



190.18 - Serum Iron Studies

Description

Serum iron studies are useful in the evaluation of disorders of iron metabolism, particularly iron deficiency and iron excess. Iron studies are best performed when the patient is fasting in the morning and has abstained from medications that may influence iron balance.

Iron deficiency is the most common cause of anemia. In young children on a milk diet, iron deficiency is often secondary to dietary deficiency. In adults, iron deficiency is usually the result of blood loss and is only occasionally secondary to dietary deficiency or malabsorption. Following major surgery the patient may have iron deficient erythropoietin for months or years if adequate iron replacement has not been given. High doses of supplemental iron may cause the serum iron to be elevated. Serum iron may also be altered in acute and chronic inflammatory and neoplastic conditions.

Total Iron Binding Capacity (TIBC) is an indirect measure of transferrin, a protein that binds and transports iron. TIBC quantifies transferrin by the amount of iron that it can bind. TIBC and transferrin are elevated in iron deficiency, and with oral contraceptive use, and during pregnancy. TIBC and transferrin may be decreased in malabsorption syndromes or in those affected with chronic diseases. The percent saturation represents the ratio of iron to the TIBC.

Assays for ferritin are also useful in assessing iron balance. Low concentrations are associated with iron deficiency and are highly specific. High concentrations are found in hemosiderosis (iron overload without associated tissue injury) and hemochromatosis (iron overload with associated tissue injury). In these conditions the iron is elevated, the TIBC and transferrin are within the reference range or low, and the percent saturation is elevated. Serum ferritin can be useful for both initiating and monitoring treatment for iron overload.

Transferrin and ferritin belong to a group of serum proteins known as acute phase reactants, and are increased in response to stressful or inflammatory conditions and also can occur with infection and tissue injury due to surgery, trauma or necrosis. Ferritin and iron/TIBC (or transferrin) are affected by acute and chronic inflammatory conditions, and in patients with these disorders, tests of iron status may be difficult to interpret.

HCPCS Codes (Alphanumeric, CPT® AMA)

Code	Description
82728	Ferritin
83540	Iron
83550	Iron Binding capacity
84466	Transferrin



**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
A01.00	Typhoid fever, unspecified
A01.01	Typhoid meningitis
A01.02	Typhoid fever with heart involvement
A01.03	Typhoid pneumonia
A01.04	Typhoid arthritis
A01.05	Typhoid osteomyelitis
A01.09	Typhoid fever with other complications
A01.1	Paratyphoid fever A
A01.2	Paratyphoid fever B
A01.3	Paratyphoid fever C
A01.4	Paratyphoid fever, unspecified
A02.0	Salmonella enteritis
A02.1	Salmonella sepsis
A02.20	Localized salmonella infection, unspecified
A02.21	Salmonella meningitis
A02.22	Salmonella pneumonia
A02.23	Salmonella arthritis
A02.24	Salmonella osteomyelitis
A02.25	Salmonella pyelonephritis
A02.29	Salmonella with other localized infection
A02.8	Other specified salmonella infections
A02.9	Salmonella infection, unspecified
A04.0	Enteropathogenic Escherichia coli infection
A04.1	Enterotoxigenic Escherichia coli infection
A04.2	Enteroinvasive Escherichia coli infection



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

Code	Description
A04.3	Enterohemorrhagic Escherichia coli infection
A04.4	Other intestinal Escherichia coli infections
A04.5	Campylobacter enteritis
A04.6	Enteritis due to Yersinia enterocolitica
A04.7	Enterocolitis due to Clostridium difficile
A04.8	Other specified bacterial intestinal infections
A04.9	Bacterial intestinal infection, unspecified
A06.0	Acute amebic dysentery
A06.1	Chronic intestinal amebiasis
A06.2	Amebic nondysenteric colitis
A06.3	Ameboma of intestine
A06.4	Amebic liver abscess
A06.5	Amebic lung abscess
A06.6	Amebic brain abscess
A06.7	Cutaneous amebiasis
A06.81	Amebic cystitis
A06.82	Other amebic genitourinary infections
A06.89	Other amebic infections
A06.9	Amebiasis, unspecified
A07.0	Balantidiasis
A07.1	Giardiasis [lamblia]s
A07.2	Cryptosporidiosis
A07.3	Isosporiasis
A07.4	Cyclosporiasis
A07.8	Other specified protozoal intestinal diseases
A07.9	Protozoal intestinal disease, unspecified
A08.0	Rotaviral enteritis
A08.11	Acute gastroenteropathy due to Norwalk agent
A08.19	Acute gastroenteropathy due to other small round viruses
A08.2	Adenoviral enteritis



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

Code	Description
A08.31	Calicivirus enteritis
A08.32	Astrovirus enteritis
A08.39	Other viral enteritis
A08.4	Viral intestinal infection, unspecified
A08.8	Other specified intestinal infections
A09	Infectious gastroenteritis and colitis, unspecified
A15.0	Tuberculosis of lung
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis

NCD 190.18

***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
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
B20	Human immunodeficiency virus [HIV] disease
B25.1	Cytomegaloviral hepatitis
B52.0	Plasmodium malariae malaria with nephropathy
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil

NCD 190.18

***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
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis



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

Code	Description
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus

NCD 190.18

***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
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver

NCD 190.18

***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
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis



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

Code	Description
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified



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

Code	Description
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal



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

Code	Description
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C4A.0	Merkel cell carcinoma of lip
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.11	Merkel cell carcinoma of right eyelid, including canthus
C4A.12	Merkel cell carcinoma of left eyelid, including canthus
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk



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

Code	Description
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C44.101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.102	Unspecified malignant neoplasm of skin of right eyelid, including canthus
C44.109	Unspecified malignant neoplasm of skin of left eyelid, including canthus
C44.111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44.112	Basal cell carcinoma of skin of right eyelid, including canthus
C44.119	Basal cell carcinoma of skin of left eyelid, including canthus
C44.121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44.122	Squamous cell carcinoma of skin of right eyelid, including canthus
C44.129	Squamous cell carcinoma of skin of left eyelid, including canthus
C44.191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44.192	Other specified malignant neoplasm of skin of right eyelid, including canthus
C44.199	Other specified malignant neoplasm of skin of left eyelid, including canthus
C44.201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal



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

Code	Description
C44.221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C44.40	Unspecified malignant neoplasm of skin of scalp and neck
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.49	Other specified malignant neoplasm of skin of scalp and neck
C44.500	Unspecified malignant neoplasm of anal skin
C44.501	Unspecified malignant neoplasm of skin of breast
C44.509	Unspecified malignant neoplasm of skin of other part of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast



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

Code	Description
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.590	Other specified malignant neoplasm of anal skin
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C44.601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44.609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44.611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44.612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44.619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44.621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44.622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44.629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44.691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44.692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44.699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44.701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44.702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44.709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44.711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44.712	Basal cell carcinoma of skin of right lower limb, including hip
C44.719	Basal cell carcinoma of skin of left lower limb, including hip
C44.721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44.722	Squamous cell carcinoma of skin of right lower limb, including hip
C44.729	Squamous cell carcinoma of skin of left lower limb, including hip
C44.791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44.792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44.799	Other specified malignant neoplasm of skin of left lower limb, including hip
C44.80	Unspecified malignant neoplasm of overlapping sites of skin
C44.81	Basal cell carcinoma of overlapping sites of skin



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

Code	Description
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.89	Other specified malignant neoplasm of overlapping sites of skin
C44.90	Unspecified malignant neoplasm of skin, unspecified
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C44.99	Other specified malignant neoplasm of skin, unspecified
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen



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

Code	Description
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast

NCD 190.18

***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
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast



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

Code	Description
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri



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

Code	Description
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis



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

Code	Description
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder



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

Code	Description
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.10	Malignant neoplasm of unspecified cornea
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.20	Malignant neoplasm of unspecified retina
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit



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

Code	Description
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve

NCD 190.18

***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
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon



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

Code	Description
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	*Malignant carcinoid tumor of the foregut, unspecified
C7A.095	*Malignant carcinoid tumor of the midgut, unspecified
C7A.096	*Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis
C76.40	Malignant neoplasm of unspecified upper limb
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.50	Malignant neoplasm of unspecified lower limb



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

Code	Description
C76.51	Malignant neoplasm of right lower limb
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of other specified ill-defined sites
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs

NCD 190.18

***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
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen

NCD 190.18

***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
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	*Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	*Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	*Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	*Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	*Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	*Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	*Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	*Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	*Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	*Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	*Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	*Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	*Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	*Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	*Mixed cellularity Hodgkin lymphoma, spleen
C81.28	*Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	*Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	*Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	*Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	*Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb



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

Code	Description
C81.36	*Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	*Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	*Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	*Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	*Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	*Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	*Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	*Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	*Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	*Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	*Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	*Other Hodgkin lymphoma, unspecified site
C81.71	*Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	*Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	*Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	*Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	*Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	*Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	*Other Hodgkin lymphoma, spleen
C81.78	*Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	*Other Hodgkin lymphoma, extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb

NCD 190.18

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



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

Code	Description
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb

NCD 190.18

***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
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb



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

Code	Description
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb



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

Code	Description
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb



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

Code	Description
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb



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

Code	Description
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb

NCD 190.18

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



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

Code	Description
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb



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

Code	Description
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb

NCD 190.18

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



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

Code	Description
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb



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

Code	Description
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission



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

Code	Description
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission



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

Code	Description
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission



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

Code	Description
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission



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

Code	Description
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.2	Malignant mast cell tumor
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth

NCD 190.18

***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
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus
D00.2	Carcinoma in situ of stomach
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D02.3	Carcinoma in situ of other parts of respiratory system
D02.4	Carcinoma in situ of respiratory system, unspecified
D03.0	Melanoma in situ of lip
D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.11	Melanoma in situ of right eyelid, including canthus
D03.12	Melanoma in situ of left eyelid, including canthus
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck



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

Code	Description
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D04.0	Carcinoma in situ of skin of lip
D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus
D04.11	Carcinoma in situ of skin of right eyelid, including canthus
D04.12	Carcinoma in situ of skin of left eyelid, including canthus
D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.30	Carcinoma in situ of skin of unspecified part of face
D04.39	Carcinoma in situ of skin of other parts of face
D04.4	Carcinoma in situ of skin of scalp and neck
D04.5	Carcinoma in situ of skin of trunk
D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder
D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
D04.62	Carcinoma in situ of skin of left upper limb, including shoulder
D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip
D04.71	Carcinoma in situ of skin of right lower limb, including hip
D04.72	Carcinoma in situ of skin of left lower limb, including hip
D04.8	Carcinoma in situ of skin of other sites
D04.9	Carcinoma in situ of skin, unspecified



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

Code	Description
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D06.0	Carcinoma in situ of endocervix
D06.1	Carcinoma in situ of exocervix
D06.7	Carcinoma in situ of other parts of cervix
D06.9	Carcinoma in situ of cervix, unspecified
D07.0	Carcinoma in situ of endometrium
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.30	Carcinoma in situ of unspecified female genital organs
D07.39	Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.5	Carcinoma in situ of prostate
D07.60	Carcinoma in situ of unspecified male genital organs
D07.61	Carcinoma in situ of scrotum
D07.69	Carcinoma in situ of other male genital organs
D09.0	Carcinoma in situ of bladder
D09.10	Carcinoma in situ of unspecified urinary organ
D09.19	Carcinoma in situ of other urinary organs
D09.20	Carcinoma in situ of unspecified eye



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

Code	Description
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D09.9	Carcinoma in situ, unspecified
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.30	Benign neoplasm of unspecified part of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D10.9	Benign neoplasm of pharynx, unspecified
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D11.9	Benign neoplasm of major salivary gland, unspecified
D12.0	Benign neoplasm of cecum
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.6	Benign neoplasm of colon, unspecified
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach



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

Code	Description
D13.2	Benign neoplasm of duodenum
D13.30	Benign neoplasm of unspecified part of small intestine
D13.39	Benign neoplasm of other parts of small intestine
D13.4	Benign neoplasm of liver
D13.5	Benign neoplasm of extrahepatic bile ducts
D13.6	Benign neoplasm of pancreas
D13.7	Benign neoplasm of endocrine pancreas
D13.9	Benign neoplasm of ill-defined sites within the digestive system
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D14.1	Benign neoplasm of larynx
D14.2	Benign neoplasm of trachea
D14.30	Benign neoplasm of unspecified bronchus and lung
D14.31	Benign neoplasm of right bronchus and lung
D14.32	Benign neoplasm of left bronchus and lung
D14.4	Benign neoplasm of respiratory system, unspecified
D15.0	Benign neoplasm of thymus
D15.1	Benign neoplasm of heart
D15.2	Benign neoplasm of mediastinum
D15.7	Benign neoplasm of other specified intrathoracic organs
D15.9	Benign neoplasm of intrathoracic organ, unspecified
D16.00	Benign neoplasm of scapula and long bones of unspecified upper limb
D16.01	Benign neoplasm of scapula and long bones of right upper limb
D16.02	Benign neoplasm of scapula and long bones of left upper limb
D16.10	Benign neoplasm of short bones of unspecified upper limb
D16.11	Benign neoplasm of short bones of right upper limb
D16.12	Benign neoplasm of short bones of left upper limb
D16.20	Benign neoplasm of long bones of unspecified lower limb
D16.21	Benign neoplasm of long bones of right lower limb
D16.22	Benign neoplasm of long bones of left lower limb
D16.30	Benign neoplasm of short bones of unspecified lower limb

NCD 190.18

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



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

Code	Description
D16.31	Benign neoplasm of short bones of right lower limb
D16.32	Benign neoplasm of short bones of left lower limb
D16.4	Benign neoplasm of bones of skull and face
D16.5	Benign neoplasm of lower jaw bone
D16.6	Benign neoplasm of vertebral column
D16.7	Benign neoplasm of ribs, sternum and clavicle
D16.8	Benign neoplasm of pelvic bones, sacrum and coccyx
D16.9	Benign neoplasm of bone and articular cartilage, unspecified
D17.0	Benign lipomatous neoplasm of skin and subcutaneous tissue of head, face and neck
D17.1	Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
D17.20	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified limb
D17.21	Benign lipomatous neoplasm of skin and subcutaneous tissue of right arm
D17.22	Benign lipomatous neoplasm of skin and subcutaneous tissue of left arm
D17.23	Benign lipomatous neoplasm of skin and subcutaneous tissue of right leg
D17.24	Benign lipomatous neoplasm of skin and subcutaneous tissue of left leg
D17.30	Benign lipomatous neoplasm of skin and subcutaneous tissue of unspecified sites
D17.39	Benign lipomatous neoplasm of skin and subcutaneous tissue of other sites
D17.4	Benign lipomatous neoplasm of intrathoracic organs
D17.5	Benign lipomatous neoplasm of intra-abdominal organs
D17.6	Benign lipomatous neoplasm of spermatic cord
D17.71	Benign lipomatous neoplasm of kidney
D17.72	Benign lipomatous neoplasm of other genitourinary organ
D17.79	Benign lipomatous neoplasm of other sites
D17.9	Benign lipomatous neoplasm, unspecified
D18.00	Hemangioma unspecified site
D18.01	Hemangioma of skin and subcutaneous tissue
D18.02	Hemangioma of intracranial structures
D18.03	Hemangioma of intra-abdominal structures
D18.09	Hemangioma of other sites
D18.1	Lymphangioma, any site

