



190.23 - Lipids Testing

Description

Lipoproteins are a class of heterogeneous particles of varying sizes and densities containing lipid and protein. These lipoproteins include cholesterol esters and free cholesterol, triglycerides, phospholipids and A, C, and E apoproteins. Total cholesterol comprises all the cholesterol found in various lipoproteins.

Factors that affect blood cholesterol levels include age, sex, body weight, diet, alcohol and tobacco use, exercise, genetic factors, family history, medications, menopausal status, the use of hormone replacement therapy, and chronic disorders such as hypothyroidism, obstructive liver disease, pancreatic disease (including diabetes), and kidney disease.

In many individuals, an elevated blood cholesterol level constitutes an increased risk of developing coronary artery disease. Blood levels of total cholesterol and various fractions of cholesterol, especially low density lipoprotein cholesterol (LDL -C) and high density lipoprotein cholesterol (HDL-C) are useful in assessing and monitoring treatment for that risk in patients with cardiovascular and related diseases. Blood levels of the above cholesterol components including triglyceride have been separated into desirable, borderline and high-risk categories by the National Heart, Lung, and Blood Institute in their report in 1993. These categories form a useful basis for evaluation and treatment of patients with hyperlipidemia. Therapy to reduce these risk parameters includes diet, exercise and medication, and fat weight loss, which is particularly powerful when combined with diet and exercise.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
80061	Lipid panel
82465	Cholesterol, serum or whole blood, total
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (e.g., electrophoresis, ultracentrifugation)
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement, LDL cholesterol
84478	Triglycerides

NCD 190.23

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



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

ICD-10-CM Codes Covered by Medicare Program

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

Code	Description
B25.2	Cytomegaloviral pancreatitis
B52.0	Plasmodium malariae malaria with nephropathy
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm



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

Code	Description
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
*E08.3211	*Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
*E08.3212	*Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
*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



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

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



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

Code	Description
*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
*E08.3591	*Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
*E08.3592	*Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
*E08.3593	*Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
*E08.3599	*Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.39	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



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

Code	Description
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
*E09.3211	*Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
*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



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

Code	Description
*E09.3292	*Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
*E09.3293	*Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
*E09.3299	*Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
*E09.3311	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
*E09.3312	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
*E09.3313	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
*E09.3319	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
*E09.3391	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
*E09.3392	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
*E09.3393	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
*E09.3399	*Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
*E09.3411	*Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
*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



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

Code	Description
*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
*E09.3591	*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
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene

NCD 190.23

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



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

Code	Description
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
*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



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

Code	Description
*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
*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



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

Code	Description
*E10.3499	*Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
*E10.3511	*Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
*E10.3512	*Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
*E10.3513	*Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
*E10.3519	*Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
*E10.3591	*Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
*E10.3592	*Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
*E10.3593	*Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
*E10.3599	*Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.620	Type 1 diabetes mellitus with diabetic dermatitis
E10.621	Type 1 diabetes mellitus with foot ulcer



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

Code	Description
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.628	Type 1 diabetes mellitus with other skin complications
E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
*E11.3211	*Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
*E11.3212	*Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
*E11.3213	*Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
*E11.3219	*Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
*E11.3291	*Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
*E11.3292	*Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
*E11.3293	*Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral



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

Code	Description
*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



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

Code	Description
*E11.3512	*Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
*E11.3513	*Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
*E11.3519	*Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
*E11.3591	*Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
*E11.3592	*Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
*E11.3593	*Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
*E11.3599	*Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications

NCD 190.23

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



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

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



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

Code	Description
*E13.3311	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
*E13.3312	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
*E13.3313	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
*E13.3319	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
*E13.3391	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
*E13.3392	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
*E13.3393	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
*E13.3399	*Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
*E13.3411	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
*E13.3412	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
*E13.3413	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
*E13.3419	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
*E13.3491	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
*E13.3492	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
*E13.3493	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
*E13.3499	*Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
*E13.3511	*Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
*E13.3512	*Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye



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

Code	Description
*E13.3513	*Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
*E13.3519	*Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
*E13.3591	*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
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
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



