

## 190.20 - Blood Glucose Testing

### Description

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

### HCPCS Codes (Alphanumeric, CPT® AMA)

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

### ICD-10-CM Codes Covered by Medicare Program

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

Code	Description
A15.0	Tuberculosis of lung
A15.5	Tuberculosis of larynx, trachea and bronchus
A22.1	Pulmonary anthrax
A37.01	Whooping cough due to Bordetella pertussis with pneumonia
A37.11	Whooping cough due to Bordetella parapertussis with pneumonia
A37.81	Whooping cough due to other Bordetella species with pneumonia
A37.91	Whooping cough, unspecified species with pneumonia
A40.0	Sepsis due to streptococcus, group A
A40.1	Sepsis due to streptococcus, group B
A40.3	Sepsis due to Streptococcus pneumoniae
A40.8	Other streptococcal sepsis
A40.9	Streptococcal sepsis, unspecified
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus



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

Code	Description
A41.1	Sepsis due to other specified staphylococcus
A41.2	Sepsis due to unspecified staphylococcus
A41.3	Sepsis due to Hemophilus influenzae
A41.4	Sepsis due to anaerobes
A41.50	Gram-negative sepsis, unspecified
A41.51	Sepsis due to Escherichia coli [E. coli]
A41.52	Sepsis due to Pseudomonas
A41.53	Sepsis due to Serratia
A41.54	Sepsis due to Acinetobacter baumannii
A41.59	Other Gram-negative sepsis
A41.81	Sepsis due to Enterococcus
A41.89	Other specified sepsis
A41.9	Sepsis, unspecified organism
A42.7	Actinomycotic sepsis
A48.1	Legionnaires' disease
B25.0	Cytomegaloviral pneumonitis
B25.2	Cytomegaloviral pancreatitis
B37.2	Candidiasis of skin and nail
B37.31	Acute candidiasis of vulva and vagina
B37.32	Chronic candidiasis of vulva and vagina
B44.0	Invasive pulmonary aspergillosis
B48.8	Other specified mycoses
B77.81	Ascariasis pneumonia
B78.1	Cutaneous strongyloidiasis
C25.4	Malignant neoplasm of endocrine pancreas
C48.0	Malignant neoplasm of retroperitoneum
D13.7	Benign neoplasm of endocrine pancreas
E03.5	Myxedema coma
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye

Code	Description
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye



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

Code	Description
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract

Code	Description
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)

Code	Description
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral



Code	Description
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral





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

Code	Description
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye

Code	Description
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye



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

Code	Description
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral



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

Code	Description
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
<b>*E10.A0</b>	<b>*Type 1 diabetes mellitus, presymptomatic, unspecified</b>
<b>*E10.A1</b>	<b>*Type 1 diabetes mellitus, presymptomatic, Stage 1</b>
<b>*E10.A2</b>	<b>*Type 1 diabetes mellitus, presymptomatic, Stage 2</b>
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10 Covered only for procedure code 82947.	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11 Covered only for procedure code 82947.	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye



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

Code	Description
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral

NCD 190.20

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025





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

Code	Description
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract

Code	Description
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye



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

Code	Description
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye

Code	Description
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene



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

Code	Description
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E15	Nondiabetic hypoglycemic coma
E16.0	Drug-induced hypoglycemia without coma
E16.1	Other hypoglycemia
E16.2	Hypoglycemia, unspecified
E16.3	Increased secretion of glucagon
E16.4	Increased secretion of gastrin
E16.8	Other specified disorders of pancreatic internal secretion
E16.9	Disorder of pancreatic internal secretion, unspecified
<b>*E16.A1</b>	<b>*Hypoglycemia level 1</b>
<b>*E16.A2</b>	<b>*Hypoglycemia level 2</b>
<b>*E16.A3</b>	<b>*Hypoglycemia level 3</b>
E22.0	Acromegaly and pituitary gigantism
E22.1	Hyperprolactinemia
E22.2	Syndrome of inappropriate secretion of antidiuretic hormone
E22.8	Other hyperfunction of pituitary gland
E22.9	Hyperfunction of pituitary gland, unspecified
E23.0	Hypopituitarism
E23.1	Drug-induced hypopituitarism

NCD 190.20

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
E23.2	Diabetes insipidus
E23.3	Hypothalamic dysfunction, not elsewhere classified
E23.6	Other disorders of pituitary gland
E23.7	Disorder of pituitary gland, unspecified
E24.0	Pituitary-dependent Cushing's disease
E24.1	Nelson's syndrome
E24.2	Drug-induced Cushing's syndrome
E24.3	Ectopic ACTH syndrome
E24.4	Alcohol-induced pseudo-Cushing's syndrome
E24.8	Other Cushing's syndrome
E24.9	Cushing's syndrome, unspecified
E34.4	Constitutional tall stature
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
E67.1	Hypercarotenemia
E72.52	Trimethylaminuria
E72.53	Primary hyperoxaluria
E73.0	Congenital lactase deficiency
E73.1	Secondary lactase deficiency
E73.8	Other lactose intolerance
E73.9	Lactose intolerance, unspecified
E74.00	Glycogen storage disease, unspecified
E74.01	von Gierke disease
E74.02	Pompe disease
E74.03	Cori disease
E74.04	McArdle disease
E74.05	Lysosome-associated membrane protein 2 [LAMP2] deficiency
E74.09	Other glycogen storage disease
E74.10	Disorder of fructose metabolism, unspecified
E74.11	Essential fructosuria
E74.12	Hereditary fructose intolerance

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025





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

Code	Description
E74.19	Other disorders of fructose metabolism
E74.20	Disorders of galactose metabolism, unspecified
E74.21	Galactosemia
E74.29	Other disorders of galactose metabolism
E74.31	Sucrase-isomaltase deficiency
E74.39	Other disorders of intestinal carbohydrate absorption
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.89	Other specified disorders of carbohydrate metabolism
E74.9	Disorder of carbohydrate metabolism, unspecified
E75.26	Sulfatase deficiency
E77.1	Defects in glycoprotein degradation
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E83.10	Disorder of iron metabolism, unspecified
E83.110	Hereditary hemochromatosis
E83.111	Hemochromatosis due to repeated red blood cell transfusions
E83.118	Other hemochromatosis
E83.119	Hemochromatosis, unspecified
E83.19	Other disorders of iron metabolism
E83.2	Disorders of zinc metabolism
E86.0	Dehydration
E86.1	Hypovolemia
E86.9	Volume depletion, unspecified
E87.0	Hyperosmolality and hypernatremia

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
E87.1	Hypo-osmolality and hyponatremia
E87.20	Acidosis, unspecified
E87.21	Acute metabolic acidosis
E87.22	Chronic metabolic acidosis
E87.29	Other acidosis
E87.3	Alkalosis
E87.4	Mixed disorder of acid-base balance
E87.5	Hyperkalemia
E87.6	Hypokalemia
E87.70	Fluid overload, unspecified
E87.71	Transfusion associated circulatory overload
E87.79	Other fluid overload
E87.8	Other disorders of electrolyte and fluid balance, not elsewhere classified
E88.02	Plasminogen deficiency
E89.1	Postprocedural hypoinsulinemia
E89.3	Postprocedural hypopituitarism
F05	Delirium due to known physiological condition
F06.70	Mild neurocognitive disorder due to known physiological condition without behavioral disturbance
F06.71	Mild neurocognitive disorder due to known physiological condition with behavioral disturbance
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
F12.23	Cannabis dependence with withdrawal
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F48.9	Nonpsychotic mental disorder, unspecified
F68.A	Factitious disorder imposed on another
F99	Mental disorder, not otherwise specified
G31.84	Mild cognitive impairment of uncertain or unknown etiology
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.C01	Lafora progressive myoclonus epilepsy, not intractable, with status epilepticus
G40.C09	Lafora progressive myoclonus epilepsy, not intractable, without status epilepticus
G40.C11	Lafora progressive myoclonus epilepsy, intractable, with status epilepticus
G40.C19	Lafora progressive myoclonus epilepsy, intractable, without status epilepticus
G56.03 Covered only for procedure code 82947.	Carpal tunnel syndrome, bilateral upper limbs
G56.13 Covered only for procedure code 82947.	Other lesions of median nerve, bilateral upper limbs
G56.23 Covered only for procedure code 82947.	Lesion of ulnar nerve, bilateral upper limbs
G56.33 Covered only for procedure code 82947.	Lesion of radial nerve, bilateral upper limbs
G56.43 Covered only for procedure code 82947.	Causalgia of bilateral upper limbs
G56.83 Covered only for procedure code 82947.	Other specified mononeuropathies of bilateral upper limbs

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
G56.93 Covered only for procedure code 82947.	Unspecified mononeuropathy of bilateral upper limbs
G57.83 Covered only for procedure code 82947.	Other specified mononeuropathies of bilateral lower limbs
G57.93 Covered only for procedure code 82947.	Unspecified mononeuropathy of bilateral lower limbs
G58.8	Other specified mononeuropathies
G58.9	Mononeuropathy, unspecified
G59	Mononeuropathy in diseases classified elsewhere
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61.82 Covered only for procedure code 82947.	Multifocal motor neuropathy
G61.9	Inflammatory polyneuropathy, unspecified
G62.9	Polyneuropathy, unspecified
G90.2	Horner's syndrome
G90.81	Serotonin syndrome
G90.89	Other disorders of autonomic nervous system
G90.9	Disorder of the autonomic nervous system, unspecified
G90.A	Postural orthostatic tachycardia syndrome [POTS]
G93.31	Postviral fatigue syndrome
G93.32	Myalgic encephalomyelitis/chronic fatigue syndrome
G93.39	Other post infection and related fatigue syndromes
G93.41	Metabolic encephalopathy
H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid



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

Code	Description
H01.003	Unspecified blepharitis right eye, unspecified eyelid
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H02.151	Paralytic ectropion of right upper eyelid
H02.21A	Cicatricial lagophthalmos right eye, upper and lower eyelids
H02.21B	Cicatricial lagophthalmos left eye, upper and lower eyelids
H02.21C	Cicatricial lagophthalmos, bilateral, upper and lower eyelids
H02.22A	Mechanical lagophthalmos right eye, upper and lower eyelids
H02.22B	Mechanical lagophthalmos left eye, upper and lower eyelids
H02.22C	Mechanical lagophthalmos, bilateral, upper and lower eyelids
H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids
H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids
H02.23C	Paralytic lagophthalmos, bilateral, upper and lower eyelids
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884 Covered only for procedure code 82947.	Meibomian gland dysfunction left upper eyelid
H02.885 Covered only for procedure code 82947.	Meibomian gland dysfunction left lower eyelid
H02.88A Covered only for procedure code 82947.	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88B Covered only for procedure code 82947.	Meibomian gland dysfunction left eye, upper and lower eyelids

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.019	Cortical age-related cataract, unspecified eye
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.039	Anterior subcapsular polar age-related cataract, unspecified eye
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.049	Posterior subcapsular polar age-related cataract, unspecified eye
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.099	Other age-related incipient cataract, unspecified eye
H25.10	Age-related nuclear cataract, unspecified eye
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.20	Age-related cataract, morgagnian type, unspecified eye
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H25.819	Combined forms of age-related cataract, unspecified eye
H25.89	Other age-related cataract
H25.9	Unspecified age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye



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

Code	Description
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified infantile and juvenile cataract, bilateral
H26.009	Unspecified infantile and juvenile cataract, unspecified eye
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.019	Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.039	Infantile and juvenile nuclear cataract, unspecified eye
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.049	Anterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.059	Posterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.069	Combined forms of infantile and juvenile cataract, unspecified eye
H26.09	Other infantile and juvenile cataract
H35.00	Unspecified background retinopathy
H35.061	Retinal vasculitis, right eye
H35.062	Retinal vasculitis, left eye
H35.063	Retinal vasculitis, bilateral
H35.069	Retinal vasculitis, unspecified eye
H35.20	Other non-diabetic proliferative retinopathy, unspecified eye
H35.21	Other non-diabetic proliferative retinopathy, right eye
H35.22	Other non-diabetic proliferative retinopathy, left eye
H35.23	Other non-diabetic proliferative retinopathy, bilateral
H35.30	Unspecified macular degeneration

