

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1504	Date: May 20, 2015
	Change Request 9087

Transmittal 1478, dated March 6, 2015, is being rescinded and replaced by Transmittal 1504 to change C8681 to L8681 in spreadsheet NCD160.18, and to add BR 9087.5 at FISS' request to make screen changes to support CWF updates to NCD150.3. All other information remains the same.

SUBJECT: ICD-10 Conversion/Coding Infrastructure Revisions/ICD-9 Updates to National Coverage Determinations (NCDs)--2nd Maintenance CR

I. SUMMARY OF CHANGES: This change request (CR) is the second maintenance update of ICD-10 conversions and ICD-9 coding updates specific to national coverage determinations (NCDs). The majority of the NCDs included are a result of feedback received from previous ICD-10 NCD CR7818, CR8109, CR8197, and CR8691. Some are the result of revisions required to other NCD-related CRs released separately that also included ICD-10 coding.

Edits to ICD-10 coding specific to NCDs will be included in subsequent, quarterly updates as needed. No policy-related changes are included with these recurring updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process.

EFFECTIVE DATE: June 22, 2015 - For designated ICD-9 updates and all local system edits; July 1, 2015 - For all ICD-9 shared system edits; October 1, 2015 - For all ICD-10 shared system edits (or whenever ICD-10 is implemented)

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

IMPLEMENTATION DATE: June 22, 2015 - For designated ICD-9 updates and all local system edits; July 6, 2015 - For ICD-9 and ICD-10 shared system edits

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	N/A

III. FUNDING:

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 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.

IV. ATTACHMENTS: 0

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1504	Date: May 20, 2015	Change Request: 9087
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IMPLEMENTATION DATE: June 22, 2015 - For designated ICD-9 updates and all local system edits; July 6, 2015 - For ICD-9 and ICD-10 shared system edits.

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to both create and update national coverage determination (NCD) editing, both hard-coded shared system edits as well as local Medicare Administrative Contractor (MAC) edits, that contain either ICD-9 diagnosis/procedure codes or ICD-10 diagnosis/procedure codes, or both, plus all associated coding infrastructure such as HCPCS/CPT codes, reason/remark codes, 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.

B. Policy: This CR is the second maintenance update of ICD-10 conversions/ICD-9 coding specific to NCDs. The majority of the NCDs included are a result of feedback received on previous ICD-10 NCD CR7818, CR8109, CR8197, and CR8691. Some are the result of revisions required to other NCD-related CRs released separately that also included ICD-10 coding.

Edits to ICD-10 coding specific to NCDs will be included in subsequent quarterly updates as needed. No policy-related changes are included with these recurring updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process.

NOTE: As has historically been the case, NCD policies may contain specific covered, non-covered and/or discretionary diagnosis coding. The attached spreadsheets are designated as such and are based on current NCD policies and their corresponding edits. Nationally covered and non-covered diagnosis code lists are finite and cannot be revised without a subsequent NCD reconsideration. Discretionary code lists are to be regarded as CMS' compilation of discretionary codes based on current analysis/interpretation. Local Medicare Administrative Contractors may or may not expand discretionary lists based on their individual local authority within their respective jurisdictions. Nothing contained in this CR should be construed as new policy.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										Other
		A/B MAC			D M E M A C	Shared-System Maintainers				C W F		
		A	B	H H H		F I S S	M C S	V M S				
9087.1	The SSMs shall implement the edits/logic associated with the referenced NCDs using the attached Excel spreadsheets ONLY IF APPLICABLE.					X	X			X		
9087.2	A/B MACs shall complete all tasks that involve updates to local system edits/tables associated with the attached NCDs in this CR. NOTE: A/B MACs shall use default CAQH CORE messages where appropriate: RARC N386 with CARC 50, 96, and/or 119. See latest CAQH CORE update.	X	X									
9087.3	The SSMs shall ensure the ICD-10 diagnosis/procedure codes associated with the attached NCDs are not implemented until October 1, 2015, or until ICD-10 is implemented.					X	X			X		
9087.4	When denying claims associated with the attached NCDs, except where otherwise indicated, A/B MACs shall use: Group Code PR (Patient Responsibility) assigning financial responsibility to the beneficiary (if a claim is received with occurrence code 32, or with occurrence code 32 and a GA modifier, indicating a signed ABN is on file). 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). NOTE: For modifier GZ, use CARC 50 and MSN 8.81 per instructions in CR 7228/TR 2148.	X	X									
9087.5	The next eligible date for HCPCS 77085, CWF requirement 30, NCD150.3, bone density, shall be displayed on all contractor provider query screens (HUQA, HIQA, HIGQ, ELGA, ELGB, and ELGH).					X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
9087.6	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the 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.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Pat Brocato-Simons, 410-786-0261 or patricia.brocato-simons@cms.hhs.gov (CMS Coverage)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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 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: 10

NCD:	250.3											
NCD Title:	Intravenous Immune Globulin for the Treatment of Autoimmune Mucocutaneous Blistering Diseases											
IOM:	http://www.cms.gov/manuals/downloads/ncd103c1_Part4.pdf											
MCD:	http://www.cms.gov/medicarecoverage/database/details/nccdetails.aspx?NCDId=158&ncdver=1&DocID=250.3&SearchType=Advanced&bc=IAAAAqAAAA&											
ICD-9	ICD-9 Px Description	ICD-10 PCS	ICD-10 PCS Description	REMOVE	KEEP	ADD						
N/A	N/A	N/A	N/A									

NCD:	160.18		
NCD Title:	Vagus Nerve Stimulation		
IOM:	http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=230&ncdver=2&DocID=160.18&SearchType=Advanced&bc=IAAAAqAAAA&		
ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
345.41	Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, with intractable epilepsy	G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
345.51	Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, with intractable epilepsy	G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
345.51	Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, with intractable epilepsy	G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
345.51	Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, with intractable epilepsy	G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
345.71	Epilepsia partialis continua, with intractable epilepsy	G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
345.81	Other forms of epilepsy and recurrent seizures, with intractable epilepsy	G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
345.51	Localization-related (focal) (partial) epilepsy and epileptic syndromes with simple partial seizures, with intractable epilepsy	G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
345.71	Epilepsia partialis continua, with intractable epilepsy	G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
345.81	Other forms of epilepsy and recurrent seizures, with intractable epilepsy	G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
345.41	Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, with intractable epilepsy	G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
345.41	Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, with intractable epilepsy	G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
345.71	Epilepsia partialis continua, with intractable epilepsy	G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
345.81	Other forms of epilepsy and recurrent seizures, with intractable epilepsy	G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
345.41	Localization-related (focal) (partial) epilepsy and epileptic syndromes with complex partial seizures, with intractable epilepsy	G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
NA		G40.519	Special epileptic syndromes, intractable, without status epilepticus
NA		G40.819	Other epilepsy, intractable, without status epilepticus

NCD:	160.18		
NCD Title:	Vagus Nerve Stimulation		
IOM:	http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=230&ncdver=2&DocID=160.18&SearchType=Advanced&bc=IAAAAqAAAA&		
ICD-9	ICD-9 Px Description	ICD-10 PCS	ICD-10 PCS Description
N/A	N/A	N/A	N/A

NCD: 160.18										
NCD Title: Vagus Nerve Stimulation										
IOM: http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=230&ncdver=2&DocID=160.18&SearchType=Advanced&bc=IAAAAqAAAA&										
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	MSN Message Part A	CARC Message Part A	RARC Message Part A
Part A	A/MACs & FISS: Effective for services performed on or after 7/1/99, VNS is reasonable and necessary with payable dx for patients with medically refractory partial onset seizures for whom surgery is not recommended or for whom surgery has failed. NOTE - NCD did not include any frequency language.	61867, 61868, 61885, 61886, 61888, 64568, 64569, 64570, 64590, 64595, 95970, 95971, 95974, 95975, C1767, C1778	N/A	11X 12X 13X 71X 73X 77X 85X	0278, 0360, 036x, 049x, 051x, 052x, 076x, 0949, 096x, 0975, 0982	N/A	N/A	16.10	50	M38

NCD: 160.18										
NCD Title: Vagus Nerve Stimulation										
IOM: http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=230&ncdver=2&DocID=160.18&SearchType=Advanced&bc=IAAAAqAAAA&										
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
		61885 61886 64553 64568 64569 64570 64590 64595 95974 95975 C1767 C1778 L8681 L8682 L8683 L8685 L8686 L8687 L8688 L8689						14.9 15.4 15.20 16.10	50	N386
Part B	B/MACs & MCS: Effective for services performed on or after 7/1/99, VNS is covered for patients with medically refractory partial onset seizures for whom surgery is not recommended or for whom surgery has failed.		N/A	N/A	N/A	N/A	N/A			
Change note	<p>5/2/14: Added all CPT codes from 160.18 in CR7818 except for expired CPT 61887 and 64573. Also added suggested replacement codes 0312T-0317T. Removed RARC M27 with CARC 50; not allowed per CORE. Added Rule Description for Parts A & B from CR7818.</p> <p>8/26/14: Removed migraine ICD-9s (346.01-346.83) & ICD-10s (G43.111-G43.819) from the policy. Per CMS VNS is not appropriate for treatment of migraine at this time and is investigational only</p> <p>1/22/15: CPT suggested replacement codes 0312T-0317T have been removed from the policy since they represent stimulation of the gastric rather than cranial nerves.</p> <p>1/29/15: Added back ICD-10 codes G40.519 and G40.819 that were removed in error.</p> <p>2/5/15: Removed L8680 made invalid for Medicare.</p> <p>5/14/15: Changed C8681 to L8681 per MCS.</p>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NCD:	210.2		
NCD Title:	Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer		
IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=106		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&ncdver=3&bc=AqAAgAAAAAA&		
ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
PAP High Risk every year			
V15.89	Other specified personal history presenting hazards to health		NA
V69.2	High-risk sexual behavior	Z72.51	High risk heterosexual behavior
V69.2	High-risk sexual behavior	Z72.52	High risk homosexual behavior
V69.2	High-risk sexual behavior	Z72.53	High risk bisexual behavior
PAP Low Risk every 2 years			
V72.31	Routine gynecological examination	Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
V72.31	Routine gynecological examination	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
V76.2	Screening for malignant neoplasms of the cervix	Z12.4	Encounter for screening for malignant neoplasm of cervix
V76.47	Special screening for malignant neoplasms, vagina	Z12.72	Encounter for screening for malignant neoplasm of vagina
V76.49	Special screening for malignant neoplasms, other sites	Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
V76.49	Special screening for malignant neoplasms, other sites	Z12.89	Encounter for screening for malignant neoplasm of other sites
Pelvic Exam			
V72.31	Routine gynecological examination	Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
V72.31	Routine gynecological examination	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
V76.2	Screening for malignant neoplasms of cervix	Z12.4	Encounter for screening for malignant neoplasm of cervix
V76.47	Special screening for malignant neoplasms of vagina	Z12.72	Encounter for screening for malignant neoplasm of vagina
V764.9	Special screening for malignant neoplasms of other sites	Z12.79	Encounter for screening for malignant neoplasm of other genitourinary organs
V764.9	Special screening for malignant neoplasms of other sites	Z12.89	Encounter for screening for malignant neoplasm of other sites
V69.2	High-risk sexual behavior	Z72.51	High risk heterosexual behavior
V69.2	High-risk sexual behavior	Z72.52	High risk homosexual behavior
V69.2	High-risk sexual behavior	Z72.53	High risk bisexual behavior
V15.89	Other specified personal history presenting hazards to health		NA