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

Code	Description
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E24.0	Pituitary-dependent Cushing's disease
E24.2	Drug-induced Cushing's syndrome
E24.3	Ectopic ACTH syndrome
E24.4	Alcohol-induced pseudo-Cushing's syndrome
E24.8	Other Cushing's syndrome
E24.9	Cushing's syndrome, unspecified
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified
E71.30	Disorder of fatty-acid metabolism, unspecified
E72.00	Disorders of amino-acid transport, unspecified
E72.01	Cystinuria
E72.02	Hartnup's disease

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
E72.04	Cystinosis
E72.09	Other disorders of amino-acid transport
E74.20	Disorders of galactose metabolism, unspecified
E74.21	Galactosemia
E74.29	Other disorders of galactose metabolism
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
*E78.00	*Pure hypercholesterolemia, unspecified
*E78.01	*Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.4	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism



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

Code	Description
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E85.0	Non-neuropathic heredofamilial amyloidosis
E85.1	Neuropathic heredofamilial amyloidosis
E85.2	Heredofamilial amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.8	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
E89.0	Postprocedural hypothyroidism
F10.20	Alcohol dependence, uncomplicated
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
H02.60	Xanthelasma of unspecified eye, unspecified eyelid
H02.61	Xanthelasma of right upper eyelid
H02.62	Xanthelasma of right lower eyelid
H02.63	Xanthelasma of right eye, unspecified eyelid
H02.64	Xanthelasma of left upper eyelid

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
H02.65	Xanthelasma of left lower eyelid
H02.66	Xanthelasma of left eye, unspecified eyelid
H18.411	Arcus senilis, right eye
H18.412	Arcus senilis, left eye
H18.413	Arcus senilis, bilateral
H18.419	Arcus senilis, unspecified eye
H34.00	Transient retinal artery occlusion, unspecified eye
H34.01	Transient retinal artery occlusion, right eye
H34.02	Transient retinal artery occlusion, left eye
H34.03	Transient retinal artery occlusion, bilateral
H34.10	Central retinal artery occlusion, unspecified eye
H34.11	Central retinal artery occlusion, right eye
H34.12	Central retinal artery occlusion, left eye
H34.13	Central retinal artery occlusion, bilateral
H34.211	Partial retinal artery occlusion, right eye
H34.212	Partial retinal artery occlusion, left eye
H34.213	Partial retinal artery occlusion, bilateral
H34.219	Partial retinal artery occlusion, unspecified eye
H34.231	Retinal artery branch occlusion, right eye
H34.232	Retinal artery branch occlusion, left eye
H34.233	Retinal artery branch occlusion, bilateral
H34.239	Retinal artery branch occlusion, unspecified eye
H34.9	Unspecified retinal vascular occlusion
H35.00	Unspecified background retinopathy
H35.011	Changes in retinal vascular appearance, right eye
H35.012	Changes in retinal vascular appearance, left eye
H35.013	Changes in retinal vascular appearance, bilateral
H35.019	Changes in retinal vascular appearance, unspecified eye
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
H35.023	Exudative retinopathy, bilateral
H35.029	Exudative retinopathy, unspecified eye
H35.031	Hypertensive retinopathy, right eye
H35.032	Hypertensive retinopathy, left eye
H35.033	Hypertensive retinopathy, bilateral
H35.039	Hypertensive retinopathy, unspecified eye
H35.041	Retinal micro-aneurysms, unspecified, right eye
H35.042	Retinal micro-aneurysms, unspecified, left eye
H35.043	Retinal micro-aneurysms, unspecified, bilateral
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye
H35.051	Retinal neovascularization, unspecified, right eye
H35.052	Retinal neovascularization, unspecified, left eye
H35.053	Retinal neovascularization, unspecified, bilateral
H35.059	Retinal neovascularization, unspecified, unspecified eye
H35.071	Retinal telangiectasis, right eye
H35.072	Retinal telangiectasis, left eye
H35.073	Retinal telangiectasis, bilateral
H35.079	Retinal telangiectasis, unspecified eye
H35.89	Other specified retinal disorders
H43.20	Crystalline deposits in vitreous body, unspecified eye
H43.21	Crystalline deposits in vitreous body, right eye
H43.22	Crystalline deposits in vitreous body, left eye
H43.23	Crystalline deposits in vitreous body, bilateral
H93.011	Transient ischemic deafness, right ear
H93.012	Transient ischemic deafness, left ear
H93.013	Transient ischemic deafness, bilateral
H93.019	Transient ischemic deafness, unspecified ear
H93.091	Unspecified degenerative and vascular disorders of right ear
H93.092	Unspecified degenerative and vascular disorders of left ear
H93.093	Unspecified degenerative and vascular disorders of ear, bilateral