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025





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

Code	Description
H35.3110	Nonexudative age-related macular degeneration, right eye, stage unspecified
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3120	Nonexudative age-related macular degeneration, left eye, stage unspecified
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3130	Nonexudative age-related macular degeneration, bilateral, stage unspecified
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement
H35.3190	Nonexudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3191	Nonexudative age-related macular degeneration, unspecified eye, early dry stage
H35.3192	Nonexudative age-related macular degeneration, unspecified eye, intermediate dry stage
H35.3193	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic without subfoveal involvement
H35.3194	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic with subfoveal involvement
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization

Code	Description
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive scar
H35.341	Macular cyst, hole, or pseudohole, right eye
H35.342	Macular cyst, hole, or pseudohole, left eye
H35.343	Macular cyst, hole, or pseudohole, bilateral
H35.349	Macular cyst, hole, or pseudohole, unspecified eye
H35.351	Cystoid macular degeneration, right eye
H35.352	Cystoid macular degeneration, left eye
H35.353	Cystoid macular degeneration, bilateral
H35.359	Cystoid macular degeneration, unspecified eye
H35.361	Drusen (degenerative) of macula, right eye
H35.362	Drusen (degenerative) of macula, left eye
H35.363	Drusen (degenerative) of macula, bilateral
H35.369	Drusen (degenerative) of macula, unspecified eye
H35.371	Puckering of macula, right eye
H35.372	Puckering of macula, left eye
H35.373	Puckering of macula, bilateral
H35.379	Puckering of macula, unspecified eye
H35.381	Toxic maculopathy, right eye
H35.382	Toxic maculopathy, left eye
H35.383	Toxic maculopathy, bilateral
H35.389	Toxic maculopathy, unspecified eye
H35.40	Unspecified peripheral retinal degeneration



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

Code	Description
H35.411	Lattice degeneration of retina, right eye
H35.412	Lattice degeneration of retina, left eye
H35.413	Lattice degeneration of retina, bilateral
H35.419	Lattice degeneration of retina, unspecified eye
H35.421	Microcystoid degeneration of retina, right eye
H35.422	Microcystoid degeneration of retina, left eye
H35.423	Microcystoid degeneration of retina, bilateral
H35.429	Microcystoid degeneration of retina, unspecified eye
H35.431	Paving stone degeneration of retina, right eye
H35.432	Paving stone degeneration of retina, left eye
H35.433	Paving stone degeneration of retina, bilateral
H35.439	Paving stone degeneration of retina, unspecified eye
H35.441	Age-related reticular degeneration of retina, right eye
H35.442	Age-related reticular degeneration of retina, left eye
H35.443	Age-related reticular degeneration of retina, bilateral
H35.449	Age-related reticular degeneration of retina, unspecified eye
H35.451	Secondary pigmentary degeneration, right eye
H35.452	Secondary pigmentary degeneration, left eye
H35.453	Secondary pigmentary degeneration, bilateral
H35.459	Secondary pigmentary degeneration, unspecified eye
H35.461	Secondary vitreoretinal degeneration, right eye
H35.462	Secondary vitreoretinal degeneration, left eye
H35.463	Secondary vitreoretinal degeneration, bilateral
H35.469	Secondary vitreoretinal degeneration, unspecified eye
H35.60	Retinal hemorrhage, unspecified eye
H35.61	Retinal hemorrhage, right eye
H35.62	Retinal hemorrhage, left eye
H35.63	Retinal hemorrhage, bilateral
H35.81	Retinal edema
H35.82	Retinal ischemia
H35.89	Other specified retinal disorders
H35.9	Unspecified retinal disorder
H40.051	Ocular hypertension, right eye
H40.052	Ocular hypertension, left eye

NCD 190.20

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

<b>Code</b>	<b>Description</b>
H40.053	Ocular hypertension, bilateral
H40.059	Ocular hypertension, unspecified eye
H40.1110 Covered only for procedure code 82947.	Primary open-angle glaucoma, right eye, stage unspecified
H40.1111 Covered only for procedure code 82947.	Primary open-angle glaucoma, right eye, mild stage
H40.1112 Covered only for procedure code 82947.	Primary open-angle glaucoma, right eye, moderate stage
H40.1113 Covered only for procedure code 82947.	Primary open-angle glaucoma, right eye, severe stage
H40.1114 Covered only for procedure code 82947.	Primary open-angle glaucoma, right eye, indeterminate stage
H40.1120 Covered only for procedure code 82947.	Primary open-angle glaucoma, left eye, stage unspecified
H40.1121 Covered only for procedure code 82947.	Primary open-angle glaucoma, left eye, mild stage



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

Code	Description
H40.1122 Covered only for procedure code 82947.	Primary open-angle glaucoma, left eye, moderate stage
H40.1123 Covered only for procedure code 82947.	Primary open-angle glaucoma, left eye, severe stage
H40.1124 Covered only for procedure code 82947.	Primary open-angle glaucoma, left eye, indeterminate stage
H40.1130 Covered only for procedure code 82947.	Primary open-angle glaucoma, bilateral, stage unspecified
H40.1131 Covered only for procedure code 82947.	Primary open-angle glaucoma, bilateral, mild stage
H40.1132 Covered only for procedure code 82947.	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133 Covered only for procedure code 82947.	Primary open-angle glaucoma, bilateral, severe stage
H40.1134 Covered only for procedure code 82947.	Primary open-angle glaucoma, bilateral, indeterminate stage



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

Code	Description
H40.1190 Covered only for procedure code 82947.	Primary open-angle glaucoma, unspecified eye, stage unspecified
H40.1191 Covered only for procedure code 82947.	Primary open-angle glaucoma, unspecified eye, mild stage
H40.1192 Covered only for procedure code 82947.	Primary open-angle glaucoma, unspecified eye, moderate stage
H40.1193 Covered only for procedure code 82947.	Primary open-angle glaucoma, unspecified eye, severe stage
H40.1194 Covered only for procedure code 82947.	Primary open-angle glaucoma, unspecified eye, indeterminate stage
H40.60X0	Glaucoma secondary to drugs, unspecified eye, stage unspecified
H40.60X1	Glaucoma secondary to drugs, unspecified eye, mild stage
H40.60X2	Glaucoma secondary to drugs, unspecified eye, moderate stage
H40.60X3	Glaucoma secondary to drugs, unspecified eye, severe stage
H40.60X4	Glaucoma secondary to drugs, unspecified eye, indeterminate stage
H40.61X0	Glaucoma secondary to drugs, right eye, stage unspecified
H40.61X1	Glaucoma secondary to drugs, right eye, mild stage
H40.61X2	Glaucoma secondary to drugs, right eye, moderate stage
H40.61X3	Glaucoma secondary to drugs, right eye, severe stage
H40.61X4	Glaucoma secondary to drugs, right eye, indeterminate stage
H40.62X0	Glaucoma secondary to drugs, left eye, stage unspecified
H40.62X1	Glaucoma secondary to drugs, left eye, mild stage
H40.62X2	Glaucoma secondary to drugs, left eye, moderate stage

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
H40.62X3	Glaucoma secondary to drugs, left eye, severe stage
H40.62X4	Glaucoma secondary to drugs, left eye, indeterminate stage
H40.63X0	Glaucoma secondary to drugs, bilateral, stage unspecified
H40.63X1	Glaucoma secondary to drugs, bilateral, mild stage
H40.63X2	Glaucoma secondary to drugs, bilateral, moderate stage
H40.63X3	Glaucoma secondary to drugs, bilateral, severe stage
H40.63X4	Glaucoma secondary to drugs, bilateral, indeterminate stage
H47.331	Pseudopapilledema of optic disc, right eye
H47.332	Pseudopapilledema of optic disc, left eye
H47.333	Pseudopapilledema of optic disc, bilateral
H47.339	Pseudopapilledema of optic disc, unspecified eye
H47.9	Unspecified disorder of visual pathways
H49.00	Third [oculomotor] nerve palsy, unspecified eye
H49.01	Third [oculomotor] nerve palsy, right eye
H49.02	Third [oculomotor] nerve palsy, left eye
H49.03	Third [oculomotor] nerve palsy, bilateral
H49.10	Fourth [trochlear] nerve palsy, unspecified eye
H49.11	Fourth [trochlear] nerve palsy, right eye
H49.12	Fourth [trochlear] nerve palsy, left eye
H49.13	Fourth [trochlear] nerve palsy, bilateral
H49.20	Sixth [abducent] nerve palsy, unspecified eye
H49.21	Sixth [abducent] nerve palsy, right eye
H49.22	Sixth [abducent] nerve palsy, left eye
H49.23	Sixth [abducent] nerve palsy, bilateral
H49.40	Progressive external ophthalmoplegia, unspecified eye
H49.41	Progressive external ophthalmoplegia, right eye
H49.42	Progressive external ophthalmoplegia, left eye
H49.43	Progressive external ophthalmoplegia, bilateral
H49.881	Other paralytic strabismus, right eye
H49.882	Other paralytic strabismus, left eye
H49.883	Other paralytic strabismus, bilateral
H49.889	Other paralytic strabismus, unspecified eye
H49.9	Unspecified paralytic strabismus
H52.10	Myopia, unspecified eye



Code	Description
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H53.71	Glare sensitivity
H53.72	Impaired contrast sensitivity
H53.8	Other visual disturbances
H57.01	Argyll Robertson pupil, atypical
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.9 Covered only for procedure code 82947.	Acute myocardial infarction, unspecified
I21.A1 Covered only for procedure code 82947.	Myocardial infarction type 2
I21.A9 Covered only for procedure code 82947.	Other myocardial infarction type
I21.B	Myocardial infarction with coronary microvascular dysfunction
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



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

Code	Description
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.112	Atherosclerotic heart disease of native coronary artery with refractory angina pectoris
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.702	Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris
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
I25.712	Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris
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
I25.722	Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris

Code	Description
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
I25.732	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris
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
I25.752	Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris
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
I25.762	Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris



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

Code	Description
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.85	Chronic coronary microvascular dysfunction
I42.7	Cardiomyopathy due to drug and external agent
I42.9	Cardiomyopathy, unspecified
I50.810 Covered only for procedure code 82947.	Right heart failure, unspecified
I50.811 Covered only for procedure code 82947.	Acute right heart failure
I50.812 Covered only for procedure code 82947.	Chronic right heart failure
I50.813 Covered only for procedure code 82947.	Acute on chronic right heart failure
I50.814 Covered only for procedure code 82947.	Right heart failure due to left heart failure
I50.82 Covered only for procedure code 82947.	Biventricular heart failure



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

Code	Description
I50.83 Covered only for procedure code 82947.	High output heart failure
I50.84 Covered only for procedure code 82947.	End stage heart failure
I50.89 Covered only for procedure code 82947.	Other heart failure
I5A Covered only for procedure code 82947.	Non-ischemic myocardial injury (non-traumatic)
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf



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

Code	Description
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
I70.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
I70.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
I70.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site





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

Code	Description
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot



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

Code	Description
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I73.01	Raynaud's syndrome with gangrene
I95.1	Orthostatic hypotension
I96	Gangrene, not elsewhere classified
J02.8	Acute pharyngitis due to other specified organisms
J02.9	Acute pharyngitis, unspecified
J12.0	Adenoviral pneumonia
J12.1	Respiratory syncytial virus pneumonia
J12.2	Parainfluenza virus pneumonia
J12.3	Human metapneumovirus pneumonia
J12.81	Pneumonia due to SARS-associated coronavirus
J12.82	Pneumonia due to coronavirus disease 2019
J12.89	Other viral pneumonia
J12.9	Viral pneumonia, unspecified
J13	Pneumonia due to Streptococcus pneumoniae
J14	Pneumonia due to Hemophilus influenzae
J15.0	Pneumonia due to Klebsiella pneumoniae
J15.1	Pneumonia due to Pseudomonas
J15.20	Pneumonia due to staphylococcus, unspecified
J15.211	Pneumonia due to Methicillin susceptible Staphylococcus aureus
J15.212	Pneumonia due to Methicillin resistant Staphylococcus aureus
J15.29	Pneumonia due to other staphylococcus

