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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 1165 | Date: January 18, 2013 |
| | Change Request 8109 |

Transmittal 1162, dated January 4, 2013, is being rescinded and replaced by Transmittal 1165, dated January 18, 2013, to include the file for section 90.1, titled "Pharmacogenomic Testing for Warfarin Response," which was inadvertently omitted from the original communication. Also, the file for section 20.29, titled Hyperbaric Oxygen Therapy, included some erroneous information, which has now been removed. All other information remains the same.

SUBJECT: International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR)

I. SUMMARY OF CHANGES: The purpose of this change request (CR) is to both create and update national coverage determination (NCD) hard-coded shared system edits that contain ICD-9 diagnosis codes with comparable ICD-10 diagnosis codes plus all associated coding infrastructure such as procedure codes, HCPCS/CPT codes, denial messages, frequency edits, POS/TOB/provider specialties, etc. The requirements described herein reflect the operational changes that are necessary to implement the conversion of the Medicare shared system diagnosis codes specific to the attached Medicare NCD spreadsheets.

Please note that the implementation date is prior to the effective date in order to be prepared to meet the timeline to implement the new ICD-10 diagnosis codes on October 1, 2014. The shared systems began implementation of the necessary changes to the NCDs in the January 2013 systems release and continue to do so in this CR and subsequent CRs. No VMS and/or DME MAC systems are included in this CR. They will be addressed in a subsequent CR. All remaining changes to the shared systems as they relate to Medicare NCDs will be made in subsequent releases.

EFFECTIVE DATE: October 1, 2014

IMPLEMENTATION DATE: April 1, 2013

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| N/A | |

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment - One-Time Notification

| | | | |
|-------------|-------------------|------------------------|----------------------|
| Pub. 100-20 | Transmittal: 1165 | Date: January 18, 2013 | Change Request: 8109 |
|-------------|-------------------|------------------------|----------------------|

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SUBJECT: International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs) (CR

EFFECTIVE DATE: October 1, 2014

IMPLEMENTATION DATE: April 1, 2013

I. GENERAL INFORMATION

A. Background: On October 1, 2014, per CMS-40-F, 42CFR162, dated September 5, 2012, all Medicare claims submissions will convert from the International Classification of Diseases, 9th Edition (ICD-9) to the 10th Edition (ICD-10). The transition will require business and systems changes throughout the health care industry. All covered entities, as defined by the Health Insurance Portability and Accountability Act (HIPAA), must adhere to the conversion.

In accordance with HIPAA, the Secretary of the Department of Health and Human Services adopts standard medical data code sets for use in standard transactions adopted under this law. According to the ICD-10 Final Rule, published in the Federal Register of January 16, 2009, the Secretary adopts the ICD-10-CM and ICD-10-PCS code sets for use in appropriate HIPAA standard transactions, including those for submitting health care claims electronically, for dates of service on and after October 1, 2013. Entities covered under HIPAA, which include Medicare and its providers submitting claims electronically, are bound by these requirements and must comply. Medicare will also require submitters of paper claims to use ICD-10 codes on their claims according to the same compliance date.

B. Policy: The purpose of this change request (CR) is to both create and update national coverage determination (NCD) hard-coded shared system edits that contain ICD-9 diagnosis codes with comparable ICD-10 diagnosis codes, along with all related coding infrastructure such as procedure codes, HCPCS/CPT codes, messages, frequency edits, POS/TOB and provider specialties, etc. The requirements described herein reflect the operational changes that are necessary to implement the conversion of the Medicare shared system diagnosis codes specific to the attached Medicare NCDs. In order to be prepared to meet the timeline to implement the new ICD-10 diagnosis codes on October 1, 2014, the shared systems began implementation of the necessary changes to the NCDs in the January 2013 systems release and continue with this CR and CRs in subsequent releases. No VMS and/or DME MAC systems are included in this CR but will be addressed in a subsequent CR. **All remaining changes to the shared systems as they relate to Medicare NCDs will be made in subsequent releases.**

THIS EXERCISE IN NO WAY IS INTENDED TO EXPAND, RESTRICT, OR ALTER EXISTING MEDICARE NATIONAL COVERAGE. NOR IS IT INTENDED TO MINIMIZE THE AUTHORITY GRANTED TO MEDICARE ADMINISTRATIVE CONTRACTORS IN THEIR DISCRETIONARY IMPLEMENTATION OF NCDs OR LCDs. HOWEVER, WHERE HARD-CODED EDITS WERE NOT INITIALLY IMPLEMENTED DUE TO TIME AND/OR RESOURCE CONSTRAINTS, DOING SO AT THIS TIME WILL BETTER SERVE THE INTENT AND INTEGRITY OF NATIONAL COVERAGE AND THE MEDICARE PROGRAM OVERALL.

Spreadsheets are attached to this CR indicating all affected ICD-9 codes and their corresponding ICD-10 codes as they relate to their respective NCDs, in addition to the rest of the coding infrastructure specific to each NCD.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

| Number | Requirement | Responsibility | | | | | | | | | | |
|--------|--|---------------------------|---------------------------|--------------------------------|--------|---------------------------------|-------------|----------------------------------|-------------|-------------|-------------|-------|
| | | A/B MAC | | D M E M A C | F I | C A R R I E R | R H I | Shared- System Maintainers | | | | Other |
| | | P a r t A | P a r t B | | | | | F I S S | M C S | V M S | C W F | |
| 8109.1 | The SSMs shall implement the edits/logic associated with the attached NCD-related ICD-10 diagnosis codes using the attached Excel spreadsheets. | | | | | | | X | X | | | |
| 8109.2 | Medicare contractors shall complete all ICD-10 tasks that involve updates to shared system edits/tables associated with the attached NCDs in this CR by April 1, 2013. | X | X | | X | X | | | | | | |
| 8109.3 | The SSMs shall ensure the ICD-10 diagnosis codes associated with NCDs are not implemented until October 1, 2014. | | | | | | | X | X | | | |
| 8109.4 | <p>When denying claims associated with the NCDs attached to CR8109, contractors shall use:</p> <p>Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with a GA modifier indicating a signed ABN is on file).</p> <p>Group Code CO (Contractual Obligation) assigning financial liability to the provider (if a claim is received with a GZ modifier indicating no signed ABN is on file).</p> <p>NOTE: For modifier GZ, use CARC 50 and MSN 8.81 per instructions in CR 7228/TR 2148.</p> <p>Also where appropriate and not specifically indicated in the various attached spreadsheets use:</p> <p>MSN15.20: The following policies [<i>insert LMRP/LCD ID #(s) and NCD #(s)</i>] were used when we made this decision.</p> <p>Las siguientes políticas [añadir los #s de las Políticas</p> | X | X | | X | X | | | | | | |

| Number | Requirement | Responsibility | | | | | | | | | | |
|--------|---|-----------------------|-----------------------|----------------------------|--------|---------------------------------|-------------|------------------------------|-------------|-------------|-------------|-------|
| | | A/B MAC | | D M E M A C | F I | C A R R I E R | R H I | Shared-System Maintainers | | | | Other |
| | | P a r t A | P a r t B | | | | | F I S S | M C S | V M S | C W F | |
| | <p>Médicas Locales y los #s de el "National Coverage Determination"] fueron utilizadas cuando se tomó esta decisión.</p> <p>RARC N386: <i>This decision was based on a National Coverage Determination (NCD). An NCD provides a coverage determination as to whether a particular item or service is covered. A copy of this policy is available at http://www.cms.hhs.gov/mcd/search.asp.. If you do not have web access, you may contact your local contractor to request a copy of the NCD</i></p> <p>CARC 50: <i>These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.</i></p> | | | | | | | | | | | |
| 8109.5 | FISS & MACs shall inactivate reason code 31264 and create a policy parameter using procedure code 37.52 and value code D4. This is a change to the original CR6185, TR93. This also responds to HPARFS6477H/GINSXJC000507. | X | | | X | | | X | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | | | | | | | |
|--------|--|-----------------------|-----------------------|----------------------------|--------|---------------------------------|-------------|-------|--|--|--|--|
| | | A/B MAC | | D M E M A C | F I | C A R R I E R | R H I | Other | | | | |
| | | P a r t A | P a r t B | | | | | | | | | |
| 8109.6 | MLN Article : A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or | X | X | | X | X | | | | | | |

| Number | Requirement | Responsibility | | | | | |
|--------|--|---------------------------|---------------------------|-------------|---------------------------------|------------------|-------|
| | | A/B MAC | D M E | F I | C A R R I E R | R H H I | Other |
| | | P a r t A | P a r t B | M A C | | | |
| | a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | | | | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:
 Use "Should" to denote a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | 90.1: Pharmacogenomic Testing Warfarin |
| | 190.11: Home PT/INR Monitoring |
| | 20.9: Artificial Hearts |
| | 20.20: External Counterpulsation Therapy Severe Angina |
| | 20.29: Hyperbaric Oxygen Therapy |
| | 210.1: Prostate Cancer Screening |
| | 210.3: Colorectal Cancer Screening |
| | 260.1: Adult Liver Transplants |
| | 260.3.1: Islet Cell Transplantation Clinical Trials |
| | 260.5: Intestinal /Multi-Visceral Transplantation |
| | 270.1: ES/EMT |

Section B: All other recommendations and supporting information:
V. CONTACTS

Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov , Kate Tillman, 410-786-9252 or katherine.tillman@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachments (11)

| NCD: 90.1 | | | | | | | | | | |
|---|---|---------------------------|-----------------------|--------------|---------------------|-----------------|--------------------|----------------------------------|------------------------------|------------------------------|
| NCD Title: Pharmacogenomic Testing for Warfarin Response | | | | | | | | | | |
| IOM: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=333&ncdver=1&bc=AgAAQAAAAAAAA& | | | | | | | | | | |
| MCD: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R111NCD.pdf | | | | | | | | | | |
| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | <p>Institutional clinical trial claims for pharmacogenomic testing for warfarin response are identified through the presence of all of the following elements:</p> <ul style="list-style-type: none"> • Value Code D4 and 8-digit clinical trial number (when present on the claim) - Refer to Transmittal 310, Change Request 5790, dated January 18, 2008; • ICD-9 diagnosis code V70.7 (ICD-10 Z00.6) - Refer to Transmittal 310, Change Request 5790, dated January 18, 2008; • Condition Code 30 - Refer to Transmittal 310, Change Request 5790, dated January 18, 2008; • HCPCS modifier Q0: outpatient claims only - Refer to Transmittal 1418, Change Request 5805, dated January 18, 2008; and, • HCPCS code G9143 (mandatory with the April 2010 Integrated Outpatient Code Editor and the January 2011 clinical laboratory fee schedule (CLFS) updates. Prior to these times, any trials should bill FIs for this test as they currently do absent these instructions, and the FIs should process and pay those claims accordingly.) | G9143 | once in a lifetime | n/a | n/a | Q0 | n/a | 15.20 20.16 21.22 21.25 | 4 11 50 149 167 | M44 N117 N386 |

| NCD: 90.1 | | | | | | | | | | |
|---|---|---------------------------|-----------------------|--------------|-----|-----------------|--------------------|----------------------------------|------------------------------|------------------------------|
| NCD Title: Pharmacogenomic Testing for Warfarin Response | | | | | | | | | | |
| IOM: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=333&ncdver=1&bc=AgAAQAAAAAAAA& | | | | | | | | | | |
| MCD: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R111NCD.pdf | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | Practitioner clinical trial claims for pharmacogenomic testing for warfarin response are identified through the presence of all of the following elements: <ul style="list-style-type: none"> • ICD-9 diagnosis code V70.7;(ICD-10 Z00.6) • 8-digit clinical trial number(when present on the claim); • HCPCS modifier Q0; and, • HCPCS code G9143 (to be carrier priced for claims with dates of service on or after August 3, 2009, that are processed prior to the January 2011 CLFS update). | G9143 | once in a lifetime | n/a | n/a | Q0 | n/a | 15.20 20.16 21.22 21.25 | 4 11 50 149 167 | M44 N117 N386 |

| | | | |
|-------------------|---|------------------|--|
| NCD: | 90.1 | | |
| NCD Title: | Pharmacogenomic Testing for Warfarin Response | | |
| IOM: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=333&ncdver=1&bc=AgAAQAAAAAA& | | |
| MCD: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R111NCD.pdf | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| V70.7 | Examinaiton of participants in clinical trial | Z00.6 | Encounter for examination for normal comparison and control in clinical research program |
| | | Z79.01 | Long term (current) use of anticoagulants |

| | | | |
|-------------------|---|-------------------|-------------------------------|
| NCD: | 90.1 | | |
| NCD Title: | Pharmacogenomic Testing for Warfarin Response | | |
| IOM: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=333&ncdver=1&bc=AgAAQAAAAAA& | | |
| MCD: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R111NCD.pdf | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| N/A | N/A | N/A | N/A |

