease, unspecified
E74.01	von Gierke disease
E74.02	Pompe disease
E74.03	Cori disease
E74.04	McArdle disease

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Code	Description
E74.09	Other glycogen storage disease
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.26	Sulfatase deficiency
E75.3	Sphingolipidosis, unspecified
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.9	Disorder of lipoprotein metabolism, unspecified
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda



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Code	Description
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria
E80.4	Gilbert syndrome
E80.5	Crigler-Najjar syndrome
E80.6	Other disorders of bilirubin metabolism
E80.7	Disorder of bilirubin metabolism, unspecified
E83.00	Disorder of copper metabolism, unspecified
E83.01	Wilson's disease
E83.09	Other disorders of copper metabolism
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
E83.30	Disorder of phosphorus metabolism, unspecified
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
E83.40	Disorders of magnesium metabolism, unspecified
E83.41	Hypermagnesemia
E83.42	Hypomagnesemia
E83.49	Other disorders of magnesium metabolism
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism

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Code	Description
E83.81	Hungry bone syndrome
E85.0	Non-neuropathic heredofamilial amyloidosis
E85.1	Neuropathic heredofamilial amyloidosis
E85.2	Heredofamilial amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.01	Alpha-1-antitrypsin deficiency
E88.02	Plasminogen deficiency
F10.10	Alcohol abuse, uncomplicated
F10.11	Alcohol abuse, in remission
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.21	Alcohol dependence, in remission
F10.220	Alcohol dependence with intoxication, uncomplicated

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Code	Description
F10.221	Alcohol dependence with intoxication delirium
F10.229	Alcohol dependence with intoxication, unspecified
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.920	Alcohol use, unspecified with intoxication, uncomplicated
F10.921	Alcohol use, unspecified with intoxication delirium
F10.929	Alcohol use, unspecified with intoxication, unspecified
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction

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Code	Description
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.120	Opioid abuse with intoxication, uncomplicated
F11.129	Opioid abuse with intoxication, unspecified
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F12.10	Cannabis abuse, uncomplicated
F12.11	Cannabis abuse, in remission
F12.20	Cannabis dependence, uncomplicated
F12.21	Cannabis dependence, in remission
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium

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Code	Description
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.23	Cannabis dependence with withdrawal
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.93	Cannabis use, unspecified with withdrawal
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.11	Sedative, hypnotic or anxiolytic abuse, in remission
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations

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Code	Description
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated
F14.10	Cocaine abuse, uncomplicated
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.20	Cocaine dependence, uncomplicated
F14.21	Cocaine dependence, in remission
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder

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Code	Description
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F15.10	Other stimulant abuse, uncomplicated
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F16.10	Hallucinogen abuse, uncomplicated
F16.11	Hallucinogen abuse, in remission
F16.120	Hallucinogen abuse with intoxication, uncomplicated

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Code	Description
F16.20	Hallucinogen dependence, uncomplicated
F16.21	Hallucinogen dependence, in remission
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F16.90	Hallucinogen use, unspecified, uncomplicated
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission
F18.10	Inhalant abuse, uncomplicated
F18.11	Inhalant abuse, in remission
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.20	Inhalant dependence, uncomplicated

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Code	Description
F18.21	Inhalant dependence, in remission
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.27	Inhalant dependence with inhalant-induced dementia
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.29	Inhalant dependence with unspecified inhalant-induced disorder
F18.90	Inhalant use, unspecified, uncomplicated
F19.10	Other psychoactive substance abuse, uncomplicated
F19.11	Other psychoactive substance abuse, in remission
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated
F19.20	Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19.239	Other psychoactive substance dependence with withdrawal, unspecified



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Code	Description
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnestic disorder
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F50.82	Avoidant/restrictive food intake disorder
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
G62.1	Alcoholic polyneuropathy
G71.11	Myotonic muscular dystrophy

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Code	Description
G71.12	Myotonia congenita
G71.13	Myotonic chondrodystrophy
G71.14	Drug induced myotonia
G71.19	Other specified myotonic disorders
I27.83	Eisenmenger's syndrome
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I80.241	Phlebitis and thrombophlebitis of right peroneal vein
I80.242	Phlebitis and thrombophlebitis of left peroneal vein
I80.243	Phlebitis and thrombophlebitis of peroneal vein, bilateral
I80.251	Phlebitis and thrombophlebitis of right calf muscular vein
I80.252	Phlebitis and thrombophlebitis of left calf muscular vein
I80.253	Phlebitis and thrombophlebitis of calf muscular vein, bilateral
I81	Portal vein thrombosis
I82.0	Budd-Chiari syndrome
I82.1	Thrombophlebitis migrans
I82.210	Acute embolism and thrombosis of superior vena cava
I82.211	Chronic embolism and thrombosis of superior vena cava
I82.220	Acute embolism and thrombosis of inferior vena cava
I82.221	Chronic embolism and thrombosis of inferior vena cava
I82.290	Acute embolism and thrombosis of other thoracic veins

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Code	Description
I82.291	Chronic embolism and thrombosis of other thoracic veins
I82.3	Embolism and thrombosis of renal vein
I82.401	Acute embolism and thrombosis of unspecified deep veins of right lower extremity
I82.402	Acute embolism and thrombosis of unspecified deep veins of left lower extremity
I82.403	Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
I82.409	Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
I82.411	Acute embolism and thrombosis of right femoral vein
I82.412	Acute embolism and thrombosis of left femoral vein
I82.413	Acute embolism and thrombosis of femoral vein, bilateral
I82.419	Acute embolism and thrombosis of unspecified femoral vein
I82.421	Acute embolism and thrombosis of right iliac vein
I82.422	Acute embolism and thrombosis of left iliac vein
I82.423	Acute embolism and thrombosis of iliac vein, bilateral
I82.429	Acute embolism and thrombosis of unspecified iliac vein
I82.431	Acute embolism and thrombosis of right popliteal vein
I82.432	Acute embolism and thrombosis of left popliteal vein
I82.433	Acute embolism and thrombosis of popliteal vein, bilateral
I82.439	Acute embolism and thrombosis of unspecified popliteal vein
I82.441	Acute embolism and thrombosis of right tibial vein
I82.442	Acute embolism and thrombosis of left tibial vein
I82.443	Acute embolism and thrombosis of tibial vein, bilateral
I82.449	Acute embolism and thrombosis of unspecified tibial vein
I82.451	Acute embolism and thrombosis of right peroneal vein
I82.452	Acute embolism and thrombosis of left peroneal vein
I82.453	Acute embolism and thrombosis of peroneal vein, bilateral
I82.461	Acute embolism and thrombosis of right calf muscular vein
I82.462	Acute embolism and thrombosis of left calf muscular vein

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Code	Description
I82.463	Acute embolism and thrombosis of calf muscular vein, bilateral
I82.491	Acute embolism and thrombosis of other specified deep vein of right lower extremity
I82.492	Acute embolism and thrombosis of other specified deep vein of left lower extremity
I82.493	Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.499	Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity
I82.4Y1	Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
I82.4Y2	Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
I82.4Y3	Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I82.4Y9	Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.4Z1	Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.4Z2	Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.4Z3	Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
I82.4Z9	Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
I82.501	Chronic embolism and thrombosis of unspecified deep veins of right lower extremity
I82.502	Chronic embolism and thrombosis of unspecified deep veins of left lower extremity
I82.503	Chronic embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
I82.509	Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity
I82.511	Chronic embolism and thrombosis of right femoral vein
I82.512	Chronic embolism and thrombosis of left femoral vein
I82.513	Chronic embolism and thrombosis of femoral vein, bilateral

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Code	Description
I82.519	Chronic embolism and thrombosis of unspecified femoral vein
I82.521	Chronic embolism and thrombosis of right iliac vein
I82.522	Chronic embolism and thrombosis of left iliac vein
I82.523	Chronic embolism and thrombosis of iliac vein, bilateral
I82.529	Chronic embolism and thrombosis of unspecified iliac vein
I82.531	Chronic embolism and thrombosis of right popliteal vein
I82.532	Chronic embolism and thrombosis of left popliteal vein
I82.533	Chronic embolism and thrombosis of popliteal vein, bilateral
I82.539	Chronic embolism and thrombosis of unspecified popliteal vein
I82.541	Chronic embolism and thrombosis of right tibial vein
I82.542	Chronic embolism and thrombosis of left tibial vein
I82.543	Chronic embolism and thrombosis of tibial vein, bilateral
I82.549	Chronic embolism and thrombosis of unspecified tibial vein
I82.551	Chronic embolism and thrombosis of right peroneal vein
I82.552	Chronic embolism and thrombosis of left peroneal vein
I82.553	Chronic embolism and thrombosis of peroneal vein, bilateral
I82.561	Chronic embolism and thrombosis of right calf muscular vein
I82.562	Chronic embolism and thrombosis of left calf muscular vein
I82.563	Chronic embolism and thrombosis of calf muscular vein, bilateral
I82.591	Chronic embolism and thrombosis of other specified deep vein of right lower extremity
I82.592	Chronic embolism and thrombosis of other specified deep vein of left lower extremity
I82.593	Chronic embolism and thrombosis of other specified deep vein of lower extremity, bilateral
I82.599	Chronic embolism and thrombosis of other specified deep vein of unspecified lower extremity
I82.5Y1	Chronic embolism and thrombosis of unspecified deep veins of right proximal lower extremity



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Code	Description
I82.5Y2	Chronic embolism and thrombosis of unspecified deep veins of left proximal lower extremity
I82.5Y3	Chronic embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I82.5Y9	Chronic embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity
I82.5Z1	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity
I82.5Z2	Chronic embolism and thrombosis of unspecified deep veins of left distal lower extremity
I82.5Z3	Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
I82.5Z9	Chronic embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity
I82.601	Acute embolism and thrombosis of unspecified veins of right upper extremity
I82.602	Acute embolism and thrombosis of unspecified veins of left upper extremity
I82.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral
I82.609	Acute embolism and thrombosis of unspecified veins of unspecified upper extremity
I82.611	Acute embolism and thrombosis of superficial veins of right upper extremity
I82.612	Acute embolism and thrombosis of superficial veins of left upper extremity
I82.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral
I82.619	Acute embolism and thrombosis of superficial veins of unspecified upper extremity
I82.621	Acute embolism and thrombosis of deep veins of right upper extremity
I82.622	Acute embolism and thrombosis of deep veins of left upper extremity
I82.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral
I82.629	Acute embolism and thrombosis of deep veins of unspecified upper extremity
I82.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity
I82.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity
I82.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral
I82.709	Chronic embolism and thrombosis of unspecified veins of unspecified upper extremity



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Code	Description
I82.711	Chronic embolism and thrombosis of superficial veins of right upper extremity
I82.712	Chronic embolism and thrombosis of superficial veins of left upper extremity
I82.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral
I82.719	Chronic embolism and thrombosis of superficial veins of unspecified upper extremity
I82.721	Chronic embolism and thrombosis of deep veins of right upper extremity
I82.722	Chronic embolism and thrombosis of deep veins of left upper extremity
I82.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral
I82.729	Chronic embolism and thrombosis of deep veins of unspecified upper extremity
I82.811	Embolism and thrombosis of superficial veins of right lower extremity
I82.812	Embolism and thrombosis of superficial veins of left lower extremity
I82.813	Embolism and thrombosis of superficial veins of lower extremities, bilateral
I82.819	Embolism and thrombosis of superficial veins of unspecified lower extremity
I82.890	Acute embolism and thrombosis of other specified veins
I82.891	Chronic embolism and thrombosis of other specified veins
I82.90	Acute embolism and thrombosis of unspecified vein
I82.91	Chronic embolism and thrombosis of unspecified vein
I82.A11	Acute embolism and thrombosis of right axillary vein
I82.A12	Acute embolism and thrombosis of left axillary vein
I82.A13	Acute embolism and thrombosis of axillary vein, bilateral
I82.A19	Acute embolism and thrombosis of unspecified axillary vein
I82.A21	Chronic embolism and thrombosis of right axillary vein
I82.A22	Chronic embolism and thrombosis of left axillary vein
I82.A23	Chronic embolism and thrombosis of axillary vein, bilateral
I82.A29	Chronic embolism and thrombosis of unspecified axillary vein
I82.B11	Acute embolism and thrombosis of right subclavian vein
I82.B12	Acute embolism and thrombosis of left subclavian vein
I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral
I82.B19	Acute embolism and thrombosis of unspecified subclavian vein

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Code	Description
I82.B21	Chronic embolism and thrombosis of right subclavian vein
I82.B22	Chronic embolism and thrombosis of left subclavian vein
I82.B23	Chronic embolism and thrombosis of subclavian vein, bilateral
I82.B29	Chronic embolism and thrombosis of unspecified subclavian vein
I82.C11	Acute embolism and thrombosis of right internal jugular vein
I82.C12	Acute embolism and thrombosis of left internal jugular vein
I82.C13	Acute embolism and thrombosis of internal jugular vein, bilateral
I82.C19	Acute embolism and thrombosis of unspecified internal jugular vein
I82.C21	Chronic embolism and thrombosis of right internal jugular vein
I82.C22	Chronic embolism and thrombosis of left internal jugular vein
I82.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral
I82.C29	Chronic embolism and thrombosis of unspecified internal jugular vein
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
J17	Pneumonia in diseases classified elsewhere
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula

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Code	Description
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula

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Code	Description
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula



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Code	Description
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.0	Gastroenteritis and colitis due to radiation
K52.1	Toxic gastroenteritis and colitis
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.3	Indeterminate colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.82	Eosinophilic colitis
K52.831	Collagenous colitis
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis
K52.839	Microscopic colitis, unspecified
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine

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Code	Description
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diffuse acute (reversible) ischemia of large intestine
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified
K55.041	Focal (segmental) acute infarction of large intestine
K55.042	Diffuse acute infarction of large intestine
K55.049	Acute infarction of large intestine, extent unspecified
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diffuse acute infarction of intestine, part unspecified
K55.069	Acute infarction of intestine, part and extent unspecified
K55.30	Necrotizing enterocolitis, unspecified
K55.31	Stage 1 necrotizing enterocolitis
K55.32	Stage 2 necrotizing enterocolitis
K55.33	Stage 3 necrotizing enterocolitis
K56.0	Paralytic ileus
K56.1	Intussusception
K56.2	Volvulus
K56.3	Gallstone ileus
K56.41	Fecal impaction
K56.49	Other impaction of intestine
K56.50	Intestinal adhesions [bands], unspecified as to partial versus complete obstruction
K56.51	Intestinal adhesions [bands], with partial obstruction
K56.52	Intestinal adhesions [bands] with complete obstruction
K56.600	Partial intestinal obstruction, unspecified as to cause

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Code	Description
K56.601	Complete intestinal obstruction, unspecified as to cause
K56.609	Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction
K56.690	Other partial intestinal obstruction
K56.691	Other complete intestinal obstruction
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction
K56.7	Ileus, unspecified
K57.00	Diverticulitis of small intestine with perforation and abscess without bleeding
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.12	Diverticulitis of small intestine without perforation or abscess without bleeding
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding

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Code	Description
K59.31	Toxic megacolon
K63.1	Perforation of intestine (nontraumatic)
K65.0	Generalized (acute) peritonitis
K65.1	Peritoneal abscess
K65.2	Spontaneous bacterial peritonitis
K65.3	Choleperitonitis
K65.4	Sclerosing mesenteritis
K65.8	Other peritonitis
K65.9	Peritonitis, unspecified
K67	Disorders of peritoneum in infectious diseases classified elsewhere
K68.19	Other retroperitoneal abscess
K68.9	Other disorders of retroperitoneum
K70.0	Alcoholic fatty liver
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with chronic active hepatitis without ascites

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Code	Description
K71.51	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K72.00	Acute and subacute hepatic failure without 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
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein



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Code	Description
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.2	Central hemorrhagic necrosis of liver
K76.3	Infarction of liver
K76.4	Peliosis hepatis
K76.5	Hepatic veno-occlusive disease
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
K80.00	Calculus of gallbladder with acute cholecystitis without obstruction
K80.01	Calculus of gallbladder with acute cholecystitis with obstruction
K80.10	Calculus of gallbladder with chronic cholecystitis without obstruction
K80.11	Calculus of gallbladder with chronic cholecystitis with obstruction
K80.12	Calculus of gallbladder with acute and chronic cholecystitis without obstruction
K80.13	Calculus of gallbladder with acute and chronic cholecystitis with obstruction
K80.18	Calculus of gallbladder with other cholecystitis without obstruction
K80.19	Calculus of gallbladder with other cholecystitis with obstruction
K80.20	Calculus of gallbladder without cholecystitis without obstruction
K80.21	Calculus of gallbladder without cholecystitis with obstruction

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Code	Description
K80.30	Calculus of bile duct with cholangitis, unspecified, without obstruction
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
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
K80.40	Calculus of bile duct with cholecystitis, unspecified, without obstruction
K80.41	Calculus of bile duct with cholecystitis, unspecified, with obstruction
K80.42	Calculus of bile duct with acute cholecystitis without obstruction
K80.43	Calculus of bile duct with acute cholecystitis with obstruction
K80.44	Calculus of bile duct with chronic cholecystitis without obstruction
K80.45	Calculus of bile duct with chronic cholecystitis with obstruction
K80.46	Calculus of bile duct with acute and chronic cholecystitis without obstruction
K80.47	Calculus of bile duct with acute and chronic cholecystitis 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
K80.60	Calculus of gallbladder and bile duct with cholecystitis, unspecified, without obstruction
K80.61	Calculus of gallbladder and bile duct with cholecystitis, unspecified, with obstruction
K80.62	Calculus of gallbladder and bile duct with acute cholecystitis without obstruction
K80.63	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
K80.64	Calculus of gallbladder and bile duct with chronic cholecystitis without obstruction
K80.65	Calculus of gallbladder and bile duct with chronic cholecystitis with obstruction
K80.66	Calculus of gallbladder and bile duct with acute and chronic cholecystitis without obstruction
K80.67	Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction

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Code	Description
K80.70	Calculus of gallbladder and bile duct without cholecystitis without obstruction
K80.71	Calculus of gallbladder and bile duct without cholecystitis with obstruction
K80.80	Other cholelithiasis without obstruction
K80.81	Other cholelithiasis with obstruction
K81.0	Acute cholecystitis
K81.1	Chronic cholecystitis
K81.2	Acute cholecystitis with chronic cholecystitis
K81.9	Cholecystitis, unspecified
K82.0	Obstruction of gallbladder
K82.1	Hydrops of gallbladder
K82.2	Perforation of gallbladder
K82.3	Fistula of gallbladder
K82.4	Cholesterolosis of gallbladder
K82.8	Other specified diseases of gallbladder
K82.9	Disease of gallbladder, unspecified
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis
K83.01	Primary sclerosing cholangitis
K83.09	Other cholangitis
K83.1	Obstruction of bile duct
K83.2	Perforation of bile duct
K83.3	Fistula of bile duct
K83.4	Spasm of sphincter of Oddi
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
K83.9	Disease of biliary tract, unspecified
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K91.5	Postcholecystectomy syndrome



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Code	Description
M04.1	Periodic fever syndromes
M1A.10X0	Lead-induced chronic gout, unspecified site, without tophus (tophi)
M1A.10X1	Lead-induced chronic gout, unspecified site, with tophus (tophi)
M1A.1110	Lead-induced chronic gout, right shoulder, without tophus (tophi)
M1A.1111	Lead-induced chronic gout, right shoulder, with tophus (tophi)
M1A.1120	Lead-induced chronic gout, left shoulder, without tophus (tophi)
M1A.1121	Lead-induced chronic gout, left shoulder, with tophus (tophi)
M1A.1190	Lead-induced chronic gout, unspecified shoulder, without tophus (tophi)
M1A.1191	Lead-induced chronic gout, unspecified shoulder, with tophus (tophi)
M1A.1210	Lead-induced chronic gout, right elbow, without tophus (tophi)
M1A.1211	Lead-induced chronic gout, right elbow, with tophus (tophi)
M1A.1220	Lead-induced chronic gout, left elbow, without tophus (tophi)
M1A.1221	Lead-induced chronic gout, left elbow, with tophus (tophi)
M1A.1290	Lead-induced chronic gout, unspecified elbow, without tophus (tophi)
M1A.1291	Lead-induced chronic gout, unspecified elbow, with tophus (tophi)
M1A.1310	Lead-induced chronic gout, right wrist, without tophus (tophi)
M1A.1311	Lead-induced chronic gout, right wrist, with tophus (tophi)
M1A.1320	Lead-induced chronic gout, left wrist, without tophus (tophi)
M1A.1321	Lead-induced chronic gout, left wrist, with tophus (tophi)
M1A.1390	Lead-induced chronic gout, unspecified wrist, without tophus (tophi)
M1A.1391	Lead-induced chronic gout, unspecified wrist, with tophus (tophi)
M1A.1410	Lead-induced chronic gout, right hand, without tophus (tophi)
M1A.1411	Lead-induced chronic gout, right hand, with tophus (tophi)
M1A.1420	Lead-induced chronic gout, left hand, without tophus (tophi)
M1A.1421	Lead-induced chronic gout, left hand, with tophus (tophi)
M1A.1490	Lead-induced chronic gout, unspecified hand, without tophus (tophi)
M1A.1491	Lead-induced chronic gout, unspecified hand, with tophus (tophi)
M1A.1510	Lead-induced chronic gout, right hip, without tophus (tophi)