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
J15.3	Pneumonia due to streptococcus, group B
J15.4	Pneumonia due to other streptococci
J15.5	Pneumonia due to Escherichia coli
J15.61	Pneumonia due to Acinetobacter baumannii
J15.69	Pneumonia due to other Gram-negative bacteria
J15.7	Pneumonia due to Mycoplasma pneumoniae
J15.8	Pneumonia due to other specified bacteria
J15.9	Unspecified bacterial pneumonia
J16.0	Chlamydial pneumonia
J16.8	Pneumonia due to other specified infectious organisms
J17	Pneumonia in diseases classified elsewhere
J18.0	Bronchopneumonia, unspecified organism
J18.1	Lobar pneumonia, unspecified organism
J18.8	Other pneumonia, unspecified organism
J18.9	Pneumonia, unspecified organism
J20.0	Acute bronchitis due to Mycoplasma pneumoniae
J20.1	Acute bronchitis due to Hemophilus influenzae
J20.2	Acute bronchitis due to streptococcus
J20.3	Acute bronchitis due to coxsackievirus
J20.4	Acute bronchitis due to parainfluenza virus
J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhinovirus
J20.7	Acute bronchitis due to echovirus
J20.8	Acute bronchitis due to other specified organisms
J20.9	Acute bronchitis, unspecified
J40	Bronchitis, not specified as acute or chronic
J41.0	Simple chronic bronchitis
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.81	Bronchiolitis obliterans and bronchiolitis obliterans syndrome
J44.89	Other specified chronic obstructive pulmonary disease



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

Code	Description
J44.9	Chronic obstructive pulmonary disease, unspecified
J4A.0	Restrictive allograft syndrome
J4A.8	Other chronic lung allograft dysfunction
J4A.9	Chronic lung allograft dysfunction, unspecified
K11.7	Disturbances of salivary secretion
K12.1	Other forms of stomatitis
K12.2	Cellulitis and abscess of mouth
K12.30	Oral mucositis (ulcerative), unspecified
K12.39	Other oral mucositis (ulcerative)
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K30	Functional dyspepsia
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K59.31 Covered only for procedure code 82947.	Toxic megacolon
K70.41	Alcoholic hepatic failure with coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K72.01	Acute and subacute hepatic failure with coma
K72.10	Chronic hepatic failure without coma
K72.11	Chronic hepatic failure with coma
K72.90	Hepatic failure, unspecified without coma
K72.91	Hepatic failure, unspecified with coma
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Fatty (change of) liver, not elsewhere classified
K76.6	Portal hypertension

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
K76.7	Hepatorenal syndrome
K76.82	Hepatic encephalopathy
K76.89	Other specified diseases of liver
K80.30	Calculus of bile duct with cholangitis, unspecified, without obstruction
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
K80.32	Calculus of bile duct with acute cholangitis without obstruction
K80.33	Calculus of bile duct with acute cholangitis with obstruction
K80.34	Calculus of bile duct with chronic cholangitis without obstruction
K80.35	Calculus of bile duct with chronic cholangitis with obstruction
K80.36	Calculus of bile duct with acute and chronic cholangitis without obstruction
K80.37	Calculus of bile duct with acute and chronic cholangitis with obstruction
K80.50	Calculus of bile duct without cholangitis or cholecystitis without obstruction
K80.51	Calculus of bile duct without cholangitis or cholecystitis with obstruction
K81.0	Acute cholecystitis
K81.1	Chronic cholecystitis
K81.2	Acute cholecystitis with chronic cholecystitis
K81.9	Cholecystitis, unspecified
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis
K83.01	Primary sclerosing cholangitis
K83.09	Other cholangitis
K85.00	Idiopathic acute pancreatitis without necrosis or infection
K85.01	Idiopathic acute pancreatitis with uninfected necrosis
K85.02	Idiopathic acute pancreatitis with infected necrosis
K85.10	Biliary acute pancreatitis without necrosis or infection
K85.11	Biliary acute pancreatitis with uninfected necrosis
K85.12	Biliary acute pancreatitis with infected necrosis
K85.20	Alcohol induced acute pancreatitis without necrosis or infection
K85.21	Alcohol induced acute pancreatitis with uninfected necrosis
K85.22	Alcohol induced acute pancreatitis with infected necrosis
K85.30	Drug induced acute pancreatitis without necrosis or infection
K85.31	Drug induced acute pancreatitis with uninfected necrosis
K85.32	Drug induced acute pancreatitis with infected necrosis
K85.80	Other acute pancreatitis without necrosis or infection

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
K85.81	Other acute pancreatitis with uninfected necrosis
K85.82	Other acute pancreatitis with infected necrosis
K85.90	Acute pancreatitis without necrosis or infection, unspecified
K85.91	Acute pancreatitis with uninfected necrosis, unspecified
K85.92	Acute pancreatitis with infected necrosis, unspecified
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
L02.02	Furuncle of face
L02.03	Carbuncle of face
L02.12	Furuncle of neck
L02.13	Carbuncle of neck
L02.221	Furuncle of abdominal wall
L02.222	Furuncle of back [any part, except buttock]
L02.223	Furuncle of chest wall
L02.224	Furuncle of groin
L02.225	Furuncle of perineum
L02.226	Furuncle of umbilicus
L02.229	Furuncle of trunk, unspecified
L02.231	Carbuncle of abdominal wall
L02.232	Carbuncle of back [any part, except buttock]
L02.233	Carbuncle of chest wall
L02.234	Carbuncle of groin
L02.235	Carbuncle of perineum
L02.236	Carbuncle of umbilicus
L02.239	Carbuncle of trunk, unspecified
L02.32	Furuncle of buttock
L02.33	Carbuncle of buttock
L02.421	Furuncle of right axilla
L02.422	Furuncle of left axilla
L02.423	Furuncle of right upper limb
L02.424	Furuncle of left upper limb

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
L02.425	Furuncle of right lower limb
L02.426	Furuncle of left lower limb
L02.429	Furuncle of limb, unspecified
L02.431	Carbuncle of right axilla
L02.432	Carbuncle of left axilla
L02.433	Carbuncle of right upper limb
L02.434	Carbuncle of left upper limb
L02.435	Carbuncle of right lower limb
L02.436	Carbuncle of left lower limb
L02.439	Carbuncle of limb, unspecified
L02.521	Furuncle right hand
L02.522	Furuncle left hand
L02.529	Furuncle unspecified hand
L02.531	Carbuncle of right hand
L02.532	Carbuncle of left hand
L02.539	Carbuncle of unspecified hand
L02.621	Furuncle of right foot
L02.622	Furuncle of left foot
L02.629	Furuncle of unspecified foot
L02.631	Carbuncle of right foot
L02.632	Carbuncle of left foot
L02.639	Carbuncle of unspecified foot
L02.821	Furuncle of head [any part, except face]
L02.828	Furuncle of other sites
L02.831	Carbuncle of head [any part, except face]
L02.838	Carbuncle of other sites
L02.92	Furuncle, unspecified
L02.93	Carbuncle, unspecified
L08.0	Pyoderma
L08.81	Pyoderma vegetans
L08.82	Omphalitis not of newborn
L08.89	Other specified local infections of the skin and subcutaneous tissue
L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L29.0	Pruritus ani

NCD 190.20

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
L29.1	Pruritus scroti
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
L68.0	Hirsutism
L68.1	Acquired hypertrichosis lanuginosa
L68.2	Localized hypertrichosis
L68.3	Polytrichia
L68.8	Other hypertrichosis
L68.9	Hypertrichosis, unspecified
L74.4	Anhidrosis
L88	Pyoderma gangrenosum
L89.000	Pressure ulcer of unspecified elbow, unstageable
L89.001	Pressure ulcer of unspecified elbow, stage 1
L89.002	Pressure ulcer of unspecified elbow, stage 2
L89.003	Pressure ulcer of unspecified elbow, stage 3
L89.004	Pressure ulcer of unspecified elbow, stage 4
L89.009	Pressure ulcer of unspecified elbow, unspecified stage
L89.010	Pressure ulcer of right elbow, unstageable
L89.011	Pressure ulcer of right elbow, stage 1
L89.012	Pressure ulcer of right elbow, stage 2
L89.013	Pressure ulcer of right elbow, stage 3
L89.014	Pressure ulcer of right elbow, stage 4
L89.016	Pressure-induced deep tissue damage of right elbow
L89.019	Pressure ulcer of right elbow, unspecified stage
L89.020	Pressure ulcer of left elbow, unstageable
L89.021	Pressure ulcer of left elbow, stage 1
L89.022	Pressure ulcer of left elbow, stage 2
L89.023	Pressure ulcer of left elbow, stage 3
L89.024	Pressure ulcer of left elbow, stage 4
L89.026	Pressure-induced deep tissue damage of left elbow
L89.029	Pressure ulcer of left elbow, unspecified stage
L89.100	Pressure ulcer of unspecified part of back, unstageable
L89.101	Pressure ulcer of unspecified part of back, stage 1
L89.102	Pressure ulcer of unspecified part of back, stage 2





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

Code	Description
L89.103	Pressure ulcer of unspecified part of back, stage 3
L89.104	Pressure ulcer of unspecified part of back, stage 4
L89.109	Pressure ulcer of unspecified part of back, unspecified stage
L89.110	Pressure ulcer of right upper back, unstageable
L89.111	Pressure ulcer of right upper back, stage 1
L89.112	Pressure ulcer of right upper back, stage 2
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.116	Pressure-induced deep tissue damage of right upper back
L89.119	Pressure ulcer of right upper back, unspecified stage
L89.120	Pressure ulcer of left upper back, unstageable
L89.121	Pressure ulcer of left upper back, stage 1
L89.122	Pressure ulcer of left upper back, stage 2
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.126	Pressure-induced deep tissue damage of left upper back
L89.129	Pressure ulcer of left upper back, unspecified stage
L89.130	Pressure ulcer of right lower back, unstageable
L89.131	Pressure ulcer of right lower back, stage 1
L89.132	Pressure ulcer of right lower back, stage 2
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.136	Pressure-induced deep tissue damage of right lower back
L89.139	Pressure ulcer of right lower back, unspecified stage
L89.140	Pressure ulcer of left lower back, unstageable
L89.141	Pressure ulcer of left lower back, stage 1
L89.142	Pressure ulcer of left lower back, stage 2
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.146	Pressure-induced deep tissue damage of left lower back
L89.149	Pressure ulcer of left lower back, unspecified stage
L89.150	Pressure ulcer of sacral region, unstageable
L89.151	Pressure ulcer of sacral region, stage 1
L89.152	Pressure ulcer of sacral region, stage 2

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.156	Pressure-induced deep tissue damage of sacral region
L89.159	Pressure ulcer of sacral region, unspecified stage
L89.200	Pressure ulcer of unspecified hip, unstageable
L89.201	Pressure ulcer of unspecified hip, stage 1
L89.202	Pressure ulcer of unspecified hip, stage 2
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.209	Pressure ulcer of unspecified hip, unspecified stage
L89.210	Pressure ulcer of right hip, unstageable
L89.211	Pressure ulcer of right hip, stage 1
L89.212	Pressure ulcer of right hip, stage 2
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.216	Pressure-induced deep tissue damage of right hip
L89.219	Pressure ulcer of right hip, unspecified stage
L89.220	Pressure ulcer of left hip, unstageable
L89.221	Pressure ulcer of left hip, stage 1
L89.222	Pressure ulcer of left hip, stage 2
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.226	Pressure-induced deep tissue damage of left hip
L89.229	Pressure ulcer of left hip, unspecified stage
L89.300	Pressure ulcer of unspecified buttock, unstageable
L89.301	Pressure ulcer of unspecified buttock, stage 1
L89.302	Pressure ulcer of unspecified buttock, stage 2
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.309	Pressure ulcer of unspecified buttock, unspecified stage
L89.310	Pressure ulcer of right buttock, unstageable
L89.311	Pressure ulcer of right buttock, stage 1
L89.312	Pressure ulcer of right buttock, stage 2
L89.313	Pressure ulcer of right buttock, stage 3