| NCD: 190.11 | | | |
|--|--|-----------|--|
| NCD Title: Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part3.pdf | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=269&ver=2 | | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| 289.81 | Primary hypercoagulable state | D68.51 | Activated protein C resistance |
| 289.81 | Primary hypercoagulable state | D68.52 | Prothrombin gene mutation |
| 289.81 | Primary hypercoagulable state | D68.59 | Other primary thrombophilia |
| 289.81 | Primary hypercoagulable state | D68.61 | Antiphospholipid syndrome |
| 289.81 | Primary hypercoagulable state | D68.62 | Lupus anticoagulant syndrome |
| 415.11 | Iatrogenic pulmonary embolism and infarction | I26.90 | Septic pulmonary embolism without acute cor pulmonale |
| 415.11 | Iatrogenic pulmonary embolism and infarction | I26.99 | Other pulmonary embolism without acute cor pulmonale |
| 415.12 | Septic pulmonary embolism | I26.01 | Septic pulmonary embolism with acute cor pulmonale |
| 415.12 | Septic pulmonary embolism | I26.90 | Septic pulmonary embolism without acute cor pulmonale |
| 415.19 | Other pulmonary embolism and infarction | I26.09 | Other pulmonary embolism with acute cor pulmonale |
| 415.19 | Other pulmonary embolism and infarction | I26.99 | Other pulmonary embolism without acute cor pulmonale |
| 427.31 | Atrial fibrillation | I48.0 | Paroxysmal atrial fibrillation |
| 427.31 | Atrial fibrillation | I48.2 | Chronic atrial fibrillation |
| 427.31 | Atrial fibrillation | I48.91 | Unspecified atrial fibrillation |
| 451.0 | Phlebitis and thrombophlebitis of superficial vessels of lower extremities | I80.00 | Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity |
| 451.0 | Phlebitis and thrombophlebitis of superficial vessels of lower extremities | I80.01 | Phlebitis and thrombophlebitis of superficial vessels of right lower extremity |
| 451.0 | Phlebitis and thrombophlebitis of superficial vessels of lower extremities | I80.02 | Phlebitis and thrombophlebitis of superficial vessels of left lower extremity |
| 451.0 | Phlebitis and thrombophlebitis of superficial vessels of lower extremities | I80.03 | Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral |
| 451.11 | Phlebitis and thrombophlebitis of femoral vein (deep) (superficial) | I80.10 | Phlebitis and thrombophlebitis of unspecified femoral vein |
| 451.11 | Phlebitis and thrombophlebitis of femoral vein (deep) (superficial) | I80.11 | Phlebitis and thrombophlebitis of right femoral vein |
| 451.11 | Phlebitis and thrombophlebitis of femoral vein (deep) (superficial) | I80.12 | Phlebitis and thrombophlebitis of left femoral vein |
| 451.11 | Phlebitis and thrombophlebitis of femoral vein (deep) (superficial) | I80.13 | Phlebitis and thrombophlebitis of femoral vein, bilateral |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.201 | Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.202 | Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.203 | Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.209 | Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.221 | Phlebitis and thrombophlebitis of right popliteal vein |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.222 | Phlebitis and thrombophlebitis of left popliteal vein |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.223 | Phlebitis and thrombophlebitis of popliteal vein, bilateral |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.229 | Phlebitis and thrombophlebitis of unspecified popliteal vein |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.231 | Phlebitis and thrombophlebitis of right tibial vein |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.232 | Phlebitis and thrombophlebitis of left tibial vein |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.233 | Phlebitis and thrombophlebitis of tibial vein, bilateral |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.239 | Phlebitis and thrombophlebitis of unspecified tibial vein |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.291 | Phlebitis and thrombophlebitis of other deep vessels of right lower extremity |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.292 | Phlebitis and thrombophlebitis of other deep vessels of left lower extremity |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.293 | Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral |
| 451.19 | Phlebitis and thrombophlebitis of deep veins of lower extremities, other | I80.299 | Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity |
| 451.2 | Phlebitis and thrombophlebitis of lower extremities, unspecified | I80.3 | Phlebitis and thrombophlebitis of lower extremities, unspecified |
| 451.81 | Phlebitis and thrombophlebitis of iliac vein | I80.211 | Phlebitis and thrombophlebitis of right iliac vein |
| 451.81 | Phlebitis and thrombophlebitis of iliac vein | I80.212 | Phlebitis and thrombophlebitis of left iliac vein |
| 451.81 | Phlebitis and thrombophlebitis of iliac vein | I80.213 | Phlebitis and thrombophlebitis of iliac vein, bilateral |
| 451.81 | Phlebitis and thrombophlebitis of iliac vein | I80.219 | Phlebitis and thrombophlebitis of unspecified iliac vein |
| 451.82 | Phlebitis and thrombophlebitis of superficial veins of upper extremities | I80.8 | Phlebitis and thrombophlebitis of other sites |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|---|-----------|---|
| 451.83 | Phlebitis and thrombophlebitis of deep veins of upper extremities | I80.8 | Phlebitis and thrombophlebitis of other sites |
| 451.84 | Phlebitis and thrombophlebitis of upper extremities, unspecified | I80.8 | Phlebitis and thrombophlebitis of other sites |
| 451.89 | Phlebitis and thrombophlebitis of other sites | I80.8 | Phlebitis and thrombophlebitis of other sites |
| 451.9 | Phlebitis and thrombophlebitis of unspecified site | I80.9 | Phlebitis and thrombophlebitis of unspecified site |
| 453.0 | Budd-Chiari syndrome | I82.0 | Budd-Chiari syndrome |
| 453.1 | Thrombophlebitis migrans | I82.1 | Thrombophlebitis migrans |
| 453.2 | Other venous embolism and thrombosis of inferior vena cava | I82.220 | Acute embolism and thrombosis of inferior vena cava |
| 453.2 | Other venous embolism and thrombosis of inferior vena cava | I82.221 | Chronic embolism and thrombosis of inferior vena cava |
| 453.3 | Other venous embolism and thrombosis of renal vein | I82.3 | Embolism and thrombosis of renal vein |
| 453.40 | Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity | I82.401 | Acute embolism and thrombosis of unspecified deep veins of right lower extremity |
| 453.40 | Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity | I82.402 | Acute embolism and thrombosis of unspecified deep veins of left lower extremity |
| 453.40 | Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity | I82.403 | Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral |
| 453.40 | Acute venous embolism and thrombosis of unspecified deep vessels of lower extremity | I82.409 | Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.411 | Acute embolism and thrombosis of right femoral vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.412 | Acute embolism and thrombosis of left femoral vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.413 | Acute embolism and thrombosis of femoral vein, bilateral |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.419 | Acute embolism and thrombosis of unspecified femoral vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.421 | Acute embolism and thrombosis of right iliac vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.422 | Acute embolism and thrombosis of left iliac vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.423 | Acute embolism and thrombosis of iliac vein, bilateral |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.429 | Acute embolism and thrombosis of unspecified iliac vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.431 | Acute embolism and thrombosis of right popliteal vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.432 | Acute embolism and thrombosis of left popliteal vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.433 | Acute embolism and thrombosis of popliteal vein, bilateral |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.439 | Acute embolism and thrombosis of unspecified popliteal vein |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.4Y1 | Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.4Y2 | Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.4Y3 | Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral |
| 453.41 | Acute venous embolism and thrombosis of deep vessels of proximal lower extremity | I82.4Y9 | Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.441 | Acute embolism and thrombosis of right tibial vein |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.442 | Acute embolism and thrombosis of left tibial vein |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|--|-----------|---|
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.443 | Acute embolism and thrombosis of tibial vein, bilateral |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.449 | Acute embolism and thrombosis of unspecified tibial vein |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.491 | Acute embolism and thrombosis of other specified deep vein of right lower extremity |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.492 | Acute embolism and thrombosis of other specified deep vein of left lower extremity |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.493 | Acute embolism and thrombosis of other specified deep vein of lower extremity, bilateral |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.499 | Acute embolism and thrombosis of other specified deep vein of unspecified lower extremity |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.4Z1 | Acute embolism and thrombosis of unspecified deep veins of right distal lower extremity |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.4Z2 | Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.4Z3 | Acute embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral |
| 453.42 | Acute venous embolism and thrombosis of deep vessels of distal lower extremity | I82.4Z9 | Acute embolism and thrombosis of unspecified deep veins of unspecified distal lower extremity |
| 453.81 | Acute venous embolism and thrombosis of superficial veins of upper extremity | I82.611 | Acute embolism and thrombosis of superficial veins of right upper extremity |
| 453.81 | Acute venous embolism and thrombosis of superficial veins of upper extremity | I82.612 | Acute embolism and thrombosis of superficial veins of left upper extremity |
| 453.81 | Acute venous embolism and thrombosis of superficial veins of upper extremity | I82.613 | Acute embolism and thrombosis of superficial veins of upper extremity, bilateral |
| 453.81 | Acute venous embolism and thrombosis of superficial veins of upper extremity | I82.619 | Acute embolism and thrombosis of superficial veins of unspecified upper extremity |
| 453.82 | Acute venous embolism and thrombosis of deep veins of upper extremity | I82.621 | Acute embolism and thrombosis of deep veins of right upper extremity |
| 453.82 | Acute venous embolism and thrombosis of deep veins of upper extremity | I82.622 | Acute embolism and thrombosis of deep veins of left upper extremity |
| 453.82 | Acute venous embolism and thrombosis of deep veins of upper extremity | I82.623 | Acute embolism and thrombosis of deep veins of upper extremity, bilateral |
| 453.82 | Acute venous embolism and thrombosis of deep veins of upper extremity | I82.629 | Acute embolism and thrombosis of deep veins of unspecified upper extremity |
| 453.83 | Acute venous embolism and thrombosis of upper extremity, unspecified | I82.601 | Acute embolism and thrombosis of unspecified veins of right upper extremity |
| 453.83 | Acute venous embolism and thrombosis of upper extremity, unspecified | I82.602 | Acute embolism and thrombosis of unspecified veins of left upper extremity |
| 453.83 | Acute venous embolism and thrombosis of upper extremity, unspecified | I82.603 | Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral |
| 453.83 | Acute venous embolism and thrombosis of upper extremity, unspecified | I82.609 | Acute embolism and thrombosis of unspecified veins of unspecified upper extremity |
| 453.84 | Acute venous embolism and thrombosis of axillary veins | I82.A11 | Acute embolism and thrombosis of right axillary vein |
| 453.84 | Acute venous embolism and thrombosis of axillary veins | I82.A12 | Acute embolism and thrombosis of left axillary vein |
| 453.84 | Acute venous embolism and thrombosis of axillary veins | I82.A13 | Acute embolism and thrombosis of axillary vein, bilateral |
| 453.84 | Acute venous embolism and thrombosis of axillary veins | I82.A19 | Acute embolism and thrombosis of unspecified axillary vein |
| 453.85 | Acute venous embolism and thrombosis of subclavian veins | I82.B11 | Acute embolism and thrombosis of right subclavian vein |
| 453.85 | Acute venous embolism and thrombosis of subclavian veins | I82.B12 | Acute embolism and thrombosis of left subclavian vein |
| 453.85 | Acute venous embolism and thrombosis of subclavian veins | I82.B13 | Acute embolism and thrombosis of subclavian vein, bilateral |
| 453.85 | Acute venous embolism and thrombosis of subclavian veins | I82.B19 | Acute embolism and thrombosis of unspecified subclavian vein |
| 453.86 | Acute venous embolism and thrombosis of internal jugular veins | I82.C11 | Acute embolism and thrombosis of right internal jugular vein |
| 453.86 | Acute venous embolism and thrombosis of internal jugular veins | I82.C12 | Acute embolism and thrombosis of left internal jugular vein |
| 453.86 | Acute venous embolism and thrombosis of internal jugular veins | I82.C13 | Acute embolism and thrombosis of internal jugular vein, bilateral |
| 453.86 | Acute venous embolism and thrombosis of internal jugular veins | I82.C19 | Acute embolism and thrombosis of unspecified internal jugular vein |
| 453.87 | Acute venous embolism and thrombosis of other thoracic veins | I82.210 | Acute embolism and thrombosis of superior vena cava |
| 453.87 | Acute venous embolism and thrombosis of other thoracic veins | I82.290 | Acute embolism and thrombosis of other thoracic veins |
| 453.89 | Acute venous embolism and thrombosis of other specified veins | I82.890 | Acute embolism and thrombosis of other specified veins |
| 453.89 | Acute venous embolism and thrombosis of other specified veins | I82.90 | Acute embolism and thrombosis of unspecified vein |
| 453.9 | Embolism and thrombosis of unspecified site | I82.91 | Chronic embolism and thrombosis of unspecified vein |
| V43.3 | Heart valve replaced by other means | Z95.2 | Presence of prosthetic heart valve |
| | | I23.6 | Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction |
| | | I27.82 | Chronic pulmonary embolism |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|----------------------|-----------|--|
| | | I67.6 | Nonpyogenic thrombosis of intracranial venous system |
| | | I82.211 | Chronic embolism and thrombosis of superior vena cava |
| | | 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 |
| | | O87.3 | Cerebral venous thrombosis in the puerperium |
| | | Z79.01 | Long term (current) use of anticoagulants |
| | | Z86.718 | Personal history of other venous thrombosis and embolism |
| | | Z95.4 | Presence of other heart-valve replacement |

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| NCD: | 190.11 | | |
| NCD Title: | Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part3.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=269&ver=2 | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| N/A | N/A | N/A | N/A |

| NCD: 190.11 | | | | | | | | | | |
|---|---|---------------------------|-----------------------|--------------|---------------------|-----------------|--------------------|-----------------------------|------------------------------|------------------------------|
| NCD Title: Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part3.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=269&ver=2 | | | | | | | | | | |
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| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | <p>FISS and MACs shall allow edit for home PT/INR monitoring for approved Dx. FISS and MACs shall deny PT/INR monitoring services not delivered in accordance with section 190.11 of Pub 100-03 of the NCD Manual based on a reasonable and necessary determination. All other indications for home PT/INR monitoring not indicated as nationally covered above remain at local Medicare contractor discretion.</p> <p>Hospitals may report these services under revenue code 920 or they may report HCPCS codes G0248 and G0249 under the revenue center where they are performed.</p> | G0248 G0249 | N/A | 13X 85X | | N/A | N/A | 15.20 15.4 21.21 | 50 11 167 | N386 MA30 M76 |

| NCD: 190.11 | | | | | | | | | | |
|---|--|---------------------------|-----------------------|--------------|-----|-----------------|--------------------|-----------------------------|------------------------------|------------------------------|
| NCD Title: Home Prothrombin Time/International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part3.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=269&ver=2 | | | | | | | | | | |
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| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | MCS and MACs shall allow edit for home PT/INR monitoring for approved Dx. MCS and MACs shall deny PT/INR monitoring services not delivered in accordance with section 190.11 of Pub 100-03 of the NCD Manual based on a reasonable and necessary determination. All other indications for home PT/INR monitoring not indicated as nationally covered above remain at local Medicare contractor discretion. Note this test is not covered as durable medical equipment. Therefore, claims submitted to DMERCs will not be paid. | G0248 G0249 G0250 | N/A | N/A | | N/A | N/A | 15.20 15.4 21.21 | 50 11 167 | N386 M76 |
| Part B | MCS and MACs shall allow G0250 no more frequently than once every 4 weeks. | G0250 | 1 per 4 weeks | N/A | | N/A | N/A | 15.22 15.6 | 119 151 | N386 N435 |

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| NCD: 210.1 | | | |
| NCD Title: Prostate Cancer Screening Tests | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=120 | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=268&ncdver=2&bc=AqAAgAAAAAA& | | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| V76.44 | Screening for malignant neoplasms of prostate | Z12.5 | Encounter for screening for malignant neoplasm of prostate |