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Code	Description
M1A.1511	Lead-induced chronic gout, right hip, with tophus (tophi)
M1A.1520	Lead-induced chronic gout, left hip, without tophus (tophi)
M1A.1521	Lead-induced chronic gout, left hip, with tophus (tophi)
M1A.1590	Lead-induced chronic gout, unspecified hip, without tophus (tophi)
M1A.1591	Lead-induced chronic gout, unspecified hip, with tophus (tophi)
M1A.1610	Lead-induced chronic gout, right knee, without tophus (tophi)
M1A.1611	Lead-induced chronic gout, right knee, with tophus (tophi)
M1A.1620	Lead-induced chronic gout, left knee, without tophus (tophi)
M1A.1621	Lead-induced chronic gout, left knee, with tophus (tophi)
M1A.1690	Lead-induced chronic gout, unspecified knee, without tophus (tophi)
M1A.1691	Lead-induced chronic gout, unspecified knee, with tophus (tophi)
M1A.1710	Lead-induced chronic gout, right ankle and foot, without tophus (tophi)
M1A.1711	Lead-induced chronic gout, right ankle and foot, with tophus (tophi)
M1A.1720	Lead-induced chronic gout, left ankle and foot, without tophus (tophi)
M1A.1721	Lead-induced chronic gout, left ankle and foot, with tophus (tophi)
M1A.1790	Lead-induced chronic gout, unspecified ankle and foot, without tophus (tophi)
M1A.1791	Lead-induced chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.18X0	Lead-induced chronic gout, vertebrae, without tophus (tophi)
M1A.18X1	Lead-induced chronic gout, vertebrae, with tophus (tophi)
M1A.19X0	Lead-induced chronic gout, multiple sites, without tophus (tophi)
M1A.19X1	Lead-induced chronic gout, multiple sites, with tophus (tophi)
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus
M35.04	Sicca syndrome with tubulo-interstitial nephropathy
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition



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Code	Description
M83.4	Aluminum bone disease
M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9	Adult osteomalacia, unspecified
N00.A	Acute nephritic syndrome with C3 glomerulonephritis
N01.A	Rapidly progressive nephritic syndrome with C3 glomerulonephritis
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N03.0	Chronic nephritic syndrome with minor glomerular abnormality
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N03.6	Chronic nephritic syndrome with dense deposit disease
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis
N03.8	Chronic nephritic syndrome with other morphologic changes

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Code	Description
N03.9	Chronic nephritic syndrome with unspecified morphologic changes
N03.A	Chronic nephritic syndrome with C3 glomerulonephritis
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N04.9	Nephrotic syndrome with unspecified morphologic changes
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N05.6	Unspecified nephritic syndrome with dense deposit disease
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis
N05.8	Unspecified nephritic syndrome with other morphologic changes
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis
N06.0	Isolated proteinuria with minor glomerular abnormality
N06.1	Isolated proteinuria with focal and segmental glomerular lesions
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis

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Code	Description
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis
N06.6	Isolated proteinuria with dense deposit disease
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.8	Isolated proteinuria with other morphologic lesion
N06.9	Isolated proteinuria with unspecified morphologic lesion
N06.A	Isolated proteinuria with C3 glomerulonephritis
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis
N08	Glomerular disorders in diseases classified elsewhere
N10	Acute pyelonephritis
N11.0	Nonobstructive reflux-associated chronic pyelonephritis
N11.1	Chronic obstructive pyelonephritis



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Code	Description
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
N14.0	Analgesic nephropathy
N14.1	Nephropathy induced by other drugs, medicaments and biological substances
N14.2	Nephropathy induced by unspecified drug, medicament or biological substance
N14.3	Nephropathy induced by heavy metals
N14.4	Toxic nephropathy, not elsewhere classified
N15.0	Balkan nephropathy
N15.1	Renal and perinephric abscess
N15.8	Other specified renal tubulo-interstitial diseases
N15.9	Renal tubulo-interstitial disease, unspecified
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.6	End stage renal disease
N19	Unspecified kidney failure
N25.0	Renal osteodystrophy
N25.1	Nephrogenic diabetes insipidus
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N25.9	Disorder resulting from impaired renal tubular function, unspecified
N26.1	Atrophy of kidney (terminal)
N26.9	Renal sclerosis, unspecified



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Code	Description
N28.84	Pyelitis cystica
N28.85	Pyeloureteritis cystica
N28.86	Ureteritis cystica
N61.20	Granulomatous mastitis, unspecified breast
N61.21	Granulomatous mastitis, right breast
N61.22	Granulomatous mastitis, left breast
N61.23	Granulomatous mastitis, bilateral breast
O14.10	Severe pre-eclampsia, unspecified trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
O26.611	Liver and biliary tract disorders in pregnancy, first trimester
O26.612	Liver and biliary tract disorders in pregnancy, second trimester
O26.613	Liver and biliary tract disorders in pregnancy, third trimester
O26.619	Liver and biliary tract disorders in pregnancy, unspecified trimester
O26.62	Liver and biliary tract disorders in childbirth
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester



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Code	Description
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
P78.84	Gestational alloimmune liver disease
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
R11.13	Vomiting of fecal matter
R11.15	Cyclical vomiting syndrome unrelated to migraine
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R17	Unspecified jaundice
R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]



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Code	Description
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission
R74.01	Elevation of levels of liver transaminase levels
R74.02	Elevation of levels of lactic acid dehydrogenase [LDH]
R74.8	Abnormal levels of other serum enzymes
R74.9	Abnormal serum enzyme level, unspecified
T36.0X1A	Poisoning by penicillins, accidental (unintentional), initial encounter
T36.0X2A	Poisoning by penicillins, intentional self-harm, initial encounter
T36.0X3A	Poisoning by penicillins, assault, initial encounter
T36.0X4A	Poisoning by penicillins, undetermined, initial encounter
T36.1X1A	Poisoning by cephalosporins and other beta-lactam antibiotics, accidental (unintentional), initial encounter
T36.1X2A	Poisoning by cephalosporins and other beta-lactam antibiotics, intentional self-harm, initial encounter
T36.1X3A	Poisoning by cephalosporins and other beta-lactam antibiotics, assault, initial encounter
T36.1X4A	Poisoning by cephalosporins and other beta-lactam antibiotics, undetermined, initial encounter
T36.2X1A	Poisoning by chloramphenicol group, accidental (unintentional), initial encounter
T36.2X2A	Poisoning by chloramphenicol group, intentional self-harm, initial encounter

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Code	Description
T36.2X3A	Poisoning by chloramphenicol group, assault, initial encounter
T36.2X4A	Poisoning by chloramphenicol group, undetermined, initial encounter
T36.3X1A	Poisoning by macrolides, accidental (unintentional), initial encounter
T36.3X2A	Poisoning by macrolides, intentional self-harm, initial encounter
T36.3X3A	Poisoning by macrolides, assault, initial encounter
T36.3X4A	Poisoning by macrolides, undetermined, initial encounter
T36.4X1A	Poisoning by tetracyclines, accidental (unintentional), initial encounter
T36.4X2A	Poisoning by tetracyclines, intentional self-harm, initial encounter
T36.4X3A	Poisoning by tetracyclines, assault, initial encounter
T36.4X4A	Poisoning by tetracyclines, undetermined, initial encounter
T36.5X1A	Poisoning by aminoglycosides, accidental (unintentional), initial encounter
T36.5X2A	Poisoning by aminoglycosides, intentional self-harm, initial encounter
T36.5X3A	Poisoning by aminoglycosides, assault, initial encounter
T36.5X4A	Poisoning by aminoglycosides, undetermined, initial encounter
T36.6X1A	Poisoning by rifampicins, accidental (unintentional), initial encounter
T36.6X2A	Poisoning by rifampicins, intentional self-harm, initial encounter
T36.6X3A	Poisoning by rifampicins, assault, initial encounter
T36.6X4A	Poisoning by rifampicins, undetermined, initial encounter
T36.7X1A	Poisoning by antifungal antibiotics, systemically used, accidental (unintentional), initial encounter
T36.7X2A	Poisoning by antifungal antibiotics, systemically used, intentional self-harm, initial encounter
T36.7X3A	Poisoning by antifungal antibiotics, systemically used, assault, initial encounter
T36.7X4A	Poisoning by antifungal antibiotics, systemically used, undetermined, initial encounter
T36.8X1A	Poisoning by other systemic antibiotics, accidental (unintentional), initial encounter
T36.8X2A	Poisoning by other systemic antibiotics, intentional self-harm, initial encounter
T36.8X3A	Poisoning by other systemic antibiotics, assault, initial encounter
T36.8X4A	Poisoning by other systemic antibiotics, undetermined, initial encounter



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Code	Description
T36.91XA	Poisoning by unspecified systemic antibiotic, accidental (unintentional), initial encounter
T36.92XA	Poisoning by unspecified systemic antibiotic, intentional self-harm, initial encounter
T36.93XA	Poisoning by unspecified systemic antibiotic, assault, initial encounter
T36.94XA	Poisoning by unspecified systemic antibiotic, undetermined, initial encounter
T37.0X1A	Poisoning by sulfonamides, accidental (unintentional), initial encounter
T37.0X2A	Poisoning by sulfonamides, intentional self-harm, initial encounter
T37.0X3A	Poisoning by sulfonamides, assault, initial encounter
T37.0X4A	Poisoning by sulfonamides, undetermined, initial encounter
T37.1X1A	Poisoning by antimycobacterial drugs, accidental (unintentional), initial encounter
T37.1X2A	Poisoning by antimycobacterial drugs, intentional self-harm, initial encounter
T37.1X3A	Poisoning by antimycobacterial drugs, assault, initial encounter
T37.1X4A	Poisoning by antimycobacterial drugs, undetermined, initial encounter
T37.2X1A	Poisoning by antimalarials and drugs acting on other blood protozoa, accidental (unintentional), initial encounter
T37.2X2A	Poisoning by antimalarials and drugs acting on other blood protozoa, intentional self-harm, initial encounter
T37.2X3A	Poisoning by antimalarials and drugs acting on other blood protozoa, assault, initial encounter
T37.2X4A	Poisoning by antimalarials and drugs acting on other blood protozoa, undetermined, initial encounter
T37.3X1A	Poisoning by other antiprotozoal drugs, accidental (unintentional), initial encounter
T37.3X2A	Poisoning by other antiprotozoal drugs, intentional self-harm, initial encounter
T37.3X3A	Poisoning by other antiprotozoal drugs, assault, initial encounter
T37.3X4A	Poisoning by other antiprotozoal drugs, undetermined, initial encounter
T37.4X1A	Poisoning by anthelmintics, accidental (unintentional), initial encounter
T37.4X2A	Poisoning by anthelmintics, intentional self-harm, initial encounter
T37.4X3A	Poisoning by anthelmintics, assault, initial encounter
T37.4X4A	Poisoning by anthelmintics, undetermined, initial encounter
T37.5X1A	Poisoning by antiviral drugs, accidental (unintentional), initial encounter



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Code	Description
T37.5X2A	Poisoning by antiviral drugs, intentional self-harm, initial encounter
T37.5X3A	Poisoning by antiviral drugs, assault, initial encounter
T37.5X4A	Poisoning by antiviral drugs, undetermined, initial encounter
T37.8X1A	Poisoning by other specified systemic anti-infectives and antiparasitics, accidental (unintentional), initial encounter
T37.8X2A	Poisoning by other specified systemic anti-infectives and antiparasitics, intentional self-harm, initial encounter
T37.8X3A	Poisoning by other specified systemic anti-infectives and antiparasitics, assault, initial encounter
T37.8X4A	Poisoning by other specified systemic anti-infectives and antiparasitics, undetermined, initial encounter
T37.91XA	Poisoning by unspecified systemic anti-infective and antiparasitics, accidental (unintentional), initial encounter
T37.92XA	Poisoning by unspecified systemic anti-infective and antiparasitics, intentional self-harm, initial encounter
T37.93XA	Poisoning by unspecified systemic anti-infective and antiparasitics, assault, initial encounter
T37.94XA	Poisoning by unspecified systemic anti-infective and antiparasitics, undetermined, initial encounter
T38.0X1A	Poisoning by glucocorticoids and synthetic analogues, accidental (unintentional), initial encounter
T38.0X2A	Poisoning by glucocorticoids and synthetic analogues, intentional self-harm, initial encounter
T38.0X3A	Poisoning by glucocorticoids and synthetic analogues, assault, initial encounter
T38.0X4A	Poisoning by glucocorticoids and synthetic analogues, undetermined, initial encounter
T38.1X1A	Poisoning by thyroid hormones and substitutes, accidental (unintentional), initial encounter
T38.1X2A	Poisoning by thyroid hormones and substitutes, intentional self-harm, initial encounter
T38.1X3A	Poisoning by thyroid hormones and substitutes, assault, initial encounter
T38.1X4A	Poisoning by thyroid hormones and substitutes, undetermined, initial encounter

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Code	Description
T38.2X1A	Poisoning by antithyroid drugs, accidental (unintentional), initial encounter
T38.2X2A	Poisoning by antithyroid drugs, intentional self-harm, initial encounter
T38.2X3A	Poisoning by antithyroid drugs, assault, initial encounter
T38.2X4A	Poisoning by antithyroid drugs, undetermined, initial encounter
T38.3X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter
T38.3X2A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, intentional self-harm, initial encounter
T38.3X3A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, assault, initial encounter
T38.3X4A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, undetermined, initial encounter
T38.4X1A	Poisoning by oral contraceptives, accidental (unintentional), initial encounter
T38.4X2A	Poisoning by oral contraceptives, intentional self-harm, initial encounter
T38.4X3A	Poisoning by oral contraceptives, assault, initial encounter
T38.4X4A	Poisoning by oral contraceptives, undetermined, initial encounter
T38.5X1A	Poisoning by other estrogens and progestogens, accidental (unintentional), initial encounter
T38.5X2A	Poisoning by other estrogens and progestogens, intentional self-harm, initial encounter
T38.5X3A	Poisoning by other estrogens and progestogens, assault, initial encounter
T38.5X4A	Poisoning by other estrogens and progestogens, undetermined, initial encounter
T38.6X1A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, accidental (unintentional), initial encounter
T38.6X2A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm, initial encounter
T38.6X3A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, assault, initial encounter
T38.6X4A	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, undetermined, initial encounter
T38.7X1A	Poisoning by androgens and anabolic congeners, accidental (unintentional), initial encounter



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Code	Description
T38.7X2A	Poisoning by androgens and anabolic congeners, intentional self-harm, initial encounter
T38.7X3A	Poisoning by androgens and anabolic congeners, assault, initial encounter
T38.7X4A	Poisoning by androgens and anabolic congeners, undetermined, initial encounter
T38.801A	Poisoning by unspecified hormones and synthetic substitutes, accidental (unintentional), initial encounter
T38.802A	Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm, initial encounter
T38.803A	Poisoning by unspecified hormones and synthetic substitutes, assault, initial encounter
T38.804A	Poisoning by unspecified hormones and synthetic substitutes, undetermined, initial encounter
T38.811A	Poisoning by anterior pituitary [adenohypophyseal] hormones, accidental (unintentional), initial encounter
T38.812A	Poisoning by anterior pituitary [adenohypophyseal] hormones, intentional self-harm, initial encounter
T38.813A	Poisoning by anterior pituitary [adenohypophyseal] hormones, assault, initial encounter
T38.814A	Poisoning by anterior pituitary [adenohypophyseal] hormones, undetermined, initial encounter
T38.891A	Poisoning by other hormones and synthetic substitutes, accidental (unintentional), initial encounter
T38.892A	Poisoning by other hormones and synthetic substitutes, intentional self-harm, initial encounter
T38.893A	Poisoning by other hormones and synthetic substitutes, assault, initial encounter
T38.894A	Poisoning by other hormones and synthetic substitutes, undetermined, initial encounter
T38.901A	Poisoning by unspecified hormone antagonists, accidental (unintentional), initial encounter
T38.902A	Poisoning by unspecified hormone antagonists, intentional self-harm, initial encounter
T38.903A	Poisoning by unspecified hormone antagonists, assault, initial encounter
T38.904A	Poisoning by unspecified hormone antagonists, undetermined, initial encounter

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Code	Description
T38.991A	Poisoning by other hormone antagonists, accidental (unintentional), initial encounter
T38.992A	Poisoning by other hormone antagonists, intentional self-harm, initial encounter
T38.993A	Poisoning by other hormone antagonists, assault, initial encounter
T38.994A	Poisoning by other hormone antagonists, undetermined, initial encounter
T39.011A	Poisoning by aspirin, accidental (unintentional), initial encounter
T39.012A	Poisoning by aspirin, intentional self-harm, initial encounter
T39.013A	Poisoning by aspirin, assault, initial encounter
T39.014A	Poisoning by aspirin, undetermined, initial encounter
T39.091A	Poisoning by salicylates, accidental (unintentional), initial encounter
T39.092A	Poisoning by salicylates, intentional self-harm, initial encounter
T39.093A	Poisoning by salicylates, assault, initial encounter
T39.094A	Poisoning by salicylates, undetermined, initial encounter
T39.1X1A	Poisoning by 4-Aminophenol derivatives, accidental (unintentional), initial encounter
T39.1X2A	Poisoning by 4-Aminophenol derivatives, intentional self-harm, initial encounter
T39.1X3A	Poisoning by 4-Aminophenol derivatives, assault, initial encounter
T39.1X4A	Poisoning by 4-Aminophenol derivatives, undetermined, initial encounter
T39.2X1A	Poisoning by pyrazolone derivatives, accidental (unintentional), initial encounter
T39.2X2A	Poisoning by pyrazolone derivatives, intentional self-harm, initial encounter
T39.2X3A	Poisoning by pyrazolone derivatives, assault, initial encounter
T39.2X4A	Poisoning by pyrazolone derivatives, undetermined, initial encounter
T39.311A	Poisoning by propionic acid derivatives, accidental (unintentional), initial encounter
T39.312A	Poisoning by propionic acid derivatives, intentional self-harm, initial encounter
T39.313A	Poisoning by propionic acid derivatives, assault, initial encounter
T39.314A	Poisoning by propionic acid derivatives, undetermined, initial encounter
T39.391A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], accidental (unintentional), initial encounter
T39.392A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], intentional self-harm, initial encounter



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Code	Description
T39.393A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], assault, initial encounter
T39.394A	Poisoning by other nonsteroidal anti-inflammatory drugs [NSAID], undetermined, initial encounter
T39.4X1A	Poisoning by antirheumatics, not elsewhere classified, accidental (unintentional), initial encounter
T39.4X2A	Poisoning by antirheumatics, not elsewhere classified, intentional self-harm, initial encounter
T39.4X3A	Poisoning by antirheumatics, not elsewhere classified, assault, initial encounter
T39.4X4A	Poisoning by antirheumatics, not elsewhere classified, undetermined, initial encounter
T39.8X1A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, accidental (unintentional), initial encounter
T39.8X2A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, intentional self-harm, initial encounter
T39.8X3A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, assault, initial encounter
T39.8X4A	Poisoning by other nonopioid analgesics and antipyretics, not elsewhere classified, undetermined, initial encounter
T39.91XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, accidental (unintentional), initial encounter
T39.92XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, intentional self-harm, initial encounter
T39.93XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, assault, initial encounter
T39.94XA	Poisoning by unspecified nonopioid analgesic, antipyretic and antirheumatic, undetermined, initial encounter
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
T40.0X3A	Poisoning by opium, assault, initial encounter
T40.0X4A	Poisoning by opium, undetermined, initial encounter
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter



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Code	Description
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
T40.1X3A	Poisoning by heroin, assault, initial encounter
T40.1X4A	Poisoning by heroin, undetermined, initial encounter
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.2X3A	Poisoning by other opioids, assault, initial encounter
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
T40.3X3A	Poisoning by methadone, assault, initial encounter
T40.3X4A	Poisoning by methadone, undetermined, initial encounter
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter
T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
T40.415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
T40.415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
T40.415S	Adverse effect of fentanyl or fentanyl analogs, sequela

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Code	Description
T40.416A	Underdosing of fentanyl or fentanyl analogs, initial encounter
T40.416D	Underdosing of fentanyl or fentanyl analogs, subsequent encounter
T40.416S	Underdosing of fentanyl or fentanyl analogs, sequela
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter
T40.422S	Poisoning by tramadol, intentional self-harm, sequela
T40.423A	Poisoning by tramadol, assault, initial encounter
T40.423D	Poisoning by tramadol, assault, subsequent encounter
T40.423S	Poisoning by tramadol, assault, sequela
T40.424A	Poisoning by tramadol, undetermined, initial encounter
T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
T40.424S	Poisoning by tramadol, undetermined, sequela
T40.425A	Adverse effect of tramadol, initial encounter
T40.425D	Adverse effect of tramadol, subsequent encounter
T40.425S	Adverse effect of tramadol, sequela
T40.426A	Underdosing of tramadol, initial encounter
T40.426D	Underdosing of tramadol, subsequent encounter
T40.426S	Underdosing of tramadol, sequela
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter

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Code	Description
T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40.493S	Poisoning by other synthetic narcotics, assault, sequela
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
T40.495A	Adverse effect of other synthetic narcotics, initial encounter
T40.495D	Adverse effect of other synthetic narcotics, subsequent encounter
T40.495S	Adverse effect of other synthetic narcotics, sequela
T40.496A	Underdosing of other synthetic narcotics, initial encounter
T40.496D	Underdosing of other synthetic narcotics, subsequent encounter
T40.496S	Underdosing of other synthetic narcotics, sequela
T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter
T40.5X2A	Poisoning by cocaine, intentional self-harm, initial encounter
T40.5X3A	Poisoning by cocaine, assault, initial encounter
T40.5X4A	Poisoning by cocaine, undetermined, initial encounter
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
T40.693A	Poisoning by other narcotics, assault, initial encounter
T40.694A	Poisoning by other narcotics, undetermined, initial encounter
T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter
T40.7X2A	Poisoning by cannabis (derivatives), intentional self-harm, initial encounter
T40.7X3A	Poisoning by cannabis (derivatives), assault, initial encounter
T40.7X4A	Poisoning by cannabis (derivatives), undetermined, initial encounter
T40.8X1A	Poisoning by lysergide [LSD], accidental (unintentional), initial encounter