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
L89.314	Pressure ulcer of right buttock, stage 4
L89.316	Pressure-induced deep tissue damage of right buttock
L89.319	Pressure ulcer of right buttock, unspecified stage
L89.320	Pressure ulcer of left buttock, unstageable
L89.321	Pressure ulcer of left buttock, stage 1
L89.322	Pressure ulcer of left buttock, stage 2
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.326	Pressure-induced deep tissue damage of left buttock
L89.329	Pressure ulcer of left buttock, unspecified stage
L89.40	Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip
L89.500	Pressure ulcer of unspecified ankle, unstageable
L89.501	Pressure ulcer of unspecified ankle, stage 1
L89.502	Pressure ulcer of unspecified ankle, stage 2
L89.503	Pressure ulcer of unspecified ankle, stage 3
L89.504	Pressure ulcer of unspecified ankle, stage 4
L89.509	Pressure ulcer of unspecified ankle, unspecified stage
L89.510	Pressure ulcer of right ankle, unstageable
L89.511	Pressure ulcer of right ankle, stage 1
L89.512	Pressure ulcer of right ankle, stage 2
L89.513	Pressure ulcer of right ankle, stage 3
L89.514	Pressure ulcer of right ankle, stage 4
L89.516	Pressure-induced deep tissue damage of right ankle
L89.519	Pressure ulcer of right ankle, unspecified stage
L89.520	Pressure ulcer of left ankle, unstageable
L89.521	Pressure ulcer of left ankle, stage 1
L89.522	Pressure ulcer of left ankle, stage 2
L89.523	Pressure ulcer of left ankle, stage 3

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
L89.524	Pressure ulcer of left ankle, stage 4
L89.526	Pressure-induced deep tissue damage of left ankle
L89.529	Pressure ulcer of left ankle, unspecified stage
L89.600	Pressure ulcer of unspecified heel, unstageable
L89.601	Pressure ulcer of unspecified heel, stage 1
L89.602	Pressure ulcer of unspecified heel, stage 2
L89.603	Pressure ulcer of unspecified heel, stage 3
L89.604	Pressure ulcer of unspecified heel, stage 4
L89.609	Pressure ulcer of unspecified heel, unspecified stage
L89.610	Pressure ulcer of right heel, unstageable
L89.611	Pressure ulcer of right heel, stage 1
L89.612	Pressure ulcer of right heel, stage 2
L89.613	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L89.616	Pressure-induced deep tissue damage of right heel
L89.619	Pressure ulcer of right heel, unspecified stage
L89.620	Pressure ulcer of left heel, unstageable
L89.621	Pressure ulcer of left heel, stage 1
L89.622	Pressure ulcer of left heel, stage 2
L89.623	Pressure ulcer of left heel, stage 3
L89.624	Pressure ulcer of left heel, stage 4
L89.626	Pressure-induced deep tissue damage of left heel
L89.629	Pressure ulcer of left heel, unspecified stage
L89.810	Pressure ulcer of head, unstageable
L89.811	Pressure ulcer of head, stage 1
L89.812	Pressure ulcer of head, stage 2
L89.813	Pressure ulcer of head, stage 3
L89.814	Pressure ulcer of head, stage 4
L89.816	Pressure-induced deep tissue damage of head
L89.819	Pressure ulcer of head, unspecified stage
L89.890	Pressure ulcer of other site, unstageable
L89.891	Pressure ulcer of other site, stage 1
L89.892	Pressure ulcer of other site, stage 2
L89.893	Pressure ulcer of other site, stage 3

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
L89.894	Pressure ulcer of other site, stage 4
L89.896	Pressure-induced deep tissue damage of other site
L89.899	Pressure ulcer of other site, unspecified stage
L89.90	Pressure ulcer of unspecified site, unspecified stage
L89.91	Pressure ulcer of unspecified site, stage 1
L89.92	Pressure ulcer of unspecified site, stage 2
L89.93	Pressure ulcer of unspecified site, stage 3
L89.94	Pressure ulcer of unspecified site, stage 4
L89.95	Pressure ulcer of unspecified site, unstageable
L92.1	Necrobiosis lipoidica, not elsewhere classified
L92.8	Other granulomatous disorders of the skin and subcutaneous tissue
L94.2	Calcinosis cutis
L97.101	Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone
L97.109	Non-pressure chronic ulcer of unspecified thigh with unspecified severity
L97.111	Non-pressure chronic ulcer of right thigh limited to breakdown of skin
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone
L97.115 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.118 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right thigh with other specified severity

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
L97.119	Non-pressure chronic ulcer of right thigh with unspecified severity
L97.121	Non-pressure chronic ulcer of left thigh limited to breakdown of skin
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone
L97.125 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.128 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left thigh with other specified severity
L97.129	Non-pressure chronic ulcer of left thigh with unspecified severity
L97.201	Non-pressure chronic ulcer of unspecified calf limited to breakdown of skin
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone
L97.209	Non-pressure chronic ulcer of unspecified calf with unspecified severity
L97.211	Non-pressure chronic ulcer of right calf limited to breakdown of skin
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone
L97.215 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis



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

Code	Description
L97.216 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.218 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right calf with other specified severity
L97.219	Non-pressure chronic ulcer of right calf with unspecified severity
L97.221	Non-pressure chronic ulcer of left calf limited to breakdown of skin
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone
L97.225 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.228 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left calf with other specified severity
L97.229	Non-pressure chronic ulcer of left calf with unspecified severity
L97.301	Non-pressure chronic ulcer of unspecified ankle limited to breakdown of skin
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone
L97.309	Non-pressure chronic ulcer of unspecified ankle with unspecified severity
L97.311	Non-pressure chronic ulcer of right ankle limited to breakdown of skin
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone
L97.315 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.318 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right ankle with other specified severity
L97.319	Non-pressure chronic ulcer of right ankle with unspecified severity
L97.321	Non-pressure chronic ulcer of left ankle limited to breakdown of skin
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone
L97.325 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.328 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left ankle with other specified severity
L97.329	Non-pressure chronic ulcer of left ankle with unspecified severity
L97.401	Non-pressure chronic ulcer of unspecified heel and midfoot limited to breakdown of skin

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



Code	Description
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone
L97.409	Non-pressure chronic ulcer of unspecified heel and midfoot with unspecified severity
L97.411	Non-pressure chronic ulcer of right heel and midfoot limited to breakdown of skin
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
L97.415 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.418 Covered only for procedure code 82947.	Non-pressure chronic ulcer of right heel and midfoot with other specified severity
L97.419	Non-pressure chronic ulcer of right heel and midfoot with unspecified severity
L97.421	Non-pressure chronic ulcer of left heel and midfoot limited to breakdown of skin
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
L97.425 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis

Code	Description
L97.428 Covered only for procedure code 82947.	Non-pressure chronic ulcer of left heel and midfoot with other specified severity
L97.429	Non-pressure chronic ulcer of left heel and midfoot with unspecified severity
L97.501	Non-pressure chronic ulcer of other part of unspecified foot limited to breakdown of skin
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone
L97.509	Non-pressure chronic ulcer of other part of unspecified foot with unspecified severity
L97.511	Non-pressure chronic ulcer of other part of right foot limited to breakdown of skin
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone
L97.515 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis
L97.516 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.518 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right foot with other specified severity
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity
L97.521	Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone



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

Code	Description
L97.525 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis
L97.526 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.528 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left foot with other specified severity
L97.529	Non-pressure chronic ulcer of other part of left foot with unspecified severity
L97.801	Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone
L97.809	Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity
L97.811	Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone
L97.815 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis

Code	Description
L97.818 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of right lower leg with other specified severity
L97.819	Non-pressure chronic ulcer of other part of right lower leg with unspecified severity
L97.821	Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone
L97.825 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.828 Covered only for procedure code 82947.	Non-pressure chronic ulcer of other part of left lower leg with other specified severity
L97.829	Non-pressure chronic ulcer of other part of left lower leg with unspecified severity
L97.901	Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone
L97.909	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity
L97.911	Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed



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

Code	Description
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone
L97.915 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis
L97.916 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis
L97.918 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of right lower leg with other specified severity
L97.919	Non-pressure chronic ulcer of unspecified part of right lower leg with unspecified severity
L97.921	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone
L97.925 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis
L97.926 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis
L97.928 Covered only for procedure code 82947.	Non-pressure chronic ulcer of unspecified part of left lower leg with other specified severity
L97.929	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity
L98.0	Pyogenic granuloma

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone
L98.415 Covered only for procedure code 82947.	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416 Covered only for procedure code 82947.	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.418 Covered only for procedure code 82947.	Non-pressure chronic ulcer of buttock with other specified severity
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin
L98.422	Non-pressure chronic ulcer of back with fat layer exposed
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle
L98.424	Non-pressure chronic ulcer of back with necrosis of bone
L98.425 Covered only for procedure code 82947.	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis
L98.426 Covered only for procedure code 82947.	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.428 Covered only for procedure code 82947.	Non-pressure chronic ulcer of back with other specified severity

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
L98.429	Non-pressure chronic ulcer of back with unspecified severity
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis of bone
L98.495 Covered only for procedure code 82947.	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.496 Covered only for procedure code 82947.	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis
L98.499	Non-pressure chronic ulcer of skin of other sites with unspecified severity
L98.8	Other specified disorders of the skin and subcutaneous tissue
M04.1 Covered only for procedure code 82947.	Periodic fever syndromes
M60.80	Other myositis, unspecified site
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.819	Other myositis, unspecified shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.829	Other myositis, unspecified upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.839	Other myositis, unspecified forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.849	Other myositis, unspecified hand
M60.851	Other myositis, right thigh

Code	Description
M60.852	Other myositis, left thigh
M60.859	Other myositis, unspecified thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.869	Other myositis, unspecified lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.879	Other myositis, unspecified ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M60.9	Myositis, unspecified
M79.10	Myalgia, unspecified site
M79.11	Myalgia of mastication muscle
M79.12	Myalgia of auxiliary muscles, head and neck
M79.18	Myalgia, other site
M79.7	Fibromyalgia
M86.071	Acute hematogenous osteomyelitis, right ankle and foot
M86.072	Acute hematogenous osteomyelitis, left ankle and foot
M86.079	Acute hematogenous osteomyelitis, unspecified ankle and foot
M86.171	Other acute osteomyelitis, right ankle and foot
M86.172	Other acute osteomyelitis, left ankle and foot
M86.179	Other acute osteomyelitis, unspecified ankle and foot
M86.271	Subacute osteomyelitis, right ankle and foot
M86.272	Subacute osteomyelitis, left ankle and foot
M86.279	Subacute osteomyelitis, unspecified ankle and foot
M86.371	Chronic multifocal osteomyelitis, right ankle and foot
M86.372	Chronic multifocal osteomyelitis, left ankle and foot
M86.379	Chronic multifocal osteomyelitis, unspecified ankle and foot
M86.471	Chronic osteomyelitis with draining sinus, right ankle and foot
M86.472	Chronic osteomyelitis with draining sinus, left ankle and foot
M86.479	Chronic osteomyelitis with draining sinus, unspecified ankle and foot
M86.571	Other chronic hematogenous osteomyelitis, right ankle and foot
M86.572	Other chronic hematogenous osteomyelitis, left ankle and foot
M86.579	Other chronic hematogenous osteomyelitis, unspecified ankle and foot