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

NCD:	210.2		
NCD Title:	Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancer		
IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=106		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&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: 210.2										
NCD Title: Screening Pap Smears and Pelvic examinations for Early Detection of Cervical or Vaginal Cancer										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=106										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1434OTN.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&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	<p>A/MACs & CWF: To be covered screening Pap smears must be ordered and collected by a doctor of medicine or osteopathy (as defined in §1861(r)(l) of the Act), or other authorized practitioner (e.g., a certified nurse midwife, physician assistant, nurse practitioner, or clinical nurse specialist, who is authorized under State law to perform the examination) under one of the conditions identified in §30.1, below.</p> <p>1. The beneficiary has not had a screening Pap smear test during the preceding 3 years (i.e., 35 months have passed following the month that the woman had the last covered Pap smear. If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in the CWF.</p> <p>CWF is currently performing and will continue to perform all frequency editing for this NCD.</p>	P3000 G0123 G0143 G0144 G0145 G0147 G0148 Q0091	3 years passed since the last covered test.	12X 13X 22X 23X 85X	0311	N/A	N/A	18.17	119	M83 N362
Part A	<p>A/MACs & CWF: 2. There is evidence (on the basis of her medical history or other findings) that she is of childbearing age and has had an examination that indicated the presence of cervical orvaginal cancer or other abnormalitites during any of the preceding 3 years.</p> <p>If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in CWF.</p> <p>CWF is currently performing and will continue to perform all frequency editing for this NCD.</p>	P3000 G0123 G0143 G0144 G0145 G0147 G0148 Q0091	1 every year for high risk and 1 every 2 years for low risk	N/A	N/A	N/A	N/A	18.17	119	M83 N362
Part A	<p>A/MACs & CWF: 3. She is at high risk of developing cervical orvaginal cancerand at least 11 months have passed following the month that the last covered screening Pap smear was performed.</p> <p>If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in CWF.</p> <p>CWF is currently performing and will continue to perform all frequency editing for this NCD.</p>	P3000 G0123 G0143 G0144 G0145 G0147 G0148 Q0091	1 every year	N/A	N/A	N/A	N/A	18.17	119	M83 N362

NCD: 210.2										
NCD Title: Screening Pap Smears and Pelvic examinations for Early Detection of Cervical or Vaginal Cancer										
IOM: http://www.cms.gov/Regulations-and-Guidance/Manuals/downloads/clm104c18.pdf#page=106										
IOM: http://www.cms.gov/Regulations-and-Guidance/Transmittals/Downloads/R1434OTN.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&ncdver=3&bc=AgAAqAAAAA&										
Part A	A/MACs & CWF: If the beneficiary does not qualify for more frequent screening based on paragraphs (2) and (3) above, for services performed on or after 7/7/01, payment may be made for a screening PAP smear after 23 months have passed after the end of the month of the last covered smear. If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in CWF.	P3000 G0123 G0143 G0144 G0145 G0147 G0148 Q0091	1 every 2 years	N/A	N/A	N/A	N/A	18.17	119	M83 N362
Part A	The professional component of a screening Pap smear furnished within an RHC/FQHC by a physician or non physician is considered an RHC/FQHC service. See Chapter 9, for RHC/FQHC bill processing instructions.	P3000 G0123 G0143 G0144 G0145 G0147 G0148	1 every year for high risk and 1 every 2 years for low risk	71X 77X	052X	N/A	N/A	18.17	119	M83 N362
	FISS & CWF: CMS has determined that the screening pelvic/clinical breast examination, HCPCS G0101 and screening Papanicolaou smear, HCPCS Q0091, are billable visits when furnished by a RHC or FQHC practitioner to a RHC or FQHC patient. These services will be paid the AIR on RHC and FQHC claims effective for dates of service on or after 1/1/14. If other billable visits are furnished on the same DOS as G0101 or Q0091, only one visit shall be paid. G0101 or Q0091 are payable annually for women at high risk for developing cervical or vaginal cancer, and women of childbearing age who have had an abnormal Pap test within the past 3 years. It is payable every 2 years for women at normal risk. For FQHCs billing under the PPS, G0101 and Q0091 are qualifying visits when billed with FQHC payment HCPCS codes G0466 or G0467. Contractors shall add HCPCS codes G0101 & Q0091 to the list of preventive services eligible to be paid at the AIR for 71X & 77X TOBs. NOTE: Payment for G0101 & Q0091 should be effective for DOS on or after 1/1/14. Contractors shall prevent a separate payment when G0101 or Q0091 is billed on the same DOS as an encounter/visit with revenue code 052X (This does not apply to IPPE for RHC & FQHC claims and FQHC claims with DSMT, MNT or modifier 59).	G0101 Q0091	1 every year for high risk and 1 every 2 years for low risk	71X 77X	052X	N/A	N/A	16.34	97	M15

NCD: 210.2										
NCD Title: Screening Pap Smears and Pelvic examinations for Early Detection of Cervical or Vaginal Cancer										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=106										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1434OTN.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&ncdver=3&bc=AqAAqAAAAA&										
Part A	<p>A/MACs: If the technical component of a screening Pap smear is furnished within a provider-based RHC/FQHC, the provider of that service bills the A/MACs under TOB as appropriate using their OP provider number (not the RHC/FQHC provider number since these services are not covered as RHC/FQHC services). Use appropriate revenue code. Effective 4/1/06 TOB 14X is for non-patient laboratory specimens.</p> <p>If there are no high risk factors, and the screening Pap smear and/or screening pelvic examination is being denied because the procedure/examination is performed more frequently than allowed contractors use:</p> <p>When an A/MAC receives a claim for a screening pelvic examination (including a clinical breast examination), performed on or after 1/1/98, it reports special override Code 1 in the Special Action Code/Override Code field of the CWF record for the line item, indicating the Part B deductible does not apply.</p> <p>CWF edits for screening pelvic examinations performed more frequently than allowed according to the presence of high risk factors</p>	P3000 G0123 G0143 G0144 G0145 G0147 G0148 Q0091 or G0101	1 every year for high risk and 1 every 2 years for low risk	13X 22X 23X 85X	0311	N/A	N/A	18.17	119	M83 N362
Part A	<p>CWF: will edit for claims containing HCPCS code Q0091 effective 7/1/05. Previously, the editing for Q0091 had been removed from CWF. Medicare pays for a screening Pap smear every 2 years for low-risk patients based on a low-risk dx, see sections 30.2 and 30.6. Medicare pays for a screening Pap smear every year for a high-risk patient based on the high-risk dx, see sections 30.1 and 30.6. This criteria will be the CWF parameters for editing Q0091. In those situations where unsatisfactory screening Pap smear specimens have been collected and conveyed to clinical labs that are unable to interpret the test results, another specimen will have to be collected. When the physician bills for this reconveyance, the physician should annotate the claim with Q0091 along with modifier -76, (repeat procedure by same physician).</p>	Q0091	1 every year for high-risk and 1 every 2 years for low-risk	N/A	N/A	76	N/A	18.17	119	M83 N362
Part A	<p>Report the screening pap smear as a diagnostic clinical laboratory service using one of the HCPCS codes shown in §30.5.B. In addition, CAHs electing method II report professional services under revenue codes:</p>	P3000 G0123 G0143 G0144 G0145 G0147 G0148 Q0091	1 every year for high risk and 1 every 2 years for low risk	12X 13X 22X 23X 85X	096X 097X 098X	N/A	N/A	18.17	119	M83 N362

NCD:	210.2									
NCD Title:	Screening Pap Smears and Pelvic examinations for Early Detection of Cervical or Vaginal Cancer									
IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=106 http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1434OTN.pdf									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&ncdver=3&bc=AgAAqAAAAAA&									
Part A	<p>A/MACs & CWF: If the technical component of a screening pelvic examination is furnished within a provider-based RHC/FQHC, the provider of that service bills the A/MAC under TOB & OP provider number (not the RHC/FQHC provider number since these services are not covered as RHC/FQHC services). CWF will edit for screening pelvic examinations performed more frequently than allowed according to the presence of high-risk factors.</p>	G0101	1 every year	71X 73X	052X	N/A	N/A	18.17	119	M83 N362

NCD: 210.2										
NCD Title: Screening Pap Smears and Pelvic examinations for Early Detection of Cervical or Vaginal Cancer										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=106										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1434OTN.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&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	<p>B/MACs & CWF: To be covered screening Pap smears must be ordered/collected by a doctor of medicine or osteopathy (as defined in §1861(r)(l) of the Act), or other authorized practitioner (e.g., a certified nurse midwife, physician assistant, nurse practitioner, or clinical nurse specialist, who is authorized under State law to perform the examination) under one of the conditions identified in §30.1, below.</p> <p>1. The beneficiary has not had a screening Pap smear test during the preceding 3 years (i.e., 35 months have passed following the month that the woman had the last covered Pap smear.</p> <p>If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in the CWF.</p> <p>CWF is currently performing and will continue to perform all frequency editing for this NCD.</p>	<p>P3000 P3001 G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 Q0091</p>	<p>3 years passed since the last covered test.</p>	N/A	N/A	N/A	N/A	18.17	119	M83 N362
Part B	<p>B/MACs & CWF: 2. There is evidence (on the basis of medical history or other findings) that she is of childbearing age and has had an examination that indicated the presence of cervical or vaginal cancer or other abnormalitites during any of the preceding 3 years:</p> <p>If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in the CWF.</p> <p>CWF is currently performing and will continue to perform all frequency editing for this NCD.</p>	<p>P3000 P3001 G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 Q0091</p>	<p>1 every year for high-risk and 1 every 2 years for low-risk</p>	N/A	N/A	N/A	N/A	18.17	119	M83 N362

NCD: 210.2										
NCD Title: Screening Pap Smears and Pelvic examinations for Early Detection of Cervical or Vaginal Cancer										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf#page=106										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1434OTN.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=185&ncdver=3&bc=AgAAqAAAAAA&										
Part B	B/MACs & CWF: 3. She is at high risk of developing cervical or vaginal cancer and at least 11 months have passed following the month that the last covered screening Pap smear was performed. If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in CWF.	P3000 P3001 G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 Q0091	1 every year	N/A	N/A	N/A	N/A	18.17	119	M83 N362
Part B	B/MACs & CWF: If the beneficiary does not qualify for more frequent screening based on paragraphs (2) and (3) above, effective 7/1/01, payment may be made for a screening PAP smear after 23 months have passed after the end of the month of the last covered smear. If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in CWF.	P3000 P3001 G0123 G0124 G0141 G0143 G0144 G0145 G0147 G0148 Q0091	1 every 2 years	N/A	N/A	N/A	N/A	18.17	119	M83 N362
Part B	CWF will edit for screening pelvic examinations performed more frequently than allowed according to the presence of high-risk factors	G0101	1 every year	N/A	N/A	N/A	N/A	18.17	119	M83 N362
Part B	B/MACs & CWF: Payment for Q0091 is paid under the Medicare physician fee schedule. Deductible is not applicable, coinsurance applies. Effective 7/1/05, on those occasions when physicians must perform a screening Pap smear (Q0091) that they know will not be covered by Medicare because the low-risk patient has already received a covered Pap smear (Q0091) in the past 2 years, the physician can bill Q0091 and the claim will be denied appropriately. The physician shall obtain an ABN in these situations as the denial will be considered an R&N denial. Effective 4/1/99, a covered E/M visit and code Q0091 may be reported by the same physician for the same DOS if the E/M visit is for a separately identifiable service. If Pap smear claims do not point to one of the specific diagnoses in Item 24E or the electronic equivalent, the claim will reject in CWF.	Q0091	1 every 2 years	N/A	N/A	Denial - GA E/M - 25	N/A	18.17	119	M83 N362