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Code	Description
T40.8X2A	Poisoning by lysergide [LSD], intentional self-harm, initial encounter
T40.8X3A	Poisoning by lysergide [LSD], assault, initial encounter
T40.8X4A	Poisoning by lysergide [LSD], undetermined, initial encounter
T40.901A	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.902A	Poisoning by unspecified psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.903A	Poisoning by unspecified psychodysleptics [hallucinogens], assault, initial encounter
T40.904A	Poisoning by unspecified psychodysleptics [hallucinogens], undetermined, initial encounter
T40.991A	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.992A	Poisoning by other psychodysleptics [hallucinogens], intentional self-harm, initial encounter
T40.993A	Poisoning by other psychodysleptics [hallucinogens], assault, initial encounter
T40.994A	Poisoning by other psychodysleptics [hallucinogens], undetermined, initial encounter
T41.0X1A	Poisoning by inhaled anesthetics, accidental (unintentional), initial encounter
T41.0X2A	Poisoning by inhaled anesthetics, intentional self-harm, initial encounter
T41.0X3A	Poisoning by inhaled anesthetics, assault, initial encounter
T41.0X4A	Poisoning by inhaled anesthetics, undetermined, initial encounter
T41.1X1A	Poisoning by intravenous anesthetics, accidental (unintentional), initial encounter
T41.1X2A	Poisoning by intravenous anesthetics, intentional self-harm, initial encounter
T41.1X3A	Poisoning by intravenous anesthetics, assault, initial encounter
T41.1X4A	Poisoning by intravenous anesthetics, undetermined, initial encounter
T41.201A	Poisoning by unspecified general anesthetics, accidental (unintentional), initial encounter
T41.202A	Poisoning by unspecified general anesthetics, intentional self-harm, initial encounter
T41.203A	Poisoning by unspecified general anesthetics, assault, initial encounter
T41.204A	Poisoning by unspecified general anesthetics, undetermined, initial encounter



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Code	Description
T41.291A	Poisoning by other general anesthetics, accidental (unintentional), initial encounter
T41.292A	Poisoning by other general anesthetics, intentional self-harm, initial encounter
T41.293A	Poisoning by other general anesthetics, assault, initial encounter
T41.294A	Poisoning by other general anesthetics, undetermined, initial encounter
T41.3X1A	Poisoning by local anesthetics, accidental (unintentional), initial encounter
T41.3X2A	Poisoning by local anesthetics, intentional self-harm, initial encounter
T41.3X3A	Poisoning by local anesthetics, assault, initial encounter
T41.3X4A	Poisoning by local anesthetics, undetermined, initial encounter
T41.41XA	Poisoning by unspecified anesthetic, accidental (unintentional), initial encounter
T41.42XA	Poisoning by unspecified anesthetic, intentional self-harm, initial encounter
T41.43XA	Poisoning by unspecified anesthetic, assault, initial encounter
T41.44XA	Poisoning by unspecified anesthetic, undetermined, initial encounter
T41.5X1A	Poisoning by therapeutic gases, accidental (unintentional), initial encounter
T41.5X2A	Poisoning by therapeutic gases, intentional self-harm, initial encounter
T41.5X3A	Poisoning by therapeutic gases, assault, initial encounter
T41.5X4A	Poisoning by therapeutic gases, undetermined, initial encounter
T42.0X1A	Poisoning by hydantoin derivatives, accidental (unintentional), initial encounter
T42.0X2A	Poisoning by hydantoin derivatives, intentional self-harm, initial encounter
T42.0X3A	Poisoning by hydantoin derivatives, assault, initial encounter
T42.0X4A	Poisoning by hydantoin derivatives, undetermined, initial encounter
T42.1X1A	Poisoning by iminostilbenes, accidental (unintentional), initial encounter
T42.1X2A	Poisoning by iminostilbenes, intentional self-harm, initial encounter
T42.1X3A	Poisoning by iminostilbenes, assault, initial encounter
T42.1X4A	Poisoning by iminostilbenes, undetermined, initial encounter
T42.2X1A	Poisoning by succinimides and oxazolidinediones, accidental (unintentional), initial encounter
T42.2X2A	Poisoning by succinimides and oxazolidinediones, intentional self-harm, initial encounter
T42.2X3A	Poisoning by succinimides and oxazolidinediones, assault, initial encounter

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Code	Description
T42.2X4A	Poisoning by succinimides and oxazolidinediones, undetermined, initial encounter
T42.3X1A	Poisoning by barbiturates, accidental (unintentional), initial encounter
T42.3X2A	Poisoning by barbiturates, intentional self-harm, initial encounter
T42.3X3A	Poisoning by barbiturates, assault, initial encounter
T42.3X4A	Poisoning by barbiturates, undetermined, initial encounter
T42.4X1A	Poisoning by benzodiazepines, accidental (unintentional), initial encounter
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter
T42.4X3A	Poisoning by benzodiazepines, assault, initial encounter
T42.4X4A	Poisoning by benzodiazepines, undetermined, initial encounter
T42.5X1A	Poisoning by mixed antiepileptics, accidental (unintentional), initial encounter
T42.5X2A	Poisoning by mixed antiepileptics, intentional self-harm, initial encounter
T42.5X3A	Poisoning by mixed antiepileptics, assault, initial encounter
T42.5X4A	Poisoning by mixed antiepileptics, undetermined, initial encounter
T42.6X1A	Poisoning by other antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.6X2A	Poisoning by other antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.6X3A	Poisoning by other antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.6X4A	Poisoning by other antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T42.71XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, accidental (unintentional), initial encounter
T42.72XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, intentional self-harm, initial encounter
T42.73XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, assault, initial encounter
T42.74XA	Poisoning by unspecified antiepileptic and sedative-hypnotic drugs, undetermined, initial encounter
T42.8X1A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, accidental (unintentional), initial encounter

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Code	Description
T42.8X2A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, intentional self-harm, initial encounter
T42.8X3A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, assault, initial encounter
T42.8X4A	Poisoning by antiparkinsonism drugs and other central muscle-tone depressants, undetermined, initial encounter
T43.011A	Poisoning by tricyclic antidepressants, accidental (unintentional), initial encounter
T43.012A	Poisoning by tricyclic antidepressants, intentional self-harm, initial encounter
T43.013A	Poisoning by tricyclic antidepressants, assault, initial encounter
T43.014A	Poisoning by tricyclic antidepressants, undetermined, initial encounter
T43.021A	Poisoning by tetracyclic antidepressants, accidental (unintentional), initial encounter
T43.022A	Poisoning by tetracyclic antidepressants, intentional self-harm, initial encounter
T43.023A	Poisoning by tetracyclic antidepressants, assault, initial encounter
T43.024A	Poisoning by tetracyclic antidepressants, undetermined, initial encounter
T43.1X1A	Poisoning by monoamine-oxidase-inhibitor antidepressants, accidental (unintentional), initial encounter
T43.1X2A	Poisoning by monoamine-oxidase-inhibitor antidepressants, intentional self-harm, initial encounter
T43.1X3A	Poisoning by monoamine-oxidase-inhibitor antidepressants, assault, initial encounter
T43.1X4A	Poisoning by monoamine-oxidase-inhibitor antidepressants, undetermined, initial encounter
T43.201A	Poisoning by unspecified antidepressants, accidental (unintentional), initial encounter
T43.202A	Poisoning by unspecified antidepressants, intentional self-harm, initial encounter
T43.203A	Poisoning by unspecified antidepressants, assault, initial encounter
T43.204A	Poisoning by unspecified antidepressants, undetermined, initial encounter
T43.211A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, accidental (unintentional), initial encounter
T43.212A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, intentional self-harm, initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T43.213A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, assault, initial encounter
T43.214A	Poisoning by selective serotonin and norepinephrine reuptake inhibitors, undetermined, initial encounter
T43.221A	Poisoning by selective serotonin reuptake inhibitors, accidental (unintentional), initial encounter
T43.222A	Poisoning by selective serotonin reuptake inhibitors, intentional self-harm, initial encounter
T43.223A	Poisoning by selective serotonin reuptake inhibitors, assault, initial encounter
T43.224A	Poisoning by selective serotonin reuptake inhibitors, undetermined, initial encounter
T43.291A	Poisoning by other antidepressants, accidental (unintentional), initial encounter
T43.292A	Poisoning by other antidepressants, intentional self-harm, initial encounter
T43.293A	Poisoning by other antidepressants, assault, initial encounter
T43.294A	Poisoning by other antidepressants, undetermined, initial encounter
T43.3X1A	Poisoning by phenothiazine antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.3X2A	Poisoning by phenothiazine antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.3X3A	Poisoning by phenothiazine antipsychotics and neuroleptics, assault, initial encounter
T43.3X4A	Poisoning by phenothiazine antipsychotics and neuroleptics, undetermined, initial encounter
T43.4X1A	Poisoning by butyrophenone and thiothixene neuroleptics, accidental (unintentional), initial encounter
T43.4X2A	Poisoning by butyrophenone and thiothixene neuroleptics, intentional self-harm, initial encounter
T43.4X3A	Poisoning by butyrophenone and thiothixene neuroleptics, assault, initial encounter
T43.4X4A	Poisoning by butyrophenone and thiothixene neuroleptics, undetermined, initial encounter
T43.501A	Poisoning by unspecified antipsychotics and neuroleptics, accidental (unintentional), initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T43.502A	Poisoning by unspecified antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.503A	Poisoning by unspecified antipsychotics and neuroleptics, assault, initial encounter
T43.504A	Poisoning by unspecified antipsychotics and neuroleptics, undetermined, initial encounter
T43.591A	Poisoning by other antipsychotics and neuroleptics, accidental (unintentional), initial encounter
T43.592A	Poisoning by other antipsychotics and neuroleptics, intentional self-harm, initial encounter
T43.593A	Poisoning by other antipsychotics and neuroleptics, assault, initial encounter
T43.594A	Poisoning by other antipsychotics and neuroleptics, undetermined, initial encounter
T43.601A	Poisoning by unspecified psychostimulants, accidental (unintentional), initial encounter
T43.602A	Poisoning by unspecified psychostimulants, intentional self-harm, initial encounter
T43.603A	Poisoning by unspecified psychostimulants, assault, initial encounter
T43.604A	Poisoning by unspecified psychostimulants, undetermined, initial encounter
T43.611A	Poisoning by caffeine, accidental (unintentional), initial encounter
T43.612A	Poisoning by caffeine, intentional self-harm, initial encounter
T43.613A	Poisoning by caffeine, assault, initial encounter
T43.614A	Poisoning by caffeine, undetermined, initial encounter
T43.621A	Poisoning by amphetamines, accidental (unintentional), initial encounter
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter
T43.623A	Poisoning by amphetamines, assault, initial encounter
T43.624A	Poisoning by amphetamines, undetermined, initial encounter
T43.631A	Poisoning by methylphenidate, accidental (unintentional), initial encounter
T43.632A	Poisoning by methylphenidate, intentional self-harm, initial encounter
T43.633A	Poisoning by methylphenidate, assault, initial encounter
T43.634A	Poisoning by methylphenidate, undetermined, initial encounter
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter
T43.644S	Poisoning by ecstasy, undetermined, sequela
T43.691A	Poisoning by other psychostimulants, accidental (unintentional), initial encounter
T43.692A	Poisoning by other psychostimulants, intentional self-harm, initial encounter
T43.693A	Poisoning by other psychostimulants, assault, initial encounter
T43.694A	Poisoning by other psychostimulants, undetermined, initial encounter
T43.8X1A	Poisoning by other psychotropic drugs, accidental (unintentional), initial encounter
T43.8X2A	Poisoning by other psychotropic drugs, intentional self-harm, initial encounter
T43.8X3A	Poisoning by other psychotropic drugs, assault, initial encounter
T43.8X4A	Poisoning by other psychotropic drugs, undetermined, initial encounter
T43.91XA	Poisoning by unspecified psychotropic drug, accidental (unintentional), initial encounter
T43.92XA	Poisoning by unspecified psychotropic drug, intentional self-harm, initial encounter
T43.93XA	Poisoning by unspecified psychotropic drug, assault, initial encounter
T43.94XA	Poisoning by unspecified psychotropic drug, undetermined, initial encounter
T44.0X1A	Poisoning by anticholinesterase agents, accidental (unintentional), initial encounter
T44.0X2A	Poisoning by anticholinesterase agents, intentional self-harm, initial encounter
T44.0X3A	Poisoning by anticholinesterase agents, assault, initial encounter
T44.0X4A	Poisoning by anticholinesterase agents, undetermined, initial encounter
T44.1X1A	Poisoning by other parasympathomimetics [cholinergics], accidental (unintentional), initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T44.1X2A	Poisoning by other parasympathomimetics [cholinergics], intentional self-harm, initial encounter
T44.1X3A	Poisoning by other parasympathomimetics [cholinergics], assault, initial encounter
T44.1X4A	Poisoning by other parasympathomimetics [cholinergics], undetermined, initial encounter
T44.2X1A	Poisoning by ganglionic blocking drugs, accidental (unintentional), initial encounter
T44.2X2A	Poisoning by ganglionic blocking drugs, intentional self-harm, initial encounter
T44.2X3A	Poisoning by ganglionic blocking drugs, assault, initial encounter
T44.2X4A	Poisoning by ganglionic blocking drugs, undetermined, initial encounter
T44.3X1A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, accidental (unintentional), initial encounter
T44.3X2A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, intentional self-harm, initial encounter
T44.3X3A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, assault, initial encounter
T44.3X4A	Poisoning by other parasympatholytics [anticholinergics and antimuscarinics] and spasmolytics, undetermined, initial encounter
T44.4X1A	Poisoning by predominantly alpha-adrenoreceptor agonists, accidental (unintentional), initial encounter
T44.4X2A	Poisoning by predominantly alpha-adrenoreceptor agonists, intentional self-harm, initial encounter
T44.4X3A	Poisoning by predominantly alpha-adrenoreceptor agonists, assault, initial encounter
T44.4X4A	Poisoning by predominantly alpha-adrenoreceptor agonists, undetermined, initial encounter
T44.5X1A	Poisoning by predominantly beta-adrenoreceptor agonists, accidental (unintentional), initial encounter
T44.5X2A	Poisoning by predominantly beta-adrenoreceptor agonists, intentional self-harm, initial encounter
T44.5X3A	Poisoning by predominantly beta-adrenoreceptor agonists, assault, initial encounter
T44.5X4A	Poisoning by predominantly beta-adrenoreceptor agonists, undetermined, initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T44.6X1A	Poisoning by alpha-adrenoreceptor antagonists, accidental (unintentional), initial encounter
T44.6X2A	Poisoning by alpha-adrenoreceptor antagonists, intentional self-harm, initial encounter
T44.6X3A	Poisoning by alpha-adrenoreceptor antagonists, assault, initial encounter
T44.6X4A	Poisoning by alpha-adrenoreceptor antagonists, undetermined, initial encounter
T44.7X1A	Poisoning by beta-adrenoreceptor antagonists, accidental (unintentional), initial encounter
T44.7X2A	Poisoning by beta-adrenoreceptor antagonists, intentional self-harm, initial encounter
T44.7X3A	Poisoning by beta-adrenoreceptor antagonists, assault, initial encounter
T44.7X4A	Poisoning by beta-adrenoreceptor antagonists, undetermined, initial encounter
T44.8X1A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, accidental (unintentional), initial encounter
T44.8X2A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, intentional self-harm, initial encounter
T44.8X3A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, assault, initial encounter
T44.8X4A	Poisoning by centrally-acting and adrenergic-neuron-blocking agents, undetermined, initial encounter
T44.901A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, accidental (unintentional), initial encounter
T44.902A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, intentional self-harm, initial encounter
T44.903A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, assault, initial encounter
T44.904A	Poisoning by unspecified drugs primarily affecting the autonomic nervous system, undetermined, initial encounter
T44.991A	Poisoning by other drug primarily affecting the autonomic nervous system, accidental (unintentional), initial encounter
T44.992A	Poisoning by other drug primarily affecting the autonomic nervous system, intentional self-harm, initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T44.993A	Poisoning by other drug primarily affecting the autonomic nervous system, assault, initial encounter
T44.994A	Poisoning by other drug primarily affecting the autonomic nervous system, undetermined, initial encounter
T45.0X1A	Poisoning by antiallergic and antiemetic drugs, accidental (unintentional), initial encounter
T45.0X2A	Poisoning by antiallergic and antiemetic drugs, intentional self-harm, initial encounter
T45.0X3A	Poisoning by antiallergic and antiemetic drugs, assault, initial encounter
T45.0X4A	Poisoning by antiallergic and antiemetic drugs, undetermined, initial encounter
T45.1X1A	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), initial encounter
T45.1X2A	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, initial encounter
T45.1X3A	Poisoning by antineoplastic and immunosuppressive drugs, assault, initial encounter
T45.1X4A	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial encounter
T45.2X1A	Poisoning by vitamins, accidental (unintentional), initial encounter
T45.2X2A	Poisoning by vitamins, intentional self-harm, initial encounter
T45.2X3A	Poisoning by vitamins, assault, initial encounter
T45.2X4A	Poisoning by vitamins, undetermined, initial encounter
T45.3X1A	Poisoning by enzymes, accidental (unintentional), initial encounter
T45.3X2A	Poisoning by enzymes, intentional self-harm, initial encounter
T45.3X3A	Poisoning by enzymes, assault, initial encounter
T45.3X4A	Poisoning by enzymes, undetermined, initial encounter
T45.4X1A	Poisoning by iron and its compounds, accidental (unintentional), initial encounter
T45.4X2A	Poisoning by iron and its compounds, intentional self-harm, initial encounter
T45.4X3A	Poisoning by iron and its compounds, assault, initial encounter
T45.4X4A	Poisoning by iron and its compounds, undetermined, initial encounter
T45.511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter

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Fu Associates, Ltd.

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T45.512A	Poisoning by anticoagulants, intentional self-harm, initial encounter
T45.513A	Poisoning by anticoagulants, assault, initial encounter
T45.514A	Poisoning by anticoagulants, undetermined, initial encounter
T45.521A	Poisoning by antithrombotic drugs, accidental (unintentional), initial encounter
T45.522A	Poisoning by antithrombotic drugs, intentional self-harm, initial encounter
T45.523A	Poisoning by antithrombotic drugs, assault, initial encounter
T45.524A	Poisoning by antithrombotic drugs, undetermined, initial encounter
T45.601A	Poisoning by unspecified fibrinolysis-affecting drugs, accidental (unintentional), initial encounter
T45.602A	Poisoning by unspecified fibrinolysis-affecting drugs, intentional self-harm, initial encounter
T45.603A	Poisoning by unspecified fibrinolysis-affecting drugs, assault, initial encounter
T45.604A	Poisoning by unspecified fibrinolysis-affecting drugs, undetermined, initial encounter
T45.611A	Poisoning by thrombolytic drug, accidental (unintentional), initial encounter
T45.612A	Poisoning by thrombolytic drug, intentional self-harm, initial encounter
T45.613A	Poisoning by thrombolytic drug, assault, initial encounter
T45.614A	Poisoning by thrombolytic drug, undetermined, initial encounter
T45.621A	Poisoning by hemostatic drug, accidental (unintentional), initial encounter
T45.622A	Poisoning by hemostatic drug, intentional self-harm, initial encounter
T45.623A	Poisoning by hemostatic drug, assault, initial encounter
T45.624A	Poisoning by hemostatic drug, undetermined, initial encounter
T45.691A	Poisoning by other fibrinolysis-affecting drugs, accidental (unintentional), initial encounter
T45.692A	Poisoning by other fibrinolysis-affecting drugs, intentional self-harm, initial encounter
T45.693A	Poisoning by other fibrinolysis-affecting drugs, assault, initial encounter
T45.694A	Poisoning by other fibrinolysis-affecting drugs, undetermined, initial encounter
T45.7X1A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, accidental (unintentional), initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T45.7X2A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, intentional self-harm, initial encounter
T45.7X3A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, assault, initial encounter
T45.7X4A	Poisoning by anticoagulant antagonists, vitamin K and other coagulants, undetermined, initial encounter
T45.8X1A	Poisoning by other primarily systemic and hematological agents, accidental (unintentional), initial encounter
T45.8X2A	Poisoning by other primarily systemic and hematological agents, intentional self-harm, initial encounter
T45.8X3A	Poisoning by other primarily systemic and hematological agents, assault, initial encounter
T45.8X4A	Poisoning by other primarily systemic and hematological agents, undetermined, initial encounter
T45.91XA	Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional), initial encounter
T45.92XA	Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, initial encounter
T45.93XA	Poisoning by unspecified primarily systemic and hematological agent, assault, initial encounter
T45.94XA	Poisoning by unspecified primarily systemic and hematological agent, undetermined, initial encounter
T46.0X1A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, accidental (unintentional), initial encounter
T46.0X2A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, intentional self-harm, initial encounter
T46.0X3A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, assault, initial encounter
T46.0X4A	Poisoning by cardiac-stimulant glycosides and drugs of similar action, undetermined, initial encounter
T46.1X1A	Poisoning by calcium-channel blockers, accidental (unintentional), initial encounter
T46.1X2A	Poisoning by calcium-channel blockers, intentional self-harm, initial encounter
T46.1X3A	Poisoning by calcium-channel blockers, assault, initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T46.1X4A	Poisoning by calcium-channel blockers, undetermined, initial encounter
T46.2X1A	Poisoning by other antidysrhythmic drugs, accidental (unintentional), initial encounter
T46.2X2A	Poisoning by other antidysrhythmic drugs, intentional self-harm, initial encounter
T46.2X3A	Poisoning by other antidysrhythmic drugs, assault, initial encounter
T46.2X4A	Poisoning by other antidysrhythmic drugs, undetermined, initial encounter
T46.3X1A	Poisoning by coronary vasodilators, accidental (unintentional), initial encounter
T46.3X2A	Poisoning by coronary vasodilators, intentional self-harm, initial encounter
T46.3X3A	Poisoning by coronary vasodilators, assault, initial encounter
T46.3X4A	Poisoning by coronary vasodilators, undetermined, initial encounter
T46.4X1A	Poisoning by angiotensin-converting-enzyme inhibitors, accidental (unintentional), initial encounter
T46.4X2A	Poisoning by angiotensin-converting-enzyme inhibitors, intentional self-harm, initial encounter
T46.4X3A	Poisoning by angiotensin-converting-enzyme inhibitors, assault, initial encounter
T46.4X4A	Poisoning by angiotensin-converting-enzyme inhibitors, undetermined, initial encounter
T46.5X1A	Poisoning by other antihypertensive drugs, accidental (unintentional), initial encounter
T46.5X2A	Poisoning by other antihypertensive drugs, intentional self-harm, initial encounter
T46.5X3A	Poisoning by other antihypertensive drugs, assault, initial encounter
T46.5X4A	Poisoning by other antihypertensive drugs, undetermined, initial encounter
T46.6X1A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, accidental (unintentional), initial encounter
T46.6X2A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, intentional self-harm, initial encounter
T46.6X3A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, assault, initial encounter
T46.6X4A	Poisoning by antihyperlipidemic and antiarteriosclerotic drugs, undetermined, initial encounter
T46.7X1A	Poisoning by peripheral vasodilators, accidental (unintentional), initial encounter