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

Code	Description
M86.671	Other chronic osteomyelitis, right ankle and foot
M86.672	Other chronic osteomyelitis, left ankle and foot
M86.679	Other chronic osteomyelitis, unspecified ankle and foot
M86.8X7	Other osteomyelitis, ankle and foot
M86.9	Osteomyelitis, unspecified
N10	Acute pyelonephritis
N11.0	Nonobstructive reflux-associated chronic pyelonephritis
N11.1	Chronic obstructive pyelonephritis
N11.8	Other chronic tubulo-interstitial nephritis
N11.9	Chronic tubulo-interstitial nephritis, unspecified
N12	Tubulo-interstitial nephritis, not specified as acute or chronic
N13.6	Pyonephrosis
N15.1	Renal and perinephric abscess
N15.9	Renal tubulo-interstitial disease, unspecified
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere
N28.84	Pyelitis cystica
N28.85	Pyeloureteritis cystica
N28.86	Ureteritis cystica
N30.90	Cystitis, unspecified without hematuria
N30.91	Cystitis, unspecified with hematuria
N31.2	Flaccid neuropathic bladder, not elsewhere classified
N35.016	Post-traumatic urethral stricture, male, overlapping sites
N35.116	Postinfective urethral stricture, not elsewhere classified, male, overlapping sites
N39.0	Urinary tract infection, site not specified
N44.1	Cyst of tunica albuginea testis
N44.2	Benign cyst of testis
N44.8	Other noninflammatory disorders of the testis
N50.3	Cyst of epididymis
N50.811	Right testicular pain
N50.812	Left testicular pain
N50.819	Testicular pain, unspecified
N50.82	Scrotal pain
N50.89	Other specified disorders of the male genital organs
N52.01	Erectile dysfunction due to arterial insufficiency

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
N52.1	Erectile dysfunction due to diseases classified elsewhere
N52.2	Drug-induced erectile dysfunction
N52.31	Erectile dysfunction following radical prostatectomy
N52.32	Erectile dysfunction following radical cystectomy
N52.33	Erectile dysfunction following urethral surgery
N52.34	Erectile dysfunction following simple prostatectomy
N52.35	Erectile dysfunction following radiation therapy
N52.36	Erectile dysfunction following interstitial seed therapy
N52.37	Erectile dysfunction following prostate ablative therapy
N52.39	Other and unspecified postprocedural erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
N53.12	Painful ejaculation
N53.8	Other male sexual dysfunction
N53.9	Unspecified male sexual dysfunction
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N97.9	Female infertility, unspecified
O09.00	Supervision of pregnancy with history of infertility, unspecified trimester
O09.01	Supervision of pregnancy with history of infertility, first trimester
O09.02	Supervision of pregnancy with history of infertility, second trimester
O09.03	Supervision of pregnancy with history of infertility, third trimester
O09.10	Supervision of pregnancy with history of ectopic pregnancy, unspecified trimester
O09.11	Supervision of pregnancy with history of ectopic pregnancy, first trimester
O09.12	Supervision of pregnancy with history of ectopic pregnancy, second trimester



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

Code	Description
O09.13	Supervision of pregnancy with history of ectopic pregnancy, third trimester
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.291	Supervision of pregnancy with other poor reproductive or obstetric history, first trimester
O09.292	Supervision of pregnancy with other poor reproductive or obstetric history, second trimester
O09.293	Supervision of pregnancy with other poor reproductive or obstetric history, third trimester
O09.299	Supervision of pregnancy with other poor reproductive or obstetric history, unspecified trimester
O09.30	Supervision of pregnancy with insufficient antenatal care, unspecified trimester
O09.31	Supervision of pregnancy with insufficient antenatal care, first trimester
O09.32	Supervision of pregnancy with insufficient antenatal care, second trimester
O09.33	Supervision of pregnancy with insufficient antenatal care, third trimester
O09.40	Supervision of pregnancy with grand multiparity, unspecified trimester
O09.41	Supervision of pregnancy with grand multiparity, first trimester
O09.42	Supervision of pregnancy with grand multiparity, second trimester
O09.43	Supervision of pregnancy with grand multiparity, third trimester
O09.511	Supervision of elderly primigravida, first trimester
O09.512	Supervision of elderly primigravida, second trimester
O09.513	Supervision of elderly primigravida, third trimester
O09.519	Supervision of elderly primigravida, unspecified trimester
O09.521	Supervision of elderly multigravida, first trimester
O09.522	Supervision of elderly multigravida, second trimester
O09.523	Supervision of elderly multigravida, third trimester
O09.529	Supervision of elderly multigravida, unspecified trimester
O09.611	Supervision of young primigravida, first trimester
O09.612	Supervision of young primigravida, second trimester
O09.613	Supervision of young primigravida, third trimester
O09.619	Supervision of young primigravida, unspecified trimester
O09.621	Supervision of young multigravida, first trimester
O09.622	Supervision of young multigravida, second trimester
O09.623	Supervision of young multigravida, third trimester
O09.629	Supervision of young multigravida, unspecified trimester

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
O09.70	Supervision of high risk pregnancy due to social problems, unspecified trimester
O09.71	Supervision of high risk pregnancy due to social problems, first trimester
O09.72	Supervision of high risk pregnancy due to social problems, second trimester
O09.73	Supervision of high risk pregnancy due to social problems, third trimester
O09.811	Supervision of pregnancy resulting from assisted reproductive technology, first trimester
O09.812	Supervision of pregnancy resulting from assisted reproductive technology, second trimester
O09.813	Supervision of pregnancy resulting from assisted reproductive technology, third trimester
O09.819	Supervision of pregnancy resulting from assisted reproductive technology, unspecified trimester
O09.821	Supervision of pregnancy with history of in utero procedure during previous pregnancy, first trimester
O09.822	Supervision of pregnancy with history of in utero procedure during previous pregnancy, second trimester
O09.823	Supervision of pregnancy with history of in utero procedure during previous pregnancy, third trimester
O09.829	Supervision of pregnancy with history of in utero procedure during previous pregnancy, unspecified trimester
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester
O09.91	Supervision of high risk pregnancy, unspecified, first trimester
O09.92	Supervision of high risk pregnancy, unspecified, second trimester
O09.93	Supervision of high risk pregnancy, unspecified, third trimester
O09.A0 Covered only for procedure code 82947.	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
O09.A1 Covered only for procedure code 82947.	Supervision of pregnancy with history of molar pregnancy, first trimester



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

Code	Description
O09.A2 Covered only for procedure code 82947.	Supervision of pregnancy with history of molar pregnancy, second trimester
O09.A3 Covered only for procedure code 82947.	Supervision of pregnancy with history of molar pregnancy, third trimester
O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O12.04 Covered only for procedure code 82947.	Gestational edema, complicating childbirth
O12.05 Covered only for procedure code 82947.	Gestational edema, complicating the puerperium
O12.14 Covered only for procedure code 82947.	Gestational proteinuria, complicating childbirth
O12.15 Covered only for procedure code 82947.	Gestational proteinuria, complicating the puerperium
O12.24 Covered only for procedure code 82947.	Gestational edema with proteinuria, complicating childbirth



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

Code	Description
O12.25 Covered only for procedure code 82947.	Gestational edema with proteinuria, complicating the puerperium
O13.4 Covered only for procedure code 82947.	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O13.5 Covered only for procedure code 82947.	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O14.04 Covered only for procedure code 82947.	Mild to moderate pre-eclampsia, complicating childbirth
O14.05 Covered only for procedure code 82947.	Mild to moderate pre-eclampsia, complicating the puerperium
O14.14 Covered only for procedure code 82947.	Severe pre-eclampsia complicating childbirth
O14.15 Covered only for procedure code 82947.	Severe pre-eclampsia, complicating the puerperium
O14.24 Covered only for procedure code 82947.	HELLP syndrome, complicating childbirth



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

Code	Description
O14.25 Covered only for procedure code 82947.	HELLP syndrome, complicating the puerperium
O14.94 Covered only for procedure code 82947.	Unspecified pre-eclampsia, complicating childbirth
O14.95 Covered only for procedure code 82947.	Unspecified pre-eclampsia, complicating the puerperium
O16.4 Covered only for procedure code 82947.	Unspecified maternal hypertension, complicating childbirth
O16.5	Unspecified maternal hypertension, complicating the puerperium
O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O24.012	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O24.013	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O24.019	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium
O24.111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24.112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24.113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.410	Gestational diabetes mellitus in pregnancy, diet controlled

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
O24.414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.419	Gestational diabetes mellitus in pregnancy, unspecified control
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.430	Gestational diabetes mellitus in the puerperium, diet controlled
O24.434	Gestational diabetes mellitus in the puerperium, insulin controlled
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
O24.439	Gestational diabetes mellitus in the puerperium, unspecified control
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O24.93	Unspecified diabetes mellitus in the puerperium
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester





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

Code	Description
O33.7XX0 Covered only for procedure code 82947.	Maternal care for disproportion due to other fetal deformities, not applicable or unspecified
O33.7XX1 Covered only for procedure code 82947.	Maternal care for disproportion due to other fetal deformities, fetus 1
O33.7XX2 Covered only for procedure code 82947.	Maternal care for disproportion due to other fetal deformities, fetus 2
O33.7XX3 Covered only for procedure code 82947.	Maternal care for disproportion due to other fetal deformities, fetus 3
O33.7XX4 Covered only for procedure code 82947.	Maternal care for disproportion due to other fetal deformities, fetus 4
O33.7XX5 Covered only for procedure code 82947.	Maternal care for disproportion due to other fetal deformities, fetus 5
O33.7XX9 Covered only for procedure code 82947.	Maternal care for disproportion due to other fetal deformities, other fetus
O36.60X0	Maternal care for excessive fetal growth, unspecified trimester, not applicable or unspecified
O36.60X1	Maternal care for excessive fetal growth, unspecified trimester, fetus 1
O36.60X2	Maternal care for excessive fetal growth, unspecified trimester, fetus 2
O36.60X3	Maternal care for excessive fetal growth, unspecified trimester, fetus 3

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
O36.60X4	Maternal care for excessive fetal growth, unspecified trimester, fetus 4
O36.60X5	Maternal care for excessive fetal growth, unspecified trimester, fetus 5
O36.60X9	Maternal care for excessive fetal growth, unspecified trimester, other fetus
O36.61X0	Maternal care for excessive fetal growth, first trimester, not applicable or unspecified
O36.61X1	Maternal care for excessive fetal growth, first trimester, fetus 1
O36.61X2	Maternal care for excessive fetal growth, first trimester, fetus 2
O36.61X3	Maternal care for excessive fetal growth, first trimester, fetus 3
O36.61X4	Maternal care for excessive fetal growth, first trimester, fetus 4
O36.61X5	Maternal care for excessive fetal growth, first trimester, fetus 5
O36.61X9	Maternal care for excessive fetal growth, first trimester, other fetus
O36.62X0	Maternal care for excessive fetal growth, second trimester, not applicable or unspecified
O36.62X1	Maternal care for excessive fetal growth, second trimester, fetus 1
O36.62X2	Maternal care for excessive fetal growth, second trimester, fetus 2
O36.62X3	Maternal care for excessive fetal growth, second trimester, fetus 3
O36.62X4	Maternal care for excessive fetal growth, second trimester, fetus 4
O36.62X5	Maternal care for excessive fetal growth, second trimester, fetus 5
O36.62X9	Maternal care for excessive fetal growth, second trimester, other fetus
O36.63X0	Maternal care for excessive fetal growth, third trimester, not applicable or unspecified
O36.63X1	Maternal care for excessive fetal growth, third trimester, fetus 1
O36.63X2	Maternal care for excessive fetal growth, third trimester, fetus 2
O36.63X3	Maternal care for excessive fetal growth, third trimester, fetus 3
O36.63X4	Maternal care for excessive fetal growth, third trimester, fetus 4
O36.63X5	Maternal care for excessive fetal growth, third trimester, fetus 5
O36.63X9	Maternal care for excessive fetal growth, third trimester, other fetus
O36.80X0	Pregnancy with inconclusive fetal viability, not applicable or unspecified
O36.80X1	Pregnancy with inconclusive fetal viability, fetus 1
O36.80X2	Pregnancy with inconclusive fetal viability, fetus 2
O36.80X3	Pregnancy with inconclusive fetal viability, fetus 3
O36.80X4	Pregnancy with inconclusive fetal viability, fetus 4
O36.80X5	Pregnancy with inconclusive fetal viability, fetus 5
O36.80X9	Pregnancy with inconclusive fetal viability, other fetus
O40.1XX0	Polyhydramnios, first trimester, not applicable or unspecified
O40.1XX1	Polyhydramnios, first trimester, fetus 1
O40.1XX2	Polyhydramnios, first trimester, fetus 2