NCD 190.18

***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
D19.0	Benign neoplasm of mesothelial tissue of pleura
D19.1	Benign neoplasm of mesothelial tissue of peritoneum
D19.7	Benign neoplasm of mesothelial tissue of other sites
D19.9	Benign neoplasm of mesothelial tissue, unspecified
D20.0	Benign neoplasm of soft tissue of retroperitoneum
D20.1	Benign neoplasm of soft tissue of peritoneum
D21.0	Benign neoplasm of connective and other soft tissue of head, face and neck
D21.10	Benign neoplasm of connective and other soft tissue of unspecified upper limb, including shoulder
D21.11	Benign neoplasm of connective and other soft tissue of right upper limb, including shoulder
D21.12	Benign neoplasm of connective and other soft tissue of left upper limb, including shoulder
D21.20	Benign neoplasm of connective and other soft tissue of unspecified lower limb, including hip
D21.21	Benign neoplasm of connective and other soft tissue of right lower limb, including hip
D21.22	Benign neoplasm of connective and other soft tissue of left lower limb, including hip
D21.3	Benign neoplasm of connective and other soft tissue of thorax
D21.4	Benign neoplasm of connective and other soft tissue of abdomen
D21.5	Benign neoplasm of connective and other soft tissue of pelvis
D21.6	Benign neoplasm of connective and other soft tissue of trunk, unspecified
D21.9	Benign neoplasm of connective and other soft tissue, unspecified
D22.0	Melanocytic nevi of lip
D22.10	Melanocytic nevi of unspecified eyelid, including canthus
D22.11	Melanocytic nevi of right eyelid, including canthus
D22.12	Melanocytic nevi of left eyelid, including canthus
D22.20	Melanocytic nevi of unspecified ear and external auricular canal
D22.21	Melanocytic nevi of right ear and external auricular canal
D22.22	Melanocytic nevi of left ear and external auricular canal
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D22.4	Melanocytic nevi of scalp and neck
D22.5	Melanocytic nevi of trunk

NCD 190.18

***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
D22.60	Melanocytic nevi of unspecified upper limb, including shoulder
D22.61	Melanocytic nevi of right upper limb, including shoulder
D22.62	Melanocytic nevi of left upper limb, including shoulder
D22.70	Melanocytic nevi of unspecified lower limb, including hip
D22.71	Melanocytic nevi of right lower limb, including hip
D22.72	Melanocytic nevi of left lower limb, including hip
D22.9	Melanocytic nevi, unspecified
D23.0	Other benign neoplasm of skin of lip
D23.10	Other benign neoplasm of skin of unspecified eyelid, including canthus
D23.11	Other benign neoplasm of skin of right eyelid, including canthus
D23.12	Other benign neoplasm of skin of left eyelid, including canthus
D23.20	Other benign neoplasm of skin of unspecified ear and external auricular canal
D23.21	Other benign neoplasm of skin of right ear and external auricular canal
D23.22	Other benign neoplasm of skin of left ear and external auricular canal
D23.30	Other benign neoplasm of skin of unspecified part of face
D23.39	Other benign neoplasm of skin of other parts of face
D23.4	Other benign neoplasm of skin of scalp and neck
D23.5	Other benign neoplasm of skin of trunk
D23.60	Other benign neoplasm of skin of unspecified upper limb, including shoulder
D23.61	Other benign neoplasm of skin of right upper limb, including shoulder
D23.62	Other benign neoplasm of skin of left upper limb, including shoulder
D23.70	Other benign neoplasm of skin of unspecified lower limb, including hip
D23.71	Other benign neoplasm of skin of right lower limb, including hip
D23.72	Other benign neoplasm of skin of left lower limb, including hip
D23.9	Other benign neoplasm of skin, unspecified
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D24.9	Benign neoplasm of unspecified breast
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus



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

Code	Description
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
D26.0	Other benign neoplasm of cervix uteri
D26.1	Other benign neoplasm of corpus uteri
D26.7	Other benign neoplasm of other parts of uterus
D26.9	Other benign neoplasm of uterus, unspecified
D27.0	Benign neoplasm of right ovary
D27.1	Benign neoplasm of left ovary
D27.9	Benign neoplasm of unspecified ovary
D28.0	Benign neoplasm of vulva
D28.1	Benign neoplasm of vagina
D28.2	Benign neoplasm of uterine tubes and ligaments
D28.7	Benign neoplasm of other specified female genital organs
D28.9	Benign neoplasm of female genital organ, unspecified
D29.0	Benign neoplasm of penis
D29.1	Benign neoplasm of prostate
D29.20	Benign neoplasm of unspecified testis
D29.21	Benign neoplasm of right testis
D29.22	Benign neoplasm of left testis
D29.30	Benign neoplasm of unspecified epididymis
D29.31	Benign neoplasm of right epididymis
D29.32	Benign neoplasm of left epididymis
D29.4	Benign neoplasm of scrotum
D29.8	Benign neoplasm of other specified male genital organs
D29.9	Benign neoplasm of male genital organ, unspecified
D30.00	Benign neoplasm of unspecified kidney
D30.01	Benign neoplasm of right kidney
D30.02	Benign neoplasm of left kidney
D30.10	Benign neoplasm of unspecified renal pelvis
D30.11	Benign neoplasm of right renal pelvis

NCD 190.18

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



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

Code	Description
D30.12	Benign neoplasm of left renal pelvis
D30.20	Benign neoplasm of unspecified ureter
D30.21	Benign neoplasm of right ureter
D30.22	Benign neoplasm of left ureter
D30.3	Benign neoplasm of bladder
D30.4	Benign neoplasm of urethra
D30.8	Benign neoplasm of other specified urinary organs
D30.9	Benign neoplasm of urinary organ, unspecified
D31.00	Benign neoplasm of unspecified conjunctiva
D31.01	Benign neoplasm of right conjunctiva
D31.02	Benign neoplasm of left conjunctiva
D31.10	Benign neoplasm of unspecified cornea
D31.11	Benign neoplasm of right cornea
D31.12	Benign neoplasm of left cornea
D31.20	Benign neoplasm of unspecified retina
D31.21	Benign neoplasm of right retina
D31.22	Benign neoplasm of left retina
D31.30	Benign neoplasm of unspecified choroid
D31.31	Benign neoplasm of right choroid
D31.32	Benign neoplasm of left choroid
D31.40	Benign neoplasm of unspecified ciliary body
D31.41	Benign neoplasm of right ciliary body
D31.42	Benign neoplasm of left ciliary body
D31.50	Benign neoplasm of unspecified lacrimal gland and duct
D31.51	Benign neoplasm of right lacrimal gland and duct
D31.52	Benign neoplasm of left lacrimal gland and duct
D31.60	Benign neoplasm of unspecified site of unspecified orbit
D31.61	Benign neoplasm of unspecified site of right orbit
D31.62	Benign neoplasm of unspecified site of left orbit
D31.90	Benign neoplasm of unspecified part of unspecified eye