NCD 190.23

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



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

Code	Description
H93.099	Unspecified degenerative and vascular disorders of unspecified ear
I10	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I15.9	Secondary hypertension, unspecified
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites

NCD 190.23

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



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

Code	Description
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2	Old myocardial infarction
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris



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

Code	Description
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm



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

Code	Description
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I50.1	Left ventricular failure
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
I51.9	Heart disease, unspecified

NCD 190.23

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



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

Code	Description
I52	Other heart disorders in diseases classified elsewhere
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized
I61.8	Other nontraumatic intracerebral hemorrhage
I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral arteries

NCD 190.23

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



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

Code	Description
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral arteries
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar arteries
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery

NCD 190.23

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



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

Code	Description
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.8	Other cerebral infarction
I63.9	Cerebral infarction, unspecified
I65.01	Occlusion and stenosis of right vertebral artery
I65.02	Occlusion and stenosis of left vertebral artery
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery

NCD 190.23

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



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

Code	Description
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.2	Cerebral atherosclerosis
I67.5	Moyamoya disease
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.89	Other cerebrovascular disease
I69.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage
*I69.010	*Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
*I69.011	*Memory deficit following nontraumatic subarachnoid hemorrhage

NCD 190.23

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



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

Code	Description
*I69.012	*Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
*I69.013	*Psychomotor deficit following nontraumatic subarachnoid hemorrhage
*I69.014	*Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
*I69.015	*Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
*I69.018	*Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
*I69.019	*Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
I69.020	Aphasia following nontraumatic subarachnoid hemorrhage
I69.021	Dysphasia following nontraumatic subarachnoid hemorrhage
I69.022	Dysarthria following nontraumatic subarachnoid hemorrhage
I69.023	Fluency disorder following nontraumatic subarachnoid hemorrhage
I69.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side



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

Code	Description
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.090	Apraxia following nontraumatic subarachnoid hemorrhage
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
I69.092	Facial weakness following nontraumatic subarachnoid hemorrhage
I69.093	Ataxia following nontraumatic subarachnoid hemorrhage
I69.098	Other sequelae following nontraumatic subarachnoid hemorrhage
I69.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage
*I69.110	*Attention and concentration deficit following nontraumatic intracerebral hemorrhage
*I69.111	*Memory deficit following nontraumatic intracerebral hemorrhage
*I69.112	*Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
*I69.113	*Psychomotor deficit following nontraumatic intracerebral hemorrhage

NCD 190.23

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



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

Code	Description
*I69.114	*Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
*I69.115	*Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
*I69.118	*Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
*I69.119	*Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
I69.120	Aphasia following nontraumatic intracerebral hemorrhage
I69.121	Dysphasia following nontraumatic intracerebral hemorrhage
I69.122	Dysarthria following nontraumatic intracerebral hemorrhage
I69.123	Fluency disorder following nontraumatic intracerebral hemorrhage
I69.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side