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
O40.1XX3	Polyhydramnios, first trimester, fetus 3
O40.1XX4	Polyhydramnios, first trimester, fetus 4
O40.1XX5	Polyhydramnios, first trimester, fetus 5
O40.1XX9	Polyhydramnios, first trimester, other fetus
O40.2XX0	Polyhydramnios, second trimester, not applicable or unspecified
O40.2XX1	Polyhydramnios, second trimester, fetus 1
O40.2XX2	Polyhydramnios, second trimester, fetus 2
O40.2XX3	Polyhydramnios, second trimester, fetus 3
O40.2XX4	Polyhydramnios, second trimester, fetus 4
O40.2XX5	Polyhydramnios, second trimester, fetus 5
O40.2XX9	Polyhydramnios, second trimester, other fetus
O40.3XX0	Polyhydramnios, third trimester, not applicable or unspecified
O40.3XX1	Polyhydramnios, third trimester, fetus 1
O40.3XX2	Polyhydramnios, third trimester, fetus 2
O40.3XX3	Polyhydramnios, third trimester, fetus 3
O40.3XX4	Polyhydramnios, third trimester, fetus 4
O40.3XX5	Polyhydramnios, third trimester, fetus 5
O40.3XX9	Polyhydramnios, third trimester, other fetus
O40.9XX0	Polyhydramnios, unspecified trimester, not applicable or unspecified
O40.9XX1	Polyhydramnios, unspecified trimester, fetus 1
O40.9XX2	Polyhydramnios, unspecified trimester, fetus 2
O40.9XX3	Polyhydramnios, unspecified trimester, fetus 3
O40.9XX4	Polyhydramnios, unspecified trimester, fetus 4
O40.9XX5	Polyhydramnios, unspecified trimester, fetus 5
O40.9XX9	Polyhydramnios, unspecified trimester, other fetus
O44.20 Covered only for procedure code 82947.	Partial placenta previa NOS or without hemorrhage, unspecified trimester
O44.21 Covered only for procedure code 82947.	Partial placenta previa NOS or without hemorrhage, first trimester



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

Code	Description
O44.22 Covered only for procedure code 82947.	Partial placenta previa NOS or without hemorrhage, second trimester
O44.23 Covered only for procedure code 82947.	Partial placenta previa NOS or without hemorrhage, third trimester
O44.30 Covered only for procedure code 82947.	Partial placenta previa with hemorrhage, unspecified trimester
O44.31 Covered only for procedure code 82947.	Partial placenta previa with hemorrhage, first trimester
O44.32 Covered only for procedure code 82947.	Partial placenta previa with hemorrhage, second trimester
O44.33 Covered only for procedure code 82947.	Partial placenta previa with hemorrhage, third trimester
O44.40 Covered only for procedure code 82947.	Low lying placenta NOS or without hemorrhage, unspecified trimester
O44.41 Covered only for procedure code 82947.	Low lying placenta NOS or without hemorrhage, first trimester



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

Code	Description
O44.42 Covered only for procedure code 82947.	Low lying placenta NOS or without hemorrhage, second trimester
O44.43 Covered only for procedure code 82947.	Low lying placenta NOS or without hemorrhage, third trimester
O44.50 Covered only for procedure code 82947.	Low lying placenta with hemorrhage, unspecified trimester
O44.51 Covered only for procedure code 82947.	Low lying placenta with hemorrhage, first trimester
O44.52 Covered only for procedure code 82947.	Low lying placenta with hemorrhage, second trimester
O44.53 Covered only for procedure code 82947.	Low lying placenta with hemorrhage, third trimester
O99.810	Abnormal glucose complicating pregnancy
O99.815	Abnormal glucose complicating the puerperium
O99.840	Bariatric surgery status complicating pregnancy, unspecified trimester
O99.841	Bariatric surgery status complicating pregnancy, first trimester
O99.842	Bariatric surgery status complicating pregnancy, second trimester
O99.843	Bariatric surgery status complicating pregnancy, third trimester
O99.844	Bariatric surgery status complicating childbirth
O99.845	Bariatric surgery status complicating the puerperium



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

Code	Description
P78.84 Covered only for procedure code 82947.	Gestational alloimmune liver disease
R00.0	Tachycardia, unspecified
R06.00	Dyspnea, unspecified
R06.09	Other forms of dyspnea
R06.3	Periodic breathing
R06.4	Hyperventilation
R06.83	Snoring
R06.89	Other abnormalities of breathing
R07.9	Chest pain, unspecified
R15.0	Incomplete defecation
R15.1	Fecal smearing
R15.2	Fecal urgency
R15.9	Full incontinence of feces
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R19.7	Diarrhea, unspecified
R20.0	Anesthesia of skin
R20.1	Hypoesthesia of skin
R20.2	Paresthesia of skin
R20.3	Hyperesthesia
R20.8	Other disturbances of skin sensation
R20.9	Unspecified disturbances of skin sensation
R25.0	Abnormal head movements
R25.1	Tremor, unspecified
R25.2	Cramp and spasm
R25.3	Fasciculation
R25.8	Other abnormal involuntary movements
R25.9	Unspecified abnormal involuntary movements
R29.2	Abnormal reflex



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

<b>Code</b>	<b>Description</b>
R29.700 Covered only for procedure code 82947.	NIHSS score 0
R29.701 Covered only for procedure code 82947.	NIHSS score 1
R29.702 Covered only for procedure code 82947.	NIHSS score 2
R29.703 Covered only for procedure code 82947.	NIHSS score 3
R29.704 Covered only for procedure code 82947.	NIHSS score 4
R29.705 Covered only for procedure code 82947.	NIHSS score 5
R29.706 Covered only for procedure code 82947.	NIHSS score 6
R29.707 Covered only for procedure code 82947.	NIHSS score 7



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

Code	Description
R29.708 Covered only for procedure code 82947.	NIHSS score 8
R29.709 Covered only for procedure code 82947.	NIHSS score 9
R29.710 Covered only for procedure code 82947.	NIHSS score 10
R29.711 Covered only for procedure code 82947.	NIHSS score 11
R29.712 Covered only for procedure code 82947.	NIHSS score 12
R29.713 Covered only for procedure code 82947.	NIHSS score 13
R29.714 Covered only for procedure code 82947.	NIHSS score 14
R29.715 Covered only for procedure code 82947.	NIHSS score 15





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

Code	Description
R29.716 Covered only for procedure code 82947.	NIHSS score 16
R29.717 Covered only for procedure code 82947.	NIHSS score 17
R29.718 Covered only for procedure code 82947.	NIHSS score 18
R29.719 Covered only for procedure code 82947.	NIHSS score 19
R29.720 Covered only for procedure code 82947.	NIHSS score 20
R29.721 Covered only for procedure code 82947.	NIHSS score 21
R29.722 Covered only for procedure code 82947.	NIHSS score 22
R29.723 Covered only for procedure code 82947.	NIHSS score 23



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

Code	Description
R29.724 Covered only for procedure code 82947.	NIHSS score 24
R29.725 Covered only for procedure code 82947.	NIHSS score 25
R29.726 Covered only for procedure code 82947.	NIHSS score 26
R29.727 Covered only for procedure code 82947.	NIHSS score 27
R29.728 Covered only for procedure code 82947.	NIHSS score 28
R29.729 Covered only for procedure code 82947.	NIHSS score 29
R29.730 Covered only for procedure code 82947.	NIHSS score 30
R29.731 Covered only for procedure code 82947.	NIHSS score 31



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

Code	Description
R29.732 Covered only for procedure code 82947.	NIHSS score 32
R29.733 Covered only for procedure code 82947.	NIHSS score 33
R29.734 Covered only for procedure code 82947.	NIHSS score 34
R29.735 Covered only for procedure code 82947.	NIHSS score 35
R29.736 Covered only for procedure code 82947.	NIHSS score 36
R29.737 Covered only for procedure code 82947.	NIHSS score 37
R29.738 Covered only for procedure code 82947.	NIHSS score 38
R29.739 Covered only for procedure code 82947.	NIHSS score 39



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

Code	Description
R29.740 Covered only for procedure code 82947.	NIHSS score 40
R29.741 Covered only for procedure code 82947.	NIHSS score 41
R29.742 Covered only for procedure code 82947.	NIHSS score 42
R35.0	Frequency of micturition
R35.1	Nocturia
R35.81	Nocturnal polyuria
R35.89	Other polyuria
R40.0	Somnolence
R40.1	Stupor
R40.20	Unspecified coma
R40.2110	Coma scale, eyes open, never, unspecified time
R40.2111	Coma scale, eyes open, never, in the field [EMT or ambulance]
R40.2112	Coma scale, eyes open, never, at arrival to emergency department
R40.2113	Coma scale, eyes open, never, at hospital admission
R40.2114	Coma scale, eyes open, never, 24 hours or more after hospital admission
R40.2120	Coma scale, eyes open, to pain, unspecified time
R40.2121	Coma scale, eyes open, to pain, in the field [EMT or ambulance]
R40.2122	Coma scale, eyes open, to pain, at arrival to emergency department
R40.2123	Coma scale, eyes open, to pain, at hospital admission
R40.2124	Coma scale, eyes open, to pain, 24 hours or more after hospital admission
R40.2210	Coma scale, best verbal response, none, unspecified time
R40.2211	Coma scale, best verbal response, none, in the field [EMT or ambulance]
R40.2212	Coma scale, best verbal response, none, at arrival to emergency department
R40.2213	Coma scale, best verbal response, none, at hospital admission

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
R40.2214	Coma scale, best verbal response, none, 24 hours or more after hospital admission
R40.2220	Coma scale, best verbal response, incomprehensible words, unspecified time
R40.2221	Coma scale, best verbal response, incomprehensible words, in the field [EMT or ambulance]
R40.2222	Coma scale, best verbal response, incomprehensible words, at arrival to emergency department
R40.2223	Coma scale, best verbal response, incomprehensible words, at hospital admission
R40.2224	Coma scale, best verbal response, incomprehensible words, 24 hours or more after hospital admission
R40.2310	Coma scale, best motor response, none, unspecified time
R40.2311	Coma scale, best motor response, none, in the field [EMT or ambulance]
R40.2312	Coma scale, best motor response, none, at arrival to emergency department
R40.2313	Coma scale, best motor response, none, at hospital admission
R40.2314	Coma scale, best motor response, none, 24 hours or more after hospital admission
R40.2320	Coma scale, best motor response, extension, unspecified time
R40.2321	Coma scale, best motor response, extension, in the field [EMT or ambulance]
R40.2322	Coma scale, best motor response, extension, at arrival to emergency department
R40.2323	Coma scale, best motor response, extension, at hospital admission
R40.2324	Coma scale, best motor response, extension, 24 hours or more after hospital admission
R40.2340	Coma scale, best motor response, flexion withdrawal, unspecified time
R40.2341	Coma scale, best motor response, flexion withdrawal, in the field [EMT or ambulance]
R40.2342	Coma scale, best motor response, flexion withdrawal, at arrival to emergency department
R40.2343	Coma scale, best motor response, flexion withdrawal, at hospital admission
R40.2344	Coma scale, best motor response, flexion withdrawal, 24 hours or more after hospital admission
R40.2410 Covered only for procedure code 82947.	Glasgow coma scale score 13-15, unspecified time
R40.2411 Covered only for procedure code 82947.	Glasgow coma scale score 13-15, in the field [EMT or ambulance]