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

Code	Description
D31.91	Benign neoplasm of unspecified part of right eye
D31.92	Benign neoplasm of unspecified part of left eye
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord
D33.7	Benign neoplasm of other specified parts of central nervous system
D33.9	Benign neoplasm of central nervous system, unspecified
D34	Benign neoplasm of thyroid gland
D35.00	Benign neoplasm of unspecified adrenal gland
D35.01	Benign neoplasm of right adrenal gland
D35.02	Benign neoplasm of left adrenal gland
D35.1	Benign neoplasm of parathyroid gland
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D35.5	Benign neoplasm of carotid body
D35.6	Benign neoplasm of aortic body and other paraganglia
D35.7	Benign neoplasm of other specified endocrine glands
D35.9	Benign neoplasm of endocrine gland, unspecified
D36.0	Benign neoplasm of lymph nodes
D36.10	Benign neoplasm of peripheral nerves and autonomic nervous system, unspecified
D36.11	Benign neoplasm of peripheral nerves and autonomic nervous system of face, head, and neck
D36.12	Benign neoplasm of peripheral nerves and autonomic nervous system, upper limb, including shoulder



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

Code	Description
D36.13	Benign neoplasm of peripheral nerves and autonomic nervous system of lower limb, including hip
D36.14	Benign neoplasm of peripheral nerves and autonomic nervous system of thorax
D36.15	Benign neoplasm of peripheral nerves and autonomic nervous system of abdomen
D36.16	Benign neoplasm of peripheral nerves and autonomic nervous system of pelvis
D36.17	Benign neoplasm of peripheral nerves and autonomic nervous system of trunk, unspecified
D36.7	Benign neoplasm of other specified sites
D36.9	Benign neoplasm, unspecified site
D3A.00	Benign carcinoid tumor of unspecified site
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D3A.020	Benign carcinoid tumor of the appendix
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
D3A.090	Benign carcinoid tumor of the bronchus and lung
D3A.091	Benign carcinoid tumor of the thymus
D3A.092	Benign carcinoid tumor of the stomach
D3A.093	Benign carcinoid tumor of the kidney
D3A.094	*Benign carcinoid tumor of the foregut, unspecified
D3A.095	*Benign carcinoid tumor of the midgut, unspecified
D3A.096	*Benign carcinoid tumor of the hindgut, unspecified
D3A.098	Benign carcinoid tumors of other sites
D3A.8	Other benign neuroendocrine tumors
D37.01	Neoplasm of uncertain behavior of lip

NCD 190.18

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



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

Code	Description
D37.02	Neoplasm of uncertain behavior of tongue
D37.030	Neoplasm of uncertain behavior of the parotid salivary glands
D37.031	Neoplasm of uncertain behavior of the sublingual salivary glands
D37.032	Neoplasm of uncertain behavior of the submandibular salivary glands
D37.039	Neoplasm of uncertain behavior of the major salivary glands, unspecified
D37.04	Neoplasm of uncertain behavior of the minor salivary glands
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.6	Neoplasm of uncertain behavior of liver, gallbladder and bile ducts
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.0	Neoplasm of uncertain behavior of larynx
D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
D38.2	Neoplasm of uncertain behavior of pleura
D38.3	Neoplasm of uncertain behavior of mediastinum
D38.4	Neoplasm of uncertain behavior of thymus
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
D39.0	Neoplasm of uncertain behavior of uterus
D39.10	Neoplasm of uncertain behavior of unspecified ovary
D39.11	Neoplasm of uncertain behavior of right ovary
D39.12	Neoplasm of uncertain behavior of left ovary
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital organ, unspecified



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

Code	Description
D40.0	Neoplasm of uncertain behavior of prostate
D40.10	Neoplasm of uncertain behavior of unspecified testis
D40.11	Neoplasm of uncertain behavior of right testis
D40.12	Neoplasm of uncertain behavior of left testis
D40.8	Neoplasm of uncertain behavior of other specified male genital organs
D40.9	Neoplasm of uncertain behavior of male genital organ, unspecified
D41.00	Neoplasm of uncertain behavior of unspecified kidney
D41.01	Neoplasm of uncertain behavior of right kidney
D41.02	Neoplasm of uncertain behavior of left kidney
D41.10	Neoplasm of uncertain behavior of unspecified renal pelvis
D41.11	Neoplasm of uncertain behavior of right renal pelvis
D41.12	Neoplasm of uncertain behavior of left renal pelvis
D41.20	Neoplasm of uncertain behavior of unspecified ureter
D41.21	Neoplasm of uncertain behavior of right ureter
D41.22	Neoplasm of uncertain behavior of left ureter
D41.3	Neoplasm of uncertain behavior of urethra
D41.4	Neoplasm of uncertain behavior of bladder
D41.8	Neoplasm of uncertain behavior of other specified urinary organs
D41.9	Neoplasm of uncertain behavior of unspecified urinary organ
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D44.0	Neoplasm of uncertain behavior of thyroid gland



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

Code	Description
D44.10	Neoplasm of uncertain behavior of unspecified adrenal gland
D44.11	Neoplasm of uncertain behavior of right adrenal gland
D44.12	Neoplasm of uncertain behavior of left adrenal gland
D44.2	Neoplasm of uncertain behavior of parathyroid gland
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D44.6	Neoplasm of uncertain behavior of carotid body
D44.7	Neoplasm of uncertain behavior of aortic body and other paraganglia
D44.9	Neoplasm of uncertain behavior of unspecified endocrine gland
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.4	Refractory anemia, unspecified
D46.Z	Other myelodysplastic syndromes
D46.9	Myelodysplastic syndrome, unspecified
D47.0	Histiocytic and mast cell tumors of uncertain behavior
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
D48.1	Neoplasm of uncertain behavior of connective and other soft tissue

NCD 190.18

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



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

Code	Description
D48.2	Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
D48.3	Neoplasm of uncertain behavior of retroperitoneum
D48.4	Neoplasm of uncertain behavior of peritoneum
D48.5	Neoplasm of uncertain behavior of skin
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D48.7	Neoplasm of uncertain behavior of other specified sites
D48.9	Neoplasm of uncertain behavior, unspecified
D49.0	Neoplasm of unspecified behavior of digestive system
D49.1	Neoplasm of unspecified behavior of respiratory system
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
D49.3	Neoplasm of unspecified behavior of breast
D49.4	Neoplasm of unspecified behavior of bladder
*D49.511	*Neoplasm of unspecified behavior of right kidney
*D49.512	*Neoplasm of unspecified behavior of left kidney
*D49.519	*Neoplasm of unspecified behavior of unspecified kidney
*D49.59	*Neoplasm of unspecified behavior of other genitourinary organ
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D49.81	Neoplasm of unspecified behavior of retina and choroid
D49.89	Neoplasm of unspecified behavior of other specified sites
D49.9	Neoplasm of unspecified behavior of unspecified site
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
D51.2	Transcobalamin II deficiency



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

Code	Description
D51.3	Other dietary vitamin B12 deficiency anemia
D51.8	Other vitamin B12 deficiency anemias
D51.9	Vitamin B12 deficiency anemia, unspecified
D52.0	Dietary folate deficiency anemia
D52.1	Drug-induced folate deficiency anemia
D52.8	Other folate deficiency anemias
D52.9	Folate deficiency anemia, unspecified
D53.0	Protein deficiency anemia
D53.1	Other megaloblastic anemias, not elsewhere classified
D53.2	Scorbutic anemia
D53.8	Other specified nutritional anemias
D53.9	Nutritional anemia, unspecified
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D56.3	Thalassemia minor
D56.5	Hemoglobin E-beta thalassemia
D56.8	Other thalassemias
D56.9	Thalassemia, unspecified
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia with acute chest syndrome
D57.412	Sickle-cell thalassemia with splenic sequestration