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

Code	Description
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
I69.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.190	Apraxia following nontraumatic intracerebral hemorrhage
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
I69.192	Facial weakness following nontraumatic intracerebral hemorrhage
I69.193	Ataxia following nontraumatic intracerebral hemorrhage
I69.198	Other sequelae of nontraumatic intracerebral hemorrhage
I69.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage
*I69.210	*Attention and concentration deficit following other nontraumatic intracranial hemorrhage
*I69.211	*Memory deficit following other nontraumatic intracranial hemorrhage
*I69.212	*Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
*I69.213	*Psychomotor deficit following other nontraumatic intracranial hemorrhage
*I69.214	*Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
*I69.215	*Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage

NCD 190.23

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



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

Code	Description
*I69.218	*Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
*I69.219	*Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
I69.220	Aphasia following other nontraumatic intracranial hemorrhage
I69.221	Dysphasia following other nontraumatic intracranial hemorrhage
I69.222	Dysarthria following other nontraumatic intracranial hemorrhage
I69.223	Fluency disorder following other nontraumatic intracranial hemorrhage
I69.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side

NCD 190.23

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



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

Code	Description
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
I69.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.290	Apraxia following other nontraumatic intracranial hemorrhage
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
I69.292	Facial weakness following other nontraumatic intracranial hemorrhage
I69.293	Ataxia following other nontraumatic intracranial hemorrhage
I69.298	Other sequelae of other nontraumatic intracranial hemorrhage
I69.30	Unspecified sequelae of cerebral infarction
*I69.310	*Attention and concentration deficit following cerebral infarction
*I69.311	*Memory deficit following cerebral infarction
*I69.312	*Visuospatial deficit and spatial neglect following cerebral infarction
*I69.313	*Psychomotor deficit following cerebral infarction
*I69.314	*Frontal lobe and executive function deficit following cerebral infarction
*I69.315	*Cognitive social or emotional deficit following cerebral infarction
*I69.318	*Other symptoms and signs involving cognitive functions following cerebral infarction
*I69.319	*Unspecified symptoms and signs involving cognitive functions following cerebral infarction
I69.320	Aphasia following cerebral infarction
I69.321	Dysphasia following cerebral infarction



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

Code	Description
I69.322	Dysarthria following cerebral infarction
I69.323	Fluency disorder following cerebral infarction
I69.328	Other speech and language deficits following cerebral infarction
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.361	Other paralytic syndrome following cerebral infarction affecting right dominant side
I69.362	Other paralytic syndrome following cerebral infarction affecting left dominant side
I69.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
I69.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
I69.365	Other paralytic syndrome following cerebral infarction, bilateral
I69.369	Other paralytic syndrome following cerebral infarction affecting unspecified side
I69.390	Apraxia following cerebral infarction
I69.391	Dysphagia following cerebral infarction
I69.392	Facial weakness following cerebral infarction
I69.393	Ataxia following cerebral infarction
I69.398	Other sequelae of cerebral infarction
I69.80	Unspecified sequelae of other cerebrovascular disease



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

Code	Description
*I69.810	*Attention and concentration deficit following other cerebrovascular disease
*I69.811	*Memory deficit following other cerebrovascular disease
*I69.812	*Visuospatial deficit and spatial neglect following other cerebrovascular disease
*I69.813	*Psychomotor deficit following other cerebrovascular disease
*I69.814	*Frontal lobe and executive function deficit following other cerebrovascular disease
*I69.815	*Cognitive social or emotional deficit following other cerebrovascular disease
*I69.818	*Other symptoms and signs involving cognitive functions following other cerebrovascular disease
*I69.819	*Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease
I69.820	Aphasia following other cerebrovascular disease
I69.821	Dysphasia following other cerebrovascular disease
I69.822	Dysarthria following other cerebrovascular disease
I69.823	Fluency disorder following other cerebrovascular disease
I69.828	Other speech and language deficits following other cerebrovascular disease
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side