NCD:	180.1		
NCD Title:	Medical Nutrition Therapy		
IOM:	http://www.cms.gov/medicare-coverage-database/details/ncd-		
MCD:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf		
ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
249.00	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified	E08.9	Diabetes mellitus due to underlying condition without complications
249.00	Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified	E09.9	Drug or chemical induced diabetes mellitus without complications
249.01	Secondary diabetes mellitus without mention of complication, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.10	Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified	E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
249.10	Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified	E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
249.11	Secondary diabetes mellitus with ketoacidosis, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.11	Secondary diabetes mellitus with ketoacidosis, uncontrolled	E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
249.11	Secondary diabetes mellitus with ketoacidosis, uncontrolled	E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified	E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified	E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified	E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
249.20	Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified	E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
249.21	Secondary diabetes mellitus with hyperosmolarity, uncontrolled	E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
249.21	Secondary diabetes mellitus with hyperosmolarity, uncontrolled	E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
249.21	Secondary diabetes mellitus with hyperosmolarity, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified	E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified	E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified	E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
249.30	Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified	E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
249.31	Secondary diabetes mellitus with other coma, uncontrolled	E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
249.31	Secondary diabetes mellitus with other coma, uncontrolled	E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
249.31	Secondary diabetes mellitus with other coma, uncontrolled	E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
249.40	Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified	E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
249.41	Secondary diabetes mellitus with renal manifestations, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
249.50	Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified	E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
249.51	Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled	E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
249.60	Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified	E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
249.61	Secondary diabetes mellitus with neurological manifestations, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
249.70	Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified	E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
249.71	Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.621	Diabetes mellitus due to underlying condition with foot ulcer
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.628	Diabetes mellitus due to underlying condition with other skin complications
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.630	Diabetes mellitus due to underlying condition with periodontal disease
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.638	Diabetes mellitus due to underlying condition with other oral complications
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E08.69	Diabetes mellitus due to underlying condition with other specified complication
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.628	Drug or chemical induced diabetes mellitus with other skin complications
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.638	Drug or chemical induced diabetes mellitus with other oral complications
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
249.80	Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified	E09.69	Drug or chemical induced diabetes mellitus with other specified complication
249.81	Secondary diabetes mellitus with other specified manifestations, uncontrolled	E08.69	Diabetes mellitus due to underlying condition with other specified complication
249.81	Secondary diabetes mellitus with other specified manifestations, uncontrolled	E09.69	Drug or chemical induced diabetes mellitus with other specified complication
249.81	Secondary diabetes mellitus with other specified manifestations, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
249.90	Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified	E08.8	Diabetes mellitus due to underlying condition with unspecified complications
249.90	Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified	E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
249.91	Secondary diabetes mellitus with unspecified complication, uncontrolled	E08.8	Diabetes mellitus due to underlying condition with unspecified complications
249.91	Secondary diabetes mellitus with unspecified complication, uncontrolled	E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
249.91	Secondary diabetes mellitus with unspecified complication, uncontrolled	E08.65	Diabetes mellitus due to underlying condition with hyperglycemia

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	E11.9	Type 2 diabetes mellitus without complications
250.00	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	E13.9	Other specified diabetes mellitus without complications
250.01	Diabetes mellitus without mention of complication, type I [juvenile type], not stated as uncontrolled	E10.9	Type 1 diabetes mellitus without complications
250.02	Diabetes mellitus without mention of complication, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.03	Diabetes mellitus without mention of complication, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
250.10	Diabetes with ketoacidosis, type II or unspecified type, not stated as uncontrolled	E13.10	Other specified diabetes mellitus with ketoacidosis without coma
250.11	Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.12	Diabetes with ketoacidosis, type II or unspecified type, uncontrolled	E11.69	Type 2 diabetes mellitus with hyperglycemia
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
250.13	Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
250.20	Diabetes with hyperosmolarity, type II or unspecified type, not stated as uncontrolled	E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
250.21	Diabetes with hyperosmolarity, type I [juvenile type], not stated as uncontrolled	E10.69	Type 1 diabetes mellitus with other specified complication
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
250.22	Diabetes with hyperosmolarity, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
250.23	Diabetes with hyperosmolarity, type I [juvenile type], uncontrolled	E10.69	Type 1 diabetes mellitus with other specified complication
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	E13.11	Other specified diabetes mellitus with ketoacidosis with coma
250.30	Diabetes with other coma, type II or unspecified type, not stated as uncontrolled	E13.641	Other specified diabetes mellitus with hypoglycemia with coma
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
250.31	Diabetes with other coma, type I [juvenile type], not stated as uncontrolled	E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled	E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
250.32	Diabetes with other coma, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
250.33	Diabetes with other coma, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	E11.21	Type 2 diabetes mellitus with diabetic nephropathy
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	E13.21	Other specified diabetes mellitus with diabetic nephropathy
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
250.40	Diabetes with renal manifestations, type II or unspecified type, not stated as uncontrolled	E13.29	Other specified diabetes mellitus with other diabetic kidney complication

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
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
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	E11.21	Type 2 diabetes mellitus with diabetic nephropathy
250.42	Diabetes with renal manifestations, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	E10.21	Type 1 diabetes mellitus with diabetic nephropathy
250.43	Diabetes with renal manifestations, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.36	Type 2 diabetes mellitus with diabetic cataract
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.36	Other specified diabetes mellitus with diabetic cataract
250.50	Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled	E13.39	Other specified diabetes mellitus with other diabetic ophthalmic 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
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	E11.36	Type 2 diabetes mellitus with diabetic cataract
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
250.52	Diabetes with ophthalmic manifestations, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	E10.36	Type 1 diabetes mellitus with diabetic cataract
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
250.53	Diabetes with ophthalmic manifestations, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E13.44	Other specified diabetes mellitus with diabetic amyotrophy
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E13.49	Other specified diabetes mellitus with other diabetic neurological complication
250.60	Diabetes with neurological manifestations, type II or unspecified type, not stated as uncontrolled	E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
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
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
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
250.62	Diabetes with neurological manifestations, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
250.63	Diabetes with neurological manifestations, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
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	E11.59	Type 2 diabetes mellitus with other circulatory complications
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

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
250.70	Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled	E13.59	Other specified diabetes mellitus with other circulatory complications
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
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
250.72	Diabetes with peripheral circulatory disorders, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
250.73	Diabetes with peripheral circulatory disorders, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
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
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	E11.630	Type 2 diabetes mellitus with periodontal disease
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E11.638	Type 2 diabetes mellitus with other oral complications
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E11.69	Type 2 diabetes mellitus with other specified complication
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
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E13.630	Other specified diabetes mellitus with periodontal disease
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E13.638	Other specified diabetes mellitus with other oral complications
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E13.649	Other specified diabetes mellitus with hypoglycemia without coma

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E13.65	Other specified diabetes mellitus with hyperglycemia
250.80	Diabetes with other specified manifestations, type II or unspecified type, not stated as uncontrolled	E13.69	Other specified diabetes mellitus with other specified complication
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
250.82	Diabetes with other specified manifestations, type II or unspecified type, uncontrolled	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	Type 2 diabetes mellitus with hyperglycemia
250.83	Diabetes with other specified manifestations, type I [juvenile type], 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
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	E11.8	Type 2 diabetes mellitus with unspecified complications
250.90	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled	E13.8	Other specified diabetes mellitus with unspecified complications
250.91	Diabetes with unspecified complication, type I [juvenile type], not stated as uncontrolled	E10.8	Type 1 diabetes mellitus with unspecified complications
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	E11.8	Type 2 diabetes mellitus with unspecified complications
250.92	Diabetes with unspecified complication, type II or unspecified type, uncontrolled	E11.65	Type 2 diabetes mellitus with hyperglycemia
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	E10.8	Type 1 diabetes mellitus with unspecified complications
250.93	Diabetes with unspecified complication, type I [juvenile type], uncontrolled	E10.65	Type 1 diabetes mellitus with hyperglycemia
403.00	Hypertensive chronic kidney disease, malignant, Stage I - IV	I12.9	Hypertensive chronic kidney disease with state 1-4 chronic kidney disease, or unspecified chronic kidney disease
403.10	Hypertensive chronic kidney disease, benign, Stage I - IV	I12.9	Hypertensive chronic kidney disease with state 1-4 chronic kidney disease, or unspecified chronic kidney disease
403.90	Hypertensive chronic kidney disease, unspecified, Stage I - IV	I12.9	Hypertensive chronic kidney disease with state 1-4 chronic kidney disease, or unspecified chronic kidney disease
585.1	Chronic kidney disease, Stage I	N18.1	Chronic kidney disease, stage 1
585.2	Chronic kidney disease, Stage II (mild)	N18.2	Chronic kidney disease, stage 2 (mild)
585.3	Chronic kidney disease, Stage III (moderate)	N18.3	Chronic kidney disease, stage 3 (moderate)
585.4	Chronic kidney disease, Stage IV (severe)	N18.4	Chronic kidney disease, stage 4 (severe)

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	O24.420	Gestational diabetes mellitus in childbirth, diet controlled
648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	O24.424	Gestational diabetes mellitus in childbirth, insulin controlled
648.81	Abnormal glucose tolerance of mother, delivered, with or without mention of antepartum condition	O24.429	Gestational diabetes mellitus in childbirth, unspecified control
648.83	Abnormal glucose tolerance of mother, antepartum condition or complication	O24.410	Gestational diabetes mellitus in pregnancy, diet controlled
648.83	Abnormal glucose tolerance of mother, antepartum condition or complication	O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
648.83	Abnormal glucose tolerance of mother, antepartum condition or complication	O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
648.84	Abnormal glucose tolerance of mother, postpartum condition or complication	O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
648.84	Abnormal glucose tolerance of mother, postpartum condition or complication	O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
648.84	Abnormal glucose tolerance of mother, postpartum condition or complication	O24.439	Gestational diabetes mellitus in the puerperium, unspecified control
V42.0	Kidney replaced by transplant	Z48.22	Encounter for aftercare following kidney transplant

NCD:	180.1		
NCD Title:	Medical Nutrition Therapy		
IOM:	http://www.cms.gov/medicare-coverage-database/details/ncd-		
MCD:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf		
ICD-9	ICD-9 Px Description	ICD-10 PCS	ICD-10 PCS Description
N/A	N/A	N/A	N/A

NCD: 180.1										
NCD Title: Medical Nutrition Therapy										
IOM: http://www.cms.gov/medicare-coverage-database/details/ncd-										
MCD: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.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	All maintainers and A/B MACs: Shall identify when an allowed service is billed without an approved ICD-10 code	97802 97803 97804 G0270 G0271	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Part A	97802 is to be used only once a year (MNT)	97802	once per year	13X 85X	0942	n/a	n/a	15.4 15.20 18.4 21.21	50 119	M76 N386 N435
Part A	97803 is to be billed for individual reassessments and all intervention after initial visit. 97804 is to be billed for all group visits, initial and subsequent (MNT)	97803 97804	No more than 3 hours per calendar year or more than 2 followup hours in subsequent years total	13X 85X	0942	n/a	n/a	15.4 15.20 20.13 20.14 21.21	50 119	M76 N386 N435
Part A	CWF: DOS 4/1/03 forward, must edit the number of hours for medical nutrition therapy (MNT). Any MNT claims for beneficiaries that contain more than the initial 3 hours in a calendar year must be denied. (Error codes will be used to relay this information to Medicare contractors.) The exception would be if the MNT claim contains either G0270 or G0271 then CWF will bypass the edit logic and pay the claim. (The new G codes indicate a change in the beneficiary's medical condition.) (CWF has been capturing data on MNT services since April 02). CWF: For DOS 04/01/03 forward, CWF must reject any MNT claims for more than 2 hours of follow up visits in a 12-month calendar period. (Error codes will be used to relay this information to Medicare contractors.)	97802 97803 97804 G0270 G0271	No more than 3 hours per calendar year or more than 2 followup hours in subsequent years total	13X 85X	0942	n/a	n/a	15.4 15.20 20.13 20.14 21.21	50 119	M76 N386 N435
Part A	A/MACs & CWF: G0270 & G0271 should be used when additional hours of MNT services are performed beyond number of hours typically covered, (3 hours in initial calendar year, and 2 follow-up hours in subsequent years with physician referral) . No additional CWF editing required for G0270/G0271.	G0270 G0271	(varies)	13X 85X	0942	n/a	n/a	15.4 15.20 20.13 20.14 21.21	50 119	M76 N386 N435
Part A	CWF: DSMT claims that contain more than the 10 hours in initial year must be denied (Initial year=12 months from initial date posted on CWF). CWF should calculate frequency beginning with the month after the month of initial date.	G0108 G0109	Not more than 10 hours in the initial year	14x 23x 32x 85x	0942	n/a	n/a	15.20 20.10 20.11 21.21	50 119	M76 N386 N435