NCD 190.18

***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
D57.419	Sickle-cell thalassemia with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.819	Other sickle-cell disorders with crisis, unspecified
D62	Acute posthemorrhagic anemia
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.0	Hereditary sideroblastic anemia
D64.1	Secondary sideroblastic anemia due to disease
D64.2	Secondary sideroblastic anemia due to drugs and toxins
D64.3	Other sideroblastic anemias
D64.81	Anemia due to antineoplastic chemotherapy
D64.9	Anemia, unspecified
D65	Disseminated intravascular coagulation [defibrination syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.0	Von Willebrand's disease
D68.1	Hereditary factor XI deficiency
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D68.312	Antiphospholipid antibody with hemorrhagic disorder
D68.318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.0	Allergic purpura
D69.1	Qualitative platelet defects

NCD 190.18

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



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

Code	Description
D69.2	Other nonthrombocytopenic purpura
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D69.8	Other specified hemorrhagic conditions
D69.9	Hemorrhagic condition, unspecified
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



**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 190.18

*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
E23.0	Hypopituitarism
E23.1	Drug-induced hypopituitarism
E23.6	Other disorders of pituitary gland
E24.1	Nelson's syndrome
E28.310	Symptomatic premature menopause
E28.319	Asymptomatic premature menopause
E28.39	Other primary ovarian failure
E29.1	Testicular hypofunction
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E61.1	Iron deficiency
E64.0	Sequelae of protein-calorie malnutrition
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria
E83.10	Disorder of iron metabolism, unspecified



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

Code	Description
E83.110	Hereditary hemochromatosis
E83.111	Hemochromatosis due to repeated red blood cell transfusions
E83.118	Other hemochromatosis
E83.119	Hemochromatosis, unspecified
E83.19	Other disorders of iron metabolism
E89.3	Postprocedural hypopituitarism
F45.8	Other somatoform disorders
F50.00	Anorexia nervosa, unspecified
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
*F50.81	*Binge eating disorder
*F50.89	*Other specified eating disorder
F50.9	Eating disorder, unspecified
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I44.0	Atrioventricular block, first degree



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

Code	Description
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.30	Unspecified atrioventricular block
I44.39	Other atrioventricular block
I44.4	Left anterior fascicular block
I44.5	Left posterior fascicular block
I44.60	Unspecified fascicular block
I44.69	Other fascicular block
I44.7	Left bundle-branch block, unspecified
I45.0	Right fascicular block
I45.10	Unspecified right bundle-branch block
I45.19	Other right bundle-branch block
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.4	Nonspecific intraventricular block
I45.5	Other specified heart block
I45.6	Pre-excitation syndrome
I45.89	Other specified conduction disorders
I45.9	Conduction disorder, unspecified
I46.2	Cardiac arrest due to underlying cardiac condition
I46.8	Cardiac arrest due to other underlying condition
I46.9	Cardiac arrest, cause unspecified
I47.0	Re-entry ventricular arrhythmia
I47.1	Supraventricular tachycardia
I47.2	Ventricular tachycardia
I47.9	Paroxysmal tachycardia, unspecified
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.3	Typical atrial flutter



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

Code	Description
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I48.92	Unspecified atrial flutter
I49.01	Ventricular fibrillation
I49.02	Ventricular flutter
I49.1	Atrial premature depolarization
I49.2	Junctional premature depolarization
I49.3	Ventricular premature depolarization
I49.40	Unspecified premature depolarization
I49.49	Other premature depolarization
I49.5	Sick sinus syndrome
I49.8	Other specified cardiac arrhythmias
I49.9	Cardiac arrhythmia, unspecified
I50.1	Left ventricular failure
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
K22.6	Gastro-esophageal laceration-hemorrhage syndrome
K22.8	Other specified diseases of esophagus
K25.0	Acute gastric ulcer with hemorrhage



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

Code	Description
K25.1	Acute gastric ulcer with perforation
K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.3	Acute gastric ulcer without hemorrhage or perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.5	Chronic or unspecified gastric ulcer with perforation
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.1	Acute duodenal ulcer with perforation
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.3	Acute duodenal ulcer without hemorrhage or perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.5	Chronic or unspecified duodenal ulcer with perforation
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K26.7	Chronic duodenal ulcer without hemorrhage or perforation
K26.9	Duodenal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.1	Acute peptic ulcer, site unspecified, with perforation
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.3	Acute peptic ulcer, site unspecified, without hemorrhage or perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.5	Chronic or unspecified peptic ulcer, site unspecified, with perforation
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.7	Chronic peptic ulcer, site unspecified, without hemorrhage or perforation
K27.9	Peptic ulcer, site unspecified, unspecified as acute or chronic, without hemorrhage or perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage
K28.1	Acute gastrojejunal ulcer with perforation
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.3	Acute gastrojejunal ulcer without hemorrhage or perforation

NCD 190.18

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



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

Code	Description
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.5	Chronic or unspecified gastrojejunal ulcer with perforation
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K28.7	Chronic gastrojejunal ulcer without hemorrhage or perforation
K28.9	Gastrojejunal ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K29.30	Chronic superficial gastritis without bleeding
K29.31	Chronic superficial gastritis with bleeding
K29.40	Chronic atrophic gastritis without bleeding
K29.41	Chronic atrophic gastritis with bleeding
K29.50	Unspecified chronic gastritis without bleeding
K29.51	Unspecified chronic gastritis with bleeding
K29.60	Other gastritis without bleeding
K29.61	Other gastritis with bleeding
K29.70	Gastritis, unspecified, without bleeding
K29.71	Gastritis, unspecified, with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K29.90	Gastroduodenitis, unspecified, without bleeding
K29.91	Gastroduodenitis, unspecified, with bleeding
K30	Functional dyspepsia
K31.0	Acute dilatation of stomach
K31.7	Polyp of stomach and duodenum
K31.811	Angiodysplasia of stomach and duodenum with bleeding
K31.82	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
K31.83	Achlorhydria
K31.84	Gastroparesis



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

Code	Description
K31.9	Disease of stomach and duodenum, unspecified
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications



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

Code	Description
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction



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

Code	Description
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.81	Eosinophilic gastritis or gastroenteritis
*K55.011	*Focal (segmental) acute (reversible) ischemia of small intestine
*K55.012	*Diffuse acute (reversible) ischemia of small intestine
*K55.019	*Acute (reversible) ischemia of small intestine, extent unspecified
*K55.021	*Focal (segmental) acute infarction of small intestine
*K55.022	*Diffuse acute infarction of small intestine
*K55.029	*Acute infarction of small intestine, extent unspecified
*K55.031	*Focal (segmental) acute (reversible) ischemia of large intestine
*K55.032	*Diffuse acute (reversible) ischemia of large intestine
*K55.039	*Acute (reversible) ischemia of large intestine, extent unspecified
*K55.041	*Focal (segmental) acute infarction of large intestine
*K55.042	*Diffuse acute infarction of large intestine