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|-------------------|---|-------------------|-------------------------------|
| NCD: | 210.1 | | |
| NCD Title: | Prostate Cancer Screening Tests | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=120 | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=268&ncdver=2&bc=AqAAgAAAAAA& | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| N/A | N/A | N/A | N/A |

| NCD: 210.1 | | | | | | | | | | |
|---|--|---------------------------|-----------------------|---|---------------------|-----------------|--------------------|-----------------------------|---|--|
| NCD Title: Prostate Cancer Screening Tests | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=120 | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=268&ncdver=2&bc=AqAAqAAAAAA& | | | | | | | | | | |
| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | <p>Screening digital rectal examinations are covered at a frequency of once every 12 months for men who have attained age 50 (i.e., starting at least one day after they have attained age 50), if at least 11 months have passed following the month in which the last Medicare-covered screening digital rectal examination was performed.</p> <p>Beginning October 1, 2000, the following CWF edits were implemented for dates of service January 1, 2000, and later, for prostate cancer screening tests and procedures for the following:</p> <ul style="list-style-type: none"> • Age; • Frequency; • Sex; and • Valid HCPCS code. <p>Screening rectal examinations (G0102) are paid under the MPFS except for the following bill types identified (FI only). Bill types not identified are paid under the MPFS. The RHCs and FQHCs should include the charges on the claims for future inclusion in encounter rate calculations. Effective 4/1/06 the type of bill 14X is for non-patient laboratory specimens.</p> <p>The RHCs and FQHCs should include the charges on the claims for future inclusion in encounter rate calculations.</p> | G0102 | Once every 12 months | 12X 13X 14X 22X 23X 71X 73X 75X 85X | 0770 | N/A | N/A | 18.13 18.14 | 6 7 11 50 119 151 167 | M20 M76 M82 M90 MA39 N386 N435 |
| Part A | <p>Manual instructs FIs to use 18:13, 18:14 and 119.</p> | | | | | | | | | |
| Part A | <p>Screening prostate specific antigen tests are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening prostate specific antigen test was performed)</p> <p>Screening PSA tests (G0103) are paid under the clinical diagnostic lab fee schedule.</p> | G0103 | Once every 12 months | N/A | 030X | N/A | N/A | 18.13 18.14 | 6 7 11 50 119 151 167 | M20 M76 M82 M90 MA39 N386 N435 |
| Part A | <p>Manual instructs FIs to use 18:13, 18.14 and119.</p> | | | | | | | | | |

| NCD: 210.1 | | | | | | | | | | |
|---|---|---------------------------|-----------------------|--------------|-----|-----------------|--------------------|-----------------------------|---|--|
| NCD Title: Prostate Cancer Screening Tests | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=120 | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=268&ncdver=2&bc=AqAAqAAAAAA& | | | | | | | | | | |
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| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| | <p>Screening digital rectal examinations are covered at a frequency of once every 12 months for men who have attained age 50 (i.e., starting at least one day after they have attained age 50), if at least 11 months have passed following the month in which the last Medicare-covered screening digital rectal examination was performed.</p> <p>Beginning October 1, 2000, the following CWF edits were implemented for dates of service January 1, 2000, and later, for prostate cancer screening tests and procedures for the following:</p> <ul style="list-style-type: none"> • Age; • Frequency; • Sex; and • Valid HCPCS code. <p>Screening prostate specific antigen tests are covered at a frequency of once every 12 months for men who have attained age 50 (at least 11 months have passed following the month in which the last Medicare-covered screening prostate specific antigen test was performed).</p> | | | | | | | | | |
| Part B | Manual instructs Carriers to use 18:19, 18.14 and 119. | G0102 G0103 | Once every 12 months | N/A | | N/A | N/A | 18.14 18.19 | 6 7 11 50 119 151 167 | M20 M76 M82 M90 MA39 N386 N435 |

| NCD: 210.3 | | | | | | | | | | | |
|--|---|---|-------------------------------------|--|-------------------------------------|-----------------|--------------------|-----------------------------|------------------------------|------------------------------|--|
| NCD Title: Colorectal Cancer Screening Tests | | | | | | | | | | | |
| IOM: www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf | | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=qAAAAACAAAAA& | | | | | | | | | | | |
| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A | |
| Part A | FISS and MACs shall allow approved HCPCS/CPTs when billed with payable DX for high risk patients for ages 50 years and older. CWF shall edit all colorectal screening claims for age and frequency standards. The CWF will also edit FI claims for valid procedure codes (G0104, G0105, G0106, 82270, G0120, G0121, G0122, and G0328) and for valid bill types. | G0104 G0105 G0106 82270 G0120 G0121 G0328 | varies by CPT/HCPCS (details below) | varies by CPT/HCPCS (details below) | varies by CPT/HCPCS (details below) | N/A | N/A | 18.13 18.15 | 6, 11, 96, 151 | M82 M83 N362 N386 | |
| Part A | FISS and MACs shall allow FOBT CPT/HCPCS 82270 or G0328 (as an alternative to 82270) with payable DX once per 12 months; i.e., at least 11 months have passed following the month in which the last covered screening FOBT was performed. | 82270 G0328 | 1 per 12 months | 12X, 13X, 14X* (*only applicable for non-patient laboratory specimens), 22X, 23X, 83X, 85X | 030X | N/A | N/A | 18.14 18.16 | 18, 119 | M86 N386 | |
| Part A | FISS and MACs shall allow G0104 with payable DX when performed by a doctor of medicine or osteopathy, or by a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in §1861(aa)(5) of the Act and in the Code of Federal Regulations at 42 CFR 410.74, 410.75, and 410.76) at the frequencies of once every 48 months (i.e., at least 47 months have passed following the month in which the last covered screening flexible sigmoidoscopy was done) unless the beneficiary does not meet the criteria for high risk of developing colorectal cancer (refer to §60.3) and he/she has had a screening colonoscopy (code G0121) within the preceding 10 years. If such a beneficiary has had a screening colonoscopy within the preceding 10 years, then he or she can have covered a screening flexible sigmoidoscopy only after at least 119 months have passed following the month that he/she received the screening colonoscopy (code G0121). | G0104 | 1 per 48 months | 12X, 13X, 22X, 23X, 83X, 85X* (*CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 | |
| Part A | FISS and MACs shall allow G0106 with payable DX at the frequencies of once every 48 months i.e. at least 47 months have passed following the month in which the last screening barium enema or screening flexible sigmoidoscopy was performed. The screening barium enema requires a written order from the beneficiary's attending physician. | G0106 | 1 per 48 months | 12X, 13X, 22X, 23X, 85X* (*CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 | |
| Part A | FISS and MACs shall allow G0105 with payable DX once every 24 months i.e., at least 23 months have passed following the month in which last screening barium enema or the last screening colonoscopy was performed, when performed by a doctor of medicine or osteopathy. | G0105 | 1 per 24 months | 12X, 13X, 22X, 23X, 83X, 85X* (*CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 | |

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|--------|---|----------------|---|--|-----|-----|-----|----------------|-----|-------------|
| Part A | FISS and MACs shall allow G0105 with payable DX once every 24 months i.e., at least 23 months have passed following the month in which last screening barium enema or the last screening colonoscopy was performed, when performed by a doctor of medicine or osteopathy. | G0105 | 1 per 24 months | 12X, 13X, 22X, 23X, 83X, 85X*(CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part A | FISS and MACs shall allow G0120 as an alternative to G0105 with payable DX once every 24 months i.e., at least 23 months have passed following the month in which last screening barium enema or the last screening colonoscopy was performed, must have a written order from the beneficiary's attending physician | G0120 | 1 per 24 months | 12X, 13X, 22X, 23X, 85X*(CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part A | FISS and MACs shall allow CPT/HCPCS with payable DX once every 10 years i.e., at least 119 months have passed following the month in which the last covered G0121 screening colonoscopy was performed. If the individual would otherwise qualify to have covered a G0121 screening colonoscopy based on the above (see §4180.2.D.1 and .2) but has had a covered screening flexible sigmoidoscopy (code G0104), then he or she may have covered a G0121 screening colonoscopy only after at least 47 months have passed following the month in which the last covered G0104 flexible sigmoidoscopy was performed. NOTE: If during the course of the screening colonoscopy, a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as a colonoscopy with biopsy or removal should be billed and paid rather than code G0121. | G0121 | 1 per 10 yrs for average risk patients; 1 per 2 years for high risk patients | 12X, 13X, 22X, 23X, 83X, 85X*(CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part A | FISS and MACs shall deny G0122 and 74263 as non covered because it fails to meet the requirements of the benefit. The beneficiary is liable for payment. The code is not covered by Medicare. | G0122 74263 | N/A | 12X, 13X, 22X, 23X, 85X*(CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 16.10 | 49 | N386 |

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|--------|--|---|-------------------------------------|--|------------|------------------------|---------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Part A | FISS and MACs shall allow G0105 with payable DX once every 24 months i.e., at least 23 months have passed following the month in which last screening barium enema or the last screening colonoscopy was performed, when performed by a doctor of medicine or osteopathy. | G0105 | 1 per 24 months | 12X, 13X, 22X, 23X, 83X, 85X*(CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | MCS and MACs shall allow approved HCPCS/CPTs when billed with payable DX for high risk patients for ages 50 years and older. CWF shall edit all colorectal screening claims for age and frequency standards. | G0104 G0105 G0106 82270 G0120 G0121 G0328 | varies by CPT/HCPCS (details below) | N/A | N/A | N/A | N/A | 18.13 18.15 | 6, 96, 11, 151 | M82 M83 N362 N386 |
| Part B | MCS and MACs shall allow FOBT CPT/HCPCS 82270 or G0328 (as an alternative to 82270) with payable DX once per 12 months; i.e., at least 11 months have passed following the month in which the last covered screening FOBT was performed. | 82270 G0328 | 1 per 12 months | N/A | N/A | N/A | N/A | 18.14 18.16 | 18, 119 | M86 N386 |
| Part B | MCS and MACs shall allow G0104 with payable DX when performed by a doctor of medicine or osteopathy, or by a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in §1861(aa)(5) of the Act and in the Code of Federal Regulations at 42 CFR 410.74, 410.75, and 410.76) at the frequencies of once every 48 months (i.e., at least 47 months have passed following the month in which the last covered screening flexible sigmoidoscopy was done) unless the beneficiary does not meet the criteria for high risk of developing colorectal cancer (refer to §60.3) and he/she has had a screening colonoscopy (code G0121) within the preceding 10 years. If such a beneficiary has had a screening colonoscopy within the preceding 10 years, then he or she can have covered a screening flexible sigmoidoscopy only after at least 119 months have passed following the month that he/she received the screening colonoscopy (code G0121). | G0104 | 1 per 48 months | N/A | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part B | MCS and MACs shall allow G0106 with payable DX at the frequencies of once every 48 months i.e. at least 47 months have passed following the month in which the last screening barium enema or screening flexible sigmoidoscopy was performed. The screening barium enema requires a written order from the beneficiary's attending physician. | G0106 | 1 per 48 months | N/A | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part B | MCS and MACs shall allow G0105 with payable DX once every 24 months i.e., at least 23 months have passed following the month in which last screening barium enema or the last screening colonoscopy was performed, when performed by a doctor of medicine or osteopathy. | G0105 | 1 per 24 months | N/A | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part B | MCS and MACs shall allow G0120 as an alternative to G0105 with payable DX once every 24 months i.e., at least 23 months have passed following the month in which last screening barium enema or the last screening colonoscopy was performed, must have a written order from the beneficiary's attending physician | G0120 | 1 per 24 months | N/A | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |

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|--------|--|-------|---|--|-----|-----|----------------|----------------|-------------|-------------|
| Part A | FISS and MACs shall allow G0105 with payable DX once every 24 months i.e., at least 23 months have passed following the month in which last screening barium enema or the last screening colonoscopy was performed, when performed by a doctor of medicine or osteopathy. | G0105 | 1 per 24 months | 12X, 13X, 22X, 23X, 83X, 85X*(CAHs that elect Method II bill revenue code 096X, 097X, and/or 098X for professional services and 075X (or other appropriate revenue code) for the technical or facility component.) | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 |
| Part B | MCS and MACs shall allow CPT/HCPCS with payable DX once every 10 years i.e., at least 119 months have passed following the month in which the last covered G0121 screening colonoscopy was performed. If the individual would otherwise qualify to have covered a G0121 screening colonoscopy based on the above (see §4180.2.D.1 and .2) but has had a covered screening flexible sigmoidoscopy (code G0104), then he or she may have covered a G0121 screening colonoscopy only after at least 47 months have passed following the month in which the last covered G0104 flexible sigmoidoscopy was performed. NOTE: If during the course of the screening colonoscopy, a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate diagnostic procedure classified as a colonoscopy with biopsy or removal should be billed and paid rather than code G0121. | G0121 | 1 per 10 yrs for average risk patients; 1 per 2 years for high risk patients | N/A | N/A | N/A | 18.14 18.16 | 119 | M86 N386 | |
| Part B | MCS and MACs shall deny G0122 as non covered because it fails to meet the requirements of the benefit. The beneficiary is liable for payment. The code is not covered by Medicare. | G0122 | N/A | N/A | N/A | N/A | 16.10 | 49 | N386 | |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|---|-----------|---|
| 556.8 | Other ulcerative colitis | K51.813 | Other ulcerative colitis with fistula |
| 556.8 | Other ulcerative colitis | K51.814 | Other ulcerative colitis with abscess |
| 556.8 | Other ulcerative colitis | K51.818 | Other ulcerative colitis with other complication |
| 556.8 | Other ulcerative colitis | K51.819 | Other ulcerative colitis with unspecified complications |
| 556.9 | Ulcerative colitis, unspecified | K51.90 | Ulcerative colitis, unspecified, without complications |
| 556.9 | Ulcerative colitis, unspecified | K51.911 | Ulcerative colitis, unspecified with rectal bleeding |
| 556.9 | Ulcerative colitis, unspecified | K51.912 | Ulcerative colitis, unspecified with intestinal obstruction |
| 556.9 | Ulcerative colitis, unspecified | K51.913 | Ulcerative colitis, unspecified with fistula |
| 556.9 | Ulcerative colitis, unspecified | K51.914 | Ulcerative colitis, unspecified with abscess |
| 556.9 | Ulcerative colitis, unspecified | K51.918 | Ulcerative colitis, unspecified with other complication |
| 556.9 | Ulcerative colitis, unspecified | K51.919 | Ulcerative colitis, unspecified with unspecified complications |
| 558.2 | Toxic gastroenteritis and colitis | K52.1 | Toxic gastroenteritis and colitis |
| 558.9 | Other and unspecified noninfectious gastroenteritis and colitis | K52.89 | Other specified noninfective gastroenteritis and colitis |
| 558.9 | Other and unspecified noninfectious gastroenteritis and colitis | K52.9 | Noninfective gastroenteritis and colitis, unspecified |
| V10.05 | Personal history of malignant neoplasm of large intestine | Z85.038 | Personal history of other malignant neoplasm of large intestine |
| V10.06 | Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus | Z85.048 | Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus |
| N/A | | D12.6 | Benign neoplasm of colon, unspecified |
| N/A | | Z12.11 | Encounter for screening for malignant neoplasm of colon |
| N/A | | Z12.12 | Encounter for screening for malignant neoplasm of rectum |
| N/A | | Z15.09 | Genetic susceptibility to other malignant neoplasm |
| N/A | | Z80.0 | Family history of malignant neoplasm of digestive organs |
| N/A | | Z83.71 | Family history of colonic polyps |

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|-------------------|---|-------------------|-------------------------------|
| NCD: | 210.3 | | |
| NCD Title: | Colorectal Cancer Screening Tests | | |
| IOM: | www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=281&ncdver=3&CoverageSelection=National&bc=qAAACAAAAA& | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| N/A | N/A | N/A | N/A |

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|-------------------|---|------------------|--------------------------------------|
| NCD: | 260.1 | | |
| NCD Title: | Adult Liver Transplantation | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=70&ncdver=3&bc=AqAAQAAAAA& | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| | | C22.0 | Liver cell carcinoma |
| | | K72.10 | Chronic hepatic failure without coma |
| | | K72.11 | Chronic hepatic failure with coma |