NCD:	180.1										
NCD Title:	Medical Nutrition Therapy										
IOM:	http://www.cms.gov/medicare-coverage-database/details/ncd-										
MCD:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.pdf										
Part A	CWF: For DOS 4/1/03 forward, reject any DSMT claims for more than 2 hours of follow-up visits in a 12-month period. Denial information will be relayed to Medicare contractors thru error codes.								15.4		
		G0108	No more than 2 hours of follow-up visits in 12-month period	13X					15.20		
		G0109		85X	0942	n/a	n/a	20.10	50	M76	
								20.11		N386	
								21.21	119	N435	

NCD: 180.1										
NCD Title: Medical Nutrition Therapy										
IOI: http://www.cms.gov/medicare-coverage-database/details/ncd-										
MCD: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part3.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	All maintainers and A/B MACs: Shall identify when an allowed service is billed without an approved ICD-10 code.	97802 97803 97804 G0270 G0271	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Part B	97802 is to be used only once a year (MNT)	97802	once per year	n/a	n/a	n/a	n/a	15.4 15.20 18.4 21.21	50 119	M76 N386 N435
Part B	97803 is to be billed for individual reassessments and all intervention after initial visit. 97804 is to be billed for all group visits, initial, and subsequent (MNT)	97803 97804	No more than 3 hours per calendar year or more than 2 follow-up hours in subsequent years total	n/a	n/a	n/a	n/a	15.4 15.20 20.13 20.14 21.21	50 119	M76 N386 N435
Part B	CWF: For DOS 4/1/03 and after, CWF must edit number of hours for MNT. Any MNT claims for beneficiaries that contain more than initial 3 hours in a calendar year must be denied. CWF: For DOS 04/01/03 and after, CWF must reject any MNT claims for more than 2 hours of follow-up visits in a 12-month calendar period.	97802 97803 97804	No more than 3 hours per calendar year or more than 2 follow-up hours in subsequent years total	n/a	0942	n/a	n/a	15.4 15.20 20.13 20.14 21.21	50 119	M76 N386 N435
Part B	B/MACs & CWF: G0270 & G0271 should be used when additional hours of MNT services are performed beyond number of hours typically covered, (3 hours in initial calendar year, and 2 follow-up hours in subsequent years with physician referral)	G0270 G0271	(varies)	n/a	0942	n/a	n/a	15.4 15.20 20.13 20.14 21.21	50 119	M76 N386 N435
Part B	CWF: DSMT claims that contain more than the 10 hours in initial year must be denied. (Initial year=12 months from initial date posted on CWF. CWF should calculate frequency beginning with the month after the month of initial date).	G0108 G0109	No more than 10 hours in initial year	n/a	0942	n/a	n/a	15.4 15.20 20.10 20.11 21.21	50 119	M76 N386 N435
Part B	CWF: For DOS 4/1/03 and after, reject any DSMT claims for more than 2 hours of follow-up visits in a 12-month period. Denial information will be relayed to MACs thru error codes.	G0108 G0109	No more than 2 hours of follow-up visits in 12-month calendar period	n/a	0942	n/a	n/a	15.4 15.20 20.10 20.11 21.21	50 119	M76 N386 N435

NCD	80.2 Photodynamic Therapy		
NCD	80.2.1 Ocular Photodynamic Therapy (OPT)		
NCD	80.3 Photosensitive Drugs		
NCD	80.3.1 Verteporfin		
IOM:	https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=128&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=157&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=350&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&		
Transmittal	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf		
ICD-9-CM		ICD-10 CM	ICD-10 DX Description
Covered ICDs (contractor discretion prevails re: 67221/67225)			
362.52	Exudative senile macular degeneration	H35.32	Exudative age-related macular degeneration
Non Covered ICDs			
362.50	Macular degeneration (senile), unspecified	H35.30	Unspecified macular degeneration
362.51	Nonexudative senile macular degeneration	H35.31	Nonexudative age-related macular degeneration

NCD	80.2 Photodynamic Therapy		
NCD	80.2.1 Ocular Photodynamic Therapy (OPT)		
NCD	80.3 Photosensitive Drugs		
NCD	80.3.1 Verteporfin		
IOM:	https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=128&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=157&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=350&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&		
Transmittal	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf		
ICD-9	ICD-9 Px Description	ICD-10 PCS	ICD-10 PCS Description
14.24	Destruction of chorioretinal lesion by laser photocoagulation	085E3ZZ	Destruction of Right Retina, Percutaneous Approach
14.24	Destruction of chorioretinal lesion by laser photocoagulation	085F3ZZ	Destruction of Left Retina, Percutaneous Approach

NCD	80.2 Photodynamic Therapy								
NCD	80.2.1 Ocular Photodynamic Therapy (OPT)								
NCD	80.3 Photosensitive Drugs								
NCD	80.3.1 Verteporfin								
IOM:	https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf								
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=128&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&								
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&								
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=157&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&								
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=350&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&								
Transmittal	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.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>A/MACs: Effective for claims with DOS on and after 4/3/13, CMS expands coverage of OPT with verteporfin for "wet" AMD to allow OPT (CPT 67221/67225) with verteporfin (HCPCS J3396). No additional edits required for ICD-9-CM 362.52 (Exudative Senile Macular Degeneration of Retina (Wet))/ICD-10-CM H35.32 (Exudative Age-related Macular Degeneration).</p> <p>A/MACs: Effective for claims with DOS on or after 4/3/13, <u>coverage is allowed for</u> 13X & 85X claims for subsequent follow-up visits for OPT with verteporfin for wet AMD with either an FA test, procedure code 92235, or an OCT test, procedure codes 92133 or 92134, prior to tx. Add TOS F to existing logic for 80.2=67221/67225 & J3396, and 80.3=J3396</p> <p>PLEASE NOTE: There are other uses of 92235, 92133, and 92134 besides those mentioned in this policy. The pre-test only needs to appear in the medical record.</p> <p>PLEASE NOTE: OPT with Verteporfin for use in non-AMD conditions is eligible for coverage through individual contractor discretion.</p>	<p>TOS F</p> <p>67221</p> <p>67225</p> <p>92133</p> <p>92134</p> <p>92235</p> <p>J3396</p>	N/A	<p>12x, 34x,</p> <p>75x, 76x</p> <p>13X</p> <p>85X</p>	<p>0360</p> <p>0636</p>	N/A	N/A	<p>14.9</p> <p>15.20</p> <p>15.4</p>	<p>B22</p> <p>-----</p> <p>50</p>	<p>N/A</p> <p>-----</p> <p>N386</p>
Part A	<p>A/MACs: Shall allow IP facility claims with dx 362.52 (Exudative Senile Macular Degeneration of Retina (Wet)) or ICD-10-CM H35.32 (Exudative Age-related Macular Degeneration) and procedure 14.24 (Destruction of chorioretinal lesion by laser photocoagulation)/ICD10 PCS-085E3ZZ or 085F3ZZ .</p>	<p>See ICD</p> <p>Procedures tab</p>	N/A	11X		N/A	N/A	<p>14.9</p> <p>15.20</p> <p>15.4</p>	<p>B22</p> <p>-----</p> <p>50</p>	<p>N/A</p> <p>-----</p> <p>N386</p>

NCD	80.2 Photodynamic Therapy									
NCD	80.2.1 Ocular Photodynamic Therapy (OPT)									
NCD	80.3 Photosensitive Drugs									
NCD	80.3.1 Verteporfin									
IOM:	https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=128&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=157&ncdver=3&bc=AgAAQAAAAAAAAA%3d%3d&									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=350&ncdver=2&bc=AgAAQAAAAAAAAA%3d%3d&									
Transmittal	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.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
	<p>B/MACs: Effective for claims with DOS on or after 4/3/13, CMS expands coverage of OPT (67221/67225) with verteporfin (J3396) for “wet” AMD (362.52/H35.32) for subsequent follow-up visits with either a fluorescein angiogram (FA), procedure code 92235, or optical coherence tomography (OCT), procedure codes 92133 or 92134, prior to tx. Refer to Pub. 100-03 NCD Manual, Chapter 1, Sections 80.3.1, 80.2, 80.2.1, and 80.3 for coverage policy. For claims processing instructions refer to Pub. 100-04, Claims Processing Manual, Chapter 32, Section 300.</p> <p>B/MACs: Shall continue to cover OPT (CPT 67221/67225) with verteporfin (HCPCS J3396). No edits required for “wet” AMD (362.52/H35.32). Add TOS F to existing logic for 80.2=67221/67225 & J3396, and 80.3=J3396 PLEASE NOTE: There are other uses of 92235, 92133, and 92134 besides those mentioned in this policy. The pre-test only needs to appear in the medical record.</p> <p>PLEASE NOTE: OPT with Verteporfin for use in non-AMD conditions is eligible for coverage through individual contractor discretion.</p>	<p>TOS F 67221 67225 92133 92134 92235 J3396</p>	N/A	N/A	N/A	N/A	N/A	<p>14.9 15.20 15.4</p>	<p>B22 ----- 50</p>	<p>N/A ----- N386</p>
Part B	<p>B/MACs: Effective 7/1/01, OPT (CPT code 67221) is only covered when used in conjunction with verteporfin (see §45-30 PHOTOTOSENSITIVE DRUGS). For patients with age-related macular degeneration (AMD), OPT is only covered with a dx of neovascularAMD (ICD-9-CM 362.52) with predominately classic subfoveal choroidal neovascular (CNV) lesions (where the area of classic CNV occupies = 50% of the area of the entire lesion) at the initial visit as determined by a fluorescein angiogram (FA, CPT code 92235). Subsequent follow-up visits will require an FA prior to treatment. There are no requirements regarding visual acuity, lesion size, and number of retreatments.</p>	<p>67221 92235</p>	N/A	N/A	N/A	N/A	N/A	<p>14.9 15.20 15.4</p>	<p>B22 ----- 50</p>	<p>N/A ----- N386</p>

NCD	80.2 Photodynamic Therapy									
NCD	80.2.1 Ocular Photodynamic Therapy (OPT)									
NCD	80.3 Photosensitive Drugs									
NCD	80.3.1 Verteporfin									
IOM:	https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=128&ncdver=3&bc=AqAAQAAAAAAAAA%3d%3d&									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&ncdver=2&bc=AqAAQAAAAAAAAA%3d%3d&									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=157&ncdver=3&bc=AqAAQAAAAAAAAA%3d%3d&									
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=350&ncdver=2&bc=AqAAQAAAAAAAAA%3d%3d&									
Transmittal	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf									
Part B	<p>B/MACs: Coverage is denied when billed with either ICD-9 362.50 (Macular Degeneration (Senile), Unspecified) or 362.51 (Non-exudative Senile Macular Degeneration) or their equivalent ICD-10 H35.30 (Unspecified Macular Degeneration) or H35.31 (Non-exudative Age-Related Macular Degeneration). OPT with Verteporfin for other ocular indications are eligible for local coverage determinations through individual contractor discretion.</p> <p>B/MACs: Payment for OPT service (CPT code 67221/67225) must be billed on the same claim as the drug (J3396) for the same DOS (MCS audit 227A).</p> <p>Claims for OPT with Verteporfin for DOS prior to 4/3/13 are covered at the initial visit as determined by a fluorescein angiogram (FA) CPT code 92235 . Subsequent follow-up visits also require a FA prior to treatment.</p> <p>For claims with DOS on or after 4/3/13, contractors shall accept and process claims for subsequent follow-up visits with either a FA, CPT code 92235, or optical coherence tomography (OCT), CPT codes 92133 or 92134, prior to treatment.</p> <p>Regardless of the DOS of the claim, the FA or OCT is not required to be submitted on the claim for OPT and can be maintained in the patient's file.</p>	67221 67225 92133 92134 92235 J3396	N/A	N/A	N/A	N/A	N/A	14.9 15.20 15.4	B22 ----- 50	N/A ----- N386
Revision History Date	Revision History Explanation									
05/08/2014	Removed edit requirement for "wet AMD" (H35.2) with (67221/67225) with verteporfin (J3396) as requested by HP; Removed "(No additional editing required for non covered Dx H35.30 and H35.31 when editing is already in place to deny for any code other than H35.32) since "wet AMD" (H35.2) edits eliminated. "									
04/05/2014	Added MSN 15.20 and 15.4 as per Palmetto GBA request. Added statements "add TOS F to existing logic for 80.2=67221/67225 & J3396, and 80.3=J3396" and "No additional editing required for non covered Dx H35.30 and H35.31 when editing is already in place to deny for any code other than H35.32" . Clarified directions for who has responsibility for the policy implementation. TOBs from CR 7818 added.									
01/31/2014	Revised due to expanded coverage effective 4/3/2013. Merged spreadsheets for NCDs 80.2, 80.2.1, 80.3, and 80.3.1 from CR 7818 since business requirements are same. Updated message codes to comply with CORE rules and business requirements. Removed invalid information.									