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

Code	Description
*K55.049	*Acute infarction of large intestine, extent unspecified
*K55.051	*Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
*K55.052	*Diffuse acute (reversible) ischemia of intestine, part unspecified
*K55.059	*Acute (reversible) ischemia of intestine, part and extent unspecified
*K55.061	*Focal (segmental) acute infarction of intestine, part unspecified
*K55.062	*Diffuse acute infarction of intestine, part unspecified
*K55.069	*Acute infarction of intestine, part and extent unspecified
K55.1	Chronic vascular disorders of intestine
K55.21	Angiodysplasia of colon with hemorrhage
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
K62.5	Hemorrhage of anus and rectum
K63.5	Polyp of colon
K63.81	Dieulafoy lesion of intestine
K70.0	Alcoholic fatty liver
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites



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

Code	Description
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K72.00	Acute and subacute hepatic failure without coma
K72.01	Acute and subacute hepatic failure with coma
K72.10	Chronic hepatic failure without coma
K72.11	Chronic hepatic failure with coma
K72.90	Hepatic failure, unspecified without coma
K72.91	Hepatic failure, unspecified with coma
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.0	Hepatic fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis



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

Code	Description
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.2	Central hemorrhagic necrosis of liver
K76.3	Infarction of liver
K76.4	Peliosis hepatis
K76.5	Hepatic veno-occlusive disease
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
*K90.41	*Non-celiac gluten sensitivity
*K90.49	*Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption



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

Code	Description
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
K94.20	Gastrostomy complication, unspecified
K94.21	Gastrostomy hemorrhage
K94.22	Gastrostomy infection
K94.23	Gastrostomy malfunction
K94.29	Other complications of gastrostomy
L28.0	Lichen simplex chronicus
L28.1	Prurigo nodularis
L28.2	Other prurigo
L29.0	Pruritus ani
L29.1	Pruritus scroti
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
L29.8	Other pruritus
L29.9	Pruritus, unspecified
L57.3	Poikiloderma of Civatte
L63.0	Alopecia (capitis) totalis
L63.1	Alopecia universalis
L63.2	Ophiasis
L63.8	Other alopecia areata
L63.9	Alopecia areata, unspecified
L64.0	Drug-induced androgenic alopecia
L64.8	Other androgenic alopecia
L64.9	Androgenic alopecia, unspecified
L65.0	Telogen effluvium
L65.1	Anagen effluvium

NCD 190.18

***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
L65.2	Alopecia mucinosa
L65.8	Other specified nonscarring hair loss
L65.9	Nonscarring hair loss, unspecified
L66.0	Pseudopelade
L66.2	Folliculitis decalvans
L66.8	Other cicatricial alopecia
L66.9	Cicatricial alopecia, unspecified
L80	Vitiligo
L81.0	Postinflammatory hyperpigmentation
L81.1	Chloasma
L81.2	Freckles
L81.3	Cafe au lait spots
L81.4	Other melanin hyperpigmentation
L81.5	Leukoderma, not elsewhere classified
L81.6	Other disorders of diminished melanin formation
L81.7	Pigmented purpuric dermatosis
L81.8	Other specified disorders of pigmentation
L81.9	Disorder of pigmentation, unspecified
L98.1	Factitial dermatitis
M07.60	Enteropathic arthropathies, unspecified site
M07.611	Enteropathic arthropathies, right shoulder
M07.612	Enteropathic arthropathies, left shoulder
M07.619	Enteropathic arthropathies, unspecified shoulder
M07.621	Enteropathic arthropathies, right elbow
M07.622	Enteropathic arthropathies, left elbow
M07.629	Enteropathic arthropathies, unspecified elbow
M07.631	Enteropathic arthropathies, right wrist
M07.632	Enteropathic arthropathies, left wrist
M07.639	Enteropathic arthropathies, unspecified wrist
M07.641	Enteropathic arthropathies, right hand

NCD 190.18

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



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

Code	Description
M07.642	Enteropathic arthropathies, left hand
M07.649	Enteropathic arthropathies, unspecified hand
M07.651	Enteropathic arthropathies, right hip
M07.652	Enteropathic arthropathies, left hip
M07.659	Enteropathic arthropathies, unspecified hip
M07.661	Enteropathic arthropathies, right knee
M07.662	Enteropathic arthropathies, left knee
M07.669	Enteropathic arthropathies, unspecified knee
M07.671	Enteropathic arthropathies, right ankle and foot
M07.672	Enteropathic arthropathies, left ankle and foot
M07.679	Enteropathic arthropathies, unspecified ankle and foot
M07.68	Enteropathic arthropathies, vertebrae
M07.69	Enteropathic arthropathies, multiple sites
M1A.10X0	Lead-induced chronic gout, unspecified site, without tophus (tophi)
M1A.10X1	Lead-induced chronic gout, unspecified site, with tophus (tophi)
M1A.1110	Lead-induced chronic gout, right shoulder, without tophus (tophi)
M1A.1111	Lead-induced chronic gout, right shoulder, with tophus (tophi)
M1A.1120	Lead-induced chronic gout, left shoulder, without tophus (tophi)
M1A.1121	Lead-induced chronic gout, left shoulder, with tophus (tophi)
M1A.1190	Lead-induced chronic gout, unspecified shoulder, without tophus (tophi)
M1A.1191	Lead-induced chronic gout, unspecified shoulder, with tophus (tophi)
M1A.1210	Lead-induced chronic gout, right elbow, without tophus (tophi)
M1A.1211	Lead-induced chronic gout, right elbow, with tophus (tophi)
M1A.1220	Lead-induced chronic gout, left elbow, without tophus (tophi)
M1A.1221	Lead-induced chronic gout, left elbow, with tophus (tophi)
M1A.1290	Lead-induced chronic gout, unspecified elbow, without tophus (tophi)
M1A.1291	Lead-induced chronic gout, unspecified elbow, with tophus (tophi)
M1A.1310	Lead-induced chronic gout, right wrist, without tophus (tophi)
M1A.1311	Lead-induced chronic gout, right wrist, with tophus (tophi)
M1A.1320	Lead-induced chronic gout, left wrist, without tophus (tophi)

NCD 190.18

***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
M1A.1321	Lead-induced chronic gout, left wrist, with tophus (tophi)
M1A.1390	Lead-induced chronic gout, unspecified wrist, without tophus (tophi)
M1A.1391	Lead-induced chronic gout, unspecified wrist, with tophus (tophi)
M1A.1410	Lead-induced chronic gout, right hand, without tophus (tophi)
M1A.1411	Lead-induced chronic gout, right hand, with tophus (tophi)
M1A.1420	Lead-induced chronic gout, left hand, without tophus (tophi)
M1A.1421	Lead-induced chronic gout, left hand, with tophus (tophi)
M1A.1490	Lead-induced chronic gout, unspecified hand, without tophus (tophi)
M1A.1491	Lead-induced chronic gout, unspecified hand, with tophus (tophi)
M1A.1510	Lead-induced chronic gout, right hip, without tophus (tophi)
M1A.1511	Lead-induced chronic gout, right hip, with tophus (tophi)
M1A.1520	Lead-induced chronic gout, left hip, without tophus (tophi)
M1A.1521	Lead-induced chronic gout, left hip, with tophus (tophi)
M1A.1590	Lead-induced chronic gout, unspecified hip, without tophus (tophi)
M1A.1591	Lead-induced chronic gout, unspecified hip, with tophus (tophi)
M1A.1610	Lead-induced chronic gout, right knee, without tophus (tophi)
M1A.1611	Lead-induced chronic gout, right knee, with tophus (tophi)
M1A.1620	Lead-induced chronic gout, left knee, without tophus (tophi)
M1A.1621	Lead-induced chronic gout, left knee, with tophus (tophi)
M1A.1690	Lead-induced chronic gout, unspecified knee, without tophus (tophi)
M1A.1691	Lead-induced chronic gout, unspecified knee, with tophus (tophi)
M1A.1710	Lead-induced chronic gout, right ankle and foot, without tophus (tophi)
M1A.1711	Lead-induced chronic gout, right ankle and foot, with tophus (tophi)
M1A.1720	Lead-induced chronic gout, left ankle and foot, without tophus (tophi)
M1A.1721	Lead-induced chronic gout, left ankle and foot, with tophus (tophi)
M1A.1790	Lead-induced chronic gout, unspecified ankle and foot, without tophus (tophi)
M1A.1791	Lead-induced chronic gout, unspecified ankle and foot, with tophus (tophi)
M1A.18X0	Lead-induced chronic gout, vertebrae, without tophus (tophi)
M1A.18X1	Lead-induced chronic gout, vertebrae, with tophus (tophi)
M1A.19X0	Lead-induced chronic gout, multiple sites, without tophus (tophi)