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Code	Description
T46.7X2A	Poisoning by peripheral vasodilators, intentional self-harm, initial encounter
T46.7X3A	Poisoning by peripheral vasodilators, assault, initial encounter
T46.7X4A	Poisoning by peripheral vasodilators, undetermined, initial encounter
T46.8X1A	Poisoning by antivaricose drugs, including sclerosing agents, accidental (unintentional), initial encounter
T46.8X2A	Poisoning by antivaricose drugs, including sclerosing agents, intentional self-harm, initial encounter
T46.8X3A	Poisoning by antivaricose drugs, including sclerosing agents, assault, initial encounter
T46.8X4A	Poisoning by antivaricose drugs, including sclerosing agents, undetermined, initial encounter
T46.901A	Poisoning by unspecified agents primarily affecting the cardiovascular system, accidental (unintentional), initial encounter
T46.902A	Poisoning by unspecified agents primarily affecting the cardiovascular system, intentional self-harm, initial encounter
T46.903A	Poisoning by unspecified agents primarily affecting the cardiovascular system, assault, initial encounter
T46.904A	Poisoning by unspecified agents primarily affecting the cardiovascular system, undetermined, initial encounter
T46.991A	Poisoning by other agents primarily affecting the cardiovascular system, accidental (unintentional), initial encounter
T46.992A	Poisoning by other agents primarily affecting the cardiovascular system, intentional self-harm, initial encounter
T46.993A	Poisoning by other agents primarily affecting the cardiovascular system, assault, initial encounter
T46.994A	Poisoning by other agents primarily affecting the cardiovascular system, undetermined, initial encounter
T47.0X1A	Poisoning by histamine H2-receptor blockers, accidental (unintentional), initial encounter
T47.0X2A	Poisoning by histamine H2-receptor blockers, intentional self-harm, initial encounter
T47.0X3A	Poisoning by histamine H2-receptor blockers, assault, initial encounter
T47.0X4A	Poisoning by histamine H2-receptor blockers, undetermined, initial encounter



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Code	Description
T47.1X1A	Poisoning by other antacids and anti-gastric-secretion drugs, accidental (unintentional), initial encounter
T47.1X2A	Poisoning by other antacids and anti-gastric-secretion drugs, intentional self-harm, initial encounter
T47.1X3A	Poisoning by other antacids and anti-gastric-secretion drugs, assault, initial encounter
T47.1X4A	Poisoning by other antacids and anti-gastric-secretion drugs, undetermined, initial encounter
T47.2X1A	Poisoning by stimulant laxatives, accidental (unintentional), initial encounter
T47.2X2A	Poisoning by stimulant laxatives, intentional self-harm, initial encounter
T47.2X3A	Poisoning by stimulant laxatives, assault, initial encounter
T47.2X4A	Poisoning by stimulant laxatives, undetermined, initial encounter
T47.3X1A	Poisoning by saline and osmotic laxatives, accidental (unintentional), initial encounter
T47.3X2A	Poisoning by saline and osmotic laxatives, intentional self-harm, initial encounter
T47.3X3A	Poisoning by saline and osmotic laxatives, assault, initial encounter
T47.3X4A	Poisoning by saline and osmotic laxatives, undetermined, initial encounter
T47.4X1A	Poisoning by other laxatives, accidental (unintentional), initial encounter
T47.4X2A	Poisoning by other laxatives, intentional self-harm, initial encounter
T47.4X3A	Poisoning by other laxatives, assault, initial encounter
T47.4X4A	Poisoning by other laxatives, undetermined, initial encounter
T47.5X1A	Poisoning by digestants, accidental (unintentional), initial encounter
T47.5X2A	Poisoning by digestants, intentional self-harm, initial encounter
T47.5X3A	Poisoning by digestants, assault, initial encounter
T47.5X4A	Poisoning by digestants, undetermined, initial encounter
T47.6X1A	Poisoning by antidiarrheal drugs, accidental (unintentional), initial encounter
T47.6X2A	Poisoning by antidiarrheal drugs, intentional self-harm, initial encounter
T47.6X3A	Poisoning by antidiarrheal drugs, assault, initial encounter
T47.6X4A	Poisoning by antidiarrheal drugs, undetermined, initial encounter
T47.7X1A	Poisoning by emetics, accidental (unintentional), initial encounter



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Code	Description
T47.7X2A	Poisoning by emetics, intentional self-harm, initial encounter
T47.7X3A	Poisoning by emetics, assault, initial encounter
T47.7X4A	Poisoning by emetics, undetermined, initial encounter
T47.8X1A	Poisoning by other agents primarily affecting gastrointestinal system, accidental (unintentional), initial encounter
T47.8X2A	Poisoning by other agents primarily affecting gastrointestinal system, intentional self-harm, initial encounter
T47.8X3A	Poisoning by other agents primarily affecting gastrointestinal system, assault, initial encounter
T47.8X4A	Poisoning by other agents primarily affecting gastrointestinal system, undetermined, initial encounter
T47.91XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, accidental (unintentional), initial encounter
T47.92XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, intentional self-harm, initial encounter
T47.93XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, assault, initial encounter
T47.94XA	Poisoning by unspecified agents primarily affecting the gastrointestinal system, undetermined, initial encounter
T48.0X1A	Poisoning by oxytocic drugs, accidental (unintentional), initial encounter
T48.0X2A	Poisoning by oxytocic drugs, intentional self-harm, initial encounter
T48.0X3A	Poisoning by oxytocic drugs, assault, initial encounter
T48.0X4A	Poisoning by oxytocic drugs, undetermined, initial encounter
T48.1X1A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], accidental (unintentional), initial encounter
T48.1X2A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], intentional self-harm, initial encounter
T48.1X3A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], assault, initial encounter
T48.1X4A	Poisoning by skeletal muscle relaxants [neuromuscular blocking agents], undetermined, initial encounter



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Code	Description
T48.201A	Poisoning by unspecified drugs acting on muscles, accidental (unintentional), initial encounter
T48.202A	Poisoning by unspecified drugs acting on muscles, intentional self-harm, initial encounter
T48.203A	Poisoning by unspecified drugs acting on muscles, assault, initial encounter
T48.204A	Poisoning by unspecified drugs acting on muscles, undetermined, initial encounter
T48.291A	Poisoning by other drugs acting on muscles, accidental (unintentional), initial encounter
T48.292A	Poisoning by other drugs acting on muscles, intentional self-harm, initial encounter
T48.293A	Poisoning by other drugs acting on muscles, assault, initial encounter
T48.294A	Poisoning by other drugs acting on muscles, undetermined, initial encounter
T48.3X1A	Poisoning by antitussives, accidental (unintentional), initial encounter
T48.3X2A	Poisoning by antitussives, intentional self-harm, initial encounter
T48.3X3A	Poisoning by antitussives, assault, initial encounter
T48.3X4A	Poisoning by antitussives, undetermined, initial encounter
T48.4X1A	Poisoning by expectorants, accidental (unintentional), initial encounter
T48.4X2A	Poisoning by expectorants, intentional self-harm, initial encounter
T48.4X3A	Poisoning by expectorants, assault, initial encounter
T48.4X4A	Poisoning by expectorants, undetermined, initial encounter
T48.5X1A	Poisoning by other anti-common-cold drugs, accidental (unintentional), initial encounter
T48.5X2A	Poisoning by other anti-common-cold drugs, intentional self-harm, initial encounter
T48.5X3A	Poisoning by other anti-common-cold drugs, assault, initial encounter
T48.5X4A	Poisoning by other anti-common-cold drugs, undetermined, initial encounter
T48.6X1A	Poisoning by antiasthmatics, accidental (unintentional), initial encounter
T48.6X2A	Poisoning by antiasthmatics, intentional self-harm, initial encounter
T48.6X3A	Poisoning by antiasthmatics, assault, initial encounter
T48.6X4A	Poisoning by antiasthmatics, undetermined, initial encounter
T48.901A	Poisoning by unspecified agents primarily acting on the respiratory system, accidental (unintentional), initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T48.902A	Poisoning by unspecified agents primarily acting on the respiratory system, intentional self-harm, initial encounter
T48.903A	Poisoning by unspecified agents primarily acting on the respiratory system, assault, initial encounter
T48.904A	Poisoning by unspecified agents primarily acting on the respiratory system, undetermined, initial encounter
T48.991A	Poisoning by other agents primarily acting on the respiratory system, accidental (unintentional), initial encounter
T48.992A	Poisoning by other agents primarily acting on the respiratory system, intentional self-harm, initial encounter
T48.993A	Poisoning by other agents primarily acting on the respiratory system, assault, initial encounter
T48.994A	Poisoning by other agents primarily acting on the respiratory system, undetermined, initial encounter
T49.0X1A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, accidental (unintentional), initial encounter
T49.0X2A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, intentional self-harm, initial encounter
T49.0X3A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, assault, initial encounter
T49.0X4A	Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, undetermined, initial encounter
T49.1X1A	Poisoning by antipruritics, accidental (unintentional), initial encounter
T49.1X2A	Poisoning by antipruritics, intentional self-harm, initial encounter
T49.1X3A	Poisoning by antipruritics, assault, initial encounter
T49.1X4A	Poisoning by antipruritics, undetermined, initial encounter
T49.2X1A	Poisoning by local astringents and local detergents, accidental (unintentional), initial encounter
T49.2X2A	Poisoning by local astringents and local detergents, intentional self-harm, initial encounter
T49.2X3A	Poisoning by local astringents and local detergents, assault, initial encounter
T49.2X4A	Poisoning by local astringents and local detergents, undetermined, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
T49.3X1A	Poisoning by emollients, demulcents and protectants, accidental (unintentional), initial encounter
T49.3X2A	Poisoning by emollients, demulcents and protectants, intentional self-harm, initial encounter
T49.3X3A	Poisoning by emollients, demulcents and protectants, assault, initial encounter
T49.3X4A	Poisoning by emollients, demulcents and protectants, undetermined, initial encounter
T49.4X1A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, accidental (unintentional), initial encounter
T49.4X2A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, intentional self-harm, initial encounter
T49.4X3A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, assault, initial encounter
T49.4X4A	Poisoning by keratolytics, keratoplastics, and other hair treatment drugs and preparations, undetermined, initial encounter
T49.5X1A	Poisoning by ophthalmological drugs and preparations, accidental (unintentional), initial encounter
T49.5X2A	Poisoning by ophthalmological drugs and preparations, intentional self-harm, initial encounter
T49.5X3A	Poisoning by ophthalmological drugs and preparations, assault, initial encounter
T49.5X4A	Poisoning by ophthalmological drugs and preparations, undetermined, initial encounter
T49.6X1A	Poisoning by otorhinolaryngological drugs and preparations, accidental (unintentional), initial encounter
T49.6X2A	Poisoning by otorhinolaryngological drugs and preparations, intentional self-harm, initial encounter
T49.6X3A	Poisoning by otorhinolaryngological drugs and preparations, assault, initial encounter
T49.6X4A	Poisoning by otorhinolaryngological drugs and preparations, undetermined, initial encounter
T49.7X1A	Poisoning by dental drugs, topically applied, accidental (unintentional), initial encounter
T49.7X2A	Poisoning by dental drugs, topically applied, intentional self-harm, initial encounter



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Code	Description
T49.7X3A	Poisoning by dental drugs, topically applied, assault, initial encounter
T49.7X4A	Poisoning by dental drugs, topically applied, undetermined, initial encounter
T49.8X1A	Poisoning by other topical agents, accidental (unintentional), initial encounter
T49.8X2A	Poisoning by other topical agents, intentional self-harm, initial encounter
T49.8X3A	Poisoning by other topical agents, assault, initial encounter
T49.8X4A	Poisoning by other topical agents, undetermined, initial encounter
T49.91XA	Poisoning by unspecified topical agent, accidental (unintentional), initial encounter
T49.92XA	Poisoning by unspecified topical agent, intentional self-harm, initial encounter
T49.93XA	Poisoning by unspecified topical agent, assault, initial encounter
T49.94XA	Poisoning by unspecified topical agent, undetermined, initial encounter
T50.0X1A	Poisoning by mineralocorticoids and their antagonists, accidental (unintentional), initial encounter
T50.0X2A	Poisoning by mineralocorticoids and their antagonists, intentional self-harm, initial encounter
T50.0X3A	Poisoning by mineralocorticoids and their antagonists, assault, initial encounter
T50.0X4A	Poisoning by mineralocorticoids and their antagonists, undetermined, initial encounter
T50.1X1A	Poisoning by loop [high-ceiling] diuretics, accidental (unintentional), initial encounter
T50.1X2A	Poisoning by loop [high-ceiling] diuretics, intentional self-harm, initial encounter
T50.1X3A	Poisoning by loop [high-ceiling] diuretics, assault, initial encounter
T50.1X4A	Poisoning by loop [high-ceiling] diuretics, undetermined, initial encounter
T50.2X1A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, accidental (unintentional), initial encounter
T50.2X2A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, intentional self-harm, initial encounter
T50.2X3A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, assault, initial encounter
T50.2X4A	Poisoning by carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics, undetermined, initial encounter
T50.3X1A	Poisoning by electrolytic, caloric and water-balance agents, accidental (unintentional), initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T50.3X2A	Poisoning by electrolytic, caloric and water-balance agents, intentional self-harm, initial encounter
T50.3X3A	Poisoning by electrolytic, caloric and water-balance agents, assault, initial encounter
T50.3X4A	Poisoning by electrolytic, caloric and water-balance agents, undetermined, initial encounter
T50.4X1A	Poisoning by drugs affecting uric acid metabolism, accidental (unintentional), initial encounter
T50.4X2A	Poisoning by drugs affecting uric acid metabolism, intentional self-harm, initial encounter
T50.4X3A	Poisoning by drugs affecting uric acid metabolism, assault, initial encounter
T50.4X4A	Poisoning by drugs affecting uric acid metabolism, undetermined, initial encounter
T50.5X1A	Poisoning by appetite depressants, accidental (unintentional), initial encounter
T50.5X2A	Poisoning by appetite depressants, intentional self-harm, initial encounter
T50.5X3A	Poisoning by appetite depressants, assault, initial encounter
T50.5X4A	Poisoning by appetite depressants, undetermined, initial encounter
T50.6X1A	Poisoning by antidotes and chelating agents, accidental (unintentional), initial encounter
T50.6X2A	Poisoning by antidotes and chelating agents, intentional self-harm, initial encounter
T50.6X3A	Poisoning by antidotes and chelating agents, assault, initial encounter
T50.6X4A	Poisoning by antidotes and chelating agents, undetermined, initial encounter
T50.7X1A	Poisoning by analeptics and opioid receptor antagonists, accidental (unintentional), initial encounter
T50.7X2A	Poisoning by analeptics and opioid receptor antagonists, intentional self-harm, initial encounter
T50.7X3A	Poisoning by analeptics and opioid receptor antagonists, assault, initial encounter
T50.7X4A	Poisoning by analeptics and opioid receptor antagonists, undetermined, initial encounter
T50.8X1A	Poisoning by diagnostic agents, accidental (unintentional), initial encounter
T50.8X2A	Poisoning by diagnostic agents, intentional self-harm, initial encounter
T50.8X3A	Poisoning by diagnostic agents, assault, initial encounter



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Code	Description
T50.8X4A	Poisoning by diagnostic agents, undetermined, initial encounter
T50.901A	Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.902A	Poisoning by unspecified drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.903A	Poisoning by unspecified drugs, medicaments and biological substances, assault, initial encounter
T50.904A	Poisoning by unspecified drugs, medicaments and biological substances, undetermined, initial encounter
T50.991A	Poisoning by other drugs, medicaments and biological substances, accidental (unintentional), initial encounter
T50.992A	Poisoning by other drugs, medicaments and biological substances, intentional self-harm, initial encounter
T50.993A	Poisoning by other drugs, medicaments and biological substances, assault, initial encounter
T50.994A	Poisoning by other drugs, medicaments and biological substances, undetermined, initial encounter
T50.A11A	Poisoning by pertussis vaccine, including combinations with a pertussis component, accidental (unintentional), initial encounter
T50.A12A	Poisoning by pertussis vaccine, including combinations with a pertussis component, intentional self-harm, initial encounter
T50.A13A	Poisoning by pertussis vaccine, including combinations with a pertussis component, assault, initial encounter
T50.A14A	Poisoning by pertussis vaccine, including combinations with a pertussis component, undetermined, initial encounter
T50.A21A	Poisoning by mixed bacterial vaccines without a pertussis component, accidental (unintentional), initial encounter
T50.A22A	Poisoning by mixed bacterial vaccines without a pertussis component, intentional self-harm, initial encounter
T50.A23A	Poisoning by mixed bacterial vaccines without a pertussis component, assault, initial encounter
T50.A24A	Poisoning by mixed bacterial vaccines without a pertussis component, undetermined, initial encounter

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Code	Description
T50.A91A	Poisoning by other bacterial vaccines, accidental (unintentional), initial encounter
T50.A92A	Poisoning by other bacterial vaccines, intentional self-harm, initial encounter
T50.A93A	Poisoning by other bacterial vaccines, assault, initial encounter
T50.A94A	Poisoning by other bacterial vaccines, undetermined, initial encounter
T50.B11A	Poisoning by smallpox vaccines, accidental (unintentional), initial encounter
T50.B12A	Poisoning by smallpox vaccines, intentional self-harm, initial encounter
T50.B13A	Poisoning by smallpox vaccines, assault, initial encounter
T50.B14A	Poisoning by smallpox vaccines, undetermined, initial encounter
T50.B91A	Poisoning by other viral vaccines, accidental (unintentional), initial encounter
T50.B92A	Poisoning by other viral vaccines, intentional self-harm, initial encounter
T50.B93A	Poisoning by other viral vaccines, assault, initial encounter
T50.B94A	Poisoning by other viral vaccines, undetermined, initial encounter
T50.Z11A	Poisoning by immunoglobulin, accidental (unintentional), initial encounter
T50.Z12A	Poisoning by immunoglobulin, intentional self-harm, initial encounter
T50.Z13A	Poisoning by immunoglobulin, assault, initial encounter
T50.Z14A	Poisoning by immunoglobulin, undetermined, initial encounter
T50.Z91A	Poisoning by other vaccines and biological substances, accidental (unintentional), initial encounter
T50.Z92A	Poisoning by other vaccines and biological substances, intentional self-harm, initial encounter
T50.Z93A	Poisoning by other vaccines and biological substances, assault, initial encounter
T50.Z94A	Poisoning by other vaccines and biological substances, undetermined, initial encounter
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter
T51.0X3A	Toxic effect of ethanol, assault, initial encounter
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter
T51.1X1A	Toxic effect of methanol, accidental (unintentional), initial encounter
T51.1X2A	Toxic effect of methanol, intentional self-harm, initial encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T51.1X3A	Toxic effect of methanol, assault, initial encounter
T51.1X4A	Toxic effect of methanol, undetermined, initial encounter
T51.2X1A	Toxic effect of 2-Propanol, accidental (unintentional), initial encounter
T51.2X2A	Toxic effect of 2-Propanol, intentional self-harm, initial encounter
T51.2X3A	Toxic effect of 2-Propanol, assault, initial encounter
T51.2X4A	Toxic effect of 2-Propanol, undetermined, initial encounter
T51.3X1A	Toxic effect of fusel oil, accidental (unintentional), initial encounter
T51.3X2A	Toxic effect of fusel oil, intentional self-harm, initial encounter
T51.3X3A	Toxic effect of fusel oil, assault, initial encounter
T51.3X4A	Toxic effect of fusel oil, undetermined, initial encounter
T51.8X1A	Toxic effect of other alcohols, accidental (unintentional), initial encounter
T51.8X2A	Toxic effect of other alcohols, intentional self-harm, initial encounter
T51.8X3A	Toxic effect of other alcohols, assault, initial encounter
T51.8X4A	Toxic effect of other alcohols, undetermined, initial encounter
T51.91XA	Toxic effect of unspecified alcohol, accidental (unintentional), initial encounter
T51.92XA	Toxic effect of unspecified alcohol, intentional self-harm, initial encounter
T51.93XA	Toxic effect of unspecified alcohol, assault, initial encounter
T51.94XA	Toxic effect of unspecified alcohol, undetermined, initial encounter
T52.0X1A	Toxic effect of petroleum products, accidental (unintentional), initial encounter
T52.0X2A	Toxic effect of petroleum products, intentional self-harm, initial encounter
T52.0X3A	Toxic effect of petroleum products, assault, initial encounter
T52.0X4A	Toxic effect of petroleum products, undetermined, initial encounter
T52.1X1A	Toxic effect of benzene, accidental (unintentional), initial encounter
T52.1X2A	Toxic effect of benzene, intentional self-harm, initial encounter
T52.1X3A	Toxic effect of benzene, assault, initial encounter
T52.1X4A	Toxic effect of benzene, undetermined, initial encounter
T52.2X1A	Toxic effect of homologues of benzene, accidental (unintentional), initial encounter
T52.2X2A	Toxic effect of homologues of benzene, intentional self-harm, initial encounter



