

190.23 - Lipids Testing

Description

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

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

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

HCPCS Codes (Alphanumeric, CPT® AMA)

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

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>



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

Code	Description
B25.2	Cytomegaloviral pancreatitis
B52.0	Plasmodium malariae malaria with nephropathy
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E01.8	Other iodine-deficiency related thyroid disorders and allied conditions
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.4	Atrophy of thyroid (acquired)
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E05.00	Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
E05.01	Thyrotoxicosis with diffuse goiter with thyrotoxic crisis or storm
E05.10	Thyrotoxicosis with toxic single thyroid nodule without thyrotoxic crisis or storm
E05.11	Thyrotoxicosis with toxic single thyroid nodule with thyrotoxic crisis or storm
E05.20	Thyrotoxicosis with toxic multinodular goiter without thyrotoxic crisis or storm
E05.21	Thyrotoxicosis with toxic multinodular goiter with thyrotoxic crisis or storm
E05.30	Thyrotoxicosis from ectopic thyroid tissue without thyrotoxic crisis or storm
E05.31	Thyrotoxicosis from ectopic thyroid tissue with thyrotoxic crisis or storm
E05.40	Thyrotoxicosis factitia without thyrotoxic crisis or storm
E05.41	Thyrotoxicosis factitia with thyrotoxic crisis or storm
E05.80	Other thyrotoxicosis without thyrotoxic crisis or storm
E05.81	Other thyrotoxicosis with thyrotoxic crisis or storm
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E05.91	Thyrotoxicosis, unspecified with thyrotoxic crisis or storm
E06.0	Acute thyroiditis
E06.1	Subacute thyroiditis
E06.2	Chronic thyroiditis with transient thyrotoxicosis
E06.3	Autoimmune thyroiditis

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***April 2023 Changes
ICD-10-CM Version – Red**

Fu Associates, Ltd.

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

Code	Description
E06.4	Drug-induced thyroiditis
E06.5	Other chronic thyroiditis
E06.9	Thyroiditis, unspecified
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
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



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

Code	Description
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye



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

Code	Description
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral



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



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

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

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

Code	Description
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye



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

Code	Description
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
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



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

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

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ICD-10-CM Version – Red**

Fu Associates, Ltd.

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

Code	Description
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye



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

Code	Description
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye



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

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

NCD 190.23

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ICD-10-CM Version – Red**

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Code	Description
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
E11.10 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye

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Code	Description
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye



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Code	Description
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye



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

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



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Code	Description
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye



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

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Code	Description
E13.620	Other specified diabetes mellitus with diabetic dermatitis
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
E24.0	Pituitary-dependent Cushing's disease
E24.2	Drug-induced Cushing's syndrome
E24.3	Ectopic ACTH syndrome
E24.4	Alcohol-induced pseudo-Cushing's syndrome
E24.8	Other Cushing's syndrome
E24.9	Cushing's syndrome, unspecified
E40	Kwashiorkor
E41	Nutritional marasmus
E42	Marasmic kwashiorkor
E43	Unspecified severe protein-calorie malnutrition
E44.0	Moderate protein-calorie malnutrition
E44.1	Mild protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E64.0	Sequelae of protein-calorie malnutrition
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.9	Obesity, unspecified
E71.30	Disorder of fatty-acid metabolism, unspecified

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Code	Description
E72.00	Disorders of amino-acid transport, unspecified
E72.01	Cystinuria
E72.02	Hartnup's disease
E72.04	Cystinosis
E72.09	Other disorders of amino-acid transport
E74.20	Disorders of galactose metabolism, unspecified
E74.21	Galactosemia
E74.29	Other disorders of galactose metabolism
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.26	Sulfatase deficiency
E75.3	Sphingolipidosis, unspecified
E75.5	Other lipid storage disorders
E75.6	Lipid storage disorder, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.3	Hyperchylomicronemia
E78.41	Elevated Lipoprotein(a)
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.6	Lipoprotein deficiency