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

Code	Description
M1A.19X1	Lead-induced chronic gout, multiple sites, with tophus (tophi)
M12.80	Other specific arthropathies, not elsewhere classified, unspecified site
M12.811	Other specific arthropathies, not elsewhere classified, right shoulder
M12.812	Other specific arthropathies, not elsewhere classified, left shoulder
M12.819	Other specific arthropathies, not elsewhere classified, unspecified shoulder
M12.821	Other specific arthropathies, not elsewhere classified, right elbow
M12.822	Other specific arthropathies, not elsewhere classified, left elbow
M12.829	Other specific arthropathies, not elsewhere classified, unspecified elbow
M12.831	Other specific arthropathies, not elsewhere classified, right wrist
M12.832	Other specific arthropathies, not elsewhere classified, left wrist
M12.839	Other specific arthropathies, not elsewhere classified, unspecified wrist
M12.841	Other specific arthropathies, not elsewhere classified, right hand
M12.842	Other specific arthropathies, not elsewhere classified, left hand
M12.849	Other specific arthropathies, not elsewhere classified, unspecified hand
M12.851	Other specific arthropathies, not elsewhere classified, right hip
M12.852	Other specific arthropathies, not elsewhere classified, left hip
M12.859	Other specific arthropathies, not elsewhere classified, unspecified hip
M12.861	Other specific arthropathies, not elsewhere classified, right knee
M12.862	Other specific arthropathies, not elsewhere classified, left knee
M12.869	Other specific arthropathies, not elsewhere classified, unspecified knee
M12.871	Other specific arthropathies, not elsewhere classified, right ankle and foot
M12.872	Other specific arthropathies, not elsewhere classified, left ankle and foot
M12.879	Other specific arthropathies, not elsewhere classified, unspecified ankle and foot
M12.88	Other specific arthropathies, not elsewhere classified, other specified site
M12.89	Other specific arthropathies, not elsewhere classified, multiple sites
M12.9	Arthropathy, unspecified
M13.0	Polyarthritis, unspecified
M13.10	Monoarthritis, not elsewhere classified, unspecified site
M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder



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

Code	Description
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M13.121	Monoarthritis, not elsewhere classified, right elbow
M13.122	Monoarthritis, not elsewhere classified, left elbow
M13.129	Monoarthritis, not elsewhere classified, unspecified elbow
M13.131	Monoarthritis, not elsewhere classified, right wrist
M13.132	Monoarthritis, not elsewhere classified, left wrist
M13.139	Monoarthritis, not elsewhere classified, unspecified wrist
M13.141	Monoarthritis, not elsewhere classified, right hand
M13.142	Monoarthritis, not elsewhere classified, left hand
M13.149	Monoarthritis, not elsewhere classified, unspecified hand
M13.151	Monoarthritis, not elsewhere classified, right hip
M13.152	Monoarthritis, not elsewhere classified, left hip
M13.159	Monoarthritis, not elsewhere classified, unspecified hip
M13.161	Monoarthritis, not elsewhere classified, right knee
M13.162	Monoarthritis, not elsewhere classified, left knee
M13.169	Monoarthritis, not elsewhere classified, unspecified knee
M13.171	Monoarthritis, not elsewhere classified, right ankle and foot
M13.172	Monoarthritis, not elsewhere classified, left ankle and foot
M13.179	Monoarthritis, not elsewhere classified, unspecified ankle and foot
M14.80	Arthropathies in other specified diseases classified elsewhere, unspecified site
M25.50	Pain in unspecified joint
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified shoulder
M25.521	Pain in right elbow
M25.522	Pain in left elbow
M25.529	Pain in unspecified elbow
M25.531	Pain in right wrist
M25.532	Pain in left wrist
M25.539	Pain in unspecified wrist



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

Code	Description
M25.551	Pain in right hip
M25.552	Pain in left hip
M25.559	Pain in unspecified hip
M25.561	Pain in right knee
M25.562	Pain in left knee
M25.569	Pain in unspecified knee
M25.571	Pain in right ankle and joints of right foot
M25.572	Pain in left ankle and joints of left foot
M25.579	Pain in unspecified ankle and joints of unspecified foot
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.643	Pain in unspecified hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.8	Recurrent and persistent hematuria with other morphologic changes
N02.9	Recurrent and persistent hematuria with unspecified morphologic changes
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

NCD 190.18

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



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

Code	Description
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
N08	Glomerular disorders in diseases classified elsewhere
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N19	Unspecified kidney failure
N50.0	Atrophy of testis
N89.7	Hematocolpos
N91.0	Primary amenorrhea
N91.1	Secondary amenorrhea
N91.2	Amenorrhea, unspecified
N91.3	Primary oligomenorrhea
N91.4	Secondary oligomenorrhea
N91.5	Oligomenorrhea, unspecified
N92.0	Excessive and frequent menstruation with regular cycle
N92.1	Excessive and frequent menstruation with irregular cycle
N92.2	Excessive menstruation at puberty
N92.3	Ovulation bleeding
N92.4	Excessive bleeding in the premenopausal period
N92.5	Other specified irregular menstruation
N92.6	Irregular menstruation, unspecified
N93.0	Postcoital and contact bleeding
N93.8	Other specified abnormal uterine and vaginal bleeding
N93.9	Abnormal uterine and vaginal bleeding, unspecified
N95.0	Postmenopausal bleeding

NCD 190.18

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



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

Code	Description
O90.81	Anemia of the puerperium
O99.011	Anemia complicating pregnancy, first trimester
O99.012	Anemia complicating pregnancy, second trimester
O99.013	Anemia complicating pregnancy, third trimester
O99.019	Anemia complicating pregnancy, unspecified trimester
O99.02	Anemia complicating childbirth
O99.03	Anemia complicating the puerperium
P55.1	ABO isoimmunization of newborn
P55.8	Other hemolytic diseases of newborn
P55.9	Hemolytic disease of newborn, unspecified
P56.0	Hydrops fetalis due to isoimmunization
P56.90	Hydrops fetalis due to unspecified hemolytic disease
P56.99	Hydrops fetalis due to other hemolytic disease
P57.0	Kernicterus due to isoimmunization
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
R00.1	Bradycardia, unspecified
R11.10	Vomiting, unspecified
R11.13	Vomiting of fecal matter
R63.8	Other symptoms and signs concerning food and fluid intake
R64	Cachexia
R71.0	Precipitous drop in hematocrit
R71.8	Other abnormality of red blood cells
R74.0	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
R78.71	Abnormal lead level in blood