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Code	Description
T52.2X3A	Toxic effect of homologues of benzene, assault, initial encounter
T52.2X4A	Toxic effect of homologues of benzene, undetermined, initial encounter
T52.3X1A	Toxic effect of glycols, accidental (unintentional), initial encounter
T52.3X2A	Toxic effect of glycols, intentional self-harm, initial encounter
T52.3X3A	Toxic effect of glycols, assault, initial encounter
T52.3X4A	Toxic effect of glycols, undetermined, initial encounter
T52.4X1A	Toxic effect of ketones, accidental (unintentional), initial encounter
T52.4X2A	Toxic effect of ketones, intentional self-harm, initial encounter
T52.4X3A	Toxic effect of ketones, assault, initial encounter
T52.4X4A	Toxic effect of ketones, undetermined, initial encounter
T52.8X1A	Toxic effect of other organic solvents, accidental (unintentional), initial encounter
T52.8X2A	Toxic effect of other organic solvents, intentional self-harm, initial encounter
T52.8X3A	Toxic effect of other organic solvents, assault, initial encounter
T52.8X4A	Toxic effect of other organic solvents, undetermined, initial encounter
T52.91XA	Toxic effect of unspecified organic solvent, accidental (unintentional), initial encounter
T52.92XA	Toxic effect of unspecified organic solvent, intentional self-harm, initial encounter
T52.93XA	Toxic effect of unspecified organic solvent, assault, initial encounter
T52.94XA	Toxic effect of unspecified organic solvent, undetermined, initial encounter
T53.0X1A	Toxic effect of carbon tetrachloride, accidental (unintentional), initial encounter
T53.0X2A	Toxic effect of carbon tetrachloride, intentional self-harm, initial encounter
T53.0X3A	Toxic effect of carbon tetrachloride, assault, initial encounter
T53.0X4A	Toxic effect of carbon tetrachloride, undetermined, initial encounter
T53.1X1A	Toxic effect of chloroform, accidental (unintentional), initial encounter
T53.1X2A	Toxic effect of chloroform, intentional self-harm, initial encounter
T53.1X3A	Toxic effect of chloroform, assault, initial encounter
T53.1X4A	Toxic effect of chloroform, undetermined, initial encounter
T53.2X1A	Toxic effect of trichloroethylene, accidental (unintentional), initial encounter
T53.2X2A	Toxic effect of trichloroethylene, intentional self-harm, initial encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T53.2X3A	Toxic effect of trichloroethylene, assault, initial encounter
T53.2X4A	Toxic effect of trichloroethylene, undetermined, initial encounter
T53.3X1A	Toxic effect of tetrachloroethylene, accidental (unintentional), initial encounter
T53.3X2A	Toxic effect of tetrachloroethylene, intentional self-harm, initial encounter
T53.3X3A	Toxic effect of tetrachloroethylene, assault, initial encounter
T53.3X4A	Toxic effect of tetrachloroethylene, undetermined, initial encounter
T53.4X1A	Toxic effect of dichloromethane, accidental (unintentional), initial encounter
T53.4X2A	Toxic effect of dichloromethane, intentional self-harm, initial encounter
T53.4X3A	Toxic effect of dichloromethane, assault, initial encounter
T53.4X4A	Toxic effect of dichloromethane, undetermined, initial encounter
T53.5X1A	Toxic effect of chlorofluorocarbons, accidental (unintentional), initial encounter
T53.5X2A	Toxic effect of chlorofluorocarbons, intentional self-harm, initial encounter
T53.5X3A	Toxic effect of chlorofluorocarbons, assault, initial encounter
T53.5X4A	Toxic effect of chlorofluorocarbons, undetermined, initial encounter
T53.6X1A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, accidental (unintentional), initial encounter
T53.6X2A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, intentional self-harm, initial encounter
T53.6X3A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, assault, initial encounter
T53.6X4A	Toxic effect of other halogen derivatives of aliphatic hydrocarbons, undetermined, initial encounter
T53.7X1A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, accidental (unintentional), initial encounter
T53.7X2A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, intentional self-harm, initial encounter
T53.7X3A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, assault, initial encounter
T53.7X4A	Toxic effect of other halogen derivatives of aromatic hydrocarbons, undetermined, initial encounter



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Code	Description
T53.91XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, accidental (unintentional), initial encounter
T53.92XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, intentional self-harm, initial encounter
T53.93XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, assault, initial encounter
T53.94XA	Toxic effect of unspecified halogen derivatives of aliphatic and aromatic hydrocarbons, undetermined, initial encounter
T54.0X1A	Toxic effect of phenol and phenol homologues, accidental (unintentional), initial encounter
T54.0X2A	Toxic effect of phenol and phenol homologues, intentional self-harm, initial encounter
T54.0X3A	Toxic effect of phenol and phenol homologues, assault, initial encounter
T54.0X4A	Toxic effect of phenol and phenol homologues, undetermined, initial encounter
T54.1X1A	Toxic effect of other corrosive organic compounds, accidental (unintentional), initial encounter
T54.1X2A	Toxic effect of other corrosive organic compounds, intentional self-harm, initial encounter
T54.1X3A	Toxic effect of other corrosive organic compounds, assault, initial encounter
T54.1X4A	Toxic effect of other corrosive organic compounds, undetermined, initial encounter
T54.2X1A	Toxic effect of corrosive acids and acid-like substances, accidental (unintentional), initial encounter
T54.2X2A	Toxic effect of corrosive acids and acid-like substances, intentional self-harm, initial encounter
T54.2X3A	Toxic effect of corrosive acids and acid-like substances, assault, initial encounter
T54.2X4A	Toxic effect of corrosive acids and acid-like substances, undetermined, initial encounter
T54.3X1A	Toxic effect of corrosive alkalis and alkali-like substances, accidental (unintentional), initial encounter
T54.3X2A	Toxic effect of corrosive alkalis and alkali-like substances, intentional self-harm, initial encounter
T54.3X3A	Toxic effect of corrosive alkalis and alkali-like substances, assault, initial encounter



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Code	Description
T54.3X4A	Toxic effect of corrosive alkalis and alkali-like substances, undetermined, initial encounter
T54.91XA	Toxic effect of unspecified corrosive substance, accidental (unintentional), initial encounter
T54.92XA	Toxic effect of unspecified corrosive substance, intentional self-harm, initial encounter
T54.93XA	Toxic effect of unspecified corrosive substance, assault, initial encounter
T54.94XA	Toxic effect of unspecified corrosive substance, undetermined, initial encounter
T55.0X1A	Toxic effect of soaps, accidental (unintentional), initial encounter
T55.0X2A	Toxic effect of soaps, intentional self-harm, initial encounter
T55.0X3A	Toxic effect of soaps, assault, initial encounter
T55.0X4A	Toxic effect of soaps, undetermined, initial encounter
T55.1X1A	Toxic effect of detergents, accidental (unintentional), initial encounter
T55.1X2A	Toxic effect of detergents, intentional self-harm, initial encounter
T55.1X3A	Toxic effect of detergents, assault, initial encounter
T55.1X4A	Toxic effect of detergents, undetermined, initial encounter
T56.0X1A	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
T56.0X2A	Toxic effect of lead and its compounds, intentional self-harm, initial encounter
T56.0X3A	Toxic effect of lead and its compounds, assault, initial encounter
T56.0X4A	Toxic effect of lead and its compounds, undetermined, initial encounter
T56.1X1A	Toxic effect of mercury and its compounds, accidental (unintentional), initial encounter
T56.1X2A	Toxic effect of mercury and its compounds, intentional self-harm, initial encounter
T56.1X3A	Toxic effect of mercury and its compounds, assault, initial encounter
T56.1X4A	Toxic effect of mercury and its compounds, undetermined, initial encounter
T56.2X1A	Toxic effect of chromium and its compounds, accidental (unintentional), initial encounter
T56.2X2A	Toxic effect of chromium and its compounds, intentional self-harm, initial encounter
T56.2X3A	Toxic effect of chromium and its compounds, assault, initial encounter
T56.2X4A	Toxic effect of chromium and its compounds, undetermined, initial encounter

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Code	Description
T56.3X1A	Toxic effect of cadmium and its compounds, accidental (unintentional), initial encounter
T56.3X2A	Toxic effect of cadmium and its compounds, intentional self-harm, initial encounter
T56.3X3A	Toxic effect of cadmium and its compounds, assault, initial encounter
T56.3X4A	Toxic effect of cadmium and its compounds, undetermined, initial encounter
T56.4X1A	Toxic effect of copper and its compounds, accidental (unintentional), initial encounter
T56.4X2A	Toxic effect of copper and its compounds, intentional self-harm, initial encounter
T56.4X3A	Toxic effect of copper and its compounds, assault, initial encounter
T56.4X4A	Toxic effect of copper and its compounds, undetermined, initial encounter
T56.5X1A	Toxic effect of zinc and its compounds, accidental (unintentional), initial encounter
T56.5X2A	Toxic effect of zinc and its compounds, intentional self-harm, initial encounter
T56.5X3A	Toxic effect of zinc and its compounds, assault, initial encounter
T56.5X4A	Toxic effect of zinc and its compounds, undetermined, initial encounter
T56.6X1A	Toxic effect of tin and its compounds, accidental (unintentional), initial encounter
T56.6X2A	Toxic effect of tin and its compounds, intentional self-harm, initial encounter
T56.6X3A	Toxic effect of tin and its compounds, assault, initial encounter
T56.6X4A	Toxic effect of tin and its compounds, undetermined, initial encounter
T56.7X1A	Toxic effect of beryllium and its compounds, accidental (unintentional), initial encounter
T56.7X2A	Toxic effect of beryllium and its compounds, intentional self-harm, initial encounter
T56.7X3A	Toxic effect of beryllium and its compounds, assault, initial encounter
T56.7X4A	Toxic effect of beryllium and its compounds, undetermined, initial encounter
T56.811A	Toxic effect of thallium, accidental (unintentional), initial encounter
T56.812A	Toxic effect of thallium, intentional self-harm, initial encounter
T56.813A	Toxic effect of thallium, assault, initial encounter
T56.814A	Toxic effect of thallium, undetermined, initial encounter
T56.891A	Toxic effect of other metals, accidental (unintentional), initial encounter
T56.892A	Toxic effect of other metals, intentional self-harm, initial encounter



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Code	Description
T56.893A	Toxic effect of other metals, assault, initial encounter
T56.894A	Toxic effect of other metals, undetermined, initial encounter
T56.91XA	Toxic effect of unspecified metal, accidental (unintentional), initial encounter
T56.92XA	Toxic effect of unspecified metal, intentional self-harm, initial encounter
T56.93XA	Toxic effect of unspecified metal, assault, initial encounter
T56.94XA	Toxic effect of unspecified metal, undetermined, initial encounter
T57.0X1A	Toxic effect of arsenic and its compounds, accidental (unintentional), initial encounter
T57.0X2A	Toxic effect of arsenic and its compounds, intentional self-harm, initial encounter
T57.0X3A	Toxic effect of arsenic and its compounds, assault, initial encounter
T57.0X4A	Toxic effect of arsenic and its compounds, undetermined, initial encounter
T57.1X1A	Toxic effect of phosphorus and its compounds, accidental (unintentional), initial encounter
T57.1X2A	Toxic effect of phosphorus and its compounds, intentional self-harm, initial encounter
T57.1X3A	Toxic effect of phosphorus and its compounds, assault, initial encounter
T57.1X4A	Toxic effect of phosphorus and its compounds, undetermined, initial encounter
T57.2X1A	Toxic effect of manganese and its compounds, accidental (unintentional), initial encounter
T57.2X2A	Toxic effect of manganese and its compounds, intentional self-harm, initial encounter
T57.2X3A	Toxic effect of manganese and its compounds, assault, initial encounter
T57.2X4A	Toxic effect of manganese and its compounds, undetermined, initial encounter
T57.3X1A	Toxic effect of hydrogen cyanide, accidental (unintentional), initial encounter
T57.3X2A	Toxic effect of hydrogen cyanide, intentional self-harm, initial encounter
T57.3X3A	Toxic effect of hydrogen cyanide, assault, initial encounter
T57.3X4A	Toxic effect of hydrogen cyanide, undetermined, initial encounter
T57.8X1A	Toxic effect of other specified inorganic substances, accidental (unintentional), initial encounter



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Code	Description
T57.8X2A	Toxic effect of other specified inorganic substances, intentional self-harm, initial encounter
T57.8X3A	Toxic effect of other specified inorganic substances, assault, initial encounter
T57.8X4A	Toxic effect of other specified inorganic substances, undetermined, initial encounter
T58.01XA	Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional), initial encounter
T58.02XA	Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm, initial encounter
T58.03XA	Toxic effect of carbon monoxide from motor vehicle exhaust, assault, initial encounter
T58.04XA	Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined, initial encounter
T58.11XA	Toxic effect of carbon monoxide from utility gas, accidental (unintentional), initial encounter
T58.12XA	Toxic effect of carbon monoxide from utility gas, intentional self-harm, initial encounter
T58.13XA	Toxic effect of carbon monoxide from utility gas, assault, initial encounter
T58.14XA	Toxic effect of carbon monoxide from utility gas, undetermined, initial encounter
T58.2X1A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional), initial encounter
T58.2X2A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm, initial encounter
T58.2X3A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault, initial encounter
T58.2X4A	Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined, initial encounter
T58.8X1A	Toxic effect of carbon monoxide from other source, accidental (unintentional), initial encounter
T58.8X2A	Toxic effect of carbon monoxide from other source, intentional self-harm, initial encounter
T58.8X3A	Toxic effect of carbon monoxide from other source, assault, initial encounter
T58.8X4A	Toxic effect of carbon monoxide from other source, undetermined, initial encounter



**Medicare National Coverage Determinations (NCD)
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Code	Description
T58.91XA	Toxic effect of carbon monoxide from unspecified source, accidental (unintentional), initial encounter
T58.92XA	Toxic effect of carbon monoxide from unspecified source, intentional self-harm, initial encounter
T58.93XA	Toxic effect of carbon monoxide from unspecified source, assault, initial encounter
T58.94XA	Toxic effect of carbon monoxide from unspecified source, undetermined, initial encounter
T59.0X1A	Toxic effect of nitrogen oxides, accidental (unintentional), initial encounter
T59.0X2A	Toxic effect of nitrogen oxides, intentional self-harm, initial encounter
T59.0X3A	Toxic effect of nitrogen oxides, assault, initial encounter
T59.0X4A	Toxic effect of nitrogen oxides, undetermined, initial encounter
T59.1X1A	Toxic effect of sulfur dioxide, accidental (unintentional), initial encounter
T59.1X2A	Toxic effect of sulfur dioxide, intentional self-harm, initial encounter
T59.1X3A	Toxic effect of sulfur dioxide, assault, initial encounter
T59.1X4A	Toxic effect of sulfur dioxide, undetermined, initial encounter
T59.2X1A	Toxic effect of formaldehyde, accidental (unintentional), initial encounter
T59.2X2A	Toxic effect of formaldehyde, intentional self-harm, initial encounter
T59.2X3A	Toxic effect of formaldehyde, assault, initial encounter
T59.2X4A	Toxic effect of formaldehyde, undetermined, initial encounter
T59.3X1A	Toxic effect of lacrimogenic gas, accidental (unintentional), initial encounter
T59.3X2A	Toxic effect of lacrimogenic gas, intentional self-harm, initial encounter
T59.3X3A	Toxic effect of lacrimogenic gas, assault, initial encounter
T59.3X4A	Toxic effect of lacrimogenic gas, undetermined, initial encounter
T59.4X1A	Toxic effect of chlorine gas, accidental (unintentional), initial encounter
T59.4X2A	Toxic effect of chlorine gas, intentional self-harm, initial encounter
T59.4X3A	Toxic effect of chlorine gas, assault, initial encounter
T59.4X4A	Toxic effect of chlorine gas, undetermined, initial encounter
T59.5X1A	Toxic effect of fluorine gas and hydrogen fluoride, accidental (unintentional), initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T59.5X2A	Toxic effect of fluorine gas and hydrogen fluoride, intentional self-harm, initial encounter
T59.5X3A	Toxic effect of fluorine gas and hydrogen fluoride, assault, initial encounter
T59.5X4A	Toxic effect of fluorine gas and hydrogen fluoride, undetermined, initial encounter
T59.6X1A	Toxic effect of hydrogen sulfide, accidental (unintentional), initial encounter
T59.6X2A	Toxic effect of hydrogen sulfide, intentional self-harm, initial encounter
T59.6X3A	Toxic effect of hydrogen sulfide, assault, initial encounter
T59.6X4A	Toxic effect of hydrogen sulfide, undetermined, initial encounter
T59.7X1A	Toxic effect of carbon dioxide, accidental (unintentional), initial encounter
T59.7X2A	Toxic effect of carbon dioxide, intentional self-harm, initial encounter
T59.7X3A	Toxic effect of carbon dioxide, assault, initial encounter
T59.7X4A	Toxic effect of carbon dioxide, undetermined, initial encounter
T59.811A	Toxic effect of smoke, accidental (unintentional), initial encounter
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter
T59.813A	Toxic effect of smoke, assault, initial encounter
T59.814A	Toxic effect of smoke, undetermined, initial encounter
T59.891A	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.892A	Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter
T59.893A	Toxic effect of other specified gases, fumes and vapors, assault, initial encounter
T59.894A	Toxic effect of other specified gases, fumes and vapors, undetermined, initial encounter
T59.91XA	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter
T59.93XA	Toxic effect of unspecified gases, fumes and vapors, assault, initial encounter
T59.94XA	Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report (ICD-10-CM)**

Code	Description
T60.0X1A	Toxic effect of organophosphate and carbamate insecticides, accidental (unintentional), initial encounter
T60.0X2A	Toxic effect of organophosphate and carbamate insecticides, intentional self-harm, initial encounter
T60.0X3A	Toxic effect of organophosphate and carbamate insecticides, assault, initial encounter
T60.0X4A	Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter
T60.1X1A	Toxic effect of halogenated insecticides, accidental (unintentional), initial encounter
T60.1X2A	Toxic effect of halogenated insecticides, intentional self-harm, initial encounter
T60.1X3A	Toxic effect of halogenated insecticides, assault, initial encounter
T60.1X4A	Toxic effect of halogenated insecticides, undetermined, initial encounter
T60.2X1A	Toxic effect of other insecticides, accidental (unintentional), initial encounter
T60.2X2A	Toxic effect of other insecticides, intentional self-harm, initial encounter
T60.2X3A	Toxic effect of other insecticides, assault, initial encounter
T60.2X4A	Toxic effect of other insecticides, undetermined, initial encounter
T60.3X1A	Toxic effect of herbicides and fungicides, accidental (unintentional), initial encounter
T60.3X2A	Toxic effect of herbicides and fungicides, intentional self-harm, initial encounter
T60.3X3A	Toxic effect of herbicides and fungicides, assault, initial encounter
T60.3X4A	Toxic effect of herbicides and fungicides, undetermined, initial encounter
T60.4X1A	Toxic effect of rodenticides, accidental (unintentional), initial encounter
T60.4X2A	Toxic effect of rodenticides, intentional self-harm, initial encounter
T60.4X3A	Toxic effect of rodenticides, assault, initial encounter
T60.4X4A	Toxic effect of rodenticides, undetermined, initial encounter
T60.8X1A	Toxic effect of other pesticides, accidental (unintentional), initial encounter
T60.8X2A	Toxic effect of other pesticides, intentional self-harm, initial encounter
T60.8X3A	Toxic effect of other pesticides, assault, initial encounter
T60.8X4A	Toxic effect of other pesticides, undetermined, initial encounter
T60.91XA	Toxic effect of unspecified pesticide, accidental (unintentional), initial encounter
T60.92XA	Toxic effect of unspecified pesticide, intentional self-harm, initial encounter