NCD:	150.3		
NCD Title:	Bone (Mineral) Density Studies		
IOM:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=256&ncdver=2&DocID=150.3&SearchType=Advanced&bc=IAAABAAAA&		
MCD:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1236CP.pdf		
ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
242.00	Toxic diffuse goiter without mention of thyrotoxic crisis or storm	E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
242.01	Toxic diffuse goiter with mention of thyrotoxic crisis or storm	E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
242.10	Toxic uninodular goiter without mention of thyrotoxic crisis or storm	E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
242.11	Toxic uninodular goiter with mention of thyrotoxic crisis or storm	E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
242.20	Toxic multinodular goiter without mention of thyrotoxic crisis or storm	E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
242.21	Toxic multinodular goiter with mention of thyrotoxic crisis or storm	E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
242.30	Toxic nodular goiter, unspecified type, without mention of thyrotoxic crisis or storm	E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
242.31	Toxic nodular goiter, unspecified type, with mention of thyrotoxic crisis or storm	E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
242.40	Thyrotoxicosis from ectopic thyroid nodule without mention of thyrotoxic crisis or storm	E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
242.41	Thyrotoxicosis from ectopic thyroid nodule with mention of thyrotoxic crisis or storm	E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
242.80	Thyrotoxicosis of other specified origin without mention of thyrotoxic crisis or storm	E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
242.80	Thyrotoxicosis of other specified origin without mention of thyrotoxic crisis or storm	E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
242.81	Thyrotoxicosis of other specified origin with mention of thyrotoxic crisis or storm	E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
242.81	Thyrotoxicosis of other specified origin with mention of thyrotoxic crisis or storm	E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
242.90	Thyrotoxicosis without mention of goiter or other cause, and without mention of thyrotoxic crisis or storm	E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
242.91	Thyrotoxicosis without mention of goiter or other cause, with mention of thyrotoxic crisis or storm	E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
246.0	Disorders of thyrocalcitonin secretion	E07.0	Hypersecretion of calcitonin
252.00	Hyperparathyroidism, unspecified	E21.3	Hyperparathyroidism, unspecified
252.01	Primary hyperparathyroidism	E21.0	Primary hyperparathyroidism
252.02	Secondary hyperparathyroidism, non-renal	E21.1	Secondary hyperparathyroidism, not elsewhere classified
252.08	Other hyperparathyroidism	E21.2	Other hyperparathyroidism
253.2	Panhypopituitarism	E23.0	Hypopituitarism
255.0	Cushing's syndrome	E24.4	Alcohol-induced pseudo-Cushing's syndrome
255.0	Cushing's syndrome	E24.9	Cushing's syndrome, unspecified
255.0	Cushing's syndrome	E24.2	Drug-induced Cushing's syndrome
255.0	Cushing's syndrome	E24.3	Ectopic ACTH syndrome
255.0	Cushing's syndrome	E24.8	Other Cushing's syndrome
255.0	Cushing's syndrome	E24.0	Pituitary-dependent Cushing's disease
256.2	Postablative ovarian failure	E89.40	Asymptomatic postprocedural ovarian failure
256.2	Postablative ovarian failure	E89.41	Symptomatic postprocedural ovarian failure
256.31	Premature menopause	E28.319	Asymptomatic premature menopause
256.31	Premature menopause	E28.310	Symptomatic premature menopause
256.39	Other ovarian failure	E28.39	Other primary ovarian failure
257.2	Other testicular hypofunction	E29.1	Testicular hypofunction
259.3	Ectopic hormone secretion, not elsewhere classified	E34.2	Ectopic hormone secretion, not elsewhere classified
627.4	Symptomatic states associated with artificial menopause	N95.8	Other specified menopausal and perimenopausal disorders
627.8	Other specified menopausal and postmenopausal disorders	N95.8	Other specified menopausal and perimenopausal disorders
627.9	Unspecified menopausal and postmenopausal disorder	N95.9	Unspecified menopausal and perimenopausal disorder
733.00	Osteoporosis, unspecified	M81.0	Age-related osteoporosis without current pathological fracture
733.01	Senile osteoporosis	M81.0	Age-related osteoporosis without current pathological fracture
733.02	Idiopathic osteoporosis	M81.8	Other osteoporosis without current pathological fracture
733.03	Disuse osteoporosis	M81.8	Other osteoporosis without current pathological fracture

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
733.09	Other osteoporosis	M81.6	Localized osteoporosis [Lequesne]
733.09	Other osteoporosis	M81.8	Other osteoporosis without current pathological fracture
733.13	Pathologic fracture of vertebrae	M80.08xA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.52xA	Collapsed vertebra, not elsewhere classified, cervical region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.53xA	Collapsed vertebra, not elsewhere classified, cervicothoracic region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.56xA	Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.57xA	Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.51xA	Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.58xA	Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.50xA	Collapsed vertebra, not elsewhere classified, site unspecified, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.54xA	Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M48.55xA	Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M80.88xA	Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M84.58xA	Pathological fracture in neoplastic disease, vertebrae, initial encounter for fracture
733.13	Pathologic fracture of vertebrae	M84.68xA	Pathological fracture in other disease, other site, initial encounter for fracture
733.90	Disorder of Bone and cartilage	M85.9	Disorder of bone density and structure, unspecified
733.90	Disorder of Bone and cartilage	M89.9	Disorder of bone, unspecified
733.90	Disorder of Bone and cartilage	M94.9	Disorder of cartilage, unspecified
733.95	Stress fracture of other bone	M48.42xA	Fatigue fracture of vertebra, cervical region, initial encounter for fracture
733.95	Stress fracture of other bone	M48.43xA	Fatigue fracture of vertebra, cervicothoracic region, initial encounter for fracture
733.95	Stress fracture of other bone	M48.46xA	Fatigue fracture of vertebra, lumbar region, initial encounter for fracture
733.95	Stress fracture of other bone	M48.47xA	Fatigue fracture of vertebra, lumbosacral region, initial encounter for fracture
733.95	Stress fracture of other bone	M48.41xA	Fatigue fracture of vertebra, occipito-atlanto-axial region, initial encounter for fracture
733.95	Stress fracture of other bone	M48.48xA	Fatigue fracture of vertebra, sacral and sacrococcygeal region, initial encounter for fracture
733.95	Stress fracture of other bone	M48.40xA	Fatigue fracture of vertebra, site unspecified, initial encounter for fracture
733.95	Stress fracture of other bone	M48.44xA	Fatigue fracture of vertebra, thoracic region, initial encounter for fracture
733.95	Stress fracture of other bone	M48.45xA	Fatigue fracture of vertebra, thoracolumbar region, initial encounter for fracture
756.51	Osteogenesis imperfecta	Q78.0	Osteogenesis imperfecta
758.6	Gonadal dysgenesis	Q96.0	Karyotype 45, X
758.6	Gonadal dysgenesis	Q96.1	Karyotype 46, X iso (Xq)
758.6	Gonadal dysgenesis	Q96.2	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
758.6	Gonadal dysgenesis	Q96.3	Mosaicism, 45, X/46, XX or XY
758.6	Gonadal dysgenesis	Q96.4	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
758.6	Gonadal dysgenesis	Q55.4	Other congenital malformations of vas deferens, epididymis, seminal vesicles and prostate
758.6	Gonadal dysgenesis	Q96.8	Other variants of Turner's syndrome
758.6	Gonadal dysgenesis	Q96.9	Turner's syndrome, unspecified
805.00	Closed fracture of cervical vertebra, unspecified level	S12.9xA	Fracture of neck, unspecified, initial encounter

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
805.01	Closed fracture of first cervical vertebra	S12.040A	Displaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.030A	Displaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.041A	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.031A	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.090A	Other displaced fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.091A	Other nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.01xA	Stable burst fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
805.01	Closed fracture of first cervical vertebra	S12.02xA	Unstable burst fracture of first cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.110A	Anterior displaced Type II dens fracture, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.112A	Nondisplaced Type II dens fracture, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.120A	Other displaced dens fracture, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.190A	Other displaced fracture of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.121A	Other nondisplaced dens fracture, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.191A	Other nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.150A	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.151A	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.111A	Posterior displaced Type II dens fracture, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.14xA	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.130A	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
805.02	Closed fracture of second cervical vertebra	S12.131A	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.290A	Other displaced fracture of third cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.291A	Other nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.250A	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.251A	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.24xA	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
805.03	Closed fracture of third cervical vertebra	S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.230A	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
805.03	Closed fracture of third cervical vertebra	S12.231A	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.390A	Other displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.391A	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.350A	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.351A	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.34xA	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.330A	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
805.04	Closed fracture of fourth cervical vertebra	S12.331A	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.490A	Other displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.491A	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.450A	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.451A	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.44xA	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.430A	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
805.05	Closed fracture of fifth cervical vertebra	S12.431A	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.590A	Other displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.591A	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.550A	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.551A	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.54xA	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
805.06	Closed fracture of sixth cervical vertebra	S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.530A	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
805.06	Closed fracture of sixth cervical vertebra	S12.531A	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.690A	Other displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.691A	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.650A	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.651A	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.64xA	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.630A	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
805.07	Closed fracture of seventh cervical vertebra	S12.631A	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for closed fracture
805.08	Closed fracture of multiple cervical vertebrae	S12.9xxA	Fracture of neck, unspecified, initial encounter
805.10	Open fracture of cervical vertebra, unspecified level	S12.9xxA	Fracture of neck, unspecified, initial encounter
805.11	Open fracture of first cervical vertebra	S12.040B	Displaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.030B	Displaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.041B	Nondisplaced lateral mass fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.031B	Nondisplaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.090B	Other displaced fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.091B	Other nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.01xB	Stable burst fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
805.11	Open fracture of first cervical vertebra	S12.02xB	Unstable burst fracture of first cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.110B	Anterior displaced Type II dens fracture, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.112B	Nondisplaced Type II dens fracture, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.120B	Other displaced dens fracture, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.190B	Other displaced fracture of second cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.121B	Other nondisplaced dens fracture, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.191B	Other nondisplaced fracture of second cervical vertebra, initial encounter for open fracture

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
805.12	Open fracture of second cervical vertebra	S12.150B	Other traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.151B	Other traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.111B	Posterior displaced Type II dens fracture, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.14xB	Type III traumatic spondylolisthesis of second cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.130B	Unspecified traumatic displaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
805.12	Open fracture of second cervical vertebra	S12.131B	Unspecified traumatic nondisplaced spondylolisthesis of second cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.290B	Other displaced fracture of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.291B	Other nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.250B	Other traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.251B	Other traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.24xB	Type III traumatic spondylolisthesis of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.230B	Unspecified traumatic displaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
805.13	Open fracture of third cervical vertebra	S12.231B	Unspecified traumatic nondisplaced spondylolisthesis of third cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.390B	Other displaced fracture of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.391B	Other nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.350B	Other traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.351B	Other traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.34xB	Type III traumatic spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.330B	Unspecified traumatic displaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
805.14	Open fracture of fourth cervical vertebra	S12.331B	Unspecified traumatic nondisplaced spondylolisthesis of fourth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.490B	Other displaced fracture of fifth cervical vertebra, initial encounter for open fracture