NCD 190.18

***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
R78.79	Finding of abnormal level of heavy metals in blood
R78.89	Finding of other specified substances, not normally found in blood
R79.0	Abnormal level of blood mineral
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
T45.4X1A	Poisoning by iron and its compounds, accidental (unintentional), initial encounter
T45.4X2A	Poisoning by iron and its compounds, intentional self-harm, initial encounter
T45.4X3A	Poisoning by iron and its compounds, assault, initial encounter
T45.4X4A	Poisoning by iron and its compounds, undetermined, initial encounter
T56.0X1A	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
T56.0X2A	Toxic effect of lead and its compounds, intentional self-harm, initial encounter
T56.0X3A	Toxic effect of lead and its compounds, assault, initial encounter
T56.0X4A	Toxic effect of lead and its compounds, undetermined, initial encounter
T80.89XA	Other complications following infusion, transfusion and therapeutic injection, initial encounter
T80.910A	Acute hemolytic transfusion reaction, unspecified incompatibility, initial encounter
T80.911A	Delayed hemolytic transfusion reaction, unspecified incompatibility, initial encounter
T80.919A	Hemolytic transfusion reaction, unspecified incompatibility, unspecified as acute or delayed, initial encounter
T80.92XA	Unspecified transfusion reaction, initial encounter
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z49.31	Encounter for adequacy testing for hemodialysis
Z49.32	Encounter for adequacy testing for peritoneal dialysis
Z86.2	Personal history of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z86.39	Personal history of other endocrine, nutritional and metabolic disease



Code	Description
Z95.2	Presence of prosthetic heart valve
Z95.811	Presence of heart assist device
Z95.812	Presence of fully implantable artificial heart
Z95.820	Peripheral vascular angioplasty status with implants and grafts
Z95.828	Presence of other vascular implants and grafts
Z96.60	Presence of unspecified orthopedic joint implant
Z98.870	Personal history of in utero procedure during pregnancy
Z98.871	Personal history of in utero procedure while a fetus
*Z98.890	*Other specified postprocedural states
*Z98.891	*History of uterine scar from previous surgery

Indications

1. Ferritin, iron and either iron binding capacity or transferrin are useful in the differential diagnosis of iron deficiency, anemia, and for iron overload conditions.
 - a. The following presentations are examples that may support the use of these studies for evaluating iron deficiency:
 - Certain abnormal blood count values (i.e., decreased Mean Corpuscular Volume (MCV), decreased hemoglobin/hematocrit when the MCV is low or normal, or increased Red cell Distribution Width (RDW) and low or normal MCV)
 - Abnormal appetite (pica)
 - Acute or chronic gastrointestinal blood loss
 - Hematuria
 - Menorrhagia
 - Malabsorption
 - Status post-gastrectomy
 - Status post-gastrojejunostomy
 - Malnutrition
 - Preoperative autologous blood collection(s)
 - Malignant, chronic inflammatory and infectious conditions associated with anemia which may present in a similar manner to iron deficiency anemia
 - Following a significant surgical procedure where blood loss had occurred and had not been repaired with adequate iron replacement.
 - b. The following presentations are examples that may support the use of these studies for evaluating iron overload:
 - Chronic Hepatitis



- Diabetes
 - Hyperpigmentation of skin
 - Arthropathy
 - Cirrhosis
 - Hypogonadism
 - Hypopituitarism
 - Impaired porphyrin metabolism
 - Heart failure
 - Multiple transfusions
 - Sideroblastic anemia
 - Thalassemia major
 - Cardiomyopathy, cardiac dysrhythmias and conduction disturbances
2. Follow-up testing may be appropriate to monitor response to therapy, e.g., oral or parenteral iron, ascorbic acid, and erythropoietin.
 3. Iron studies may be appropriate in patients after treatment for other nutritional deficiency anemias, such as folate and vitamin B12, because iron deficiency may not be revealed until such a nutritional deficiency is treated.
 4. Serum ferritin may be appropriate for monitoring iron status in patients with chronic renal disease with or without dialysis.
 5. Serum iron may also be indicated for evaluation of toxic effects of iron and other metals (e.g., nickel, cadmium, aluminum, and lead) whether due to accidental, intentional exposure or metabolic causes.

Limitations

1. Iron studies should be used to diagnose and manage iron deficiency or iron overload states. These tests are not to be used solely to assess acute phase reactants where disease management will be unchanged. For example, infections and malignancies are associated with elevations in acute phase reactants such as ferritin, and decreases in serum iron concentration, but iron studies would only be medically necessary if results of iron studies might alter the management of the primary diagnosis or might warrant direct treatment of an iron disorder or condition.
2. If a normal serum ferritin level is documented, repeat testing would not ordinarily be medically necessary unless there is a change in the patient's condition, and ferritin assessment is needed for the ongoing management of the patient. For example, a patient presents with new onset insulin-dependent diabetes mellitus and has a serum ferritin level performed for the suspicion of hemochromatosis. If the ferritin level is normal, the repeat ferritin for diabetes mellitus would not be medically necessary.
3. When an End Stage Renal Disease (ESRD) patient is tested for ferritin, testing more frequently than every three months requires documentation of medical necessity (e.g., other than chronic renal failure or renal failure, unspecified).



4. It is ordinarily not necessary to measure both transferrin and TIBC at the same time because TIBC is an indirect measure of transferrin. When transferrin is ordered as part of the nutritional assessment for evaluating malnutrition, it is not necessary to order other iron studies unless iron deficiency or iron overload is suspected as well.
5. It is not ordinarily necessary to measure either iron/TIBC (or transferrin) and ferritin in initial patient testing. If clinically indicated after evaluation of the initial iron studies, it may be appropriate to perform additional iron studies either on the initial specimen or on a subsequently obtained specimen. After a diagnosis of iron deficiency or iron overload is established, either iron/TIBC (or transferrin) or ferritin may be medically necessary for monitoring, but not both.
6. It would not ordinarily be considered medically necessary to do a ferritin as a preoperative test except in the presence of anemia or recent autologous blood collections prior to the surgery.

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

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

Sources of Information

CDC. Recommendations to prevent and control iron deficiency in the United States. MMWR 1998; 47(RR-3):1-29.

Powell LW, George DK, McDonnell SM, Kowdley KV. Diagnosis of hemochromatosis. Ann.Intern.Med. 1998;129:925-931.

Spiekerman AM. Proteins used in nutritional assessment. Clin.Lab.Med. 1993;13:353-369.

Wallach JB. Handbook of Interpretation of Diagnostic Tests. Lippincott-Raven Publishers (Philadelphia) 1998, pp. 170-180.

Van Walraven C, Goel V, Chan B. Effect of Population-Based Interventions on Laboratory Utilization. JAMA. 1998; 280:2028-2033.

Guyatt GH, Patterson C, Ali M, Singer J, Levine M, Turpie I, Meyer R. Diagnosis of Iron-Deficiency Anemia in the Elderly. AmJMed. 1990; 88:205-209.

Burns ER, Goldberg SN, Lawrence C, Wenz B. AJCP. 1990; 3: 240-245.

Burns ER, et al. Brief Clinical Observations. AmJMed. 1991; 90:653-654.

Yang Q, et al. Hemochromatosis-associated Mortality in the United States from 1979 to 1992: An Analysis of Multiple-Cause Mortality Data. AnIntMed.1998;129:946-953.