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

Code	Description
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
I69.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
I69.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
I69.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
I69.865	Other paralytic syndrome following other cerebrovascular disease, bilateral
I69.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
I69.890	Apraxia following other cerebrovascular disease
I69.891	Dysphagia following other cerebrovascular disease
I69.892	Facial weakness following other cerebrovascular disease
I69.893	Ataxia following other cerebrovascular disease
I69.898	Other sequelae of other cerebrovascular disease
I69.90	Unspecified sequelae of unspecified cerebrovascular disease
*I69.910	*Attention and concentration deficit following unspecified cerebrovascular disease
*I69.911	*Memory deficit following unspecified cerebrovascular disease
*I69.912	*Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
*I69.913	*Psychomotor deficit following unspecified cerebrovascular disease



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

Code	Description
*I69.914	*Frontal lobe and executive function deficit following unspecified cerebrovascular disease
*I69.915	*Cognitive social or emotional deficit following unspecified cerebrovascular disease
*I69.918	*Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
*I69.919	*Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
I69.920	Aphasia following unspecified cerebrovascular disease
I69.921	Dysphasia following unspecified cerebrovascular disease
I69.922	Dysarthria following unspecified cerebrovascular disease
I69.923	Fluency disorder following unspecified cerebrovascular disease
I69.928	Other speech and language deficits following unspecified cerebrovascular disease
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side



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

Code	Description
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
I69.990	Apraxia following unspecified cerebrovascular disease
I69.991	Dysphagia following unspecified cerebrovascular disease
I69.992	Facial weakness following unspecified cerebrovascular disease
I69.993	Ataxia following unspecified cerebrovascular disease
I69.998	Other sequelae following unspecified cerebrovascular disease
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.291	Other atherosclerosis of native arteries of extremities, right leg

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity



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

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

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
I70.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
I70.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
I70.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
I70.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh



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

Code	Description
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
I70.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
I70.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh



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

Code	Description
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
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



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

Code	Description
I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
I70.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
I70.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
I70.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
I70.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
I70.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
I70.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
I70.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
I70.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity



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

Code	Description
I70.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
I70.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
I70.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
I70.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
I70.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg



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

Code	Description
I70.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
I70.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
I70.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
I70.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
I70.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle



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

Code	Description
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
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity



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

Code	Description
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
I71.00	Dissection of unspecified site of aorta
I71.01	Dissection of thoracic aorta
I71.02	Dissection of abdominal aorta
I71.03	Dissection of thoracoabdominal aorta
I71.1	Thoracic aortic aneurysm, ruptured
I71.2	Thoracic aortic aneurysm, without rupture
I71.3	Abdominal aortic aneurysm, ruptured
I71.4	Abdominal aortic aneurysm, without rupture
I71.5	Thoracoabdominal aortic aneurysm, ruptured
I71.6	Thoracoabdominal aortic aneurysm, without rupture
I71.8	Aortic aneurysm of unspecified site, ruptured
I71.9	Aortic aneurysm of unspecified site, without rupture
I72.1	Aneurysm of artery of upper extremity
I72.2	Aneurysm of renal artery
I72.3	Aneurysm of iliac artery
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.11	Embolism and thrombosis of thoracic aorta
I74.19	Embolism and thrombosis of other parts of aorta
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified
I74.5	Embolism and thrombosis of iliac artery
I74.8	Embolism and thrombosis of other arteries
I74.9	Embolism and thrombosis of unspecified artery

NCD 190.23

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



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

Code	Description
I79.0	Aneurysm of aorta in diseases classified elsewhere
K55.1	Chronic vascular disorders of intestine
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.5	Hepatic veno-occlusive disease
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
*K85.00	*Idiopathic acute pancreatitis without necrosis or infection
*K85.01	*Idiopathic acute pancreatitis with uninfected necrosis
*K85.02	*Idiopathic acute pancreatitis with infected necrosis
*K85.10	*Biliary acute pancreatitis without necrosis or infection
*K85.11	*Biliary acute pancreatitis with uninfected necrosis
*K85.12	*Biliary acute pancreatitis with infected necrosis
*K85.20	*Alcohol induced acute pancreatitis without necrosis or infection
*K85.21	*Alcohol induced acute pancreatitis with uninfected necrosis
*K85.22	*Alcohol induced acute pancreatitis with infected necrosis
*K85.30	*Drug induced acute pancreatitis without necrosis or infection
*K85.31	*Drug induced acute pancreatitis with uninfected necrosis
*K85.32	*Drug induced acute pancreatitis with infected necrosis
*K85.80	*Other acute pancreatitis without necrosis or infection
*K85.81	*Other acute pancreatitis with uninfected necrosis
*K85.82	*Other acute pancreatitis with infected necrosis
*K85.90	*Acute pancreatitis without necrosis or infection, unspecified
*K85.91	*Acute pancreatitis with uninfected necrosis, unspecified
*K85.92	*Acute pancreatitis with infected necrosis, unspecified