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**Medicare National Coverage Determinations (NCD)
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Code	Description
T60.93XA	Toxic effect of unspecified pesticide, assault, initial encounter
T60.94XA	Toxic effect of unspecified pesticide, undetermined, initial encounter
T61.01XA	Ciguatera fish poisoning, accidental (unintentional), initial encounter
T61.02XA	Ciguatera fish poisoning, intentional self-harm, initial encounter
T61.03XA	Ciguatera fish poisoning, assault, initial encounter
T61.04XA	Ciguatera fish poisoning, undetermined, initial encounter
T61.11XA	Scombroid fish poisoning, accidental (unintentional), initial encounter
T61.12XA	Scombroid fish poisoning, intentional self-harm, initial encounter
T61.13XA	Scombroid fish poisoning, assault, initial encounter
T61.14XA	Scombroid fish poisoning, undetermined, initial encounter
T61.771A	Other fish poisoning, accidental (unintentional), initial encounter
T61.772A	Other fish poisoning, intentional self-harm, initial encounter
T61.773A	Other fish poisoning, assault, initial encounter
T61.774A	Other fish poisoning, undetermined, initial encounter
T61.781A	Other shellfish poisoning, accidental (unintentional), initial encounter
T61.782A	Other shellfish poisoning, intentional self-harm, initial encounter
T61.783A	Other shellfish poisoning, assault, initial encounter
T61.784A	Other shellfish poisoning, undetermined, initial encounter
T61.8X1A	Toxic effect of other seafood, accidental (unintentional), initial encounter
T61.8X2A	Toxic effect of other seafood, intentional self-harm, initial encounter
T61.8X3A	Toxic effect of other seafood, assault, initial encounter
T61.8X4A	Toxic effect of other seafood, undetermined, initial encounter
T61.91XA	Toxic effect of unspecified seafood, accidental (unintentional), initial encounter
T61.92XA	Toxic effect of unspecified seafood, intentional self-harm, initial encounter
T61.93XA	Toxic effect of unspecified seafood, assault, initial encounter
T61.94XA	Toxic effect of unspecified seafood, undetermined, initial encounter
T62.0X1A	Toxic effect of ingested mushrooms, accidental (unintentional), initial encounter
T62.0X2A	Toxic effect of ingested mushrooms, intentional self-harm, initial encounter

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Code	Description
T62.0X3A	Toxic effect of ingested mushrooms, assault, initial encounter
T62.0X4A	Toxic effect of ingested mushrooms, undetermined, initial encounter
T62.1X1A	Toxic effect of ingested berries, accidental (unintentional), initial encounter
T62.1X2A	Toxic effect of ingested berries, intentional self-harm, initial encounter
T62.1X3A	Toxic effect of ingested berries, assault, initial encounter
T62.1X4A	Toxic effect of ingested berries, undetermined, initial encounter
T62.2X1A	Toxic effect of other ingested (parts of) plant(s), accidental (unintentional), initial encounter
T62.2X2A	Toxic effect of other ingested (parts of) plant(s), intentional self-harm, initial encounter
T62.2X3A	Toxic effect of other ingested (parts of) plant(s), assault, initial encounter
T62.2X4A	Toxic effect of other ingested (parts of) plant(s), undetermined, initial encounter
T62.8X1A	Toxic effect of other specified noxious substances eaten as food, accidental (unintentional), initial encounter
T62.8X2A	Toxic effect of other specified noxious substances eaten as food, intentional self-harm, initial encounter
T62.8X3A	Toxic effect of other specified noxious substances eaten as food, assault, initial encounter
T62.8X4A	Toxic effect of other specified noxious substances eaten as food, undetermined, initial encounter
T62.91XA	Toxic effect of unspecified noxious substance eaten as food, accidental (unintentional), initial encounter
T62.92XA	Toxic effect of unspecified noxious substance eaten as food, intentional self-harm, initial encounter
T62.93XA	Toxic effect of unspecified noxious substance eaten as food, assault, initial encounter
T62.94XA	Toxic effect of unspecified noxious substance eaten as food, undetermined, initial encounter
T63.001A	Toxic effect of unspecified snake venom, accidental (unintentional), initial encounter
T63.002A	Toxic effect of unspecified snake venom, intentional self-harm, initial encounter
T63.003A	Toxic effect of unspecified snake venom, assault, initial encounter



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Code	Description
T63.004A	Toxic effect of unspecified snake venom, undetermined, initial encounter
T63.011A	Toxic effect of rattlesnake venom, accidental (unintentional), initial encounter
T63.012A	Toxic effect of rattlesnake venom, intentional self-harm, initial encounter
T63.013A	Toxic effect of rattlesnake venom, assault, initial encounter
T63.014A	Toxic effect of rattlesnake venom, undetermined, initial encounter
T63.021A	Toxic effect of coral snake venom, accidental (unintentional), initial encounter
T63.022A	Toxic effect of coral snake venom, intentional self-harm, initial encounter
T63.023A	Toxic effect of coral snake venom, assault, initial encounter
T63.024A	Toxic effect of coral snake venom, undetermined, initial encounter
T63.031A	Toxic effect of taipan venom, accidental (unintentional), initial encounter
T63.032A	Toxic effect of taipan venom, intentional self-harm, initial encounter
T63.033A	Toxic effect of taipan venom, assault, initial encounter
T63.034A	Toxic effect of taipan venom, undetermined, initial encounter
T63.041A	Toxic effect of cobra venom, accidental (unintentional), initial encounter
T63.042A	Toxic effect of cobra venom, intentional self-harm, initial encounter
T63.043A	Toxic effect of cobra venom, assault, initial encounter
T63.044A	Toxic effect of cobra venom, undetermined, initial encounter
T63.061A	Toxic effect of venom of other North and South American snake, accidental (unintentional), initial encounter
T63.062A	Toxic effect of venom of other North and South American snake, intentional self-harm, initial encounter
T63.063A	Toxic effect of venom of other North and South American snake, assault, initial encounter
T63.064A	Toxic effect of venom of other North and South American snake, undetermined, initial encounter
T63.071A	Toxic effect of venom of other Australian snake, accidental (unintentional), initial encounter
T63.072A	Toxic effect of venom of other Australian snake, intentional self-harm, initial encounter
T63.073A	Toxic effect of venom of other Australian snake, assault, initial encounter



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Code	Description
T63.074A	Toxic effect of venom of other Australian snake, undetermined, initial encounter
T63.081A	Toxic effect of venom of other African and Asian snake, accidental (unintentional), initial encounter
T63.082A	Toxic effect of venom of other African and Asian snake, intentional self-harm, initial encounter
T63.083A	Toxic effect of venom of other African and Asian snake, assault, initial encounter
T63.084A	Toxic effect of venom of other African and Asian snake, undetermined, initial encounter
T63.091A	Toxic effect of venom of other snake, accidental (unintentional), initial encounter
T63.092A	Toxic effect of venom of other snake, intentional self-harm, initial encounter
T63.093A	Toxic effect of venom of other snake, assault, initial encounter
T63.094A	Toxic effect of venom of other snake, undetermined, initial encounter
T63.111A	Toxic effect of venom of gila monster, accidental (unintentional), initial encounter
T63.112A	Toxic effect of venom of gila monster, intentional self-harm, initial encounter
T63.113A	Toxic effect of venom of gila monster, assault, initial encounter
T63.114A	Toxic effect of venom of gila monster, undetermined, initial encounter
T63.121A	Toxic effect of venom of other venomous lizard, accidental (unintentional), initial encounter
T63.122A	Toxic effect of venom of other venomous lizard, intentional self-harm, initial encounter
T63.123A	Toxic effect of venom of other venomous lizard, assault, initial encounter
T63.124A	Toxic effect of venom of other venomous lizard, undetermined, initial encounter
T63.191A	Toxic effect of venom of other reptiles, accidental (unintentional), initial encounter
T63.192A	Toxic effect of venom of other reptiles, intentional self-harm, initial encounter
T63.193A	Toxic effect of venom of other reptiles, assault, initial encounter
T63.194A	Toxic effect of venom of other reptiles, undetermined, initial encounter
T63.2X1A	Toxic effect of venom of scorpion, accidental (unintentional), initial encounter
T63.2X2A	Toxic effect of venom of scorpion, intentional self-harm, initial encounter
T63.2X3A	Toxic effect of venom of scorpion, assault, initial encounter
T63.2X4A	Toxic effect of venom of scorpion, undetermined, initial encounter

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Code	Description
T63.301A	Toxic effect of unspecified spider venom, accidental (unintentional), initial encounter
T63.302A	Toxic effect of unspecified spider venom, intentional self-harm, initial encounter
T63.303A	Toxic effect of unspecified spider venom, assault, initial encounter
T63.304A	Toxic effect of unspecified spider venom, undetermined, initial encounter
T63.311A	Toxic effect of venom of black widow spider, accidental (unintentional), initial encounter
T63.312A	Toxic effect of venom of black widow spider, intentional self-harm, initial encounter
T63.313A	Toxic effect of venom of black widow spider, assault, initial encounter
T63.314A	Toxic effect of venom of black widow spider, undetermined, initial encounter
T63.321A	Toxic effect of venom of tarantula, accidental (unintentional), initial encounter
T63.322A	Toxic effect of venom of tarantula, intentional self-harm, initial encounter
T63.323A	Toxic effect of venom of tarantula, assault, initial encounter
T63.324A	Toxic effect of venom of tarantula, undetermined, initial encounter
T63.331A	Toxic effect of venom of brown recluse spider, accidental (unintentional), initial encounter
T63.332A	Toxic effect of venom of brown recluse spider, intentional self-harm, initial encounter
T63.333A	Toxic effect of venom of brown recluse spider, assault, initial encounter
T63.334A	Toxic effect of venom of brown recluse spider, undetermined, initial encounter
T63.391A	Toxic effect of venom of other spider, accidental (unintentional), initial encounter
T63.392A	Toxic effect of venom of other spider, intentional self-harm, initial encounter
T63.393A	Toxic effect of venom of other spider, assault, initial encounter
T63.394A	Toxic effect of venom of other spider, undetermined, initial encounter
T63.411A	Toxic effect of venom of centipedes and venomous millipedes, accidental (unintentional), initial encounter
T63.412A	Toxic effect of venom of centipedes and venomous millipedes, intentional self-harm, initial encounter
T63.413A	Toxic effect of venom of centipedes and venomous millipedes, assault, initial encounter



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Code	Description
T63.414A	Toxic effect of venom of centipedes and venomous millipedes, undetermined, initial encounter
T63.421A	Toxic effect of venom of ants, accidental (unintentional), initial encounter
T63.422A	Toxic effect of venom of ants, intentional self-harm, initial encounter
T63.423A	Toxic effect of venom of ants, assault, initial encounter
T63.424A	Toxic effect of venom of ants, undetermined, initial encounter
T63.431A	Toxic effect of venom of caterpillars, accidental (unintentional), initial encounter
T63.432A	Toxic effect of venom of caterpillars, intentional self-harm, initial encounter
T63.433A	Toxic effect of venom of caterpillars, assault, initial encounter
T63.434A	Toxic effect of venom of caterpillars, undetermined, initial encounter
T63.441A	Toxic effect of venom of bees, accidental (unintentional), initial encounter
T63.442A	Toxic effect of venom of bees, intentional self-harm, initial encounter
T63.443A	Toxic effect of venom of bees, assault, initial encounter
T63.444A	Toxic effect of venom of bees, undetermined, initial encounter
T63.451A	Toxic effect of venom of hornets, accidental (unintentional), initial encounter
T63.452A	Toxic effect of venom of hornets, intentional self-harm, initial encounter
T63.453A	Toxic effect of venom of hornets, assault, initial encounter
T63.454A	Toxic effect of venom of hornets, undetermined, initial encounter
T63.461A	Toxic effect of venom of wasps, accidental (unintentional), initial encounter
T63.462A	Toxic effect of venom of wasps, intentional self-harm, initial encounter
T63.463A	Toxic effect of venom of wasps, assault, initial encounter
T63.464A	Toxic effect of venom of wasps, undetermined, initial encounter
T63.481A	Toxic effect of venom of other arthropod, accidental (unintentional), initial encounter
T63.482A	Toxic effect of venom of other arthropod, intentional self-harm, initial encounter
T63.483A	Toxic effect of venom of other arthropod, assault, initial encounter
T63.484A	Toxic effect of venom of other arthropod, undetermined, initial encounter
T63.511A	Toxic effect of contact with stingray, accidental (unintentional), initial encounter
T63.512A	Toxic effect of contact with stingray, intentional self-harm, initial encounter
T63.513A	Toxic effect of contact with stingray, assault, initial encounter

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Code	Description
T63.514A	Toxic effect of contact with stingray, undetermined, initial encounter
T63.591A	Toxic effect of contact with other venomous fish, accidental (unintentional), initial encounter
T63.592A	Toxic effect of contact with other venomous fish, intentional self-harm, initial encounter
T63.593A	Toxic effect of contact with other venomous fish, assault, initial encounter
T63.594A	Toxic effect of contact with other venomous fish, undetermined, initial encounter
T63.611A	Toxic effect of contact with Portugese Man-o-war, accidental (unintentional), initial encounter
T63.612A	Toxic effect of contact with Portugese Man-o-war, intentional self-harm, initial encounter
T63.613A	Toxic effect of contact with Portugese Man-o-war, assault, initial encounter
T63.614A	Toxic effect of contact with Portugese Man-o-war, undetermined, initial encounter
T63.621A	Toxic effect of contact with other jellyfish, accidental (unintentional), initial encounter
T63.622A	Toxic effect of contact with other jellyfish, intentional self-harm, initial encounter
T63.623A	Toxic effect of contact with other jellyfish, assault, initial encounter
T63.624A	Toxic effect of contact with other jellyfish, undetermined, initial encounter
T63.631A	Toxic effect of contact with sea anemone, accidental (unintentional), initial encounter
T63.632A	Toxic effect of contact with sea anemone, intentional self-harm, initial encounter
T63.633A	Toxic effect of contact with sea anemone, assault, initial encounter
T63.634A	Toxic effect of contact with sea anemone, undetermined, initial encounter
T63.691A	Toxic effect of contact with other venomous marine animals, accidental (unintentional), initial encounter
T63.692A	Toxic effect of contact with other venomous marine animals, intentional self-harm, initial encounter
T63.693A	Toxic effect of contact with other venomous marine animals, assault, initial encounter
T63.694A	Toxic effect of contact with other venomous marine animals, undetermined, initial encounter



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Code	Description
T63.711A	Toxic effect of contact with venomous marine plant, accidental (unintentional), initial encounter
T63.712A	Toxic effect of contact with venomous marine plant, intentional self-harm, initial encounter
T63.713A	Toxic effect of contact with venomous marine plant, assault, initial encounter
T63.714A	Toxic effect of contact with venomous marine plant, undetermined, initial encounter
T63.791A	Toxic effect of contact with other venomous plant, accidental (unintentional), initial encounter
T63.792A	Toxic effect of contact with other venomous plant, intentional self-harm, initial encounter
T63.793A	Toxic effect of contact with other venomous plant, assault, initial encounter
T63.794A	Toxic effect of contact with other venomous plant, undetermined, initial encounter
T63.811A	Toxic effect of contact with venomous frog, accidental (unintentional), initial encounter
T63.812A	Toxic effect of contact with venomous frog, intentional self-harm, initial encounter
T63.813A	Toxic effect of contact with venomous frog, assault, initial encounter
T63.814A	Toxic effect of contact with venomous frog, undetermined, initial encounter
T63.821A	Toxic effect of contact with venomous toad, accidental (unintentional), initial encounter
T63.822A	Toxic effect of contact with venomous toad, intentional self-harm, initial encounter
T63.823A	Toxic effect of contact with venomous toad, assault, initial encounter
T63.824A	Toxic effect of contact with venomous toad, undetermined, initial encounter
T63.831A	Toxic effect of contact with other venomous amphibian, accidental (unintentional), initial encounter
T63.832A	Toxic effect of contact with other venomous amphibian, intentional self-harm, initial encounter
T63.833A	Toxic effect of contact with other venomous amphibian, assault, initial encounter
T63.834A	Toxic effect of contact with other venomous amphibian, undetermined, initial encounter
T63.891A	Toxic effect of contact with other venomous animals, accidental (unintentional), initial encounter



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Code	Description
T63.892A	Toxic effect of contact with other venomous animals, intentional self-harm, initial encounter
T63.893A	Toxic effect of contact with other venomous animals, assault, initial encounter
T63.894A	Toxic effect of contact with other venomous animals, undetermined, initial encounter
T63.91XA	Toxic effect of contact with unspecified venomous animal, accidental (unintentional), initial encounter
T63.92XA	Toxic effect of contact with unspecified venomous animal, intentional self-harm, initial encounter
T63.93XA	Toxic effect of contact with unspecified venomous animal, assault, initial encounter
T63.94XA	Toxic effect of contact with unspecified venomous animal, undetermined, initial encounter
T64.01XA	Toxic effect of aflatoxin, accidental (unintentional), initial encounter
T64.02XA	Toxic effect of aflatoxin, intentional self-harm, initial encounter
T64.03XA	Toxic effect of aflatoxin, assault, initial encounter
T64.04XA	Toxic effect of aflatoxin, undetermined, initial encounter
T64.81XA	Toxic effect of other mycotoxin food contaminants, accidental (unintentional), initial encounter
T64.82XA	Toxic effect of other mycotoxin food contaminants, intentional self-harm, initial encounter
T64.83XA	Toxic effect of other mycotoxin food contaminants, assault, initial encounter
T64.84XA	Toxic effect of other mycotoxin food contaminants, undetermined, initial encounter
T65.0X1A	Toxic effect of cyanides, accidental (unintentional), initial encounter
T65.0X2A	Toxic effect of cyanides, intentional self-harm, initial encounter
T65.0X3A	Toxic effect of cyanides, assault, initial encounter
T65.0X4A	Toxic effect of cyanides, undetermined, initial encounter
T65.1X1A	Toxic effect of strychnine and its salts, accidental (unintentional), initial encounter
T65.1X2A	Toxic effect of strychnine and its salts, intentional self-harm, initial encounter
T65.1X3A	Toxic effect of strychnine and its salts, assault, initial encounter
T65.1X4A	Toxic effect of strychnine and its salts, undetermined, initial encounter



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Code	Description
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional), initial encounter
T65.212A	Toxic effect of chewing tobacco, intentional self-harm, initial encounter
T65.213A	Toxic effect of chewing tobacco, assault, initial encounter
T65.214A	Toxic effect of chewing tobacco, undetermined, initial encounter
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional), initial encounter
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm, initial encounter
T65.223A	Toxic effect of tobacco cigarettes, assault, initial encounter
T65.224A	Toxic effect of tobacco cigarettes, undetermined, initial encounter
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional), initial encounter
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm, initial encounter
T65.293A	Toxic effect of other tobacco and nicotine, assault, initial encounter
T65.294A	Toxic effect of other tobacco and nicotine, undetermined, initial encounter
T65.3X1A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, accidental (unintentional), initial encounter
T65.3X2A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, intentional self-harm, initial encounter
T65.3X3A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, assault, initial encounter
T65.3X4A	Toxic effect of nitroderivatives and aminoderivatives of benzene and its homologues, undetermined, initial encounter
T65.4X1A	Toxic effect of carbon disulfide, accidental (unintentional), initial encounter
T65.4X2A	Toxic effect of carbon disulfide, intentional self-harm, initial encounter
T65.4X3A	Toxic effect of carbon disulfide, assault, initial encounter
T65.4X4A	Toxic effect of carbon disulfide, undetermined, initial encounter
T65.5X1A	Toxic effect of nitroglycerin and other nitric acids and esters, accidental (unintentional), initial encounter
T65.5X2A	Toxic effect of nitroglycerin and other nitric acids and esters, intentional self-harm, initial encounter
T65.5X3A	Toxic effect of nitroglycerin and other nitric acids and esters, assault, initial encounter



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Code	Description
T65.5X4A	Toxic effect of nitroglycerin and other nitric acids and esters, undetermined, initial encounter
T65.6X1A	Toxic effect of paints and dyes, not elsewhere classified, accidental (unintentional), initial encounter
T65.6X2A	Toxic effect of paints and dyes, not elsewhere classified, intentional self-harm, initial encounter
T65.6X3A	Toxic effect of paints and dyes, not elsewhere classified, assault, initial encounter
T65.6X4A	Toxic effect of paints and dyes, not elsewhere classified, undetermined, initial encounter
T65.811A	Toxic effect of latex, accidental (unintentional), initial encounter
T65.812A	Toxic effect of latex, intentional self-harm, initial encounter
T65.813A	Toxic effect of latex, assault, initial encounter
T65.814A	Toxic effect of latex, undetermined, initial encounter
T65.821A	Toxic effect of harmful algae and algae toxins, accidental (unintentional), initial encounter
T65.822A	Toxic effect of harmful algae and algae toxins, intentional self-harm, initial encounter
T65.823A	Toxic effect of harmful algae and algae toxins, assault, initial encounter
T65.824A	Toxic effect of harmful algae and algae toxins, undetermined, initial encounter
T65.831A	Toxic effect of fiberglass, accidental (unintentional), initial encounter
T65.832A	Toxic effect of fiberglass, intentional self-harm, initial encounter
T65.833A	Toxic effect of fiberglass, assault, initial encounter
T65.834A	Toxic effect of fiberglass, undetermined, initial encounter
T65.891A	Toxic effect of other specified substances, accidental (unintentional), initial encounter
T65.892A	Toxic effect of other specified substances, intentional self-harm, initial encounter
T65.893A	Toxic effect of other specified substances, assault, initial encounter
T65.894A	Toxic effect of other specified substances, undetermined, initial encounter
T78.1XXA	Other adverse food reactions, not elsewhere classified, initial encounter
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out



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Code	Description
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	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
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z22.7	Latent tuberculosis
Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)
Z48.23	Encounter for aftercare following liver transplant
Z79.01	Long term (current) use of anticoagulants

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Code	Description
Z79.02	Long term (current) use of antithrombotics/antiplatelets
Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Z79.2	Long term (current) use of antibiotics
Z79.3	Long term (current) use of hormonal contraceptives
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs
Z86.003	Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs
Z86.005	Personal history of in-situ neoplasm of middle ear and respiratory system
Z86.006	Personal history of melanoma in-situ
Z86.007	Personal history of in-situ neoplasm of skin
Z86.15	Personal history of latent tuberculosis infection
Z94.4	Liver transplant status

Indications

1. To provide information about known or suspected hepatobiliary disease, for example:
 - a. Following chronic alcohol or drug ingestion
 - b. Following exposure to hepatotoxins
 - c. When using medication known to have a potential for causing liver toxicity (e.g., following the drug manufacturer’s recommendations)
 - d. Following infection (e.g., viral hepatitis and other specific infections such as amebiasis, tuberculosis, psittacosis, and similar infections)
2. To assess liver injury/function following diagnosis of primary or secondary malignant neoplasms
3. To assess liver injury/function in a wide variety of disorders and diseases known to cause liver involvement (e.g., diabetes mellitus, malnutrition, disorders of iron and mineral metabolism, sarcoidosis, amyloidosis, lupus, and hypertension)
4. To assess liver function related to gastrointestinal disease
5. To assess liver function related to pancreatic disease



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6. To assess liver function in patients subsequent to liver transplantation
7. To differentiate between the different sources of elevated alkaline phosphatase activity

Limitations

When used to assess liver dysfunction secondary to existing non-hepatobiliary disease with no change in signs, symptoms, or treatment, it is generally not necessary to repeat a GGT determination after a normal result has been obtained unless new indications are present.