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

Code	Description
R40.2412 Covered only for procedure code 82947.	Glasgow coma scale score 13-15, at arrival to emergency department
R40.2413 Covered only for procedure code 82947.	Glasgow coma scale score 13-15, at hospital admission
R40.2414 Covered only for procedure code 82947.	Glasgow coma scale score 13-15, 24 hours or more after hospital admission
R40.2420 Covered only for procedure code 82947.	Glasgow coma scale score 9-12, unspecified time
R40.2421 Covered only for procedure code 82947.	Glasgow coma scale score 9-12, in the field [EMT or ambulance]
R40.2422 Covered only for procedure code 82947.	Glasgow coma scale score 9-12, at arrival to emergency department
R40.2423 Covered only for procedure code 82947.	Glasgow coma scale score 9-12, at hospital admission
R40.2424 Covered only for procedure code 82947.	Glasgow coma scale score 9-12, 24 hours or more after hospital admission



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

Code	Description
R40.2430 Covered only for procedure code 82947.	Glasgow coma scale score 3-8, unspecified time
R40.2431 Covered only for procedure code 82947.	Glasgow coma scale score 3-8, in the field [EMT or ambulance]
R40.2432 Covered only for procedure code 82947.	Glasgow coma scale score 3-8, at arrival to emergency department
R40.2433 Covered only for procedure code 82947.	Glasgow coma scale score 3-8, at hospital admission
R40.2434 Covered only for procedure code 82947.	Glasgow coma scale score 3-8, 24 hours or more after hospital admission
R40.2440 Covered only for procedure code 82947.	Other coma, without documented Glasgow coma scale score, or with partial score reported, unspecified time
R40.2441 Covered only for procedure code 82947.	Other coma, without documented Glasgow coma scale score, or with partial score reported, in the field [EMT or ambulance]
R40.2442 Covered only for procedure code 82947.	Other coma, without documented Glasgow coma scale score, or with partial score reported, at arrival to emergency department

Code	Description
R40.2443 Covered only for procedure code 82947.	Other coma, without documented Glasgow coma scale score, or with partial score reported, at hospital admission
R40.2444 Covered only for procedure code 82947.	Other coma, without documented Glasgow coma scale score, or with partial score reported, 24 hours or more after hospital admission
R40.2A	Nontraumatic coma due to underlying condition
R40.4	Transient alteration of awareness
R42	Dizziness and giddiness
R45.2	Unhappiness
R45.5	Hostility
R45.6	Violent behavior
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness
R53.2	Functional quadriplegia
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R55	Syncope and collapse
R56.00	Simple febrile convulsions
R56.01	Complex febrile convulsions
R56.1	Post traumatic seizures
R56.9	Unspecified convulsions
R61	Generalized hyperhidrosis
R63.1	Polydipsia
R63.2	Polyphagia
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R64	Cachexia
R68.2	Dry mouth, unspecified
R73.01	Impaired fasting glucose





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

Code	Description
R73.02	Impaired glucose tolerance (oral)
R73.03	Prediabetes
R73.09	Other abnormal glucose
R73.9	Hyperglycemia, unspecified
R78.71	Abnormal lead level in blood
R78.79	Finding of abnormal level of heavy metals in blood
R78.89	Finding of other specified substances, not normally found in blood
R79.0	Abnormal level of blood mineral
R79.83	Abnormal findings of blood amino-acid level
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
R80.0	Isolated proteinuria
R80.1	Persistent proteinuria, unspecified
R80.3	Bence Jones proteinuria
R80.8	Other proteinuria
R80.9	Proteinuria, unspecified
R81	Glycosuria
S02.101A Covered only for procedure code 82947.	Fracture of base of skull, right side, initial encounter for closed fracture
S02.101B Covered only for procedure code 82947.	Fracture of base of skull, right side, initial encounter for open fracture
S02.102A Covered only for procedure code 82947.	Fracture of base of skull, left side, initial encounter for closed fracture
S02.102B Covered only for procedure code 82947.	Fracture of base of skull, left side, initial encounter for open fracture

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

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



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

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



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

Code	Description
S02.11HA Covered only for procedure code 82947.	Other fracture of occiput, left side, initial encounter for closed fracture
S02.11HB Covered only for procedure code 82947.	Other fracture of occiput, left side, initial encounter for open fracture
S02.121A Covered only for procedure code 82947.	Fracture of orbital roof, right side, initial encounter for closed fracture
S02.121B Covered only for procedure code 82947.	Fracture of orbital roof, right side, initial encounter for open fracture
S02.121D Covered only for procedure code 82947.	Fracture of orbital roof, right side, subsequent encounter for fracture with routine healing
S02.121G Covered only for procedure code 82947.	Fracture of orbital roof, right side, subsequent encounter for fracture with delayed healing
S02.121K Covered only for procedure code 82947.	Fracture of orbital roof, right side, subsequent encounter for fracture with nonunion
S02.121S Covered only for procedure code 82947.	Fracture of orbital roof, right side, sequela



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

Code	Description
S02.122A Covered only for procedure code 82947.	Fracture of orbital roof, left side, initial encounter for closed fracture
S02.122B Covered only for procedure code 82947.	Fracture of orbital roof, left side, initial encounter for open fracture
S02.122D Covered only for procedure code 82947.	Fracture of orbital roof, left side, subsequent encounter for fracture with routine healing
S02.122G Covered only for procedure code 82947.	Fracture of orbital roof, left side, subsequent encounter for fracture with delayed healing
S02.122K Covered only for procedure code 82947.	Fracture of orbital roof, left side, subsequent encounter for fracture with nonunion
S02.122S Covered only for procedure code 82947.	Fracture of orbital roof, left side, sequela
S02.129A Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, initial encounter for closed fracture
S02.129B Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, initial encounter for open fracture



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

Code	Description
S02.129D Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with routine healing
S02.129G Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with delayed healing
S02.129K Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, subsequent encounter for fracture with nonunion
S02.129S Covered only for procedure code 82947.	Fracture of orbital roof, unspecified side, sequela
S02.30XA Covered only for procedure code 82947.	Fracture of orbital floor, unspecified side, initial encounter for closed fracture
S02.30XB Covered only for procedure code 82947.	Fracture of orbital floor, unspecified side, initial encounter for open fracture
S02.31XA Covered only for procedure code 82947.	Fracture of orbital floor, right side, initial encounter for closed fracture
S02.31XB Covered only for procedure code 82947.	Fracture of orbital floor, right side, initial encounter for open fracture



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

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

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





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

Code	Description
S02.602A Covered only for procedure code 82947.	Fracture of unspecified part of body of left mandible, initial encounter for closed fracture
S02.602B Covered only for procedure code 82947.	Fracture of unspecified part of body of left mandible, initial encounter for open fracture
S02.610A Covered only for procedure code 82947.	Fracture of condylar process of mandible, unspecified side, initial encounter for closed fracture
S02.610B Covered only for procedure code 82947.	Fracture of condylar process of mandible, unspecified side, initial encounter for open fracture
S02.611A Covered only for procedure code 82947.	Fracture of condylar process of right mandible, initial encounter for closed fracture
S02.611B Covered only for procedure code 82947.	Fracture of condylar process of right mandible, initial encounter for open fracture
S02.612A Covered only for procedure code 82947.	Fracture of condylar process of left mandible, initial encounter for closed fracture
S02.612B Covered only for procedure code 82947.	Fracture of condylar process of left mandible, initial encounter for open fracture



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

<b>Code</b>	<b>Description</b>
S02.620A Covered only for procedure code 82947.	Fracture of subcondylar process of mandible, unspecified side, initial encounter for closed fracture
S02.620B Covered only for procedure code 82947.	Fracture of subcondylar process of mandible, unspecified side, initial encounter for open fracture
S02.621A Covered only for procedure code 82947.	Fracture of subcondylar process of right mandible, initial encounter for closed fracture
S02.621B Covered only for procedure code 82947.	Fracture of subcondylar process of right mandible, initial encounter for open fracture
S02.622A Covered only for procedure code 82947.	Fracture of subcondylar process of left mandible, initial encounter for closed fracture
S02.622B Covered only for procedure code 82947.	Fracture of subcondylar process of left mandible, initial encounter for open fracture
S02.630A Covered only for procedure code 82947.	Fracture of coronoid process of mandible, unspecified side, initial encounter for closed fracture
S02.630B Covered only for procedure code 82947.	Fracture of coronoid process of mandible, unspecified side, initial encounter for open fracture



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

<b>Code</b>	<b>Description</b>
S02.631A Covered only for procedure code 82947.	Fracture of coronoid process of right mandible, initial encounter for closed fracture
S02.631B Covered only for procedure code 82947.	Fracture of coronoid process of right mandible, initial encounter for open fracture
S02.632A Covered only for procedure code 82947.	Fracture of coronoid process of left mandible, initial encounter for closed fracture
S02.632B Covered only for procedure code 82947.	Fracture of coronoid process of left mandible, initial encounter for open fracture
S02.640A Covered only for procedure code 82947.	Fracture of ramus of mandible, unspecified side, initial encounter for closed fracture
S02.640B Covered only for procedure code 82947.	Fracture of ramus of mandible, unspecified side, initial encounter for open fracture
S02.641A Covered only for procedure code 82947.	Fracture of ramus of right mandible, initial encounter for closed fracture
S02.641B Covered only for procedure code 82947.	Fracture of ramus of right mandible, initial encounter for open fracture



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

Code	Description
S02.642A Covered only for procedure code 82947.	Fracture of ramus of left mandible, initial encounter for closed fracture
S02.642B Covered only for procedure code 82947.	Fracture of ramus of left mandible, initial encounter for open fracture
S02.650A Covered only for procedure code 82947.	Fracture of angle of mandible, unspecified side, initial encounter for closed fracture
S02.650B Covered only for procedure code 82947.	Fracture of angle of mandible, unspecified side, initial encounter for open fracture
S02.651A Covered only for procedure code 82947.	Fracture of angle of right mandible, initial encounter for closed fracture
S02.651B Covered only for procedure code 82947.	Fracture of angle of right mandible, initial encounter for open fracture
S02.652A Covered only for procedure code 82947.	Fracture of angle of left mandible, initial encounter for closed fracture
S02.652B Covered only for procedure code 82947.	Fracture of angle of left mandible, initial encounter for open fracture



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

Code	Description
S02.670A Covered only for procedure code 82947.	Fracture of alveolus of mandible, unspecified side, initial encounter for closed fracture
S02.670B Covered only for procedure code 82947.	Fracture of alveolus of mandible, unspecified side, initial encounter for open fracture
S02.671A Covered only for procedure code 82947.	Fracture of alveolus of right mandible, initial encounter for closed fracture
S02.671B Covered only for procedure code 82947.	Fracture of alveolus of right mandible, initial encounter for open fracture
S02.672A Covered only for procedure code 82947.	Fracture of alveolus of left mandible, initial encounter for closed fracture
S02.672B Covered only for procedure code 82947.	Fracture of alveolus of left mandible, initial encounter for open fracture
S02.80XA Covered only for procedure code 82947.	Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture
S02.80XB Covered only for procedure code 82947.	Fracture of other specified skull and facial bones, unspecified side, initial encounter for open fracture



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

<b>Code</b>	<b>Description</b>
S02.81XA Covered only for procedure code 82947.	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture
S02.81XB Covered only for procedure code 82947.	Fracture of other specified skull and facial bones, right side, initial encounter for open fracture
S02.82XA Covered only for procedure code 82947.	Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture
S02.82XB Covered only for procedure code 82947.	Fracture of other specified skull and facial bones, left side, initial encounter for open fracture
S02.831A Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, initial encounter for closed fracture
S02.831B Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, initial encounter for open fracture
S02.831D Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, subsequent encounter for fracture with routine healing
S02.831G Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, subsequent encounter for fracture with delayed healing



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

<b>Code</b>	<b>Description</b>
S02.831K Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, subsequent encounter for fracture with nonunion
S02.831S Covered only for procedure code 82947.	Fracture of medial orbital wall, right side, sequela
S02.832A Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, initial encounter for closed fracture
S02.832B Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, initial encounter for open fracture
S02.832D Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, subsequent encounter for fracture with routine healing
S02.832G Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, subsequent encounter for fracture with delayed healing
S02.832K Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, subsequent encounter for fracture with nonunion
S02.832S Covered only for procedure code 82947.	Fracture of medial orbital wall, left side, sequela