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

Code	Description
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
*K86.81	*Exocrine pancreatic insufficiency
*K86.89	*Other specified diseases of pancreas
K86.9	Disease of pancreas, unspecified
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
*K90.41	*Non-celiac gluten sensitivity
*K90.49	*Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis

NCD 190.23

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



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

Code	Description
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N04.9	Nephrotic syndrome with unspecified morphologic changes
N17.0	Acute kidney failure with tubular necrosis
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N25.0	Renal osteodystrophy
N25.1	Nephrogenic diabetes insipidus
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N25.9	Disorder resulting from impaired renal tubular function, unspecified
N26.2	Page kidney
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
N52.1	Erectile dysfunction due to diseases classified elsewhere

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
N52.2 Covered only for procedure codes 83721, 83700, 83701, and 83704.	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
N52.39	*Other and unspecified postprocedural erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
O26.611	Liver and biliary tract disorders in pregnancy, first trimester
O26.612	Liver and biliary tract disorders in pregnancy, second trimester
O26.613	Liver and biliary tract disorders in pregnancy, third trimester
O26.619	Liver and biliary tract disorders in pregnancy, unspecified trimester
O26.62	Liver and biliary tract disorders in childbirth
O90.5	Postpartum thyroiditis
O99.280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99.281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99.282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99.284	Endocrine, nutritional and metabolic diseases complicating childbirth
P05.10	Newborn small for gestational age, unspecified weight
P05.11	Newborn small for gestational age, less than 500 grams
P05.12	Newborn small for gestational age, 500-749 grams
P05.13	Newborn small for gestational age, 750-999 grams
P05.14	Newborn small for gestational age, 1000-1249 grams

NCD 190.23

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

Fu Associates, Ltd.

January 2017



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

Code	Description
P05.15	Newborn small for gestational age, 1250-1499 grams
P05.16	Newborn small for gestational age, 1500-1749 grams
P05.17	Newborn small for gestational age, 1750-1999 grams
P05.18	Newborn small for gestational age, 2000-2499 grams
Q44.2	Atresia of bile ducts
Q44.3	Congenital stenosis and stricture of bile ducts
R07.2	Precordial pain
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R74.0	Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase [LDH]
R74.8	Abnormal levels of other serum enzymes
R74.9	Abnormal serum enzyme level, unspecified
R78.89	Finding of other specified substances, not normally found in blood
R79.0	Abnormal level of blood mineral
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
T59.811A	Toxic effect of smoke, accidental (unintentional), initial encounter
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter
T59.813A	Toxic effect of smoke, assault, initial encounter
T59.814A	Toxic effect of smoke, undetermined, initial encounter
T59.891A	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.892A	Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter
T59.893A	Toxic effect of other specified gases, fumes and vapors, assault, initial encounter
T59.894A	Toxic effect of other specified gases, fumes and vapors, undetermined, initial encounter



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

Code	Description
T59.91XA	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter
T59.93XA	Toxic effect of unspecified gases, fumes and vapors, assault, initial encounter
T59.94XA	Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter
T86.10	Unspecified complication of kidney transplant
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
Z13.6 Covered only for procedure codes 80061, 82465, 83718, & 84778.	Encounter for screening for cardiovascular disorders
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
Z79.02	Long term (current) use of antithrombotics/antiplatelets
Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Z79.3	Long term (current) use of hormonal contraceptives
Z79.899	Other long term (current) drug therapy
Z94.0	Kidney transplant status
Z94.4	Liver transplant status