If the GGT is the only “liver” enzyme abnormally high, it is generally not necessary to pursue further evaluation for liver disease for this specific indication.

When used to determine if other abnormal enzyme tests reflect liver abnormality rather than other tissue, it generally is not necessary to repeat a GGT more than one time per week.

Because of the extreme sensitivity of GGT as a marker for cytochrome oxidase induction or cell membrane permeability, it is generally not useful in monitoring patients with known liver disease.

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.

Sources of Information

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Illustrated Guide to Diagnostic Tests (2nd ed.), 1997, Springhouse Corporation.



***Medicare National Coverage Determinations (NCD)
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Sleisenger and Fordtrans's Gastrointestinal and Liver Disease (6th ed.), 1997, W.B. Saunders.



190.33 - Hepatitis Panel/Acute Hepatitis Panel

Description

This panel consists of the following tests:

- Hepatitis A antibody (HAAb), IgM antibody;
- Hepatitis B core antibody (HBcAb), IgM antibody;
- Hepatitis B surface antigen (HBsAg); and
- Hepatitis C antibody.

Hepatitis is an inflammation of the liver resulting from viruses, drugs, toxins, and other etiologies. Viral hepatitis can be due to one of at least five different viruses, designated hepatitis A, B, C, and E. Most cases are caused by hepatitis A virus (HAV), hepatitis B virus (HBV), or hepatitis C virus (HCV).

HAV is the most common cause of hepatitis in children and adolescents in the United States. Prior exposure is indicated by a positive IgG anti-HAV. Acute HAV is diagnosed by IgM anti-HAV, which typically appears within four weeks of exposure, and which disappears within three months of its appearance. IgG anti-HAV is similar in the timing of its appearance, but it persists indefinitely. Its detection indicates prior effective immunization or recovery from infection. Although HAV is spread most commonly by fecal-oral exposure, standard immune globulin may be effective as a prophylaxis.

HBV produces three separate antigens (surface, core, and e (envelope) antigens) when it infects the liver, although only hepatitis B surface antigen (HBsAg) is included as part of this panel. Following exposure, the body normally responds by producing antibodies to each of these antigens; one of which is included in this panel: hepatitis B surface antibody (HBsAb)-IgM antibody. HBsAg is the earlier marker, appearing in serum four to eight weeks after exposure, and typically disappearing within six months after its appearance. If HBsAg remains detectable for greater than six months, this indicates chronic HBV infection. HBcAb, in the form of both IgG and IgM antibodies, are next to appear in serum, typically becoming detectable two to three months following exposure. The IgM antibody gradually declines or disappears entirely one to two years following exposure, but the IgG usually remains detectable for life. Because HBsAg is present for a relatively short period and usually displays a low titer, a negative result does not exclude an HBV diagnosis. HBcAb, on the other hand, rises to a much higher titer and remains elevated for a longer period of time, but a positive result is not diagnostic of acute disease, since it may be the result of a prior infection. The last marker to appear in the course of a typical infection is HBsAb, which appears in serum four to six months following exposure to infected blood or body fluids; in the U.S., sexual transmission accounts for 30% to 60% of new cases of HBV infection.

The diagnosis of acute HBV infection is best established by documentation of positive IgM antibody against the core antigen (HBcAb-IgM) and by identification of a positive hepatitis B surface antigen (HBsAg). The diagnosis of chronic HBV infection is established primarily by identifying a positive hepatitis B surface antigen (HBsAg) and demonstrating positive IgG antibody



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directed against the core antigen (HBcAb-IgG). Additional tests such as hepatitis B e antigen (HBeAg) and hepatitis B e antibody (HBeAb), the envelope antigen and antibody, are not included in the hepatitis panel, but may be of importance in assessing the infectivity of patients with HBV. Following completion of a HBV vaccination series, HBsAb alone may be used monthly for up to six months, or until a positive result is obtained, to verify an adequate antibody response.

HCV is the most common cause of post-transfusion hepatitis; overall HCV is responsible for 15% to 20% of all cases of acute hepatitis, and is the most common cause of chronic liver disease. The test most commonly used to identify HCV measures HCV antibodies, which appear in blood two to four months after infection. False positive HCV results can occur. For example, a patient with a recent yeast infection may produce a false positive anti-HCV result. For this reason, at present positive results usually are confirmed by a more specific technique. Like HBV, HCV is spread exclusively through exposure to infected blood or body fluids.

This panel of tests is used for differential diagnosis in a patient with symptoms of liver disease or injury. When the time of exposure or the stage of the disease is not known, a patient with continued symptoms of liver disease despite a completely negative hepatitis panel may need a repeat panel approximately two weeks to two months later to exclude the possibility of hepatitis. Once a diagnosis is established, specific tests can be used to monitor the course of the disease.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
80074	Acute Hepatitis Panel

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
A92.5	Zika virus disease
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier



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Code	Description
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
F11.11	Opioid abuse, in remission
F12.93	Cannabis use, unspecified with withdrawal
F14.11	Cocaine abuse, in remission
F15.11	Other stimulant abuse, in remission
G93.3	Postviral fatigue syndrome
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
K70.41	Alcoholic hepatic failure with coma
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma

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Code	Description
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K72.00	Acute and subacute hepatic failure without 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
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified



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Code	Description
K76.2	Central hemorrhagic necrosis of liver
K76.4	Peliosis hepatis
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
M04.1	Periodic fever syndromes
R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.811	Right upper quadrant abdominal tenderness
R10.821	Right upper quadrant rebound abdominal tenderness
R10.83	Colic
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.14	Bilious vomiting
R11.15	Cyclical vomiting syndrome unrelated to migraine
R11.2	Nausea with vomiting, unspecified



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Code	Description
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R17	Unspecified jaundice
R40.2410	Glasgow coma scale score 13-15, unspecified time
R40.2411	Glasgow coma scale score 13-15, in the field [EMT or ambulance]
R40.2412	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413	Glasgow coma scale score 13-15, at hospital admission
R40.2414	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420	Glasgow coma scale score 9-12, unspecified time
R40.2421	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423	Glasgow coma scale score 9-12, at hospital admission
R40.2424	Glasgow coma scale score 9-12, 24 hours or more after hospital admission
R40.2430	Glasgow coma scale score 3-8, unspecified time
R40.2431	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433	Glasgow coma scale score 3-8, at hospital admission
R40.2434	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department
R40.2443	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness



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Code	Description
R53.2	Functional quadriplegia
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R56.00	Simple febrile convulsions
R56.01	Complex febrile convulsions
R56.1	Post traumatic seizures
R62.0	Delayed milestone in childhood
R62.50	Unspecified lack of expected normal physiological development in childhood
R62.51	Failure to thrive (child)
R62.52	Short stature (child)
R62.59	Other lack of expected normal physiological development in childhood
R63.0	Anorexia
R63.1	Polydipsia
R63.2	Polyphagia
R63.3	Feeding difficulties
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R63.6	Underweight
R74.01	Elevation of levels of liver transaminase levels
R74.02	Elevation of levels of lactic acid dehydrogenase [LDH]
R94.5	Abnormal results of liver function studies
T86.40	Unspecified complication of liver transplant
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.43	Liver transplant infection
T86.49	Other complications of liver transplant
Z01.89	Encounter for other specified special examinations

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Code	Description
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)
Z84.82	Family history of sudden infant death syndrome

Indications

1. To detect viral hepatitis infection when there are abnormal liver function test results, with or without signs or symptoms of hepatitis.
2. Prior to and subsequent to liver transplantation.

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Limitations

After a hepatitis diagnosis is established, only individual tests are needed.

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.

Sources of Information

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190.34 - Fecal Occult Blood Test

Description

The Fecal Occult Blood Test (FOBT) detects the presence of trace amounts of blood in stool. The procedure is performed by testing one or several small samples of one, two or three different stool specimens.

This test may be performed with or without evidence of iron deficiency anemia, which may be related to gastrointestinal blood loss. The range of causes for blood loss include inflammatory causes, including acid-peptic disease, non-steroidal anti-inflammatory drug use, hiatal hernia, Crohn's disease, ulcerative colitis, gastroenteritis, and colon ulcers. It is also seen with infectious causes, including hookworm, strongyloides, ascariasis, tuberculosis, and enteroamebiasis. Vascular causes include angiodysplasia, hemangiomas, varices, blue rubber bleb nevus syndrome, and watermelon stomach. Tumors and neoplastic causes include lymphoma, leiomyosarcoma, lipomas, adenocarcinoma and primary and secondary metastases to the GI tract. Drugs such as nonsteroidal anti-inflammatory drugs also cause bleeding. There are extra gastrointestinal causes such as hemoptysis, epistaxis, and oropharyngeal bleeding. Artifactual causes include hematuria, and menstrual bleeding. In addition, there may be other causes such as coagulopathies, gastrostomy tubes or other appliances, factitial causes, and long distance running.

Three basic types of fecal hemoglobin assays exist, each directed at a different component of the hemoglobin molecule.

1. Immunoassays recognize antigenic sites on the globin portion and are least affected by diet or proximal gut bleeding, but the antigen may be destroyed by fecal flora.
2. The heme-porphyrin assay measures heme-derived porphyrin and is least influenced by enterocolic metabolism or fecal storage. This assay does not discriminate dietary from endogenous heme. The capacity to detect proximal gut bleeding reduces its specificity for colorectal cancer screening but makes it more useful for evaluating overall GI bleeding in case finding for iron deficiency anemia.
3. The guaiac-based test is the most widely used. It requires the peroxidase activity of an intact heme moiety to be reactive. Positivity rates fall with storage. Fecal hydration such as adding a drop of water increases the test reactivity but also increases false positivity.

Of these three tests, the guaiac-based test is the most sensitive for detecting lower bowel bleeding. Because of this sensitivity, it is advisable, when it is used for screening, to defer the guaiac-based test if other studies of the colon are performed prior to the test. Similarly, this test's sensitivity may result in a false positive if the patient has recently ingested meat. Both of these cautions are appropriate when the test is used for screening, but when appropriate indications are present, the test should be done despite its limitations.



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HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
82272	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening

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
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A03.0	Shigellosis due to Shigella dysenteriae
A03.1	Shigellosis due to Shigella flexneri
A03.2	Shigellosis due to Shigella boydii
A03.3	Shigellosis due to Shigella sonnei
A03.8	Other shigellosis
A03.9	Shigellosis, unspecified
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.71	Enterocolitis due to Clostridium difficile, recurrent
A04.72	Enterocolitis due to Clostridium difficile, not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A05.3	Foodborne Vibrio parahaemolyticus intoxication
A05.4	Foodborne Bacillus cereus intoxication
A05.5	Foodborne Vibrio vulnificus intoxication
A05.8	Other specified bacterial foodborne intoxications



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Code	Description
A05.9	Bacterial foodborne intoxication, unspecified
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A06.3	Ameboma of intestine
A06.4	Amebic liver abscess
A06.5	Amebic lung abscess
A06.6	Amebic brain abscess
A06.7	Cutaneous amebiasis
A06.81	Amebic cystitis
A06.82	Other amebic genitourinary infections
A06.89	Other amebic infections
A06.9	Amebiasis, unspecified
A07.0	Balantidiasis
A07.1	Giardiasis [lambliasis]
A07.2	Cryptosporidiosis
A07.3	Isosporiasis
A07.4	Cyclosporiasis
A07.8	Other specified protozoal intestinal diseases
A07.9	Protozoal intestinal disease, unspecified
A09	Infectious gastroenteritis and colitis, unspecified
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A52.74	Syphilis of liver and other viscera
A54.00	Gonococcal infection of lower genitourinary tract, unspecified
A54.02	Gonococcal vulvovaginitis, unspecified



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Code	Description
A54.09	Other gonococcal infection of lower genitourinary tract
A54.1	Gonococcal infection of lower genitourinary tract with periurethral and accessory gland abscess
A54.6	Gonococcal infection of anus and rectum
A54.83	Gonococcal heart infection
B25.2	Cytomegaloviral pancreatitis
B68.0	Taenia solium taeniasis
B68.1	Taenia saginata taeniasis
B68.9	Taeniasis, unspecified
B69.0	Cysticercosis of central nervous system
B69.1	Cysticercosis of eye
B69.81	Myositis in cysticercosis
B69.89	Cysticercosis of other sites
B69.9	Cysticercosis, unspecified
B70.0	Diphyllobothriasis
B70.1	Sparganosis
B71.0	Hymenolepiasis
B71.1	Dipylidiasis
B71.8	Other specified cestode infections
B71.9	Cestode infection, unspecified
B75	Trichinellosis
B77.0	Ascariasis with intestinal complications
B77.81	Ascariasis pneumonia
B77.89	Ascariasis with other complications
B77.9	Ascariasis, unspecified
B78.0	Intestinal strongyloidiasis
B78.7	Disseminated strongyloidiasis
B78.9	Strongyloidiasis, unspecified
B79	Trichuriasis

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Code	Description
B80	Enterobiasis
B81.0	Anisakiasis
B81.1	Intestinal capillariasis
B81.2	Trichostrongyliasis
B81.3	Intestinal angiostrongyliasis
B81.4	Mixed intestinal helminthiasis
B81.8	Other specified intestinal helminthiasis
B82.0	Intestinal helminthiasis, unspecified
B92	Sequelae of leprosy
B94.2	Sequelae of viral hepatitis
B94.8	Sequelae of other specified infectious and parasitic diseases
B94.9	Sequelae of unspecified infectious and parasitic disease
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum



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Code	Description
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary



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Code	Description
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C46.4	Kaposi's sarcoma of gastrointestinal sites
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum

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Code	Description
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C80.0	Disseminated malignant neoplasm, unspecified
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission

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Code	Description
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission

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Code	Description
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse



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Code	Description
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
D00.2	Carcinoma in situ of stomach
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine

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Code	Description
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.6	Benign neoplasm of colon, unspecified
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach
D13.2	Benign neoplasm of duodenum
D13.30	Benign neoplasm of unspecified part of small intestine
D13.39	Benign neoplasm of other parts of small intestine
D13.4	Benign neoplasm of liver
D13.5	Benign neoplasm of extrahepatic bile ducts
D13.6	Benign neoplasm of pancreas
D13.7	Benign neoplasm of endocrine pancreas
D13.9	Benign neoplasm of ill-defined sites within the digestive system
D18.03	Hemangioma of intra-abdominal structures
D19.1	Benign neoplasm of mesothelial tissue of peritoneum
D20.0	Benign neoplasm of soft tissue of retroperitoneum
D20.1	Benign neoplasm of soft tissue of peritoneum
D37.1	Neoplasm of uncertain behavior of stomach



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Code	Description
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D45	Polycythemia vera
D49.0	Neoplasm of unspecified behavior of digestive system
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D61.82	Myelophthisis
D62	Acute posthemorrhagic anemia
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease



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Code	Description
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.4	Congenital dyserythropoietic anemia
D64.81	Anemia due to antineoplastic chemotherapy
D64.89	Other specified anemias
D64.9	Anemia, unspecified
D65	Disseminated intravascular coagulation [defibrination syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.0	Von Willebrand's disease
D68.1	Hereditary factor XI deficiency
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D68.312	Antiphospholipid antibody with hemorrhagic disorder
D68.318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.0	Allergic purpura
D69.1	Qualitative platelet defects
D69.2	Other nonthrombocytopenic purpura
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura

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Code	Description
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D69.9	Hemorrhagic condition, unspecified
*D89.831	*Cytokine release syndrome, grade 1
*D89.832	*Cytokine release syndrome, grade 2
*D89.833	*Cytokine release syndrome, grade 3
*D89.834	*Cytokine release syndrome, grade 4
*D89.835	*Cytokine release syndrome, grade 5
G89.3	Neoplasm related pain (acute) (chronic)
G93.3	Postviral fatigue syndrome
I78.0	Hereditary hemorrhagic telangiectasia
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
J86.0	Pyothorax with fistula
K20.0	Eosinophilic esophagitis
K20.80	Other esophagitis without bleeding
K20.81	Other esophagitis with bleeding
K20.90	Esophagitis, unspecified without bleeding
K20.91	Esophagitis, unspecified with bleeding
K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding
K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
K21.9	Gastro-esophageal reflux disease without esophagitis
K22.10	Ulcer of esophagus without bleeding

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Code	Description
K22.11	Ulcer of esophagus with bleeding
K22.2	Esophageal obstruction
K22.3	Perforation of esophagus
K22.4	Dyskinesia of esophagus
K22.5	Diverticulum of esophagus, acquired
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.70	Barrett's esophagus without dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.711	Barrett's esophagus with high grade dysplasia
K22.719	Barrett's esophagus with dysplasia, unspecified
K22.8	Other specified diseases of esophagus
K22.9	Disease of esophagus, unspecified
K23	Disorders of esophagus in diseases classified elsewhere
K25.0	Acute gastric ulcer with hemorrhage
K25.1	Acute gastric ulcer with perforation
K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.1	Acute duodenal ulcer with perforation
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.3	Acute duodenal ulcer without hemorrhage or perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.5	Chronic or unspecified duodenal ulcer with perforation



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Code	Description
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K26.7	Chronic duodenal ulcer without hemorrhage or perforation
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Acute peptic ulcer, site unspecified, with perforation
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage
K28.1	Acute gastrojejunal ulcer with perforation
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K29.30	Chronic superficial gastritis without bleeding

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Code	Description
K29.31	Chronic superficial gastritis with bleeding
K29.40	Chronic atrophic gastritis without bleeding
K29.41	Chronic atrophic gastritis with bleeding
K29.50	Unspecified chronic gastritis without bleeding
K29.51	Unspecified chronic gastritis with bleeding
K29.60	Other gastritis without bleeding
K29.61	Other gastritis with bleeding
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K30	Functional dyspepsia
K31.1	Adult hypertrophic pyloric stenosis
K31.4	Gastric diverticulum
K31.5	Obstruction of duodenum
K31.6	Fistula of stomach and duodenum
K31.7	Polyp of stomach and duodenum
K31.811	Angiodysplasia of stomach and duodenum with bleeding
K31.819	Angiodysplasia of stomach and duodenum without bleeding
K31.82	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
K31.89	Other diseases of stomach and duodenum
K31.9	Disease of stomach and duodenum, unspecified
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula

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Code	Description
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula

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Code	Description
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula

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Code	Description
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.0	Gastroenteritis and colitis due to radiation
K52.1	Toxic gastroenteritis and colitis
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.3	Indeterminate colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.82	Eosinophilic colitis
K52.831	Collagenous colitis
K52.832	Lymphocytic colitis
K52.838	Other microscopic colitis

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Code	Description
K52.839	Microscopic colitis, unspecified
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified
K55.031	Focal (segmental) acute (reversible) ischemia of large intestine
K55.032	Diffuse acute (reversible) ischemia of large intestine
K55.039	Acute (reversible) ischemia of large intestine, extent unspecified
K55.041	Focal (segmental) acute infarction of large intestine
K55.042	Diffuse acute infarction of large intestine
K55.049	Acute infarction of large intestine, extent unspecified
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diffuse acute infarction of intestine, part unspecified
K55.069	Acute infarction of intestine, part and extent unspecified
K55.1	Chronic vascular disorders of intestine
K55.20	Angiodysplasia of colon without hemorrhage
K55.21	Angiodysplasia of colon with hemorrhage
K55.30	Necrotizing enterocolitis, unspecified
K55.31	Stage 1 necrotizing enterocolitis
K55.32	Stage 2 necrotizing enterocolitis
K55.33	Stage 3 necrotizing enterocolitis

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Code	Description
K55.8	Other vascular disorders of intestine
K55.9	Vascular disorder of intestine, unspecified
K56.0	Paralytic ileus
K56.1	Intussusception
K56.2	Volvulus
K56.3	Gallstone ileus
K56.41	Fecal impaction
K56.49	Other impaction of intestine
K56.699	Other intestinal obstruction unspecified as to partial versus complete obstruction
K56.7	Ileus, unspecified
K57.20	Diverticulitis of large intestine with perforation and abscess without bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.30	Diverticulosis of large intestine without perforation or abscess without bleeding
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.32	Diverticulitis of large intestine without perforation or abscess without bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.40	Diverticulitis of both small and large intestine with perforation and abscess without bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.50	Diverticulosis of both small and large intestine without perforation or abscess without bleeding
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.52	Diverticulitis of both small and large intestine without perforation or abscess without bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.80	Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding