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

<b>Code</b>	<b>Description</b>
S02.839A Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, initial encounter for closed fracture
S02.839B Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, initial encounter for open fracture
S02.839D Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with routine healing
S02.839G Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with delayed healing
S02.839K Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, subsequent encounter for fracture with nonunion
S02.839S Covered only for procedure code 82947.	Fracture of medial orbital wall, unspecified side, sequela
S02.841A Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, initial encounter for closed fracture
S02.841B Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, initial encounter for open fracture





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

<b>Code</b>	<b>Description</b>
S02.841D Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with routine healing
S02.841G Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with delayed healing
S02.841K Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, subsequent encounter for fracture with nonunion
S02.841S Covered only for procedure code 82947.	Fracture of lateral orbital wall, right side, sequela
S02.842A Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, initial encounter for closed fracture
S02.842B Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, initial encounter for open fracture
S02.842D Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with routine healing
S02.842G Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with delayed healing



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

<b>Code</b>	<b>Description</b>
S02.842K Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, subsequent encounter for fracture with nonunion
S02.842S Covered only for procedure code 82947.	Fracture of lateral orbital wall, left side, sequela
S02.849A Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, initial encounter for closed fracture
S02.849B Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, initial encounter for open fracture
S02.849D Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with routine healing
S02.849G Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with delayed healing
S02.849K Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, subsequent encounter for fracture with nonunion
S02.849S Covered only for procedure code 82947.	Fracture of lateral orbital wall, unspecified side, sequela



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

Code	Description
S02.85XA Covered only for procedure code 82947.	Fracture of orbit, unspecified, initial encounter for closed fracture
S02.85XB Covered only for procedure code 82947.	Fracture of orbit, unspecified, initial encounter for open fracture
S02.85XD Covered only for procedure code 82947.	Fracture of orbit, unspecified, subsequent encounter for fracture with routine healing
S02.85XG Covered only for procedure code 82947.	Fracture of orbit, unspecified, subsequent encounter for fracture with delayed healing
S02.85XK Covered only for procedure code 82947.	Fracture of orbit, unspecified, subsequent encounter for fracture with nonunion
S02.85XS Covered only for procedure code 82947.	Fracture of orbit, unspecified, sequela
S92.812A Covered only for procedure code 82947.	Other fracture of left foot, initial encounter for closed fracture
S92.812B Covered only for procedure code 82947.	Other fracture of left foot, initial encounter for open fracture

Code	Description
S92.819A Covered only for procedure code 82947.	Other fracture of unspecified foot, initial encounter for closed fracture
S92.819B Covered only for procedure code 82947.	Other fracture of unspecified foot, initial encounter for open fracture
S99.001A Covered only for procedure code 82947.	Unspecified physeal fracture of right calcaneus, initial encounter for closed fracture
S99.002A Covered only for procedure code 82947.	Unspecified physeal fracture of left calcaneus, initial encounter for closed fracture
S99.002B Covered only for procedure code 82947.	Unspecified physeal fracture of left calcaneus, initial encounter for open fracture
S99.009A Covered only for procedure code 82947.	Unspecified physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.009B Covered only for procedure code 82947.	Unspecified physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.011B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of right calcaneus, initial encounter for open fracture



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

<b>Code</b>	<b>Description</b>
S99.011D Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing
S99.012A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for closed fracture
S99.012B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of left calcaneus, initial encounter for open fracture
S99.019A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.019B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.021A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for closed fracture
S99.021B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of right calcaneus, initial encounter for open fracture
S99.022A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for closed fracture



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

Code	Description
S99.022B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of left calcaneus, initial encounter for open fracture
S99.029A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.029B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.031B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of right calcaneus, initial encounter for open fracture
S99.031D Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of right calcaneus, subsequent encounter for fracture with routine healing
S99.032A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for closed fracture
S99.032B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of left calcaneus, initial encounter for open fracture
S99.039A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for closed fracture



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

Code	Description
S99.039B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.041A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for closed fracture
S99.041B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of right calcaneus, initial encounter for open fracture
S99.042A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for closed fracture
S99.042B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of left calcaneus, initial encounter for open fracture
S99.049A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.049B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of unspecified calcaneus, initial encounter for open fracture
S99.091A Covered only for procedure code 82947.	Other physeal fracture of right calcaneus, initial encounter for closed fracture



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

<b>Code</b>	<b>Description</b>
S99.091B Covered only for procedure code 82947.	Other physeal fracture of right calcaneus, initial encounter for open fracture
S99.092A Covered only for procedure code 82947.	Other physeal fracture of left calcaneus, initial encounter for closed fracture
S99.092B Covered only for procedure code 82947.	Other physeal fracture of left calcaneus, initial encounter for open fracture
S99.099A Covered only for procedure code 82947.	Other physeal fracture of unspecified calcaneus, initial encounter for closed fracture
S99.101A Covered only for procedure code 82947.	Unspecified physeal fracture of right metatarsal, initial encounter for closed fracture
S99.102A Covered only for procedure code 82947.	Unspecified physeal fracture of left metatarsal, initial encounter for closed fracture
S99.102B Covered only for procedure code 82947.	Unspecified physeal fracture of left metatarsal, initial encounter for open fracture
S99.109A Covered only for procedure code 82947.	Unspecified physeal fracture of unspecified metatarsal, initial encounter for closed fracture





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

Code	Description
S99.109B Covered only for procedure code 82947.	Unspecified physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.111A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for closed fracture
S99.111B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of right metatarsal, initial encounter for open fracture
S99.112A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for closed fracture
S99.112B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of left metatarsal, initial encounter for open fracture
S99.119A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.119B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.121A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for closed fracture

<b>Code</b>	<b>Description</b>
S99.121B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of right metatarsal, initial encounter for open fracture
S99.122A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for closed fracture
S99.122B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of left metatarsal, initial encounter for open fracture
S99.129A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.129B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.131A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for closed fracture
S99.131B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of right metatarsal, initial encounter for open fracture
S99.132A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for closed fracture

<b>Code</b>	<b>Description</b>
S99.132B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of left metatarsal, initial encounter for open fracture
S99.139A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.139B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.141A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for closed fracture
S99.141B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of right metatarsal, initial encounter for open fracture
S99.142A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for closed fracture
S99.142B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of left metatarsal, initial encounter for open fracture
S99.149A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for closed fracture



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

<b>Code</b>	<b>Description</b>
S99.149B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.192A Covered only for procedure code 82947.	Other physeal fracture of left metatarsal, initial encounter for closed fracture
S99.192B Covered only for procedure code 82947.	Other physeal fracture of left metatarsal, initial encounter for open fracture
S99.199A Covered only for procedure code 82947.	Other physeal fracture of unspecified metatarsal, initial encounter for closed fracture
S99.199B Covered only for procedure code 82947.	Other physeal fracture of unspecified metatarsal, initial encounter for open fracture
S99.201A Covered only for procedure code 82947.	Unspecified physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.201B Covered only for procedure code 82947.	Unspecified physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.202A Covered only for procedure code 82947.	Unspecified physeal fracture of phalanx of left toe, initial encounter for closed fracture



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

<b>Code</b>	<b>Description</b>
S99.202B Covered only for procedure code 82947.	Unspecified physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.209A Covered only for procedure code 82947.	Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.209B Covered only for procedure code 82947.	Unspecified physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.211A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.211B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.212A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.212B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.219A Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture



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

<b>Code</b>	<b>Description</b>
S99.219B Covered only for procedure code 82947.	Salter-Harris Type I physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.221A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.221B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.222A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.222B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.229A Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.229B Covered only for procedure code 82947.	Salter-Harris Type II physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.231A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for closed fracture



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

<b>Code</b>	<b>Description</b>
S99.231B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.232A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.232B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.239A Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.239B Covered only for procedure code 82947.	Salter-Harris Type III physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.241A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.241B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.242A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for closed fracture



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

<b>Code</b>	<b>Description</b>
S99.242B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.249A Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture
S99.249B Covered only for procedure code 82947.	Salter-Harris Type IV physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
S99.291A Covered only for procedure code 82947.	Other physeal fracture of phalanx of right toe, initial encounter for closed fracture
S99.291B Covered only for procedure code 82947.	Other physeal fracture of phalanx of right toe, initial encounter for open fracture
S99.292A Covered only for procedure code 82947.	Other physeal fracture of phalanx of left toe, initial encounter for closed fracture
S99.292B Covered only for procedure code 82947.	Other physeal fracture of phalanx of left toe, initial encounter for open fracture
S99.299A Covered only for procedure code 82947.	Other physeal fracture of phalanx of unspecified toe, initial encounter for closed fracture





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

Code	Description
S99.299B Covered only for procedure code 82947.	Other physeal fracture of phalanx of unspecified toe, initial encounter for open fracture
T82.855A Covered only for procedure code 82947.	Stenosis of coronary artery stent, initial encounter
T82.855D Covered only for procedure code 82947.	Stenosis of coronary artery stent, subsequent encounter
T82.855S Covered only for procedure code 82947.	Stenosis of coronary artery stent, sequela
T82.856A Covered only for procedure code 82947.	Stenosis of peripheral vascular stent, initial encounter
T82.856D Covered only for procedure code 82947.	Stenosis of peripheral vascular stent, subsequent encounter
T82.856S Covered only for procedure code 82947.	Stenosis of peripheral vascular stent, sequela
U07.1	COVID-19
U09.9	Post COVID-19 condition, unspecified



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

Code	Description
Z05.0 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out

**NCD 190.20**

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025



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

Code	Description
Z05.6 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.81 Covered only for procedure code 82947.	Observation and evaluation of newborn for suspected condition related to home physiologic monitoring device ruled out
Z05.89 Covered only for procedure code 82947.	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9 Covered only for procedure code 82947.	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm



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

Code	Description
Z13.1 Covered only for procedure code 82947.	Encounter for screening for diabetes mellitus
Z19.1 Covered only for procedure code 82947.	Hormone sensitive malignancy status
Z19.2 Covered only for procedure code 82947.	Hormone resistant malignancy status
Z28.310	Unvaccinated for COVID-19
Z28.311	Partially vaccinated for COVID-19
<b>*Z51.A</b>	<b>*Encounter for sepsis aftercare</b>
Z79.02	Long term (current) use of antithrombotics/antiplatelets
Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Z79.3	Long term (current) use of hormonal contraceptives
Z79.4	Long term (current) use of insulin
Z79.51	Long term (current) use of inhaled steroids
Z79.52	Long term (current) use of systemic steroids
Z79.60	Long term (current) use of unspecified immunomodulators and immunosuppressants
Z79.61	Long term (current) use of immunomodulator
Z79.620	Long term (current) use of immunosuppressive biologic
Z79.621	Long term (current) use of calcineurin inhibitor
Z79.622	Long term (current) use of Janus kinase inhibitor
Z79.623	Long term (current) use of mammalian target of rapamycin (mTOR) inhibitor
Z79.624	Long term (current) use of inhibitors of nucleotide synthesis
Z79.630	Long term (current) use of alkylating agent
Z79.631	Long term (current) use of antimetabolite agent
Z79.632	Long term (current) use of antitumor antibiotic
Z79.633	Long term (current) use of mitotic inhibitor
Z79.634	Long term (current) use of topoisomerase inhibitor

NCD 190.20

**\*January 2025 Changes  
ICD-10-CM Version – Red**

Fu Associates, Ltd.

January 2025

Code	Description
Z79.64	Long term (current) use of myelosuppressive agent
Z79.69	Long term (current) use of other immunomodulators and immunosuppressants
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.85	Long-term (current) use of injectable non-insulin antidiabetic drugs
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z83.430	Family history of elevated lipoprotein(a)
Z83.438	Family history of other disorder of lipoprotein metabolism and other lipidemia
Z84.82	Family history of sudden infant death syndrome

### **Indications**

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

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

### **Limitations**

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



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

repeat testing may be indicated where results are normal in patients with conditions of a continuing risk of glucose metabolism abnormality (e.g., monitoring glucocorticoid therapy).

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

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

***Documentation Requirements***

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

***Sources of Information***

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

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

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

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

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