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
805.15	Open fracture of fifth cervical vertebra	S12.491B	Other nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.450B	Other traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.451B	Other traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.44xB	Type III traumatic spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.430B	Unspecified traumatic displaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
805.15	Open fracture of fifth cervical vertebra	S12.431B	Unspecified traumatic nondisplaced spondylolisthesis of fifth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.590B	Other displaced fracture of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.591B	Other nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.550B	Other traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.551B	Other traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.54xB	Type III traumatic spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.530B	Unspecified traumatic displaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
805.16	Open fracture of sixth cervical vertebra	S12.531B	Unspecified traumatic nondisplaced spondylolisthesis of sixth cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.690B	Other displaced fracture of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.691B	Other nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.650B	Other traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.651B	Other traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.64xB	Type III traumatic spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.630B	Unspecified traumatic displaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture
805.17	Open fracture of seventh cervical vertebra	S12.631B	Unspecified traumatic nondisplaced spondylolisthesis of seventh cervical vertebra, initial encounter for open fracture

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.2xxB	Fracture of coccyx, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.111B	Minimally displaced Zone I fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.121B	Minimally displaced Zone II fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.131B	Minimally displaced Zone III fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.110B	Nondisplaced Zone I fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.120B	Nondisplaced Zone II fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.130B	Nondisplaced Zone III fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.19xB	Other fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.112B	Severely displaced Zone I fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.122B	Severely displaced Zone II fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.132B	Severely displaced Zone III fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.14xB	Type 1 fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.15xB	Type 2 fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.16xB	Type 3 fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.17xB	Type 4 fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.10xB	Unspecified fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.119B	Unspecified Zone I fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.129B	Unspecified Zone II fracture of sacrum, initial encounter for open fracture
805.7	Open fracture of sacrum and coccyx without mention of spinal cord injury	S32.139B	Unspecified Zone III fracture of sacrum, initial encounter for open fracture
805.8	Closed fracture of unspecified vertebral column without mention of spinal cord injury	S12.9xxA	Fracture of neck, unspecified, initial encounter
805.9	Open fracture of unspecified vertebral column without mention of spinal cord injury	S12.9xxA	Fracture of neck, unspecified, initial encounter
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S14.104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.00	Closed fracture of C1-C4 level with unspecified spinal cord injury	S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S14.111A	Complete lesion at C1 level of cervical spinal cord, initial encounter
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S14.112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S14.113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S14.114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.01	Closed fracture of C1-C4 level with complete lesion of cord	S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S14.131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S14.132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S14.133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S14.134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.02	Closed fracture of C1-C4 level with anterior cord syndrome	S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S14.121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S14.122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S14.123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S14.124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.03	Closed fracture of C1-C4 level with central cord syndrome	S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S14.151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S14.152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S14.153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S14.154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.04	Closed fracture of C1-C4 level with other specified spinal cord injury	S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S14.105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S14.106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S14.107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.05	Closed fracture of C5-C7 level with unspecified spinal cord injury	S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S14.115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S14.116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S14.117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.06	Closed fracture of C5-C7 level with complete lesion of cord	S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S14.135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S14.136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S14.137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.07	Closed fracture of C5-C7 level with anterior cord syndrome	S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.08	Closed fracture of C5-C7 level with central cord syndrome	S14.125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
806.08	Closed fracture of C5-C7 level with central cord syndrome	S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.08	Closed fracture of C5-C7 level with central cord syndrome	S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.08	Closed fracture of C5-C7 level with central cord syndrome	S14.126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter
806.08	Closed fracture of C5-C7 level with central cord syndrome	S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.08	Closed fracture of C5-C7 level with central cord syndrome	S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.08	Closed fracture of C5-C7 level with central cord syndrome	S14.127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter
806.08	Closed fracture of C5-C7 level with central cord syndrome	S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.08	Closed fracture of C5-C7 level with central cord syndrome	S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S14.155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S14.156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S14.157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.09	Closed fracture of C5-C7 level with other specified spinal cord injury	S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S14.104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.10	Open fracture of C1-C4 level with unspecified spinal cord injury	S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S14.111A	Complete lesion at C1 level of cervical spinal cord, initial encounter
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S14.112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S14.113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S14.114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.11	Open fracture of C1-C4 level with complete lesion of cord	S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S14.131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S14.132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S14.133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S14.134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.12	Open fracture of C1-C4 level with anterior cord syndrome	S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S14.121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S14.122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S14.123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S14.124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.13	Open fracture of C1-C4 level with central cord syndrome	S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S14.151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S14.152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S14.153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S14.154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.14	Open fracture of C1-C4 level with other specified spinal cord injury	S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S14.105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S14.106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S14.107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture
806.15	Open fracture of C5-C7 level with unspecified spinal cord injury	S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
806.16	Open fracture of C5-C7 level with complete lesion of cord	S14.115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
806.16	Open fracture of C5-C7 level with complete lesion of cord	S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.16	Open fracture of C5-C7 level with complete lesion of cord	S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.16	Open fracture of C5-C7 level with complete lesion of cord	S14.116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
806.16	Open fracture of C5-C7 level with complete lesion of cord	S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.16	Open fracture of C5-C7 level with complete lesion of cord	S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.16	Open fracture of C5-C7 level with complete lesion of cord	S14.117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
806.16	Open fracture of C5-C7 level with complete lesion of cord	S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture
806.16	Open fracture of C5-C7 level with complete lesion of cord	S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S14.135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S14.136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S14.137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture
806.17	Open fracture of C5-C7 level with anterior cord syndrome	S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
806.18	Open fracture of C5-C7 level with central cord syndrome	S14.125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
806.18	Open fracture of C5-C7 level with central cord syndrome	S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.18	Open fracture of C5-C7 level with central cord syndrome	S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
806.18	Open fracture of C5-C7 level with central cord syndrome	S14.126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter
806.18	Open fracture of C5-C7 level with central cord syndrome	S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.18	Open fracture of C5-C7 level with central cord syndrome	S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
806.18	Open fracture of C5-C7 level with central cord syndrome	S14.127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
806.70	Open fracture of sacrum and coccyx with unspecified spinal cord injury	S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
806.70	Open fracture of sacrum and coccyx with unspecified spinal cord injury	S32.2XXB	Fracture of coccyx, initial encounter for open fracture
806.71	Open fracture of sacrum and coccyx with complete cauda equina lesion	S34.3XXA	Injury of cauda equina, initial encounter
806.71	Open fracture of sacrum and coccyx with complete cauda equina lesion	S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
806.71	Open fracture of sacrum and coccyx with complete cauda equina lesion	S32.2XXB	Fracture of coccyx, initial encounter for open fracture
806.72	Open fracture of sacrum and coccyx with other cauda equina injury	S34.3XXA	Injury of cauda equina, initial encounter
806.72	Open fracture of sacrum and coccyx with other cauda equina injury	S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
806.72	Open fracture of sacrum and coccyx with other cauda equina injury	S32.2XXB	Fracture of coccyx, initial encounter for open fracture
806.79	Open fracture of sacrum and coccyx with other spinal cord injury	S34.131A	Complete lesion of sacral spinal cord, initial encounter
806.79	Open fracture of sacrum and coccyx with other spinal cord injury	S34.132A	Incomplete lesion of sacral spinal cord, initial encounter
806.79	Open fracture of sacrum and coccyx with other spinal cord injury	S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
806.79	Open fracture of sacrum and coccyx with other spinal cord injury	S32.2XXB	Fracture of coccyx, initial encounter for open fracture
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S14.109A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S12.9XXA	Fracture of neck, unspecified, initial encounter
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S24.109A	Unspecified injury at unspecified level of thoracic spinal cord, initial encounter
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S22.009A	Unspecified fracture of unspecified thoracic vertebra, initial encounter for closed fracture
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S34.109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S34.139A	Unspecified injury to sacral spinal cord, initial encounter
806.8	Closed fracture of unspecified vertebral column with spinal cord injury	S32.10XA	Unspecified fracture of sacrum, initial encounter for closed fracture
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S14.109A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S12.9XXA	Fracture of neck, unspecified, initial encounter
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S24.109A	Unspecified injury at unspecified level of thoracic spinal cord, initial encounter
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S22.009B	Unspecified fracture of unspecified thoracic vertebra, initial encounter for open fracture
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S34.109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S32.009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S34.139A	Unspecified injury to sacral spinal cord, initial encounter
806.9	Open fracture of unspecified vertebral column with spinal cord injury	S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
V49.81	Asymptomatic postmenopausal status (age-related) (natural)	Z78.0	Asymptomatic menopausal state
V58.69	Long term (current) use of other medications	Z79.3	Long term (current) use of hormonal contraceptives
V58.65	Long-term (current) use of steroids	Z79.51	Long term (current) use of inhaled steroids
V58.65	Long-term (current) use of steroids	Z79.51	Long term (current) use of inhaled steroids
V58.65	Long-term (current) use of steroids	Z79.52	Long term (current) use of systemic steroids
V58.65	Long-term (current) use of steroids	Z79.52	Long term (current) use of systemic steroids
V58.68	Long term (current) use of bisphosphonates	Z79.83	Long term (current) use of bisphosphonates
733.90	Disorder of bone and cartilage, unspecified	M85.9	Disorder of bone density and structure, unspecified
733.90	Disorder of bone and cartilage, unspecified	M89.9	Disorder of bone, unspecified
733.90	Disorder of bone and cartilage, unspecified	M94.9	Disorder of cartilage, unspecified
<p>CPT 77080 and 77085 with the diagnoses below do not have a frequency: ICD-9 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9 and M94.9)</p> <p>CPT codes below have a frequency of once every 23 months for screening EXCEPT for CPT 77080 and CPT 77085 when they are reported with the ICD codes above. G0130, 77078, 77081, 76977</p> <p>77080 (frequency of 1 every 23 months applies to all diagnoses in the ICD diagnosis tab in the spreadsheet EXCEPT those listed above with CPT 77080)</p>			

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
	77085 (frequency of 1 every 23 months applies to all diagnoses on the ICD diagnosis tab in the spreadsheet EXCEPT those listed above with CPT 77085)		
	Policy Logic: if CPT 77080 or 77085 is sent with an allowed dx that is NOT 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9 and M94.9) apply frequency of 1 every 23 months.		
	Policy Logic: if CPT 77080 or 77085 is sent with allowed dx 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9 and M94.9) apply frequency of 1 every 23 months.		