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Code	Description
E78.70	Disorder of bile acid and cholesterol metabolism, unspecified
E78.79	Other disorders of bile acid and cholesterol metabolism
E78.81	Lipoid dermatoarthritis
E78.89	Other lipoprotein metabolism disorders
E78.9	Disorder of lipoprotein metabolism, unspecified
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E85.0	Non-neuropathic heredofamilial amyloidosis
E85.1	Neuropathic heredofamilial amyloidosis
E85.2	Heredofamilial amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
E88.02	Plasminogen deficiency
E88.1	Lipodystrophy, not elsewhere classified
E88.2	Lipomatosis, not elsewhere classified
E88.89	Other specified metabolic disorders
E89.0	Postprocedural hypothyroidism
F10.20	Alcohol dependence, uncomplicated
F10.90	Alcohol use, unspecified, uncomplicated
F10.91	Alcohol use, unspecified, in remission
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
H02.60	Xanthelasma of unspecified eye, unspecified eyelid
H02.61	Xanthelasma of right upper eyelid
H02.62	Xanthelasma of right lower eyelid



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Code	Description
H02.63	Xanthelasma of right eye, unspecified eyelid
H02.64	Xanthelasma of left upper eyelid
H02.65	Xanthelasma of left lower eyelid
H02.66	Xanthelasma of left eye, unspecified eyelid
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H18.411	Arcus senilis, right eye
H18.412	Arcus senilis, left eye
H18.413	Arcus senilis, bilateral
H18.419	Arcus senilis, unspecified eye
H34.00	Transient retinal artery occlusion, unspecified eye
H34.01	Transient retinal artery occlusion, right eye
H34.02	Transient retinal artery occlusion, left eye
H34.03	Transient retinal artery occlusion, bilateral
H34.10	Central retinal artery occlusion, unspecified eye
H34.11	Central retinal artery occlusion, right eye
H34.12	Central retinal artery occlusion, left eye
H34.13	Central retinal artery occlusion, bilateral
H34.211	Partial retinal artery occlusion, right eye
H34.212	Partial retinal artery occlusion, left eye
H34.213	Partial retinal artery occlusion, bilateral
H34.219	Partial retinal artery occlusion, unspecified eye
H34.231	Retinal artery branch occlusion, right eye
H34.232	Retinal artery branch occlusion, left eye
H34.233	Retinal artery branch occlusion, bilateral
H34.239	Retinal artery branch occlusion, unspecified eye
H34.9	Unspecified retinal vascular occlusion
H35.00	Unspecified background retinopathy
H35.011	Changes in retinal vascular appearance, right eye
H35.012	Changes in retinal vascular appearance, left eye
H35.013	Changes in retinal vascular appearance, bilateral

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Code	Description
H35.019	Changes in retinal vascular appearance, unspecified eye
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H35.029	Exudative retinopathy, unspecified eye
H35.031	Hypertensive retinopathy, right eye
H35.032	Hypertensive retinopathy, left eye
H35.033	Hypertensive retinopathy, bilateral
H35.039	Hypertensive retinopathy, unspecified eye
H35.041	Retinal micro-aneurysms, unspecified, right eye
H35.042	Retinal micro-aneurysms, unspecified, left eye
H35.043	Retinal micro-aneurysms, unspecified, bilateral
H35.049	Retinal micro-aneurysms, unspecified, unspecified eye
H35.051	Retinal neovascularization, unspecified, right eye
H35.052	Retinal neovascularization, unspecified, left eye
H35.053	Retinal neovascularization, unspecified, bilateral
H35.059	Retinal neovascularization, unspecified, unspecified eye
H35.071	Retinal telangiectasis, right eye
H35.072	Retinal telangiectasis, left eye
H35.073	Retinal telangiectasis, bilateral
H35.079	Retinal telangiectasis, unspecified eye
H35.89	Other specified retinal disorders
H43.20	Crystalline deposits in vitreous body, unspecified eye
H43.21	Crystalline deposits in vitreous body, right eye
H43.22	Crystalline deposits in vitreous body, left eye
H43.23	Crystalline deposits in vitreous body, bilateral
H93.011	Transient ischemic deafness, right ear
H93.012	Transient ischemic deafness, left ear
H93.013	Transient ischemic deafness, bilateral
H93.019	Transient ischemic deafness, unspecified ear
H93.091	Unspecified degenerative and vascular disorders of right ear
H93.092	Unspecified degenerative and vascular disorders of left ear
H93.093	Unspecified degenerative and vascular disorders of ear, bilateral
H93.099	Unspecified degenerative and vascular disorders of unspecified ear

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Code	Description
I10	Essential (primary) hypertension
I11.0	Hypertensive heart disease with heart failure
I11.9	Hypertensive heart disease without heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I15.8	Other secondary hypertension
I15.9	Secondary hypertension, unspecified
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.2	Refractory angina pectoris
I20.8	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites

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Code	Description
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.9	Acute ischemic heart disease, unspecified
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.112	Atherosclerotic heart disease of native coronary artery with refractory angina pectoris
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.2	Old myocardial infarction
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.702	Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris



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Code	Description
I25.709	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.712	Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.722	Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.732	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.752	Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris

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Code	Description
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.762	Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.792	Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I50.1	Left ventricular failure, unspecified
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

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Code	Description
150.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
150.810 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Right heart failure, unspecified
150.811 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Acute right heart failure
150.812 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Chronic right heart failure
150.813 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Acute on chronic right heart failure
150.814 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Right heart failure due to left heart failure



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Code	Description
150.82 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Biventricular heart failure
150.83 Covered only for procedure codes 80061, 82465, 83718, & 84478.	High output heart failure
150.84 Covered only for procedure codes 80061, 82465, 83718, & 84478.	End stage heart failure
150.89 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Other heart failure
150.9	Heart failure, unspecified
151.9	Heart disease, unspecified
152	Other heart disorders in diseases classified elsewhere
15A	Non-ischemic myocardial injury (non-traumatic)
161.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
161.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
161.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
161.3	Nontraumatic intracerebral hemorrhage in brain stem
161.4	Nontraumatic intracerebral hemorrhage in cerebellum

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Code	Description
161.5	Nontraumatic intracerebral hemorrhage, intraventricular
161.6	Nontraumatic intracerebral hemorrhage, multiple localized
161.8	Other nontraumatic intracerebral hemorrhage
161.9	Nontraumatic intracerebral hemorrhage, unspecified
163.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
163.011	Cerebral infarction due to thrombosis of right vertebral artery
163.012	Cerebral infarction due to thrombosis of left vertebral artery
163.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
163.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
163.02	Cerebral infarction due to thrombosis of basilar artery
163.031	Cerebral infarction due to thrombosis of right carotid artery
163.032	Cerebral infarction due to thrombosis of left carotid artery
163.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
163.039	Cerebral infarction due to thrombosis of unspecified carotid artery
163.09	Cerebral infarction due to thrombosis of other precerebral artery
163.10	Cerebral infarction due to embolism of unspecified precerebral artery
163.111	Cerebral infarction due to embolism of right vertebral artery
163.112	Cerebral infarction due to embolism of left vertebral artery
163.113	Cerebral infarction due to embolism of bilateral vertebral arteries
163.119	Cerebral infarction due to embolism of unspecified vertebral artery
163.12	Cerebral infarction due to embolism of basilar artery
163.131	Cerebral infarction due to embolism of right carotid artery
163.132	Cerebral infarction due to embolism of left carotid artery
163.133	Cerebral infarction due to embolism of bilateral carotid arteries
163.139	Cerebral infarction due to embolism of unspecified carotid artery
163.19	Cerebral infarction due to embolism of other precerebral artery
163.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
163.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
163.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
163.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
163.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
163.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
163.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries

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Code	Description
163.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
163.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
163.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
163.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
163.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
163.311	Cerebral infarction due to thrombosis of right middle cerebral artery
163.312	Cerebral infarction due to thrombosis of left middle cerebral artery
163.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
163.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
163.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
163.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
163.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
163.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
163.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
163.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
163.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
163.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
163.341	Cerebral infarction due to thrombosis of right cerebellar artery
163.342	Cerebral infarction due to thrombosis of left cerebellar artery
163.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
163.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
163.39	Cerebral infarction due to thrombosis of other cerebral artery
163.40	Cerebral infarction due to embolism of unspecified cerebral artery
163.411	Cerebral infarction due to embolism of right middle cerebral artery
163.412	Cerebral infarction due to embolism of left middle cerebral artery
163.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
163.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
163.421	Cerebral infarction due to embolism of right anterior cerebral artery
163.422	Cerebral infarction due to embolism of left anterior cerebral artery
163.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
163.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
163.431	Cerebral infarction due to embolism of right posterior cerebral artery
163.432	Cerebral infarction due to embolism of left posterior cerebral artery
163.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries

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Code	Description
163.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
163.441	Cerebral infarction due to embolism of right cerebellar artery
163.442	Cerebral infarction due to embolism of left cerebellar artery
163.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
163.449	Cerebral infarction due to embolism of unspecified cerebellar artery
163.49	Cerebral infarction due to embolism of other cerebral artery
163.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
163.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
163.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
163.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
163.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery
163.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
163.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
163.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
163.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
163.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
163.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
163.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
163.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
163.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
163.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
163.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
163.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
163.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
163.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
163.81	Other cerebral infarction due to occlusion or stenosis of small artery
163.89	Other cerebral infarction
163.9	Cerebral infarction, unspecified
165.01	Occlusion and stenosis of right vertebral artery
165.02	Occlusion and stenosis of left vertebral artery