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|-------------------|---|-------------------|---|
| NCD: | 260.1 | | |
| NCD Title: | Adult Liver Transplantation | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=70&ncdver=3&bc=AqAAQAAAAA& | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| 50.59 | Other transplant of liver | 0FY00Z0 | Transplantation of Liver, Allogeneic, Open Approach |
| 50.59 | Other transplant of liver | 0FY00Z1 | Transplantation of Liver, Syngeneic, Open Approach |
| 50.59 | Other transplant of liver | 0FY00Z2 | Transplantation of Liver, Zooplasic, Open Approach |

| NCD: 260.1 | | | | | | | | | | |
|---|--|-----------------------------|-----------------------|--------------|---------------------|-----------------|--------------------|--------------------------------|------------------------------|------------------------------|
| NCD Title: Adult Liver Transplantation | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=70&ncdver=3&bc=AqAAQAAAAAA& | | | | | | | | | | |
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| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | <p>FI & FISS shall accept adult liver transplantation procedures performed for non malignant end stage liver disease and for hepatocellular carcinoma that meet the conditions of NCD 260.1 when performed in a facility which is approved by the Centers for Medicare & Medicaid Services (CMS) as meeting institutional coverage criteria. Effective June 21, 2012, Medicare Administrative Contractors acting within their respective jurisdictions may determine coverage of adult liver transplantation for the following malignancies: (1) extrahepatic unresectable cholangiocarcinoma (CCA); (2) liver metastases due to a neuroendocrine tumor (NET); and, (3) hemangioendothelioma (HAE). Adult liver transplantation for other malignancies remains excluded from coverage.</p> | N/A- see ICD procedures tab | N/A | 11X | N/A | N/A | N/A | 15.4 15.20 16.2 21.21 | 50 B7 | N386 N428 |

| NCD: 260.1 | | | | | | | | | | |
|---|--|---------------------------|-----------------------|--------------|-----|-----------------|--------------------|--------------------------------|------------------------------|------------------------------|
| NCD Title: Adult Liver Transplantation | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=70&ncdver=3&bc=AqAAQAAAAA& | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | MCS & MACs shall accept adult liver transplantation procedures performed for non malignant end stage liver disease and for hepatocellular carcinoma that meet the conditions of NCD 260.1 when performed in a facility which is approved by the Centers for Medicare & Medicaid Services (CMS) as meeting institutional coverage criteria. Effective June 21, 2012, Medicare Administrative Contractors acting within their respective jurisdictions may determine coverage of adult liver transplantation for the following malignancies: (1) extrahepatic unresectable cholangiocarcinoma (CCA); (2) liver metastases due to a neuroendocrine tumor (NET); and, (3) hemangioendothelioma (HAE). Adult liver transplantation for other malignancies remains excluded from coverage. | 47135 47136 | N/A | N/A | N/A | N/A | N/A | 15.4 15.20 16.2 21.21 | 50 58 | N386 N428 |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|---|---|-----------|--|
| NCD: 260.3.1 | | | |
| NCD Title: Islet Cell Transplantation in the Context of a Clinical Trial | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCID=286&ncdver=1&bc=AqAAQAAAAA& | | | |
| 250.01 | Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled | E10.9 | Type 1 diabetes mellitus without complications |
| 250.03 | Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled | E10.65 | Type 1 diabetes mellitus with hyperglycemia |
| 250.11 | Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled | E10.10 | Type 1 diabetes mellitus with ketoacidosis without coma |
| 250.21 | Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled | E10.69 | Type 1 diabetes mellitus with other specified complication |
| 250.41 | Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled | E10.21 | Type 1 diabetes mellitus with diabetic nephropathy |
| 250.41 | Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled | E10.22 | Type 1 diabetes mellitus with diabetic chronic kidney disease |
| 250.41 | Diabetes with renal manifestations, type I [juvenile type], not stated as uncontrolled | E10.29 | Type 1 diabetes mellitus with other diabetic kidney complication |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.311 | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.319 | Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.321 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.329 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.331 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.339 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.341 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.349 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.351 | Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.359 | Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.36 | Type 1 diabetes mellitus with diabetic cataract |
| 250.51 | Diabetes with ophthalmic manifestations, type I [juvenile type], not stated as uncontrolled | E10.39 | Type 1 diabetes mellitus with other diabetic ophthalmic complication |
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.40 | Type 1 diabetes mellitus with diabetic neuropathy, unspecified |
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.41 | Type 1 diabetes mellitus with diabetic mononeuropathy |
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.42 | Type 1 diabetes mellitus with diabetic polyneuropathy |
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.43 | Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy |
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.44 | Type 1 diabetes mellitus with diabetic amyotrophy |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|---|--|-----------|--|
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.49 | Type 1 diabetes mellitus with other diabetic neurological complication |
| 250.61 | Diabetes with neurological manifestations, type I [juvenile type], not stated as uncontrolled | E10.610 | Type 1 diabetes mellitus with diabetic neuropathic arthropathy |
| 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled | E10.51 | Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled | E10.52 | Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled | E10.59 | Type 1 diabetes mellitus with other circulatory complications |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.618 | Type 1 diabetes mellitus with other diabetic arthropathy |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.620 | Type 1 diabetes mellitus with diabetic dermatitis |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.621 | Type 1 diabetes mellitus with foot ulcer |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.622 | Type 1 diabetes mellitus with other skin ulcer |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.628 | Type 1 diabetes mellitus with other skin complications |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.630 | Type 1 diabetes mellitus with periodontal disease |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.638 | Type 1 diabetes mellitus with other oral complications |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.649 | Type 1 diabetes mellitus with hypoglycemia without coma |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.65 | Type 1 diabetes mellitus with hyperglycemia |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.69 | Type 1 diabetes mellitus with other specified complication |
| 250.83 | Diabetes with other specified manifestations, type I [juvenile type], uncontrolled | E10.65 | Type 1 diabetes mellitus with hyperglycemia |
| 250.91 | Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled | E10.8 | Type 1 diabetes mellitus with unspecified complications |
| Secondary Diagnosis requirement for Clinical Trial | | | |
| V70.7 | Examination of participant in clinical trial | Z00.6 | Encounter for examination for normal comparison and control in clinical research program |

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| NCD: | 260.3.1 | | |
| NCD Title: | Islet Cell Transplantation in the Context of a Clinical Trial | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=286&ncdver=1&bc=AqAAQAAAAAA& | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| 52.85 | Allotransplantation of cells of Islets of Langerhans | 3E030U1 | Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Open Approach |
| 52.85 | Allotransplantation of cells of Islets of Langerhans | 3E033U1 | Introduction of Nonautologous Pancreatic Islet Cells into Peripheral Vein, Percutaneous Approach |
| 52.85 | Allotransplantation of cells of Islets of Langerhans | 3E0J3U1 | Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Percutaneous Approach |
| 52.85 | Allotransplantation of cells of Islets of Langerhans | 3E0J7U1 | Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening |
| 52.85 | Allotransplantation of cells of Islets of Langerhans | 3E0J8U1 | Introduction of Nonautologous Pancreatic Islet Cells into Biliary and Pancreatic Tract, Via Natural or Artificial Opening Endoscopic |

| NCD: 260.3.1 | | | | | | | | | | |
|---|---|-----------------------------|-----------------------|--------------|---------------------|-----------------|--------------------|--------------------------------|------------------------------|------------------------------|
| NCD Title: Islet Cell Transplantation in the Context of a Clinical Trial | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=286&ncdver=1&bc=AqAAQAAAAAA& | | | | | | | | | | |
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| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | FI & FISS shall accept islet cell transplantation procedures for Type I diabetes along with a clinical trial diagnosis code in the second diagnosis code position and with condition code 30 when billed on the 11X TOB only for hospitals participating in an NIH clinical trial. The islet cell transplant may be performed alone, in combination with a kidney transplant, or after a kidney transplant. Partial pancreatic tissue transplantation or islet cell transplantation performed outside the context of a clinical trial continues to be noncovered. | N/A- see ICD procedures tab | N/A | 11X | N/A | N/A | N/A | 15.4 15.20 16.2 21.21 | 11 50 167 B7 | M44 M64 N386 N428 |
| Part A | FI & FISS shall accept the Q0 modifier for islet cell transplantation follow up care when performed in an outpatient department of a hospital when the transplant was done in conjunction with an NIH-sponsored clinical trial, and when billed on type of bill 13X or 85X. | N/A | N/A | 13X 85X | N/A | Q0 | N/A | 15.4 15.20 16.2 21.21 | 4 11 50 167 B7 | M64 N386 N428 |

| NCD: 260.3.1 | | | | | | | | | | |
|---|---|---------------------------|-----------------------|--------------|-----|-----------------|--------------------|--------------------------------|------------------------------|------------------------------|
| NCD Title: Islet Cell Transplantation in the Context of a Clinical Trial | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=286&ncdver=1&bc=AqAAQAAAAAA& | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | MCS & MACs shall accept the following Healthcare Procedural Coding System (HCPCS) Codes (TOS=2) with Q0 modifier (TOS=2) for islet cell transplantation done in conjunction with an NIH-sponsored clinical trial for Type I diabetes along with a clinical trial diagnosis code. The islet cell transplant may be performed alone, in combination with a kidney transplant, or after a kidney transplant. Partial pancreatic tissue transplantation or islet cell transplantation performed outside the context of a clinical trial continues to be noncovered. | G0341 G0342 G0343 | N/A | N/A | N/A | Q0 | N/A | 15.4 15.20 16.2 21.21 | 4 11 50 167 B7 | M64 N386 N428 |
| Part B | The Medicare contractor shall instruct physicians to bill for NIH clinical trial Medicare beneficiaries using the appropriate procedure code and modifier Q0 for routine follow up care related to islet cell transplantation trial. | N/A | N/A | N/A | N/A | Q0 | N/A | 15.4 15.20 16.2 21.21 | 4 11 50 167 B7 | M64 N386 N428 |

| NCD: 260.5 | | | | | | | | | | |
|---|---|-----------------------------|-----------------------|--------------|---------------------|-----------------|--------------------|---|------------------------------|------------------------------|
| NCD Title: Intestinal and Multi-Visceral Transplantation | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | | | | | | | | | |
| MCD: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=280&ncdver=2&bc=AqAAQAAAAAA& | | | | | | | | | | |
| | | | | | | | | | | |
| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | FISS & FIs shall edit to allow ICD procedures when billed with approved DX in approved facility. Effective for services performed on or after April 1, 2001, this procedure is covered only when performed for patients who have failed total parenteral nutrition (TPN) and only when performed in centers that meet approval criteria. All other indications remain non-covered. NOTE: There are no specific ICD-9-CM or ICD-10-CM diagnosis codes for intestinal failure. Diagnosis codes exist to capture the causes of intestinal failure. Some examples of intestinal failure include, but are not limited to the approved DX list. | N/A- see ICD procedures tab | N/A | 11X | 0360 | N/A | N/A | 21.6 21.18 16.2 15.4 15.20 21.21 | 50 B7 | N386 N428 |

| NCD: 260.5 | | | | | | | | | | |
|---|--|----------------------------------|-----------------------|--------------|-----|-----------------|--------------------|--------------------------------|------------------------------|------------------------------|
| NCD Title: Intestinal and Multi-Visceral Transplantation | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | | | | | | | | | |
| MCD: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=280&ncdver=2&bc=AqAAQAAAAAA& | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | approved DX in approved facility. Effective for services performed on or after April 1, 2001, this procedure is covered only when performed for patients who have failed total parenteral nutrition (TPN) and only when performed in centers that meet approval criteria. All other indications remain non-covered. NOTE: There are no specific ICD-9-CM or ICD-10-CM diagnosis codes for intestinal failure. Diagnosis codes exist to capture the causes of intestinal failure. Some examples of intestinal failure include, but are not limited to the approved DX list. | 44132 44133 44135 44136 | N/A | N/A | N/A | N/A | N/A | 16.2 15.4 15.20 21.21 | 50 58 | N386 N428 |

| NCD: | 260.5 | | |
|-------------------|---|-----------|--|
| NCD Title: | Intestinal and Multi-Visceral Transplantation | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | |
| MCD: | https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=280&ncdver=2&bc=AqAAQAAAAAA& | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| 014.80 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, unspecified | A18.32 | Tuberculous enteritis |
| 014.80 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, unspecified | A18.39 | Retroperitoneal tuberculosis |
| 014.80 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, unspecified | A18.83 | Tuberculosis of digestive tract organs, not elsewhere classified |
| 014.81 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, bacteriological or histological examination not done | A18.32 | Tuberculous enteritis |
| 014.82 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, bacteriological or histological examination unknown (at present) | A18.32 | Tuberculous enteritis |
| 014.83 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli found (in sputum) by microscopy | A18.32 | Tuberculous enteritis |
| 014.84 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli not found (in sputum) by microscopy, but found by bacterial culture | A18.32 | Tuberculous enteritis |
| 014.85 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli not found by bacteriological examination, but tuberculosis confirmed histologically | A18.32 | Tuberculous enteritis |
| 014.86 | Other tuberculosis of intestines, peritoneum, and mesenteric glands, tubercle bacilli not found by bacteriological or histological examination, but tuberculosis confirmed by other methods [inoculation of animals] | A18.32 | Tuberculous enteritis |
| 557.0 | Acute vascular insufficiency of intestine | K55.0 | Acute vascular disorders of intestine |
| 558.1 | Gastroenteritis and colitis due to radiation | K52.0 | Gastroenteritis and colitis due to radiation |
| 560.2 | Volvulus | K56.2 | Volvulus |
| 569.89 | Other specified disorders of intestine | K63.4 | Enteroptosis |
| 569.89 | Other specified disorders of intestine | K63.89 | Other specified diseases of intestine |
| 569.89 | Other specified disorders of intestine | K92.89 | Other specified diseases of the digestive system |
| 579.3 | Other and unspecified postsurgical nonabsorption | K91.2 | Postsurgical malabsorption, not elsewhere classified |
| 756.79 | Other congenital anomalies of abdominal wall | Q79.59 | Other congenital malformations of abdominal wall |
| 777.50 | Necrotizing enterocolitis in newborn, unspecified | P77.9 | Necrotizing enterocolitis in newborn, unspecified |
| 777.51 | Stage I necrotizing enterocolitis in newborn | P77.1 | Stage 1 necrotizing enterocolitis in newborn |
| 777.52 | Stage II necrotizing enterocolitis in newborn | P77.2 | Stage 2 necrotizing enterocolitis in newborn |
| 777.53 | Stage III necrotizing enterocolitis in newborn | P77.3 | Stage 3 necrotizing enterocolitis in newborn |

| | | | |
|-------------------|---|-------------------|---|
| NCD: | 260.5 | | |
| NCD Title: | Intestinal and Multi-Visceral Transplantation | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf | | |
| MCD: | https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=280&ncdver=2&bc=AqAAQAAAAAA& | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| 46.97 | Transplant of intestine | 0DY80Z0 | Transplantation of Small Intestine, Allogeneic, Open Approach |
| 46.97 | Transplant of intestine | 0DY80Z1 | Transplantation of Small Intestine, Syngeneic, Open Approach |
| 46.97 | Transplant of intestine | 0DY80Z2 | Transplantation of Small Intestine, Zooplastic, Open Approach |
| 46.97 | Transplant of intestine | 0DYE0Z0 | Transplantation of Large Intestine, Allogeneic, Open Approach |
| 46.97 | Transplant of intestine | 0DYE0Z1 | Transplantation of Large Intestine, Syngeneic, Open Approach |
| 46.97 | Transplant of intestine | 0DYE0Z2 | Transplantation of Large Intestine, Zooplastic, Open Approach |