NCD:	150.3		
NCD Title:	Bone (Mineral) Density Studies		
IOM:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCID=256&ncdver=2&DocID=150.3&SearchType=Advanced&bc=IAAABAAAA&		
MCD:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1236CP.pdf		
ICD-9	ICD-9 Px Description	ICD-10 PCS	ICD-10 PCS Description
N/A	N/A	N/A	N/A

NCD: 150.3										
NCD Title: Bone (Mineral) Density Studies										
IOM: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=256&ncdver=2&DocID=150.3&SearchType=Advanced&bc=IAAABAAAA&										
MCD: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1236CP.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	A/MACs: Shall pay 77078, 77080, 77081, 77085 , 76977, G0130 when the claim contains a valid ICD dx code indicating the reason for the test is postmenopausal female, vertebral fracture, hyperparathyroidism, or, steroid therapy on approved TOB.	G0130 77078 77080 77081 77085 76977	NA	12X 13X 71X 72X 73X 77X 85X	320	TC	N/A	16.10 36.1 36.2	50	M38
	CWF: Add HCPCS 77085 to the logic for frequency with DOS on or after 7/1/2015 and also include the following dx codes to not set the frequency edits for HCPC 77085. ICD-9 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9 and M94.9)		1 x 24 months							
	CWF: Update the frequency edits for the existing HCPCS 77080 to not apply based on the following dx codes retroactive back to the effective date 10/1/2014. ICD-9 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9 and M94.9)		1 x 24 months							
Part A	A/MACs: Shall pay claims for BMM according to frequency when coded: CPT 77080 dual energy x-ray absorptiometry bone density study OR CPT 77085 dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment, are used to monitor osteoporosis drug therapy (do not report 77085 in conjunction with 77080), along with ICD-9 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9, M94.9).	77080 77085	N/A	12X 13X 71X 72X 73X 77X 85X	320	TC	N/A	16.10 36.1 36.2	50	M38

NCD: 150.3										
NCD Title: Bone (Mineral) Density Studies										
IOM: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=256&ncdver=2&DocID=150.3&SearchType=Advanced&bc=IAAABAAAA&										
MCD: http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1236CP.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	B/MACs: Shall pay 77078, 77080, 77081, 77085 , 76977, G0130 when the claim contains a valid ICD dx code indicating the reason for the test is post-menopausal female, vertebral fracture, hyperparathyroidism, or steroid therapy.	G0130 77078 77080 77081 77085 76977	NA	N/A	N/A	26 TC	N/A	16.10 36.1 36.2	50	M38
	CWF: Add HCPCS 77085 to the logic for frequency with DOS on or after 7/1/2015 and also including the following dx codes to not set the frequency edits for HCPC 77085. ICD-9 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9 and M94.9)		1 x 24 months							
	CWF: Update the frequency edits for the existing HCPCS 77080 to not apply based on the following dx codes retroactive back to the effective date 10/1/2014. ICD-9 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9 and M94.9)		1 x 24 months							
Part B	B/MACs: Shall pay claims for BMM according to frequency when coded: CPT 77080 dual energy x-ray absorptiometry bone density study OR CPT 77085 dual-energy x-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment, are used to monitor osteoporosis drug therapy (do not report 77085 in conjunction with 77080) , along with ICD-9 255.0, 733.00, 733.01, 733.02, 733.03, 733.09, or 733.90 (ICD-10 E24.4, E24.9, E24.2, E24.3, E24.8, E24.0, M81.0, M81.8, M81.6, M89.9, M94.9).	77080 77085	N/A	N/A	N/A	26 TC	N/A	16.10 36.1 36.2	50	M38

NCD:	150.3									
NCD Title:	Bone (Mineral) Density Studies									
IOM:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=256&ncdver=2&DocID=150.3&SearchType=Advanced&bc=IAAABAAAA&									
MCD:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1236CP.pdf									
Change Note	<p>2/4/14: RARC M27 deleted per CORE, deleted CPT 77079 & 77083, FI/MCS replaced with A/B MACs.</p> <p>3/19/14: RARC M38 added, RARC N386 removed.</p> <p>4/28/14: Modifier TC added to Part B, TOB 83x removed per FISS.</p> <p>4/30/14: Added per NGS request ICD-10 Q78.0 Osteogenesis imperfecta, Z79.3 Long term (current) use of hormonal contraceptives, Z79.83 Long term (current) use of bisphosphonates.</p> <p>5/1/14: Frequency of 1 every 24 months for 77080 remains (explanation on dx tab), TOB codes updated, 11x, 14x, 22x, 23x, 34x were removed, 72x and 73x added per FISS.</p> <p>12/16/14: Removed dx M85.9 from payment with CPT codes 77080 & 77085.</p> <p>2/6/15: Added CPT code 77085 along with 77080 edits. Added ICD-10 M85.9/733.90, M89.9/733.90 & M94.9/733.90.</p>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

NCD:	50.3					
NCD Title:	Cochlear Implantation					
IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/cim104c32.pdf#page=70					
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=245&ncdver=2&bc=AgAAgAAAAAA&					
ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description	REMOVE	KEEP	ADD
	**For FI only and only patients in a clinical trial. A second dx should be reported.		**For FI only and only patients in a clinical trial. A second dx should also be reported.			
V70.7**	Examination of participant in clinical trial	Z00.6**	Encounter for examination for normal comparison and control in clinical research program			
			For all patients (in a clinical trial or not in a clinical trial)			
		H90.3	Sensorineural hearing loss, bilateral			
		H90.5	Unspecified sensorineural hearing loss			

NCD:	50.3		
NCD Title:	Cochlear Implantation		
DM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/cim104c32.pdf#page=70		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=245&nclver=2&bc=AGAAQAAAAA		
ICD-9	ICD-9 Px Description	ICD-10 PCS	ICD-10 PCS Description
N/A	None provided in NCD and/or related documents		Insertion Only
		09HD052	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Open Approach
		09HD062	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach
		09HD35Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach
		09HD36Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach
		09HD45Z	Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach
		09HD46Z	Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach
		09HE05Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Open Approach
		09HE06Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach
		09HE35Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach
		09HE36Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach
		09HE45Z	Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach
		09HE46Z	Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach
			Other Related Cochlear Codes ***not all inclusive
		F00Z19Z	Speech Threshold Assessment using Cochlear Implant Equipment
		F00Z29Z	Speech/Word Recognition Assessment using Cochlear Implant Equipment
		F00Z59Z	Synthetic Sentence Identification Assessment using Cochlear Implant Equipment
		F0BZ01Z	Cochlear Implant Rehabilitation Treatment using Audiometer
		F0BZ02Z	Cochlear Implant Rehabilitation Treatment using Sound Field / Booth
		F0BZ09Z	Cochlear Implant Rehabilitation Treatment using Cochlear Implant Equipment
		F0BZ0KZ	Cochlear Implant Rehabilitation Treatment using Audiovisual Equipment
		F0BZ0PZ	Cochlear Implant Rehabilitation Treatment using Computer
		F0BZ0VZ	Cochlear Implant Rehabilitation Treatment using Other Equipment
		F13Z09Z	Hearing Screening Assessment using Cochlear Implant Equipment
		F13ZP9Z	Aural Rehabilitation Status Assessment using Cochlear Implant Equipment
		F14Z01Z	Cochlear Implant Assessment using Audiometer
		F14Z02Z	Cochlear Implant Assessment using Sound Field / Booth
		F14Z03Z	Cochlear Implant Assessment using Tympanometer
		F14Z04Z	Cochlear Implant Assessment using Electroacoustic Immittance / Acoustic Reflex Equipment
		F14Z05Z	Cochlear Implant Assessment using Hearing Aid Selection / Fitting / Test Equipment
		F14Z07Z	Cochlear Implant Assessment using Electrophysiologic Equipment
		F14Z09Z	Cochlear Implant Assessment using Cochlear Implant Equipment
		F14Z0KZ	Cochlear Implant Assessment using Audiovisual Equipment
		F14Z0LZ	Cochlear Implant Assessment using Assistive Listening Equipment
		F14Z0PZ	Cochlear Implant Assessment using Computer
		F14Z0VZ	Cochlear Implant Assessment using Other Equipment
		F14Z0ZZ	Cochlear Implant Assessment
			This dx code list/translation was approved by CMS/Coverage. It may or may not be a complete list of covered indications/dx codes for this NCD policy. As this policy indicates, individual A/B MACs within their jurisdictions have the discretion to cover additional indications/dx codes they deem reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act.

MCD: 833										
MCD Title: Cochlear Implantation										
MCD: http://www.wv.gov/healthcare-and-coverage/coverage-manual-overview.html#833										
MCD: http://www.wv.gov/healthcare-and-coverage/coverage-manual-overview.html#833										
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	All other indications for cochlear implantation not otherwise indicated as nationally covered or non-covered above remain at local contractor discretion.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part A	AMACs shall accept claims for cochlear implantation devices and services for beneficiaries with moderate-to-profound hearing loss in patients with hearing test scores $\leq 20\%$. AMACs shall pay claims with the TOBs noted for cochlear implantation services.	92521 92522 92523 92524 92507 92601 92602 92603 92604 L7510 L8614 L8619	N/A	11X 12X (except surgical procedures) 13X 85X	N/A	N/A	N/A	15,20	50	N386
Part A	AMACs shall accept claims for cochlear implantation devices/services for beneficiaries with moderate-to-profound hearing loss in patients with hearing test scores $\leq 40\%$. AMACs shall pay claims with the TOBs noted for cochlear implantation services.	69930 **see ICD-10 procedure tab.	N/A	11X (except surgical procedures) 13X 85X	N/A	N/A	N/A	15,20	50	N386
Part A	For # Part B & OP bills: * For patients in an approved clinical trial with hearing test scores $\geq 40\%$ to $\leq 60\%$ hearing, the -Q0 modifier must be reported with the cochlear implantation device and all other related costs or: * For patients in an approved clinical trial under the clinical trial policy with hearing test scores $\geq 60\%$ hearing, the -Q1 modifier must be billed for <u>patient costs and not the device itself.</u> AMACs shall pay claims with the TOBs noted for cochlear implantation services. (-Q0/-Q1 modifiers expired 12/31/07, Replaced by -Q0/-Q1 (respectively).)	69930 L7510 L8614 L8619	N/A	11X 12X (except 69930) 13X 85X	N/A	-Q0 -Q1	N/A	15,20	50	N386
Part A	AMACs shall pay for any covered de-auditory/therapy services related to cochlear implantation. The -Q0/-Q1 modifier does not need to be applied to these services (92601-92604, 92507 & 92521-92524). AMACs shall pay claims with the TOBs noted for cochlear implantation services.	92507 92521 92522 92523	N/A	11X 12X (except surgical procedures) 13X 85X	N/A	N/A	15	15,20	50	N386
Part A	AMACs shall pay for any covered de-auditory/therapy services related to cochlear implantation. The -Q0/-Q1 modifier does not need to be applied to these services (92601-92604, 92507, & 92521-92524). AMACs shall pay claims with the TOBs noted for cochlear implantation services.	69930 92507 92601 92602 92603 92604 92521 92522 92523	N/A	11X 12X (except surgical procedures) 13X 85X	N/A	N/A	N/A	15,20	50	N386
Part A	AMACs shall pay for any covered de-auditory/therapy services related to cochlear implantation. The -Q0/-Q1 modifier does not need to be applied to these services (92601-92604, 92507, & 92521-92524). AMACs shall pay claims with the TOBs noted for cochlear implantation services.	92601 92602 92603 92604 92507 92521 92522 92523 92524	N/A	11X 12X (except for surgical procedure) 13X 85X	N/A	N/A	N/A	15,20	50	N386
Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	TOB (Part B)	Revenue Code Part B	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
Part B	All other indications for cochlear implantation not otherwise indicated as nationally covered or non-covered above remain at local contractor discretion.	N/A	N/A	N/A	N/A	N/A	N/A	15,20	N/A	N386
Part B	AMACs shall accept claims for cochlear implantation devices and services for beneficiaries with moderate-to-profound hearing loss in patients with hearing test scores $\leq 40\%$. For # Part B and OP bills: * For patients in an approved clinical trial with hearing test scores $\geq 40\%$ to $\leq 60\%$ hearing, the -Q0 modifier must be reported with the cochlear implantation device and all other related costs or: * For patients in an approved clinical trial under the clinical trial policy with hearing test scores $\geq 60\%$ hearing, the -Q1 modifier must be billed for <u>patient costs and not the device itself.</u> AMACs shall pay claims with the TOBs noted for cochlear implantation services. (-Q0/-Q1 modifiers expired 12/31/07, Replaced by -Q0/-Q1 (respectively).)	92521 92522 92523 92524 69930 92507 92601 92602 92603 92604 L7510 L8614 L8619	N/A	N/A	N/A	N/A	N/A	15,20	50	N386
Part B	AMACs shall accept claims for evaluation and therapeutic services related to cochlear implantation. NOTE: Modifiers -Q0/-Q1 do not need to be applied to these services (92601- 92604, 92521- 92524 or any applicable audiology codes).	92601 92602 92603 92604 92521 92522 92523 92524	N/A	N/A	N/A	N/A	N/A	15,20	50	N386
Part B	AMACs shall accept claims for <u>evaluation and therapeutic</u> services related to cochlear implantation. NOTE: Modifiers -Q0/-Q1 do not need to be applied to these services (92601- 92604 or any applicable audiology codes).	92507	N/A	N/A	N/A	N/A	15	15,20	50	N386
Revision History Date	Revision History Explanation	Reason(s) for Change								
12/16/14	Removed Exired code L7500 (exp 12/31/11); Removed TOB 83X after POC review posted out that it was made in 2013.	Removed expired fees.								