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Code	Description
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.90	Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.92	Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K58.0	Irritable bowel syndrome with diarrhea
K58.1	Irritable bowel syndrome with constipation
K58.2	Mixed irritable bowel syndrome
K58.8	Other irritable bowel syndrome
K58.9	Irritable bowel syndrome without diarrhea
K59.00	Constipation, unspecified
K59.01	Slow transit constipation
K59.02	Outlet dysfunction constipation
K59.04	Chronic idiopathic constipation
K59.09	Other constipation
K59.1	Functional diarrhea
K59.2	Neurogenic bowel, not elsewhere classified
K59.31	Toxic megacolon
K59.39	Other megacolon
K59.4	Anal spasm
K59.81	Ogilvie syndrome
K59.89	Other specified functional intestinal disorders
K59.9	Functional intestinal disorder, unspecified
K60.0	Acute anal fissure
K60.1	Chronic anal fissure

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Code	Description
K60.2	Anal fissure, unspecified
K60.3	Anal fistula
K60.4	Rectal fistula
K60.5	Anorectal fistula
K62.0	Anal polyp
K62.1	Rectal polyp
K62.2	Anal prolapse
K62.3	Rectal prolapse
K62.5	Hemorrhage of anus and rectum
K62.6	Ulcer of anus and rectum
K62.7	Radiation proctitis
K62.81	Anal sphincter tear (healed) (nontraumatic) (old)
K62.82	Dysplasia of anus
K62.89	Other specified diseases of anus and rectum
K62.9	Disease of anus and rectum, unspecified
K63.1	Perforation of intestine (nontraumatic)
K63.3	Ulcer of intestine
K63.5	Polyp of colon
K63.81	Dieulafoy lesion of intestine
K64.0	First degree hemorrhoids
K64.1	Second degree hemorrhoids
K64.2	Third degree hemorrhoids
K64.3	Fourth degree hemorrhoids
K64.4	Residual hemorrhoidal skin tags
K64.5	Perianal venous thrombosis
K64.8	Other hemorrhoids
K64.9	Unspecified hemorrhoids
K70.0	Alcoholic fatty liver



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Code	Description
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Fatty (change of) liver, not elsewhere classified
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified

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Code	Description
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
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
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K86.9	Disease of pancreas, unspecified
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.0	Celiac disease
K90.41	Non-celiac gluten sensitivity



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Code	Description
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.81	Whipple's disease
K90.89	Other intestinal malabsorption
K91.0	Vomiting following gastrointestinal surgery
K91.1	Postgastric surgery syndromes
K91.89	Other postprocedural complications and disorders of digestive system
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
K94.30	Esophagostomy complications, unspecified
K94.31	Esophagostomy hemorrhage
K94.32	Esophagostomy infection
K94.33	Esophagostomy malfunction
K94.39	Other complications of esophagostomy
M33.03	Juvenile dermatomyositis without myopathy
M33.13	Other dermatomyositis without myopathy
M33.93	Dermatopolymyositis, unspecified without myopathy
N32.1	Vesicointestinal fistula
N80.5	Endometriosis of intestine
R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain

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Code	Description
R10.33	Periumbilical pain
R10.811	Right upper quadrant abdominal tenderness
R10.812	Left upper quadrant abdominal tenderness
R10.813	Right lower quadrant abdominal tenderness
R10.814	Left lower quadrant abdominal tenderness
R10.815	Periumbilic abdominal tenderness
R10.816	Epigastric abdominal tenderness
R10.817	Generalized abdominal tenderness
R10.819	Abdominal tenderness, unspecified site
R10.821	Right upper quadrant rebound abdominal tenderness
R10.822	Left upper quadrant rebound abdominal tenderness
R10.823	Right lower quadrant rebound abdominal tenderness
R10.824	Left lower quadrant rebound abdominal tenderness
R10.825	Periumbilic rebound abdominal tenderness
R10.826	Epigastric rebound abdominal tenderness
R10.827	Generalized rebound abdominal tenderness
R10.829	Rebound abdominal tenderness, unspecified site
R10.83	Colic
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.13	Vomiting of fecal matter
R11.14	Bilious vomiting
R11.15	Cyclical vomiting syndrome unrelated to migraine
R11.2	Nausea with vomiting, unspecified

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Code	Description
R12	Heartburn
R13.0	Aphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase
R13.13	Dysphagia, pharyngeal phase
R13.14	Dysphagia, pharyngoesophageal phase
R13.19	Other dysphagia
R18.0	Malignant ascites
R18.8	Other ascites
R19.00	Intra-abdominal and pelvic swelling, mass and lump, unspecified site
R19.01	Right upper quadrant abdominal swelling, mass and lump
R19.02	Left upper quadrant abdominal swelling, mass and lump
R19.03	Right lower quadrant abdominal swelling, mass and lump
R19.04	Left lower quadrant abdominal swelling, mass and lump
R19.05	Periumbilic swelling, mass or lump
R19.06	Epigastric swelling, mass or lump
R19.07	Generalized intra-abdominal and pelvic swelling, mass and lump
R19.09	Other intra-abdominal and pelvic swelling, mass and lump
R19.30	Abdominal rigidity, unspecified site
R19.31	Right upper quadrant abdominal rigidity
R19.32	Left upper quadrant abdominal rigidity
R19.33	Right lower quadrant abdominal rigidity
R19.34	Left lower quadrant abdominal rigidity
R19.35	Periumbilic abdominal rigidity
R19.36	Epigastric abdominal rigidity
R19.37	Generalized abdominal rigidity
R19.4	Change in bowel habit

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Code	Description
R19.5	Other fecal abnormalities
R19.7	Diarrhea, unspecified
R19.8	Other specified symptoms and signs involving the digestive system and abdomen
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
R63.0	Anorexia
R63.4	Abnormal weight loss
R79.1	Abnormal coagulation profile
R93.5	Abnormal findings on diagnostic imaging of other abdominal regions, including retroperitoneum
R94.5	Abnormal results of liver function studies
S28.0XXA	Crushed chest, initial encounter
S31.001A	Unspecified open wound of lower back and pelvis with penetration into retroperitoneum, initial encounter
S31.609A	Unspecified open wound of abdominal wall, unspecified quadrant with penetration into peritoneal cavity, initial encounter
S35.00XA	Unspecified injury of abdominal aorta, initial encounter
S35.01XA	Minor laceration of abdominal aorta, initial encounter
S35.02XA	Major laceration of abdominal aorta, initial encounter
S35.09XA	Other injury of abdominal aorta, initial encounter
S35.10XA	Unspecified injury of inferior vena cava, initial encounter
S35.11XA	Minor laceration of inferior vena cava, initial encounter
S35.12XA	Major laceration of inferior vena cava, initial encounter
S35.19XA	Other injury of inferior vena cava, initial encounter
S35.211A	Minor laceration of celiac artery, initial encounter

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Code	Description
S35.212A	Major laceration of celiac artery, initial encounter
S35.218A	Other injury of celiac artery, initial encounter
S35.219A	Unspecified injury of celiac artery, initial encounter
S35.221A	Minor laceration of superior mesenteric artery, initial encounter
S35.222A	Major laceration of superior mesenteric artery, initial encounter
S35.228A	Other injury of superior mesenteric artery, initial encounter
S35.229A	Unspecified injury of superior mesenteric artery, initial encounter
S35.231A	Minor laceration of inferior mesenteric artery, initial encounter
S35.232A	Major laceration of inferior mesenteric artery, initial encounter
S35.238A	Other injury of inferior mesenteric artery, initial encounter
S35.239A	Unspecified injury of inferior mesenteric artery, initial encounter
S35.291A	Minor laceration of branches of celiac and mesenteric artery, initial encounter
S35.292A	Major laceration of branches of celiac and mesenteric artery, initial encounter
S35.298A	Other injury of branches of celiac and mesenteric artery, initial encounter
S35.299A	Unspecified injury of branches of celiac and mesenteric artery, initial encounter
S35.311A	Laceration of portal vein, initial encounter
S35.318A	Other specified injury of portal vein, initial encounter
S35.319A	Unspecified injury of portal vein, initial encounter
S35.321A	Laceration of splenic vein, initial encounter
S35.328A	Other specified injury of splenic vein, initial encounter
S35.329A	Unspecified injury of splenic vein, initial encounter
S35.331A	Laceration of superior mesenteric vein, initial encounter
S35.338A	Other specified injury of superior mesenteric vein, initial encounter
S35.339A	Unspecified injury of superior mesenteric vein, initial encounter
S35.341A	Laceration of inferior mesenteric vein, initial encounter
S35.348A	Other specified injury of inferior mesenteric vein, initial encounter
S35.349A	Unspecified injury of inferior mesenteric vein, initial encounter
S35.401A	Unspecified injury of right renal artery, initial encounter



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Code	Description
S35.402A	Unspecified injury of left renal artery, initial encounter
S35.403A	Unspecified injury of unspecified renal artery, initial encounter
S35.404A	Unspecified injury of right renal vein, initial encounter
S35.405A	Unspecified injury of left renal vein, initial encounter
S35.406A	Unspecified injury of unspecified renal vein, initial encounter
S35.411A	Laceration of right renal artery, initial encounter
S35.412A	Laceration of left renal artery, initial encounter
S35.413A	Laceration of unspecified renal artery, initial encounter
S35.414A	Laceration of right renal vein, initial encounter
S35.415A	Laceration of left renal vein, initial encounter
S35.416A	Laceration of unspecified renal vein, initial encounter
S35.491A	Other specified injury of right renal artery, initial encounter
S35.492A	Other specified injury of left renal artery, initial encounter
S35.493A	Other specified injury of unspecified renal artery, initial encounter
S35.494A	Other specified injury of right renal vein, initial encounter
S35.495A	Other specified injury of left renal vein, initial encounter
S35.496A	Other specified injury of unspecified renal vein, initial encounter
S35.50XA	Injury of unspecified iliac blood vessel(s), initial encounter
S35.511A	Injury of right iliac artery, initial encounter
S35.512A	Injury of left iliac artery, initial encounter
S35.513A	Injury of unspecified iliac artery, initial encounter
S35.514A	Injury of right iliac vein, initial encounter
S35.515A	Injury of left iliac vein, initial encounter
S35.516A	Injury of unspecified iliac vein, initial encounter
S35.531A	Injury of right uterine artery, initial encounter
S35.532A	Injury of left uterine artery, initial encounter
S35.533A	Injury of unspecified uterine artery, initial encounter
S35.534A	Injury of right uterine vein, initial encounter



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Code	Description
S35.535A	Injury of left uterine vein, initial encounter
S35.536A	Injury of unspecified uterine vein, initial encounter
S35.59XA	Injury of other iliac blood vessels, initial encounter
S35.8X1A	Laceration of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.8X8A	Other specified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.8X9A	Unspecified injury of other blood vessels at abdomen, lower back and pelvis level, initial encounter
S35.90XA	Unspecified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S35.91XA	Laceration of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S35.99XA	Other specified injury of unspecified blood vessel at abdomen, lower back and pelvis level, initial encounter
S36.112A	Contusion of liver, initial encounter
S36.113A	Laceration of liver, unspecified degree, initial encounter
S36.114A	Minor laceration of liver, initial encounter
S36.115A	Moderate laceration of liver, initial encounter
S36.116A	Major laceration of liver, initial encounter
S36.118A	Other injury of liver, initial encounter
S36.119A	Unspecified injury of liver, initial encounter
S36.200A	Unspecified injury of head of pancreas, initial encounter
S36.201A	Unspecified injury of body of pancreas, initial encounter
S36.202A	Unspecified injury of tail of pancreas, initial encounter
S36.209A	Unspecified injury of unspecified part of pancreas, initial encounter
S36.220A	Contusion of head of pancreas, initial encounter
S36.221A	Contusion of body of pancreas, initial encounter
S36.222A	Contusion of tail of pancreas, initial encounter
S36.229A	Contusion of unspecified part of pancreas, initial encounter

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***July 2021 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

July 2021



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Code	Description
S36.230A	Laceration of head of pancreas, unspecified degree, initial encounter
S36.231A	Laceration of body of pancreas, unspecified degree, initial encounter
S36.232A	Laceration of tail of pancreas, unspecified degree, initial encounter
S36.239A	Laceration of unspecified part of pancreas, unspecified degree, initial encounter
S36.240A	Minor laceration of head of pancreas, initial encounter
S36.241A	Minor laceration of body of pancreas, initial encounter
S36.242A	Minor laceration of tail of pancreas, initial encounter
S36.249A	Minor laceration of unspecified part of pancreas, initial encounter
S36.250A	Moderate laceration of head of pancreas, initial encounter
S36.251A	Moderate laceration of body of pancreas, initial encounter
S36.252A	Moderate laceration of tail of pancreas, initial encounter
S36.259A	Moderate laceration of unspecified part of pancreas, initial encounter
S36.260A	Major laceration of head of pancreas, initial encounter
S36.261A	Major laceration of body of pancreas, initial encounter
S36.262A	Major laceration of tail of pancreas, initial encounter
S36.269A	Major laceration of unspecified part of pancreas, initial encounter
S36.290A	Other injury of head of pancreas, initial encounter
S36.291A	Other injury of body of pancreas, initial encounter
S36.292A	Other injury of tail of pancreas, initial encounter
S36.299A	Other injury of unspecified part of pancreas, initial encounter
S36.30XA	Unspecified injury of stomach, initial encounter
S36.32XA	Contusion of stomach, initial encounter
S36.33XA	Laceration of stomach, initial encounter
S36.39XA	Other injury of stomach, initial encounter
S36.400A	Unspecified injury of duodenum, initial encounter
S36.408A	Unspecified injury of other part of small intestine, initial encounter
S36.409A	Unspecified injury of unspecified part of small intestine, initial encounter
S36.410A	Primary blast injury of duodenum, initial encounter



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Code	Description
S36.418A	Primary blast injury of other part of small intestine, initial encounter
S36.419A	Primary blast injury of unspecified part of small intestine, initial encounter
S36.420A	Contusion of duodenum, initial encounter
S36.428A	Contusion of other part of small intestine, initial encounter
S36.429A	Contusion of unspecified part of small intestine, initial encounter
S36.430A	Laceration of duodenum, initial encounter
S36.438A	Laceration of other part of small intestine, initial encounter
S36.439A	Laceration of unspecified part of small intestine, initial encounter
S36.490A	Other injury of duodenum, initial encounter
S36.498A	Other injury of other part of small intestine, initial encounter
S36.499A	Other injury of unspecified part of small intestine, initial encounter
S36.500A	Unspecified injury of ascending [right] colon, initial encounter
S36.501A	Unspecified injury of transverse colon, initial encounter
S36.502A	Unspecified injury of descending [left] colon, initial encounter
S36.503A	Unspecified injury of sigmoid colon, initial encounter
S36.508A	Unspecified injury of other part of colon, initial encounter
S36.509A	Unspecified injury of unspecified part of colon, initial encounter
S36.510A	Primary blast injury of ascending [right] colon, initial encounter
S36.511A	Primary blast injury of transverse colon, initial encounter
S36.512A	Primary blast injury of descending [left] colon, initial encounter
S36.513A	Primary blast injury of sigmoid colon, initial encounter
S36.518A	Primary blast injury of other part of colon, initial encounter
S36.519A	Primary blast injury of unspecified part of colon, initial encounter
S36.520A	Contusion of ascending [right] colon, initial encounter
S36.521A	Contusion of transverse colon, initial encounter
S36.522A	Contusion of descending [left] colon, initial encounter
S36.523A	Contusion of sigmoid colon, initial encounter
S36.528A	Contusion of other part of colon, initial encounter



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Code	Description
S36.529A	Contusion of unspecified part of colon, initial encounter
S36.530A	Laceration of ascending [right] colon, initial encounter
S36.531A	Laceration of transverse colon, initial encounter
S36.532A	Laceration of descending [left] colon, initial encounter
S36.533A	Laceration of sigmoid colon, initial encounter
S36.538A	Laceration of other part of colon, initial encounter
S36.539A	Laceration of unspecified part of colon, initial encounter
S36.590A	Other injury of ascending [right] colon, initial encounter
S36.591A	Other injury of transverse colon, initial encounter
S36.592A	Other injury of descending [left] colon, initial encounter
S36.593A	Other injury of sigmoid colon, initial encounter
S36.598A	Other injury of other part of colon, initial encounter
S36.599A	Other injury of unspecified part of colon, initial encounter
S36.60XA	Unspecified injury of rectum, initial encounter
S36.61XA	Primary blast injury of rectum, initial encounter
S36.62XA	Contusion of rectum, initial encounter
S36.63XA	Laceration of rectum, initial encounter
S36.69XA	Other injury of rectum, initial encounter
S36.899A	Unspecified injury of other intra-abdominal organs, initial encounter
S36.90XA	Unspecified injury of unspecified intra-abdominal organ, initial encounter
S37.001A	Unspecified injury of right kidney, initial encounter
S37.002A	Unspecified injury of left kidney, initial encounter
S37.009A	Unspecified injury of unspecified kidney, initial encounter
S37.011A	Minor contusion of right kidney, initial encounter
S37.012A	Minor contusion of left kidney, initial encounter
S37.019A	Minor contusion of unspecified kidney, initial encounter
S37.021A	Major contusion of right kidney, initial encounter
S37.022A	Major contusion of left kidney, initial encounter



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Code	Description
S37.029A	Major contusion of unspecified kidney, initial encounter
S37.031A	Laceration of right kidney, unspecified degree, initial encounter
S37.032A	Laceration of left kidney, unspecified degree, initial encounter
S37.039A	Laceration of unspecified kidney, unspecified degree, initial encounter
S37.041A	Minor laceration of right kidney, initial encounter
S37.042A	Minor laceration of left kidney, initial encounter
S37.049A	Minor laceration of unspecified kidney, initial encounter
S37.051A	Moderate laceration of right kidney, initial encounter
S37.052A	Moderate laceration of left kidney, initial encounter
S37.059A	Moderate laceration of unspecified kidney, initial encounter
S37.061A	Major laceration of right kidney, initial encounter
S37.062A	Major laceration of left kidney, initial encounter
S37.069A	Major laceration of unspecified kidney, initial encounter
S37.091A	Other injury of right kidney, initial encounter
S37.092A	Other injury of left kidney, initial encounter
S37.099A	Other injury of unspecified kidney, initial encounter
S38.1XXA	Crushing injury of abdomen, lower back, and pelvis, initial encounter
T43.641A	Poisoning by ecstasy, accidental (unintentional), initial encounter
T43.641D	Poisoning by ecstasy, accidental (unintentional), subsequent encounter
T43.641S	Poisoning by ecstasy, accidental (unintentional), sequela
T43.642A	Poisoning by ecstasy, intentional self-harm, initial encounter
T43.642D	Poisoning by ecstasy, intentional self-harm, subsequent encounter
T43.642S	Poisoning by ecstasy, intentional self-harm, sequela
T43.643A	Poisoning by ecstasy, assault, initial encounter
T43.643D	Poisoning by ecstasy, assault, subsequent encounter
T43.643S	Poisoning by ecstasy, assault, sequela
T43.644A	Poisoning by ecstasy, undetermined, initial encounter
T43.644D	Poisoning by ecstasy, undetermined, subsequent encounter



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Code	Description
T43.644S	Poisoning by ecstasy, undetermined, sequela
T45.511A	Poisoning by anticoagulants, accidental (unintentional), initial encounter
T45.512A	Poisoning by anticoagulants, intentional self-harm, initial encounter
T45.513A	Poisoning by anticoagulants, assault, initial encounter
T45.514A	Poisoning by anticoagulants, undetermined, initial encounter
T45.521A	Poisoning by antithrombotic drugs, accidental (unintentional), initial encounter
T45.522A	Poisoning by antithrombotic drugs, intentional self-harm, initial encounter
T45.523A	Poisoning by antithrombotic drugs, assault, initial encounter
T45.524A	Poisoning by antithrombotic drugs, undetermined, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.915A	Adverse effect of multiple unspecified drugs, medicaments and biological substances, initial encounter
T88.52XA	Failed moderate sedation during procedure, initial encounter
*U07.1	*COVID-19
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z79.01	Long term (current) use of anticoagulants
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
Z79.51	Long term (current) use of inhaled steroids
Z79.52	Long term (current) use of systemic steroids
Z79.82	Long term (current) use of aspirin
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus



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Code	Description
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.05	Personal history of malignant neoplasm of liver
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.810	Personal history of malignant neoplasm of tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx
Z86.002	Personal history of in-situ neoplasm of other and unspecified genital organs
Z86.003	Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Z86.004	Personal history of in-situ neoplasm of other and unspecified digestive organs
Z86.010	Personal history of colonic polyps
Z86.19	Personal history of other infectious and parasitic diseases

Indications

1. To evaluate known or suspected alimentary tract conditions that might cause bleeding into the intestinal tract.
2. To evaluate unexpected anemia.
3. To evaluate abnormal signs, symptoms, or complaints that might be associated with loss of blood.
4. To evaluate patient complaints of black or red-tinged stools.

Limitations

1. The FOBT is reported once for the testing of up to three separate specimens (comprising either one or two tests per specimen).
2. In patients who are taking non-steroidal anti-inflammatory drugs and have a history of gastrointestinal bleeding but no other signs, symptoms, or complaints associated with gastrointestinal blood loss, testing for occult blood may generally be appropriate no more than once every three months.



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When testing is done for the purpose of screening for colorectal cancer in the absence of signs, symptoms, conditions, or complaints associated with gastrointestinal blood loss, report the HCPCS code for colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations should be used.

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.

Sources of Information

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