| NCD: 270.1 | | | | | | | | | | |
|--|---|---------------------------|-----------------------|---|---------------------|-----------------|--------------------|---------------------------------|--------------------------------------|------------------------------------|
| NCD Title: Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R124CP.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=131&ncdver=3&bc=AqAAqAAAAA& | | | | | | | | | | |
| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | The use of ES and electromagnetic therapy for the treatment of wounds are considered adjunctive therapies, and will only be covered for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers. When a physician, physical therapist, or a clinician incident to a physician, performs ES or electromagnetic therapy, the practitioner must evaluate the wound and contact the treating physician if the wound worsens. If ES or electromagnetic therapy is being used, wounds must be evaluated at least monthly by the treating physician. If electromagnetic therapy is being used to treat wounds, wounds must be evaluated periodically by the treatment physician, but no less than every 30 days by a physician. Medicare will not cover the device used for the electrical stimulation for the treatment of wounds. However, Medicare will cover the service. Unsupervised home use of electrical stimulation will not be covered. | G0281 G0329 | N/A | 12x 13x 22x 23x 71x 73x 74x 75x 85x | 420 430 | N/A | N/A | 15.20 15.4 21.18 | 11 50 167 199 | M50 M85 MA30 N334 N386 |
| Part A | The FI shall pay for both independent and provider-based (Rural Health Clinics) RHC and free-standing & provider based Federally Qualified Health Centers (FQHCs). * NOTE: As of April 1, 2005, RHCs/FQHCs are no longer required to report HCPCS codes when billing for the therapy service. | N/A | N/A | N/A | 520 521 | N/A | N/A | 15.20 15.4 15.22 21.18 | 11 50 119 151 167 199 | M50 M85 MA30 N334 N386 |
| Part A | The FI shall pay for Critical Access Hospitals (CAH) (Method II CAH professionalservices only). | G0281 G0329 | N/A | N/A | 977 978 | N/A | N/A | 15.20 15.4 15.22 21.18 | 11 50 119 151 167 199 | M50 MA30 N334 N386 M85 |

| NCD: 270.1 | | | | | | | | | | |
|---|--|---------------------------|-----------------------|--------------|-----|-----------------|--------------------|---------------------------------|------------------------------|------------------------------|
| NCD Title: Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R124CP.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=131&ncdver=3&bc=AqAAqAAAAAA& | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | <p>The use of ES and electromagnetic therapy for the treatment of wounds are considered adjunctive therapies, and will only be covered for chronic Stage III or Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers.</p> <p>When a physician, physical therapist, or a clinician incident to a physician, performs ES or electromagnetic therapy, the practitioner must evaluate the wound and contact the treating physician if the wound worsens. If ES or electromagnetic therapy is being used, wounds must be evaluated at least monthly by the treating physician</p> <p>If electromagnetic therapy is being used to treat wounds, wounds must be evaluated periodically by the treatment physician, but no less than every 30 days by a physician.</p> <p>Medicare will not cover the device used for the electrical stimulation for the treatment of wounds. However, Medicare will cover the service. Unsupervised home use of electrical stimulation will not be covered.</p> | G0281 G0329 | N/A | N/A | N/A | N/A | N/A | 15.20 15.22 15.4 21.18 | 11 50 151 167 | M85 N334 N386 |

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|-------------------|---|------------------|--|
| NCD: | 270.1 | | |
| NCD Title: | Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R124CP.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=131&ncdver=3&bc=AqAAgAAAAAA& | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| | | 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 |
| | | I70.241 | 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 |
| | | I70.431 | 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 |
| | | I70.441 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh |
| | | I70.442 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf |
| | | I70.443 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle |
| | | I70.444 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot |
| | | I70.531 | 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 |
| | | I70.541 | 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 |
| | | 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 |
| | | I70.641 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|----------------------|-----------|---|
| | | I70.642 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf |
| | | I70.643 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle |
| | | I70.644 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot |
| | | I70.731 | 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 |
| | | I70.741 | 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 |
| | | I83.011 | Varicose veins of right lower extremity with ulcer of thigh |
| | | I83.012 | Varicose veins of right lower extremity with ulcer of calf |
| | | I83.013 | Varicose veins of right lower extremity with ulcer of ankle |
| | | I83.014 | Varicose veins of right lower extremity with ulcer of heel and midfoot |
| | | I83.021 | Varicose veins of left lower extremity with ulcer of thigh |
| | | I83.022 | Varicose veins of left lower extremity with ulcer of calf |
| | | I83.023 | Varicose veins of left lower extremity with ulcer of ankle |
| | | I83.024 | Varicose veins of left lower extremity with ulcer of heel and midfoot |
| | | I83.211 | Varicose veins of right lower extremity with both ulcer of thigh and inflammation |
| | | I83.212 | Varicose veins of right lower extremity with both ulcer of calf and inflammation |
| | | I83.213 | Varicose veins of right lower extremity with both ulcer of ankle and inflammation |
| | | I83.214 | Varicose veins of right lower extremity with both ulcer of heel and midfoot and inflammation |
| | | I83.221 | Varicose veins of left lower extremity with both ulcer of thigh and inflammation |
| | | I83.222 | Varicose veins of left lower extremity with both ulcer of calf and inflammation |
| | | I83.223 | Varicose veins of left lower extremity with both ulcer of ankle and inflammation |
| | | I83.224 | Varicose veins of left lower extremity with both ulcer of heel and midfoot and inflammation |
| | | I87.311 | Chronic venous hypertension (idiopathic) with ulcer of right lower extremity |
| | | I87.312 | Chronic venous hypertension (idiopathic) with ulcer of left lower extremity |
| | | I87.313 | Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity |
| | | I87.331 | Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity |
| | | I87.332 | Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity |
| | | I87.333 | Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity |
| | | L89.013 | Pressure ulcer of right elbow, stage 3 |
| | | L89.014 | Pressure ulcer of right elbow, stage 4 |
| | | L89.023 | Pressure ulcer of left elbow, stage 3 |
| | | L89.024 | Pressure ulcer of left elbow, stage 4 |
| | | L89.113 | Pressure ulcer of right upper back, stage 3 |
| | | L89.114 | Pressure ulcer of right upper back, stage 4 |
| | | L89.123 | Pressure ulcer of left upper back, stage 3 |
| | | L89.124 | Pressure ulcer of left upper back, stage 4 |
| | | L89.133 | Pressure ulcer of right lower back, stage 3 |
| | | L89.134 | Pressure ulcer of right lower back, stage 4 |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|----------------------|-----------|--|
| | | L89.143 | Pressure ulcer of left lower back, stage 3 |
| | | L89.144 | Pressure ulcer of left lower back, stage 4 |
| | | L89.153 | Pressure ulcer of sacral region, stage 3 |
| | | L89.154 | Pressure ulcer of sacral region, stage 4 |
| | | L89.213 | Pressure ulcer of right hip, stage 3 |
| | | L89.214 | Pressure ulcer of right hip, stage 4 |
| | | L89.223 | Pressure ulcer of left hip, stage 3 |
| | | L89.224 | Pressure ulcer of left hip, stage 4 |
| | | L89.313 | Pressure ulcer of right buttock, stage 3 |
| | | L89.314 | Pressure ulcer of right buttock, stage 4 |
| | | L89.323 | Pressure ulcer of left buttock, stage 3 |
| | | L89.324 | Pressure ulcer of left buttock, stage 4 |
| | | 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 |
| | | L89.513 | Pressure ulcer of right ankle, stage 3 |
| | | L89.514 | Pressure ulcer of right ankle, stage 4 |
| | | L89.523 | Pressure ulcer of left ankle, stage 3 |
| | | L89.524 | Pressure ulcer of left ankle, stage 4 |
| | | L89.613 | Pressure ulcer of right heel, stage 3 |
| | | L89.614 | Pressure ulcer of right heel, stage 4 |
| | | L89.623 | Pressure ulcer of left heel, stage 3 |
| | | L89.624 | Pressure ulcer of left heel, stage 4 |
| | | L89.813 | Pressure ulcer of head, stage 3 |
| | | L89.814 | Pressure ulcer of head, stage 4 |
| | | L89.893 | Pressure ulcer of other site, stage 3 |
| | | L89.894 | Pressure ulcer of other site, stage 4 |
| | | L89.93 | Pressure ulcer of unspecified site, stage 3 |
| | | L89.94 | Pressure ulcer of unspecified site, stage 4 |
| | | 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 |
| | | L97.122 | 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 |
| | | L97.212 | 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 |
| | | L97.222 | 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 |
| | | L97.312 | 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 |
| | | L97.322 | 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 |
| | | L97.412 | 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 |
| | | L97.422 | 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 |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|----------------------|-----------|---|
| | | L97.424 | Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone |
| | | 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 |
| | | L98.422 | 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 |

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|-------------------|---|-------------------|-------------------------------|
| NCD: | 270.1 | | |
| NCD Title: | Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R124CP.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=131&ncdver=3&bc=AqAAgAAAAAA& | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| N/A | N/A | N/A | N/A |

| | | | |
|-------------------|---|------------------|--|
| NCD: | 20.9 | | |
| NCD Title: | Artificial Hearts and Related Devices | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=246&ver=5 | | |
| ICD-9-CM | | ICD-10 CM | ICD-10 DX Description |
| N/A | | | Please note there are 2 sections in this list- 1) ICD10s for Artificial heart and related devices, and 2) CED related ICD 9CM translation |
| | | | ICD 10 CM codes for Artificial Hearts and Related Devices |
| | | I09.81 | Rheumatic heart failure |
| | | 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 |
| | | 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 |
| | | 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 |
| | | 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 |
| | | 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 |

| ICD-9-CM | ICD-10 CM | ICD-10 DX Description |
|----------|-----------|--|
| | 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 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 |

| ICD-9-CM | ICD-10 CM | ICD-10 DX Description |
|----------|-----------|--|
| | 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 |
| | I25.89 | Other forms of chronic ischemic heart disease |
| | I25.9 | Chronic ischemic heart disease, unspecified |
| | I34.0 | Nonrheumatic mitral (valve) insufficiency |
| | 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 |
| | I36.0 | Nonrheumatic tricuspid (valve) stenosis |
| | I36.1 | Nonrheumatic tricuspid (valve) insufficiency |
| | I36.2 | Nonrheumatic tricuspid (valve) stenosis with insufficiency |
| | I36.8 | Other nonrheumatic tricuspid valve disorders |
| | I36.9 | Nonrheumatic tricuspid valve disorder, unspecified |
| | I37.0 | Nonrheumatic pulmonary valve stenosis |
| | I37.1 | Nonrheumatic pulmonary valve insufficiency |
| | I37.2 | Nonrheumatic pulmonary valve stenosis with insufficiency |
| | I37.8 | Other nonrheumatic pulmonary valve disorders |
| | I37.9 | Nonrheumatic pulmonary valve disorder, unspecified |
| | I38 | Endocarditis, valve unspecified |
| | I39 | Endocarditis and heart valve disorders in diseases classified elsewhere |
| | I42.0 | Dilated 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 |
| | I48.0 | Atrial fibrillation |
| | I48.1 | Atrial flutter |
| | I49.01 | Ventricular fibrillation |

| ICD-9-CM | ICD-10 CM | ICD-10 DX 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 |
| | 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 |
| | I51.4 | Myocarditis, unspecified |
| | I51.9 | Heart disease, unspecified |
| | I52 | Other heart disorders in diseases classified elsewhere |
| | 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 |
| | I97.710 | Intraoperative cardiac arrest during cardiac surgery |
| | I97.711 | Intraoperative cardiac arrest during other surgery |
| | I97.790 | Other intraoperative cardiac functional disturbances during cardiac surgery |
| | I97.791 | Other intraoperative cardiac functional disturbances during other surgery |
| | I97.88 | Other intraoperative complications of the circulatory system, not elsewhere classified |
| | I97.89 | Other postprocedural complications and disorders of the circulatory system, not elsewhere classified |
| | M32.11 | Endocarditis in systemic lupus erythematosus |
| | O90.89 | Other complications of the puerperium, not elsewhere classified |
| | Q20.0 | Common arterial trunk |
| | Q20.1 | Double outlet right ventricle |
| | Q20.2 | Double outlet left ventricle |
| | Q20.3 | Discordant ventriculoarterial connection |
| | Q20.4 | Double inlet ventricle |

| ICD-9-CM | ICD-10 CM | ICD-10 DX Description |
|----------|-----------|--|
| | Q20.5 | Discordant atrioventricular connection |
| | Q20.6 | Isomerism of atrial appendages |
| | Q20.8 | Other congenital malformations of cardiac chambers and connections |
| | Q20.9 | Congenital malformation of cardiac chambers and connections, unspecified |
| | Q21.0 | Ventricular septal defect |
| | Q21.1 | Atrial septal defect |
| | Q21.2 | Atrioventricular septal defect |
| | Q21.3 | Tetralogy of Fallot |
| | Q21.4 | Aortopulmonary septal defect |
| | Q21.8 | Other congenital malformations of cardiac septa |
| | Q21.9 | Congenital malformation of cardiac septum, 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 |
| | 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 |
| | R57.0 | Cardiogenic shock |
| | T82.221A | Breakdown (mechanical) of biological heart valve graft, initial encounter |
| | T82.222A | Displacement of biological heart valve graft, initial encounter |
| | T82.223A | Leakage of biological heart valve graft, initial encounter |
| | T82.228A | Other mechanical complication of biological heart valve graft, initial encounter |
| | T82.512A | Breakdown (mechanical) of artificial heart, initial encounter |
| | T82.514A | Breakdown (mechanical) of infusion catheter, initial encounter |
| | T82.518A | Breakdown (mechanical) of other cardiac and vascular devices and implants, initial encounter |
| | T82.519A | Breakdown (mechanical) of unspecified cardiac and vascular devices and implants, initial encounter |
| | T82.522A | Displacement of artificial heart, initial encounter |
| | T82.524A | Displacement of infusion catheter, initial encounter |
| | T82.528A | Displacement of other cardiac and vascular devices and implants, initial encounter |

| ICD-9-CM | | ICD-10 CM | ICD-10 DX Description |
|--|---|-----------|---|
| | | T82.529A | Displacement of unspecified cardiac and vascular devices and implants, initial encounter |
| | | T82.532A | Leakage of artificial heart, initial encounter |
| | | T82.534A | Leakage of infusion catheter, initial encounter |
| | | T82.538A | Leakage of other cardiac and vascular devices and implants, initial encounter |
| | | T82.539A | Leakage of unspecified cardiac and vascular devices and implants, initial encounter |
| | | T82.592A | Other mechanical complication of artificial heart, initial encounter |
| | | T82.594A | Other mechanical complication of infusion catheter, initial encounter |
| | | T82.598A | Other mechanical complication of other cardiac and vascular devices and implants, initial encounter |
| | | T82.599A | Other mechanical complication of unspecified cardiac and vascular devices and implants, initial encounter |
| | | 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 |
| | | Z48.21 | Encounter for aftercare following heart transplant |
| | | Z48.280 | Encounter for aftercare following heart-lung transplant |
| | | Z94.1 | Heart transplant status |
| | | Z94.3 | Heart and lungs transplant status |
| | | Z95.9 | Presence of cardiac and vascular implant and graft, unspecified |
| CED related ICD 9 CM code translation | | | |
| ICD 9 | Description | ICD 10 | Description |
| V70.7 | Examination for normal comparison or control in clinical research | Z00.6 | Encounter for examination for normal comparison and control in clinical research program |