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
440.23	Atherosclerosis of native arteries of the extremities with ulceration	I70.25	Atherosclerosis of native arteries of other extremities with ulceration
526.4	Inflammatory conditions of jaw	M27.2	Inflammatory conditions of jaws
526.89	Other specified diseases of the jaws	M27.8	Other specified diseases of jaws
595.82	Irradiation cystitis	N30.40	Irradiation cystitis without hematuria
595.82	Irradiation cystitis	N30.41	Irradiation cystitis with hematuria
728.86	Necrotizing fasciitis	M72.6	Necrotizing fasciitis
730.10	Chronic osteomyelitis, site unspecified	M86.30	Chronic multifocal osteomyelitis, unspecified site
730.10	Chronic osteomyelitis, site unspecified	M86.40	Chronic osteomyelitis with draining sinus, unspecified site
730.10	Chronic osteomyelitis, site unspecified	M86.50	Other chronic hematogenous osteomyelitis, unspecified site
730.10	Chronic osteomyelitis, site unspecified	M86.60	Other chronic osteomyelitis, unspecified site
730.10	Chronic osteomyelitis, site unspecified	M86.8x9	Other osteomyelitis, unspecified sites
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

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

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
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
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
927.09	Crushing injury of multiple sites of upper arm	S47.9xA	Crushing injury of shoulder and upper arm, unspecified 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

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
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
927.8	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
928.9	Crushing injury of unspecified site of lower limb	S77.20xA	Crushing injury of unspecified hip with thigh, initial encounter
929.0	Crushing injury of multiple sites, not elsewhere classified	S77.20xA	Crushing injury of unspecified hip with thigh, initial encounter
929.9	Crushing injury of unspecified site	S77.20xA	Crushing injury of unspecified 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

ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
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
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
990	Effects of radiation, unspecified	T66.xxA	Radiation sickness, unspecified, 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)
996.90	Complications of unspecified reattached extremity	T87.0x9	Complications of reattached (part of) unspecified upper extremity
996.90	Complications of unspecified reattached extremity	T87.1x9	Complications of reattached (part of) unspecified lower extremity
996.91	Complications of reattached forearm	T87.0x9	Complications of reattached (part of) unspecified upper extremity
996.92	Complications of reattached hand	T87.0x9	Complications of reattached (part of) unspecified upper extremity
996.93	Complications of reattached finger(s)	T87.0x9	Complications of reattached (part of) unspecified upper extremity
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
996.95	Complication of reattached foot and toe(s)	T87.1x9	Complications of reattached (part of) unspecified lower 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

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

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

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

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

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

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-										
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	For A/MACs payment is allowed for HBO therapy for diabetic wounds of the lower extremities when performed as a physician service in a hospital outpatient setting.	99183 G0277	N/A	11X 13X 85X	N/A	N/A	N/A	15.20 15.4 16.48	50	N386
Part A	For hospital IPs & critical access hospitals (CAHs) not electing Method I, HBO therapy is reported under revenue code without any HCPCS code.	N/A	N/A	N/A	940X	N/A	N/A	15.20 15.4	50	N386
Part A	For CAHs electing Method I, HBO therapy is reported under revenue code along with HCPCS code	99183	N/A	N/A	940X	N/A	N/A	15.20 15.4	50	N386
Part A	For IP services, show ICD-10 procedure code in FL 80 & 81	5A05121	N/A	N/A		N/A	N/A	15.20 15.4 16.48	50	N386

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	For B/MACs & MCS: payment is allowed for HBO therapy for diabetic wounds of the lower extremities when performed as a physician service in a hospital outpatient setting	99183 G0277	N/A	11 21 22 49	N/A	N/A	N/A	15.20 15.4 16.48	50	N386

NCD:	110.10		
NCD Title:	Intravenous Iron Therapy		
IOM:	http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=156&ncdver=1&DocID=110.10&SearchType=Advanced&bc=IAAAAqAAAA&		
ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
280.0	Iron deficiency anemia secondary to blood loss (chronic)	D50.0	Iron deficiency anemia secondary to blood loss (chronic)
285.21	Anemia in chronic kidney disease	D63.1	Anemia in chronic kidney disease
280.1	Iron deficiency anemia secondary to inadequate dietary iron intake	D50.8	Other iron deficiency anemias
280.8	Other specified iron deficiency anemias	D50.8	Other iron deficiency anemias
280.8	Other specified iron deficiency anemias	D50.1	Sideropenic dysphagia
280.9	Iron deficiency anemia, unspecified	D50.9	Iron deficiency anemia, unspecified
585.3	Chronic kidney disease, Stage III (moderate)	N18.3	Chronic kidney disease, stage 3 (moderate)
585.4	Chronic kidney disease, Stage IV (severe)	N18.4	Chronic kidney disease, stage 4 (severe)
585.5	Chronic kidney disease, Stage V	N18.5	Chronic kidney disease, stage 5
585.6	End stage renal disease	N18.6	End stage renal disease
	Dual Diagnosis required - one code from the anemia codes and one from the kidney disease codes.		
	This dx code list/translation was approved by CMS/Coverage. It may or may not be a complete list of covered indications/dx codes for this NCD policy. As this policy indicates, individual A/B MACs within their jurisdictions have the discretion to cover additional indications/dx codes they deem reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act.		

NCD:	110.10		
NCD Title:	Intravenous Iron Therapy		
IOM:	http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf		
MCD:	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=156&ncdver=1&DocID=110.10&SearchType=Advanced&bc=IAAAAqAAAA&		
ICD-9	ICD-9 Px Description	ICD-10 PCS	ICD-10 PCS Description
N/A	N/A	N/A	N/A

NCD: 110.10										
NCD Title: Intravenous Iron Therapy										
IOM: http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=156&ncdver=1&DocID=110.10&SearchType=Advanced&bc=IAAAAqAAAA&										
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>A/MACs: Effective 12/1/00, Medicare covers sodium ferric gluconate complex in sucrose injection as a first line treatment of iron deficiency anemia when furnished intravenously to patients undergoing chronic hemodialysis who are receiving supplemental EPO therapy.</p> <p>Effective 10/1/01, Medicare also covers iron sucrose injection as a first line treatment of iron deficiency anemia. A/MACs may cover other uses of this drug at their discretion.</p>	J1756 J2916	N/A	13X 72X 85X	633 636	N/A	N/A	9.2 9.8	16 50	M76

NCD: 110.10										
NCD Title: Intravenous Iron Therapy										
IOM: http://www.cms.gov/manuals/downloads/ncd103c1_Part2.pdf										
MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=156&ncdver=1&DocID=110.10&SearchType=Advanced&bc=IAAAAqAAAA&										
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>B/MACs: Effective 12/1/00, Medicare covers sodium ferric gluconate complex in sucrose injection as a first line treatment of iron deficiency anemia when furnished intravenously to patients undergoing chronic hemodialysis who are receiving supplemental EPO therapy.</p> <p>Effective 10/1/01, Medicare also covers iron sucrose injection as a first line treatment of iron deficiency anemia. B/MACs may cover other uses of this drug at their discretion.</p>	J1756 J2916	N/A	TOS F	N/A	N/A	N/A	9.2 9.8	16 50	M76

NCD: 20.9.1			
NCD Title: Ventricular Assist Devices			
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf			
NCD Link: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=360&ver=1			
ICD-9-CM		ICD-10 CM	ICD-10 DX Description
		I09.81	Rheumatic heart failure
		I11.0	Hypertensive heart disease with heart failure
	<p style="color: red;">This dx code list/translation was approved by CMS/Coverage. It may or may not be a complete list of covered indications/dx codes for this NCD policy. As this policy indicates, individual A/B MACs within their jurisdictions have the discretion to cover additional indications/dx codes they deem reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act.</p>	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
	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

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

NCD: 20.9.1										
NCD Title: Ventricular Assist Devices										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf										
NCD Link: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=360&ver=1										
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	MSN Message Part A	CARC Message Part A	RARC Message Part A
Part A	<p>A/MACs: Effective for services performed on or after 10/18/93, VADs used for support of blood circulation post-cardiotomy are covered only if they have received approval from the Food and Drug Administration (FDA) for that purpose, and the VADs are used according to the FDA-approved labeling instructions.</p> <p>A/MACs: Effective for services performed on or after 1/22/96, VADs used for bridge-to-transplant are covered only if they have received approval from the FDA for that purpose, and the VADs are used according to the FDA-approved labeling instructions. All of the criteria mentioned in NCD must be fulfilled in order for Medicare coverage to be provided for a VAD used as a bridge-to-transplant.</p> <p>A/MACs: Effective for services performed on or after 10/1/03 (facility criteria updated 10/30/13, patient selection criteria updated 11/9/10), VADs as destination therapy using the criteria described in NCD 20.9.1 are covered.</p> <p>NOTE: There might be other uses of VADs and Related Supplies besides those mentioned in NCD.</p>	N/A (see applicable ICD-10-PCS codes)	N/A	N/A	N/A	N/A	N/A	15.20	50	N386
Part A	<p>A/MACs shall reject all other indications for the use of VADs 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> <p>NOTE: NCD does not address coverage of VADs for right ventricular support, biventricular support, use in patients under the age of 18, or use in patients with complex congenital heart disease and that coverage for items and services under section 1862(a)(1)(A) in these situations will be made by local MACs within their respective jurisdictions.</p>		N/A	N/A	N/A	N/A	N/A	15.20	50	N386

NCD: 20.9.1										
NCD Title: Ventricular Assist Devices										
IOM: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf										
NCD Link: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=360&ver=1										
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>B/MACs: Effective for services performed on or after 10/18/93, VADs used for support of blood circulation post-cardiotomy are covered only if they have received approval from the FDA) for that purpose, and the VADs are used according to the FDA-approved labeling instructions.</p> <p>B/MACs: Effective for services performed on or after 1/22/96, VADs used for bridge-to-transplant are covered only if they have received approval from the FDA for that purpose, and the VADs are used according to the FDA-approved labeling instructions. All of the criteria mentioned in NCD must be fulfilled in order for Medicare coverage to be provided for a VAD used as a bridge-to-transplant.</p> <p>B/MACs: Effective for services performed on or after 10/1/03 (facility criteria effective 10/1/13, patient selection criteria updated 11/9/10), VADs as destination therapy using the criteria described in NCD 20.9.1 are covered.</p> <p>-NOTE: There might be other uses of VADs and Related Supplies besides those mentioned in NCD. Please refer to CR 7888 dated December 21, 2012 for further claim instructions regarding Q0508 & Q0509.</p>	<p>VADs= 33979-33980; 33982-33983</p> <p>VAD related supplies= Q0480-Q0506, Q0508 & Q0509</p>	N/A	N/A	N/A	N/A	N/A	15.20	50	N386
Part B	<p>B/MACs: Shall reject all other indications for the use of VADs 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> <p>NOTE: NCD does not address coverage of VADs for right ventricular support, biventricular support, use in patients under the age of 18, or use in patients with complex congenital heart disease and that coverage for items and services under section 1862(a)(1)(A) in these situations will be made by local MACs within their respective jurisdictions.</p>		N/A	N/A	N/A	N/A	N/A	15.20	50	N386
Date		Revision History								

NCD:	20.9.1									
NCD Title:	Ventricular Assist Devices									
IOM:	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part1.pdf									
NCD Link	http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=360&ver=1									
10/07/2014	Removed congenital ICDs from ICD Dx tab as those are at contractor's discretion. Removed biventricular, percutaneous, external heart assist system /VADs related PCS and CPT codes as that is not the scope of this NCD. Removed invalid CPT codes-0048T, 0050T. Added new HCPCS Q0508 & Q0509 effective 4/1/2013. Updated date for facility criteria. Updated NCD link.									
02/07/2014	New spreadsheet created based on CR8803. Contractor discretion language added to dx code tab. Removed shared system responsibility.									