Indications

The medical community recognizes lipid testing as appropriate for evaluating atherosclerotic cardiovascular disease. Conditions in which lipid testing may be indicated include:

- Assessment of patients with atherosclerotic cardiovascular disease
- Evaluation of primary dyslipidemia



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

- Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease
- Diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism
- Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure
- Signs or symptoms of dyslipidemias, such as skin lesions
- As follow-up to the initial screen for coronary heart disease (total cholesterol + HDL cholesterol) when total cholesterol is determined to be high (>240 mg/dL), or borderline-high (200-240 mg/dL) plus two or more coronary heart disease risk factors, or an HDL cholesterol <35 mg/dL.

To monitor the progress of patients on anti-lipid dietary management and pharmacologic therapy for the treatment of elevated blood lipid disorders, total cholesterol, HDL cholesterol and LDL cholesterol may be used. Triglycerides may be obtained if this lipid fraction is also elevated or if the patient is put on drugs (for example, thiazide diuretics, beta blockers, estrogens, glucocorticoids, and tamoxifen) which may raise the triglyceride level.

When monitoring long-term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it may be reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.

Any one component of the panel or a measured LDL may be reasonable and necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

Electrophoretic or other quantitation of lipoproteins may be indicated if the patient has a primary disorder of lipid metabolism.

Effective January 1, 2005, the Medicare law expanded coverage to cardiovascular screening services. Several of the procedures included in this NCD may be covered for screening purposes subject to specified frequencies. See 42 CFR 410.17 and section 100, chapter 18, of the Claims Processing Manual, for a full description of this benefit.

Limitations

Lipid panel and hepatic panel testing may be used for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid etretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis. Routine screening and prophylactic testing for lipid disorder are not covered by Medicare. While lipid screening may be medically appropriate, Medicare by statute does not pay for it. Lipid testing in



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

asymptomatic individuals is considered to be screening regardless of the presence of other risk factors such as family history, tobacco use, etc.

Once a diagnosis is established, one or several specific tests are usually adequate for monitoring the course of the disease. Less specific diagnoses (for example, other chest pain) alone do not support medical necessity of these tests.

When monitoring long-term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it is reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.

Any one component of the panel or a measured LDL may be medically necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

If no dietary or pharmacological therapy is advised, monitoring is not necessary.

When evaluating non-specific chronic abnormalities of the liver (for example, elevations of transaminase, alkaline phosphatase, abnormal imaging studies, etc.), a lipid panel would generally not be indicated more than twice per year.

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

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

Sources of Information

American Diabetes Association. Management of Dyslipidemia in Adults with Diabetes. J. Florida M.A. 1998, 85:2 30-34.

Jialal, I. Evolving lipoprotein risk factors: lipoprotein (a) and oxidizing low-density lipoprotein. Clin Chem 1998; 44:8(B) 1827-1832.

McMorrow, ME, Malarkey, L. Laboratory and Diagnostic Tests: A Pocket Guide. W.B. Saunders Company. 206-207.

U.S. Department of Health and Human Services. National Cholesterol Education Program. Recommendations for Improving Cholesterol Measurement. NIH Publication 90-2964. February 1990.

National Institutes of Health. Second Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults. NIH Publication 93-3095. September 1993.

Bierman EL. Atherosclerosis and other forms of arteriosclerosis. Harrison's Principles of Internal Medicine. Eds. Isselbacher KJ, Braunwald E, Wilson JD, et al. McGraw-Hill. New York. 1994; 2058-2069.



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

Brown MS and Goldstein JL. The hyperlipoproteinemias and other disorders of lipid metabolism. Harrison's Principles of Internal Medicine. Eds. Isselbacher KJ, Braunwald E, Wilson JD, et al. McGraw-Hill. New York. 1994; 1106-1116.