| NCD: | 20.9 | | |
|-------------------|---|--|--|
| NCD Title: | Artificial Hearts and Related Devices | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=246&ver=5 | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| N/A | N/A | 02HA0QZ | Insertion of Implantable Heart Assist System into Heart, Open Approach |
| | | 02HA0RS | Insertion of Biventricular External Heart Assist System into Heart, Open Approach |
| | | 02HA0RZ | Insertion of External Heart Assist System into Heart, Open Approach |
| | | 02HA3QZ | Insertion of Implantable Heart Assist System into Heart, Percutaneous Approach |
| | | 02HA3RS | Insertion of Biventricular External Heart Assist System into Heart, Percutaneous Approach |
| | | 02HA3RZ | Insertion of External Heart Assist System into Heart, Percutaneous Approach |
| | | 02HA4QZ | Insertion of Implantable Heart Assist System into Heart, Percutaneous Endoscopic Approach |
| | | 02HA4RS | Insertion of Biventricular External Heart Assist System into Heart, Percutaneous Endoscopic Approach |
| | | 02HA4RZ | Insertion of External Heart Assist System into Heart, Percutaneous Endoscopic Approach |
| | | 02PA0QZ | Removal of Implantable Heart Assist System from Heart, Open Approach |
| | | 02PA0RZ | Removal of External Heart Assist System from Heart, Open Approach |
| | | 02PA3QZ | Removal of Implantable Heart Assist System from Heart, Percutaneous Approach |
| | | 02PA3RZ | Removal of External Heart Assist System from Heart, Percutaneous Approach |
| | | 02PA4QZ | Removal of Implantable Heart Assist System from Heart, Percutaneous Endoscopic Approach |
| | | 02PA4RZ | Removal of External Heart Assist System from Heart, Percutaneous Endoscopic Approach |
| | | 02RK0JZ | Replacement of right ventricle with synthetic substitute, open approach |
| | | 02RL0JZ | Replacement of left ventricle with synthetic substitute, open approach |
| | | 02WA0JZ | Revision of Synthetic Substitute in Heart, Open Approach |
| | | 02WA0QZ | Revision of Implantable Heart Assist System in Heart, Open Approach |
| | | 02WA0RZ | Revision of External Heart Assist System in Heart, Open Approach |
| | | 02WA3QZ | Revision of Implantable Heart Assist System in Heart, Percutaneous Approach |
| | | 02WA3RZ | Revision of External Heart Assist System in Heart, Percutaneous Approach |
| | | 02WA4QZ | Revision of Implantable Heart Assist System in Heart, Percutaneous Endoscopic Approach |
| | | 02WA4RZ | Revision of External Heart Assist System in Heart, Percutaneous Endoscopic Approach |
| | | 5A02116 | Assistance with Cardiac Output using Other Pump, Intermittent |
| | | 5A0211D | Assistance with Cardiac Output using Impeller Pump, Intermittent |
| | | 5A02216 | Assistance with Cardiac Output using Other Pump, Continuous |
| | | 5A0221D | Assistance with Cardiac Output using Impeller Pump, Continuous |
| | | <p>NOTE: Total artificial heart is reported with a "cluster" of 2 codes for open replacement with synthetic substitute of the right and left ventricles. They are 1) 02RK0JZ Replacement of right ventricle with synthetic substitute, open approach AND 2) 02RL0JZ Replacement of left ventricle with synthetic substitute, open approach.</p> | |

| NCD: 20.9 | | | | | | | | | | |
|---|---|---------------------------------------|-----------------------|--------------|---------------------|-----------------|--------------------|-----------------------------|------------------------------|--|
| NCD Title: Artificial Hearts and Related Devices | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=246&ver=5 | | | | | | | | | | |
| | | | | | | | | | | |
| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | <p>FISS, MACS & CWF shall pay claims for beneficiaries enrolled in Medicare managed care plans for investigational and routine services provided as part of approved artificial heart clinical studies (as described in NCD 20.9).</p> <p>MACS shall allow VADs/proposed ICD-10 PCS for approved primary and secondary DX when all of the following are present:</p> <ul style="list-style-type: none"> • Dx code Z00.6 (as secondary dx) • Condition code 30 • Value Code D4 with an 8-digit clinical trial number that matches an approved clinical trial listed at: http://www.cms.hhs.gov/MedicareApprovedFacilitie/06_artificialheart.asp#TopOfPage | N/A (see applicable ICD-10-PCS codes) | N/A | N/A | N/A | N/A | N/A | 21.21 15.20 15.4 | 11 16 | MA44 MA64 MA97 M20 M44 M49 M76 N386 |
| | <p>FISS & MACs shall inactivate reason code 31264 and create a policy parameter using procedure code 37.52 and value code D4. This is a change to the original CR6185, TR93. This responds to HPARFS6477H/GINSXJC000507.</p> | | N/A | N/A | N/A | N/A | N/A | NA | NA | NA |
| Part A | <p>MACS shall reject all other indications for the use of VADs or artificial hearts not otherwise listed as non-covered, except in the context of Category B investigational device exemption clinical trials (42 CFR 405) or as a routine cost in clinical trials defined under section 310.1 of the NCD Manual.</p> | | N/A | N/A | N/A | N/A | N/A | 15.20 15.4 | 11 | MA50 |

| NCD: 20.9 | | | | | | | | | | |
|--|---|--|-----------------------|--------------|-----|-----------------|--------------------|-----------------------------|------------------------------|--|
| NCD Title: Artificial Hearts and Related Devices | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=246&ver=5 | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | MCS, MACs and CWF shall pay claims for beneficiaries enrolled in Medicare managed care plans for investigational and routine services provided as part of approved artificial heart clinical studies (as described in NCD 20.9). MACs shall allow CPT code 0051T when all the following are present: <ul style="list-style-type: none"> Dx code Z00.6 (as primary dx) HCPCS modifier Q0 An 8-digit clinical trial number that matches an approved clinical trial listed at: http://www.cms.hhs.gov/MedicareApprovedFacilitie/06_artificialheart.asp#TopOfPage NOTE: The HCPCS modifier Q0 must be on the same claim line as CPT code 0051T NOTE: There might be other uses of VADs and Related Supplies besides those mentioned in NCD. | Artificial Heart Transplant= 0051T, 0052T, 0053T; VADs= 0048T, 0050T, 33975-33983; VAD related supplies= Q0480-Q0506 | N/A | N/A | N/A | Q0 | N/A | 15.20 15.4 | 4 11 16 | MA64 MA97 MA130 M20 M44 M76 N386 |
| Part B | MACS shall reject all other indications for the use of VADs or artificial hearts not otherwise listed as non-covered, except in the context of Category B investigational device exemption clinical trials (42 CFR 405) or as a routine cost in clinical trials defined under section 310.1 of the NCD Manual. | | N/A | N/A | N/A | N/A | N/A | 15.20 15.4 | 11 | MA50 |

| | | | |
|-------------------|---|------------------|---|
| NCD: | 20.20 | | |
| NCD Title: | External Counterpulsation (ECP) Therapy for Severe Angina | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R898CP.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=97&ncdver=2&bc=AqAAqAAAAAA& | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| | | I25.118 | Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris |
| | | I25.708 | Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris |
| | | I25.718 | Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris |
| | | I25.728 | Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris |
| | | I25.738 | Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris |
| | | I25.758 | Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris |
| | | I25.768 | Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris |
| | | I25.798 | Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris |

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|-------------------|---|-------------------|-------------------------------|
| NCD: | 20.20 | | |
| NCD Title: | External Counterpulsation (ECP) Therapy for Severe Angina | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R898CP.pdf | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=97&ncdver=2&bc=AqAqAAAAAA& | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| N/A | N/A | N/A | N/A |

| NCD: 20.20 | | | | | | | | | | |
|---|---|--|-----------------------|-------------------|---------------------|-----------------|--------------------|--------------------------------|------------------------------|------------------------------|
| NCD Title: External Counterpulsation (ECP) Therapy for Severe Angina | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Transmittals/downloads/R898CP.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=97&ncdver=2&bc=AqAAqAAAAA& | | | | | | | | | | |
| | | | | | | | | | | |
| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | Effective for services performed on or after July 1, 1999, coverage is provided for the use of ECP for patients who have been diagnosed with disabling angina (Class III or Class IV, Canadian Cardiovascular Society Classification or equivalent classification) who, in the opinion of a cardiologist or cardiothoracic surgeon, are not readily amenable to surgical intervention, such as PTCA or cardiac bypass. A full course of therapy usually consists of 35 one-hour treatments, which may be offered once or twice daily, usually 5 days per week | G0166 | Varies | 12X 13X 85X | N/A | N/A | N/A | 15.4 15.6 15.20 15.22 | 11 50 119 151 | N386 N435 |
| Part A | The codes for external cardiac assist, ECG rhythm strip and report, pulse oximetry and plethysmography or other monitoring tests for examining the effects of this treatment are not clinically necessary with this service and should not be paid on the same day, unless they occur in a clinical setting not connected with the delivery of the ECP. Daily evaluation and management service, cannot be billed with the ECP treatments. Any evaluation and management service must be justified with adequate documentation of the medical necessity of the visit. | 92971 93040 93041 94760 94761 93922 93923 e.g., 99201- 99205 99211-99215 99217-99220 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | M80 N20 |

| NCD: 20.20 | | | | | | | | | | |
|---|---|--|-----------------------|--------------|-----|-----------------|--------------------|--------------------------------|------------------------------|------------------------------|
| NCD Title: External Counterpulsation (ECP) Therapy for Severe Angina | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R898CP.pdf | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=97&ncdver=2&bc=AqAAqAAAAAA& | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| | Effective for services performed on or after July 1, 1999, coverage is provided for the use of ECP for patients who have been diagnosed with disabling angina (Class III or Class IV, Canadian Cardiovascular Society Classification or equivalent classification) who, in the opinion of a cardiologist or cardiothoracic surgeon, are not readily amenable to surgical intervention, such as PTCA or cardiac bypass. A full course of therapy usually consists of 35 one-hour treatments, which may be offered once or twice daily, usually 5 days per week | | | | | | | 15.4 15.6 15.20 15.22 | 11 50 119 151 | M80 N20 N386 N435 |
| Part B | | G0166 | Varies | N/A | N/A | N/A | N/A | | | |
| | The codes for external cardiac assist, ECG rhythm strip and report, pulse oximetry and plethysmography or other monitoring tests for examining the effects of this treatment are not clinically necessary with this service and should not be paid on the same day, unless they occur in a clinical setting not connected with the delivery of the ECP. Daily evaluation and management service, cannot be billed with the ECP treatments. Any evaluation and management service must be justified with adequate documentation of the medical necessity of the visit. | 92971 93040 93041 94760 94761 93922 93923 e.g., 99201-99205 99211-99215 99217-99220 | | | | | | | | M80 N20 |
| Part B | | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |

| NCD: | 20.29 | | |
|---|---|-----------|--|
| NCD Title: | Hyperbaric Oxygen Therapy | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R187CP.pdf#page=5 | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd- | | |
| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
| Single Diagnosis Codes - One code from this list will satisfy medical necessity (see Group lists below for dual diagnosis code requirements) | | | |
| 039.0 | Cutaneous actinomycotic infection | A43.1 | Cutaneous nocardiosis |
| 039.0 | Cutaneous actinomycotic infection | L08.1 | Erythrasma |
| 039.1 | Pulmonary actinomycotic infection | A42.0 | Pulmonary actinomycosis |
| 039.1 | Pulmonary actinomycotic infection | A43.0 | Pulmonary nocardiosis |
| 039.2 | Abdominal actinomycotic infection | A42.1 | Abdominal actinomycosis |
| 039.3 | Cervicofacial actinomycotic infection | A42.2 | Cervicofacial actinomycosis |
| 039.4 | Madura foot | B47.9 | Mycetoma, unspecified |
| 039.8 | Actinomycotic infection of other specified sites | A42.89 | Other forms of actinomycosis |
| 039.8 | Actinomycotic infection of other specified sites | A43.8 | Other forms of nocardiosis |
| 039.9 | Actinomycotic infection of unspecified site | A42.9 | Actinomycosis, unspecified |
| 039.9 | Actinomycotic infection of unspecified site | A43.9 | Nocardiosis, unspecified |
| 039.9 | Actinomycotic infection of unspecified site | B47.1 | Actinomycetoma |
| 040.0 | Gas gangrene | A48.0 | Gas gangrene |
| 444.21 | Arterial embolism and thrombosis of upper extremity | I74.2 | Embolism and thrombosis of arteries of the upper extremities |
| 444.22 | Arterial embolism and thrombosis of lower extremity | I74.3 | Embolism and thrombosis of arteries of the lower extremities |
| 444.81 | Embolism and thrombosis of iliac artery | I74.5 | Embolism and thrombosis of iliac artery |
| 526.89 | Other specified diseases of the jaws | M27.8 | Other specified diseases of jaws |
| 728.86 | Necrotizing fasciitis | M72.6 | Necrotizing fasciitis |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.311 | Chronic multifocal osteomyelitis, right shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.312 | Chronic multifocal osteomyelitis, left shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.411 | Chronic osteomyelitis with draining sinus, right shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.412 | Chronic osteomyelitis with draining sinus, left shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.511 | Other chronic hematogenous osteomyelitis, right shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.512 | Other chronic hematogenous osteomyelitis, left shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.611 | Other chronic osteomyelitis, right shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.612 | Other chronic osteomyelitis, left shoulder |
| 730.11 | Chronic osteomyelitis, shoulder region | M86.8X1 | Other osteomyelitis, shoulder |
| 730.12 | Chronic osteomyelitis, upper arm | M86.321 | Chronic multifocal osteomyelitis, right humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.322 | Chronic multifocal osteomyelitis, left humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.421 | Chronic osteomyelitis with draining sinus, right humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.422 | Chronic osteomyelitis with draining sinus, left humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.521 | Other chronic hematogenous osteomyelitis, right humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.522 | Other chronic hematogenous osteomyelitis, left humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.621 | Other chronic osteomyelitis, right humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.622 | Other chronic osteomyelitis, left humerus |
| 730.12 | Chronic osteomyelitis, upper arm | M86.8X2 | Other osteomyelitis, upper arm |
| 730.13 | Chronic osteomyelitis, forearm | M86.331 | Chronic multifocal osteomyelitis, right radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.332 | Chronic multifocal osteomyelitis, left radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.431 | Chronic osteomyelitis with draining sinus, right radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.432 | Chronic osteomyelitis with draining sinus, left radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.531 | Other chronic hematogenous osteomyelitis, right radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.532 | Other chronic hematogenous osteomyelitis, left radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.631 | Other chronic osteomyelitis, right radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.632 | Other chronic osteomyelitis, left radius and ulna |
| 730.13 | Chronic osteomyelitis, forearm | M86.8X3 | Other osteomyelitis, forearm |
| 730.14 | Chronic osteomyelitis, hand | M86.341 | Chronic multifocal osteomyelitis, right hand |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|--|-----------|--|
| 730.14 | Chronic osteomyelitis, hand | M86.342 | Chronic multifocal osteomyelitis, left hand |
| 730.14 | Chronic osteomyelitis, hand | M86.441 | Chronic osteomyelitis with draining sinus, right hand |
| 730.14 | Chronic osteomyelitis, hand | M86.442 | Chronic osteomyelitis with draining sinus, left hand |
| 730.14 | Chronic osteomyelitis, hand | M86.541 | Other chronic hematogenous osteomyelitis, right hand |
| 730.14 | Chronic osteomyelitis, hand | M86.542 | Other chronic hematogenous osteomyelitis, left hand |
| 730.14 | Chronic osteomyelitis, hand | M86.641 | Other chronic osteomyelitis, right hand |
| 730.14 | Chronic osteomyelitis, hand | M86.642 | Other chronic osteomyelitis, left hand |
| 730.14 | Chronic osteomyelitis, hand | M86.8X4 | Other osteomyelitis, hand |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.351 | Chronic multifocal osteomyelitis, right femur |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.352 | Chronic multifocal osteomyelitis, left femur |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.451 | Chronic osteomyelitis with draining sinus, right femur |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.452 | Chronic osteomyelitis with draining sinus, left femur |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.551 | Other chronic hematogenous osteomyelitis, right femur |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.552 | Other chronic hematogenous osteomyelitis, left femur |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.651 | Other chronic osteomyelitis, right thigh |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.652 | Other chronic osteomyelitis, left thigh |
| 730.15 | Chronic osteomyelitis, pelvic region and thigh | M86.8X5 | Other osteomyelitis, thigh |
| 730.16 | Chronic osteomyelitis, lower leg | M86.361 | Chronic multifocal osteomyelitis, right tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.362 | Chronic multifocal osteomyelitis, left tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.461 | Chronic osteomyelitis with draining sinus, right tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.462 | Chronic osteomyelitis with draining sinus, left tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.561 | Other chronic hematogenous osteomyelitis, right tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.562 | Other chronic hematogenous osteomyelitis, left tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.661 | Other chronic osteomyelitis, right tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.662 | Other chronic osteomyelitis, left tibia and fibula |
| 730.16 | Chronic osteomyelitis, lower leg | M86.8X6 | Other osteomyelitis, lower leg |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.371 | Chronic multifocal osteomyelitis, right ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.372 | Chronic multifocal osteomyelitis, left ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.471 | Chronic osteomyelitis with draining sinus, right ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.472 | Chronic osteomyelitis with draining sinus, left ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.571 | Other chronic hematogenous osteomyelitis, right ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.572 | Other chronic hematogenous osteomyelitis, left ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.671 | Other chronic osteomyelitis, right ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.672 | Other chronic osteomyelitis, left ankle and foot |
| 730.17 | Chronic osteomyelitis, ankle and foot | M86.8X7 | Other osteomyelitis, ankle and foot |
| 730.18 | Chronic osteomyelitis, other specified sites | M86.38 | Chronic multifocal osteomyelitis, other site |
| 730.18 | Chronic osteomyelitis, other specified sites | M86.48 | Chronic osteomyelitis with draining sinus, other site |
| 730.18 | Chronic osteomyelitis, other specified sites | M86.58 | Other chronic hematogenous osteomyelitis, other site |
| 730.18 | Chronic osteomyelitis, other specified sites | M86.68 | Other chronic osteomyelitis, other site |
| 730.18 | Chronic osteomyelitis, other specified sites | M86.8X8 | Other osteomyelitis, other site |
| 730.19 | Chronic osteomyelitis, multiple sites | M86.39 | Chronic multifocal osteomyelitis, multiple sites |
| 730.19 | Chronic osteomyelitis, multiple sites | M86.49 | Chronic osteomyelitis with draining sinus, multiple sites |
| 730.19 | Chronic osteomyelitis, multiple sites | M86.59 | Other chronic hematogenous osteomyelitis, multiple sites |
| 730.19 | Chronic osteomyelitis, multiple sites | M86.69 | Other chronic osteomyelitis, multiple sites |
| 730.19 | Chronic osteomyelitis, multiple sites | M86.8X0 | Other osteomyelitis, multiple sites |
| 902.53 | Injury to iliac artery | S35.511A | Injury of right iliac artery, initial encounter |
| 902.53 | Injury to iliac artery | S35.512A | Injury of left iliac artery, initial encounter |
| 903.01 | Injury to axillary artery | S45.011A | Laceration of axillary artery, right side, initial encounter |
| 903.01 | Injury to axillary artery | S45.012A | Laceration of axillary artery, left side, initial encounter |
| 903.01 | Injury to axillary artery | S45.019A | Laceration of axillary artery, unspecified side, initial encounter |
| 903.01 | Injury to axillary artery | S45.091A | Other specified injury of axillary artery, right side, initial encounter |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|------------------------------------|-----------|--|
| 903.01 | Injury to axillary artery | S45.092A | Other specified injury of axillary artery, left side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.111A | Laceration of brachial artery, right side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.112A | Laceration of brachial artery, left side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.191A | Other specified injury of brachial artery, right side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.192A | Other specified injury of brachial artery, left side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.199A | Other specified injury of brachial artery, unspecified side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.211A | Laceration of axillary or brachial vein, right side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.212A | Laceration of axillary or brachial vein, left side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.219A | Laceration of axillary or brachial vein, unspecified side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.291A | Other specified injury of axillary or brachial vein, right side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.292A | Other specified injury of axillary or brachial vein, left side, initial encounter |
| 903.1 | Injury to brachial blood vessels | S45.299A | Other specified injury of axillary or brachial vein, unspecified side, initial encounter |
| 904.0 | Injury to common femoral artery | S75.011A | Minor laceration of femoral artery, right leg, initial encounter |
| 904.0 | Injury to common femoral artery | S75.012A | Minor laceration of femoral artery, left leg, initial encounter |
| 904.0 | Injury to common femoral artery | S75.021A | Major laceration of femoral artery, right leg, initial encounter |
| 904.0 | Injury to common femoral artery | S75.022A | Major laceration of femoral artery, left leg, initial encounter |
| 904.0 | Injury to common femoral artery | S75.091A | Other specified injury of femoral artery, right leg, initial encounter |
| 904.0 | Injury to common femoral artery | S75.092A | Other specified injury of femoral artery, left leg, initial encounter |
| 904.0 | Injury to common femoral artery | S75.099A | Other specified injury of femoral artery, unspecified leg, initial encounter |
| 904.41 | Injury to popliteal artery | S85.011A | Laceration of popliteal artery, right leg, initial encounter |
| 904.41 | Injury to popliteal artery | S85.012A | Laceration of popliteal artery, left leg, initial encounter |
| 904.41 | Injury to popliteal artery | S85.019A | Laceration of popliteal artery, unspecified leg, initial encounter |
| 904.41 | Injury to popliteal artery | S85.091A | Other specified injury of popliteal artery, right leg, initial encounter |
| 904.41 | Injury to popliteal artery | S85.092A | Other specified injury of popliteal artery, left leg, initial encounter |
| 904.41 | Injury to popliteal artery | S85.099A | Other specified injury of popliteal artery, unspecified leg, initial encounter |
| 909.2 | Late effect of radiation | L59.9 | Disorder of the skin and subcutaneous tissue related to radiation, unspecified |
| 927.00 | Crushing injury of shoulder region | S47.1XXA | Crushing injury of right shoulder and upper arm, initial encounter |
| 927.00 | Crushing injury of shoulder region | S47.2XXA | Crushing injury of left shoulder and upper arm, initial encounter |
| 927.01 | Crushing injury of scapular region | S47.1XXA | Crushing injury of right shoulder and upper arm, initial encounter |
| 927.01 | Crushing injury of scapular region | S47.2XXA | Crushing injury of left shoulder and upper arm, initial encounter |
| 927.02 | Crushing injury of axillary region | S47.1XXA | Crushing injury of right shoulder and upper arm, initial encounter |
| 927.02 | Crushing injury of axillary region | S47.2XXA | Crushing injury of left shoulder and upper arm, initial encounter |
| 927.03 | Crushing injury of upper arm | S47.1XXA | Crushing injury of right shoulder and upper arm, initial encounter |
| 927.03 | Crushing injury of upper arm | S47.2XXA | Crushing injury of left shoulder and upper arm, initial encounter |
| 927.10 | Crushing injury of forearm | S57.81XA | Crushing injury of right forearm, initial encounter |
| 927.10 | Crushing injury of forearm | S57.82XA | Crushing injury of left forearm, initial encounter |
| 927.11 | Crushing injury of elbow | S57.01XA | Crushing injury of right elbow, initial encounter |
| 927.11 | Crushing injury of elbow | S57.02XA | Crushing injury of left elbow, initial encounter |
| 927.20 | Crushing injury of hand(s) | S67.21XA | Crushing injury of right hand, initial encounter |
| 927.20 | Crushing injury of hand(s) | S67.22XA | Crushing injury of left hand, initial encounter |
| 927.21 | Crushing injury of wrist | S67.31XA | Crushing injury of right wrist, initial encounter |
| 927.21 | Crushing injury of wrist | S67.32XA | Crushing injury of left wrist, initial encounter |
| 927.21 | Crushing injury of wrist | S67.41XA | Crushing injury of right wrist and hand, initial encounter |
| 927.21 | Crushing injury of wrist | S67.42XA | Crushing injury of left wrist and hand, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.01XA | Crushing injury of right thumb, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.02XA | Crushing injury of left thumb, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.190A | Crushing injury of right index finger, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.191A | Crushing injury of left index finger, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.192A | Crushing injury of right middle finger, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.193A | Crushing injury of left middle finger, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.194A | Crushing injury of right ring finger, initial encounter |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|---|-----------|---|
| 927.3 | Crushing injury of finger(s) | S67.195A | Crushing injury of left ring finger, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.196A | Crushing injury of right little finger, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.197A | Crushing injury of left little finger, initial encounter |
| 927.3 | Crushing injury of finger(s) | S67.198A | Crushing injury of other finger, initial encounter |
| 927.8 | Crushing injury of multiple sites of upper limb | S47.1XXA | Crushing injury of right shoulder and upper arm, initial encounter |
| 927.8 | Crushing injury of multiple sites of upper limb | S47.2XXA | Crushing injury of left shoulder and upper arm, initial encounter |
| 927.9 | Crushing injury of unspecified site of upper limb | S47.1XXA | Crushing injury of right shoulder and upper arm, initial encounter |
| 927.9 | Crushing injury of unspecified site of upper limb | S47.2XXA | Crushing injury of left shoulder and upper arm, initial encounter |
| 928.00 | Crushing injury of thigh | S77.11XA | Crushing injury of right thigh, initial encounter |
| 928.00 | Crushing injury of thigh | S77.12XA | Crushing injury of left thigh, initial encounter |
| 928.01 | Crushing injury of hip | S77.01XA | Crushing injury of right hip, initial encounter |
| 928.01 | Crushing injury of hip | S77.02XA | Crushing injury of left hip, initial encounter |
| 928.10 | Crushing injury of lower leg | S87.81XA | Crushing injury of right lower leg, initial encounter |
| 928.10 | Crushing injury of lower leg | S87.82XA | Crushing injury of left lower leg, initial encounter |
| 928.11 | Crushing injury of knee | S87.01XA | Crushing injury of right knee, initial encounter |
| 928.11 | Crushing injury of knee | S87.02XA | Crushing injury of left knee, initial encounter |
| 928.20 | Crushing injury of foot | S97.81XA | Crushing injury of right foot, initial encounter |
| 928.20 | Crushing injury of foot | S97.82XA | Crushing injury of left foot, initial encounter |
| 928.21 | Crushing injury of ankle | S97.01XA | Crushing injury of right ankle, initial encounter |
| 928.21 | Crushing injury of ankle | S97.02XA | Crushing injury of left ankle, initial encounter |
| 928.3 | Crushing injury of toe(s) | S97.111A | Crushing injury of right great toe, initial encounter |
| 928.3 | Crushing injury of toe(s) | S97.112A | Crushing injury of left great toe, initial encounter |
| 928.3 | Crushing injury of toe(s) | S97.121A | Crushing injury of right lesser toe(s), initial encounter |
| 928.3 | Crushing injury of toe(s) | S97.122A | Crushing injury of left lesser toe(s), initial encounter |
| 928.8 | Crushing injury of multiple sites of lower limb | S77.21XA | Crushing injury of right hip with thigh, initial encounter |
| 928.8 | Crushing injury of multiple sites of lower limb | S77.22XA | Crushing injury of left hip with thigh, initial encounter |
| 958.0 | Air embolism | T79.0XXA | Air embolism (traumatic), initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.01XA | Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional), initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.02XA | Toxic effect of carbon monoxide from motor vehicle exhaust, intentional self-harm, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.03XA | Toxic effect of carbon monoxide from motor vehicle exhaust, assault, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.04XA | Toxic effect of carbon monoxide from motor vehicle exhaust, undetermined, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.11XA | Toxic effect of carbon monoxide from utility gas, accidental (unintentional), initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.12XA | Toxic effect of carbon monoxide from utility gas, intentional self-harm, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.13XA | Toxic effect of carbon monoxide from utility gas, assault, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.14XA | Toxic effect of carbon monoxide from utility gas, undetermined, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.2X1A | Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, accidental (unintentional), initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.2X2A | Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, intentional self-harm, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.2X3A | Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, assault, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.2X4A | Toxic effect of carbon monoxide from incomplete combustion of other domestic fuels, undetermined, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.8X1A | Toxic effect of carbon monoxide from other source, accidental (unintentional), initial encounter |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|--|---|-----------|--|
| 986 | Toxic effect of carbon monoxide | T58.8X2A | Toxic effect of carbon monoxide from other source, intentional self-harm, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.8X3A | Toxic effect of carbon monoxide from other source, assault, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.8X4A | Toxic effect of carbon monoxide from other source, undetermined, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.91XA | Toxic effect of carbon monoxide from unspecified source, accidental (unintentional), initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.92XA | Toxic effect of carbon monoxide from unspecified source, intentional self-harm, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.93XA | Toxic effect of carbon monoxide from unspecified source, assault, initial encounter |
| 986 | Toxic effect of carbon monoxide | T58.94XA | Toxic effect of carbon monoxide from unspecified source, undetermined, initial encounter |
| 987.7 | Toxic effect of hydrocyanic acid gas | T57.3X1A | Toxic effect of hydrogen cyanide, accidental (unintentional), initial encounter |
| 987.7 | Toxic effect of hydrocyanic acid gas | T57.3X2A | Toxic effect of hydrogen cyanide, intentional self-harm, initial encounter |
| 987.7 | Toxic effect of hydrocyanic acid gas | T57.3X3A | Toxic effect of hydrogen cyanide, assault, initial encounter |
| 987.7 | Toxic effect of hydrocyanic acid gas | T57.3X4A | Toxic effect of hydrogen cyanide, undetermined, initial encounter |
| 989.0 | Toxic effect of hydrocyanic acid and cyanides | T65.0X1A | Toxic effect of cyanides, accidental (unintentional), initial encounter |
| 989.0 | Toxic effect of hydrocyanic acid and cyanides | T65.0X2A | Toxic effect of cyanides, intentional self-harm, initial encounter |
| 989.0 | Toxic effect of hydrocyanic acid and cyanides | T65.0X3A | Toxic effect of cyanides, assault, initial encounter |
| 989.0 | Toxic effect of hydrocyanic acid and cyanides | T65.0X4A | Toxic effect of cyanides, undetermined, initial encounter |
| 993.2 | Other and unspecified effects of high altitude | T70.29XA | Other effects of high altitude, initial encounter |
| 993.3 | Caisson disease | T70.3XXA | Caisson disease [decompression sickness], initial encounter |
| 996.52 | Mechanical complication due to graft of other tissue, not elsewhere classified | T86.820 | Skin graft (allograft) rejection |
| 996.52 | Mechanical complication due to graft of other tissue, not elsewhere classified | T86.821 | Skin graft (allograft) (autograft) failure |
| 996.52 | Mechanical complication due to graft of other tissue, not elsewhere classified | T86.822 | Skin graft (allograft) (autograft) infection |
| 996.52 | Mechanical complication due to graft of other tissue, not elsewhere classified | T86.828 | Other complications of skin graft (allograft) (autograft) |
| 996.94 | Complications of reattached upper extremity, other and unspecified | T87.0X1 | Complications of reattached (part of) right upper extremity |
| 996.94 | Complications of reattached upper extremity, other and unspecified | T87.0X2 | Complications of reattached (part of) left upper extremity |
| 996.96 | Complication of reattached lower extremity, other and unspecified | T87.1X1 | Complications of reattached (part of) right lower extremity |
| 996.96 | Complication of reattached lower extremity, other and unspecified | T87.1X2 | Complications of reattached (part of) left lower extremity |
| 996.99 | Complication of other specified reattached body part | T87.2 | Complications of other reattached body part |
| 999.1 | Air embolism as a complication of medical care, not elsewhere classified | T80.0XXA | Air embolism following infusion, transfusion and therapeutic injection, initial encounter |
| Group 1 for Dual Diagnosis Codes: Wound Codes. A Diabetes code plus a Wound code (a code from Group 1 & Group 2) must be used together to satisfy medical necessity | | | |
| 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled | E11.51 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled | E11.52 | Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled | E13.51 | Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| 250.70 | Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled | E13.52 | Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled | E10.51 | Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| 250.71 | Diabetes with peripheral circulatory disorders, type I [juvenile type], not stated as uncontrolled | E10.52 | Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene |
| 250.72 | Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled | E11.51 | Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| 250.73 | Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled | E10.51 | Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E11.618 | Type 2 diabetes mellitus with other diabetic arthropathy |

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|---|---|-----------|--|
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E11.620 | Type 2 diabetes mellitus with diabetic dermatitis |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E11.621 | Type 2 diabetes mellitus with foot ulcer |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E11.622 | Type 2 diabetes mellitus with other skin ulcer |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E11.628 | Type 2 diabetes mellitus with other skin complications |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E13.618 | Other specified diabetes mellitus with other diabetic arthropathy |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E13.620 | Other specified diabetes mellitus with diabetic dermatitis - |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E13.621 | Other specified diabetes mellitus with foot ulcer |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E13.622 | Other specified diabetes mellitus with other skin ulcer |
| 250.80 | Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled | E13.628 | Other specified diabetes mellitus with other skin complications |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.618 | Type 1 diabetes mellitus with other diabetic arthropathy |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.620 | Type 1 diabetes mellitus with diabetic dermatitis |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.621 | Type 1 diabetes mellitus with foot ulcer |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.622 | Type 1 diabetes mellitus with other skin ulcer |
| 250.81 | Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled | E10.628 | Type 1 diabetes mellitus with other skin complications |
| 250.82 | Diabetes with other specified manifestations, type II or unspecified type, uncontrolled | E11.69 | E11.69 Type 2 diabetes mellitus with other specified complication |
| 250.82 | Diabetes with other specified manifestations, type II or unspecified type, uncontrolled | E11.65 | E11.65 Type 2 diabetes mellitus with hyperglycemia |
| 250.83 | Diabetes with other specified manifestations, type I [juvenile type], uncontrolled | E10.69 | E10.69 Type 1 diabetes mellitus with other specified complication |
| 250.83 | Diabetes with other specified manifestations, type I [juvenile type], uncontrolled | E10.65 | E10.65 Type 1 diabetes mellitus with hyperglycemia |
| Group 2 for Dual Diagnosis Codes: Diabetes codes. A Wound code plus a Diabetes code (a code from Group 1 & Group 2) must be used together to satisfy medical necessity | | | |
| 707.10 | Ulcer of lower limb, unspecified | L97.911 | Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin |
| 707.10 | Ulcer of lower limb, unspecified | L97.912 | Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed |
| 707.10 | Ulcer of lower limb, unspecified | L97.913 | Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle |
| 707.10 | Ulcer of lower limb, unspecified | L97.914 | Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone |
| 707.10 | Ulcer of lower limb, unspecified | L97.921 | Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin |
| 707.10 | Ulcer of lower limb, unspecified | L97.922 | Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed |
| 707.10 | Ulcer of lower limb, unspecified | L97.923 | Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|----------------------------------|-----------|---|
| 707.10 | Ulcer of lower limb, unspecified | L97.924 | Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone |
| 707.11 | Ulcer of thigh | I70.231 | Atherosclerosis of native arteries of right leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.241 | Atherosclerosis of native arteries of left leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.331 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.341 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.431 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.441 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.531 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.541 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.631 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.641 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.731 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | I70.741 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh |
| 707.11 | Ulcer of thigh | L97.111 | Non-pressure chronic ulcer of right thigh limited to breakdown of skin |
| 707.11 | Ulcer of thigh | L97.112 | Non-pressure chronic ulcer of right thigh with fat layer exposed |
| 707.11 | Ulcer of thigh | L97.113 | Non-pressure chronic ulcer of right thigh with necrosis of muscle |
| 707.11 | Ulcer of thigh | L97.114 | Non-pressure chronic ulcer of right thigh with necrosis of bone |
| 707.11 | Ulcer of thigh | L97.121 | Non-pressure chronic ulcer of left thigh limited to breakdown of skin |
| 707.11 | Ulcer of thigh | L97.122 | Non-pressure chronic ulcer of left thigh with fat layer exposed |
| 707.11 | Ulcer of thigh | L97.123 | Non-pressure chronic ulcer of left thigh with necrosis of muscle |
| 707.11 | Ulcer of thigh | L97.124 | Non-pressure chronic ulcer of left thigh with necrosis of bone |
| 707.12 | Ulcer of calf | I70.232 | Atherosclerosis of native arteries of right leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.242 | Atherosclerosis of native arteries of left leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.332 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.342 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.432 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.442 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.532 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.542 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.632 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.642 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|---------------------------|-----------|--|
| 707.12 | Ulcer of calf | I70.732 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf |
| 707.12 | Ulcer of calf | I70.742 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf |
| 707.12 | Ulcer of calf | L97.211 | Non-pressure chronic ulcer of right calf limited to breakdown of skin |
| 707.12 | Ulcer of calf | L97.212 | Non-pressure chronic ulcer of right calf with fat layer exposed |
| 707.12 | Ulcer of calf | L97.213 | Non-pressure chronic ulcer of right calf with necrosis of muscle |
| 707.12 | Ulcer of calf | L97.214 | Non-pressure chronic ulcer of right calf with necrosis of bone |
| 707.12 | Ulcer of calf | L97.221 | Non-pressure chronic ulcer of left calf limited to breakdown of skin |
| 707.12 | Ulcer of calf | L97.222 | Non-pressure chronic ulcer of left calf with fat layer exposed |
| 707.12 | Ulcer of calf | L97.223 | Non-pressure chronic ulcer of left calf with necrosis of muscle |
| 707.12 | Ulcer of calf | L97.224 | Non-pressure chronic ulcer of left calf with necrosis of bone |
| 707.13 | Ulcer of ankle | I70.233 | Atherosclerosis of native arteries of right leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.243 | Atherosclerosis of native arteries of left leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.333 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.343 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.433 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.443 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.533 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.543 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.633 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.643 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.733 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | I70.743 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle |
| 707.13 | Ulcer of ankle | L97.311 | Non-pressure chronic ulcer of right ankle limited to breakdown of skin |
| 707.13 | Ulcer of ankle | L97.312 | Non-pressure chronic ulcer of right ankle with fat layer exposed |
| 707.13 | Ulcer of ankle | L97.313 | Non-pressure chronic ulcer of right ankle with necrosis of muscle |
| 707.13 | Ulcer of ankle | L97.314 | Non-pressure chronic ulcer of right ankle with necrosis of bone |
| 707.13 | Ulcer of ankle | L97.321 | Non-pressure chronic ulcer of left ankle limited to breakdown of skin |
| 707.13 | Ulcer of ankle | L97.322 | Non-pressure chronic ulcer of left ankle with fat layer exposed |
| 707.13 | Ulcer of ankle | L97.323 | Non-pressure chronic ulcer of left ankle with necrosis of muscle |
| 707.13 | Ulcer of ankle | L97.324 | Non-pressure chronic ulcer of left ankle with necrosis of bone |
| 707.14 | Ulcer of heel and midfoot | I70.234 | Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.244 | Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.434 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.444 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.534 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.544 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|-----------------------------------|-----------|--|
| 707.14 | Ulcer of heel and midfoot | I70.634 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.644 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.734 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | I70.744 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot |
| 707.14 | Ulcer of heel and midfoot | L97.411 | Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin |
| 707.14 | Ulcer of heel and midfoot | L97.412 | Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed |
| 707.14 | Ulcer of heel and midfoot | L97.413 | Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle |
| 707.14 | Ulcer of heel and midfoot | L97.414 | Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone |
| 707.14 | Ulcer of heel and midfoot | L97.421 | Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin |
| 707.14 | Ulcer of heel and midfoot | L97.422 | Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed |
| 707.14 | Ulcer of heel and midfoot | L97.423 | Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle |
| 707.14 | Ulcer of heel and midfoot | L97.424 | Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone |
| 707.15 | Ulcer of other part of foot | I70.235 | Atherosclerosis of native arteries of right leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.245 | Atherosclerosis of native arteries of left leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.435 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.445 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.535 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.545 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.635 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.645 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.735 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | I70.745 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot |
| 707.15 | Ulcer of other part of foot | L97.511 | Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin |
| 707.15 | Ulcer of other part of foot | L97.512 | Non-pressure chronic ulcer of other part of right foot with fat layer exposed |
| 707.15 | Ulcer of other part of foot | L97.513 | Non-pressure chronic ulcer of other part of right foot with necrosis of muscle |
| 707.15 | Ulcer of other part of foot | L97.514 | Non-pressure chronic ulcer of other part of right foot with necrosis of bone |
| 707.15 | Ulcer of other part of foot | L97.521 | Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin |
| 707.15 | Ulcer of other part of foot | L97.522 | Non-pressure chronic ulcer of other part of left foot with fat layer exposed |
| 707.15 | Ulcer of other part of foot | L97.523 | Non-pressure chronic ulcer of other part of left foot with necrosis of muscle |
| 707.15 | Ulcer of other part of foot | L97.524 | Non-pressure chronic ulcer of other part of left foot with necrosis of bone |
| 707.19 | Ulcer of other part of lower limb | I70.238 | Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg |
| 707.19 | Ulcer of other part of lower limb | I70.248 | Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg |
| 707.19 | Ulcer of other part of lower limb | I70.338 | Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.348 | Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg |

| ICD-9-CM | ICD-9 DX Description | ICD-10 CM | ICD-10 DX Description |
|----------|-----------------------------------|-----------|---|
| 707.19 | Ulcer of other part of lower limb | I70.438 | Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.448 | Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.538 | Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.548 | Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.638 | Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.648 | Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.738 | Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | I70.748 | Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg |
| 707.19 | Ulcer of other part of lower limb | L97.811 | Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin |
| 707.19 | Ulcer of other part of lower limb | L97.812 | Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed |
| 707.19 | Ulcer of other part of lower limb | L97.813 | Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle |
| 707.19 | Ulcer of other part of lower limb | L97.814 | Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone |
| 707.19 | Ulcer of other part of lower limb | L97.821 | Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin |
| 707.19 | Ulcer of other part of lower limb | L97.822 | Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed |
| 707.19 | Ulcer of other part of lower limb | L97.823 | Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle |
| 707.19 | Ulcer of other part of lower limb | L97.824 | Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone |

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| NCD: | 20.29 | | |
| NCD | | | |
| Title: | Hyperbaric Oxygen Therapy | | |
| IOM: | http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R187CP.pdf#page=5 | | |
| MCD: | http://www.cms.gov/medicare-coverage-database/details/ncd- | | |
| ICD-9 | ICD-9 Px Description | ICD-10 PCS | ICD-10 PCS Description |
| 93.59 | Other immobilization, pressure, and attention to wound | 5A05121 | Extracorporeal Hyperbaric Oxygenation, Intermittent |
| | | | |

| NCD: 20.29 | | | | | | | | | | |
|---|--|---------------------------|-----------------------|--------------------|---------------------|-----------------|--------------------|-----------------------------|------------------------------|------------------------------|
| NCD Title: Hyperbaric Oxygen Therapy | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R187CP.pdf#page=5 | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd- | | | | | | | | | | |
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| Part A | Rule Description Part A | Proposed HCPCS/CPT Part A | Frequency Limitations | TOB (Part A) | Revenue Code Part A | Modifier Part A | Provider Specialty | Proposed MSN Message Part A | Proposed CARC Message Part A | Proposed RARC Message Part A |
| Part A | Procedural Coding | 99183 C1300 | | 11X 13X 85X. | | | | 15.2 15.4 16.48 | 50 167 | MA30 M64 N386 |
| Part A | For hospital inpatients and critical access hospitals (CAHs) not electing Method I, HBO therapy is reported under a revenue code without any HCPCS code. | | | | 940X | | | 15.2 15.4 | 50 167 | M64 N386 M50 |
| Part A | For CAHs electing Method I, HBO therapy is reported under revenue code along with HCPCS code | 99183 | | | 940X | | | 15.2 15.4 | 50 167 199 | M64 N386 M50 |
| Part A | For inpatient services, show ICD-10-CM procedure code in FL 80 and 81 | See ICD Procedures tab | | | | | | 15.2 15.4 16.48 | 50 167 | M64 N386 |

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|---|--------------------------------|----------------------------------|------------------------------|---------------------|------------|------------------------|---------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| NCD: 20.29 | | | | | | | | | | |
| NCD Title: Hyperbaric Oxygen Therapy | | | | | | | | | | |
| IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R187CP.pdf#page=5 | | | | | | | | | | |
| MCD: http://www.cms.gov/medicare-coverage-database/details/ncd- | | | | | | | | | | |
| | | | | | | | | | | |
| Part B | Rule Description Part B | Proposed HCPCS/CPT Part B | Frequency Limitations | POS (Part B) | n/a | Modifier Part B | Provider Specialty | Proposed MSN Message Part B | Proposed CARC Message Part B | Proposed RARC Message Part B |
| Part B | Procedural Coding | 99183 | | | | | | 15.2 15.4 16.48 | 50 167 | M64 N386 |