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Code	Description
I65.03	Occlusion and stenosis of bilateral vertebral arteries
I65.09	Occlusion and stenosis of unspecified vertebral artery
I65.1	Occlusion and stenosis of basilar artery
I65.21	Occlusion and stenosis of right carotid artery
I65.22	Occlusion and stenosis of left carotid artery
I65.23	Occlusion and stenosis of bilateral carotid arteries
I65.29	Occlusion and stenosis of unspecified carotid artery
I65.8	Occlusion and stenosis of other precerebral arteries
I65.9	Occlusion and stenosis of unspecified precerebral artery
I66.01	Occlusion and stenosis of right middle cerebral artery
I66.02	Occlusion and stenosis of left middle cerebral artery
I66.03	Occlusion and stenosis of bilateral middle cerebral arteries
I66.09	Occlusion and stenosis of unspecified middle cerebral artery
I66.11	Occlusion and stenosis of right anterior cerebral artery
I66.12	Occlusion and stenosis of left anterior cerebral artery
I66.13	Occlusion and stenosis of bilateral anterior cerebral arteries
I66.19	Occlusion and stenosis of unspecified anterior cerebral artery
I66.21	Occlusion and stenosis of right posterior cerebral artery
I66.22	Occlusion and stenosis of left posterior cerebral artery
I66.23	Occlusion and stenosis of bilateral posterior cerebral arteries
I66.29	Occlusion and stenosis of unspecified posterior cerebral artery
I66.3	Occlusion and stenosis of cerebellar arteries
I66.8	Occlusion and stenosis of other cerebral arteries
I66.9	Occlusion and stenosis of unspecified cerebral artery
I67.2	Cerebral atherosclerosis
I67.5	Moyamoya disease
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.850	Cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy
I67.858	Other hereditary cerebrovascular disease
I67.89	Other cerebrovascular disease

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Code	Description
169.00	Unspecified sequelae of nontraumatic subarachnoid hemorrhage
169.010	Attention and concentration deficit following nontraumatic subarachnoid hemorrhage
169.011	Memory deficit following nontraumatic subarachnoid hemorrhage
169.012	Visuospatial deficit and spatial neglect following nontraumatic subarachnoid hemorrhage
169.013	Psychomotor deficit following nontraumatic subarachnoid hemorrhage
169.014	Frontal lobe and executive function deficit following nontraumatic subarachnoid hemorrhage
169.015	Cognitive social or emotional deficit following nontraumatic subarachnoid hemorrhage
169.018	Other symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
169.019	Unspecified symptoms and signs involving cognitive functions following nontraumatic subarachnoid hemorrhage
169.020	Aphasia following nontraumatic subarachnoid hemorrhage
169.021	Dysphasia following nontraumatic subarachnoid hemorrhage
169.022	Dysarthria following nontraumatic subarachnoid hemorrhage
169.023	Fluency disorder following nontraumatic subarachnoid hemorrhage
169.028	Other speech and language deficits following nontraumatic subarachnoid hemorrhage
169.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side

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Code	Description
169.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
169.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.090	Apraxia following nontraumatic subarachnoid hemorrhage
169.091	Dysphagia following nontraumatic subarachnoid hemorrhage
169.092	Facial weakness following nontraumatic subarachnoid hemorrhage
169.093	Ataxia following nontraumatic subarachnoid hemorrhage
169.098	Other sequelae following nontraumatic subarachnoid hemorrhage
169.10	Unspecified sequelae of nontraumatic intracerebral hemorrhage
169.110	Attention and concentration deficit following nontraumatic intracerebral hemorrhage
169.111	Memory deficit following nontraumatic intracerebral hemorrhage
169.112	Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
169.113	Psychomotor deficit following nontraumatic intracerebral hemorrhage
169.114	Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
169.115	Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
169.118	Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
169.119	Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
169.120	Aphasia following nontraumatic intracerebral hemorrhage
169.121	Dysphasia following nontraumatic intracerebral hemorrhage
169.122	Dysarthria following nontraumatic intracerebral hemorrhage

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Code	Description
169.123	Fluency disorder following nontraumatic intracerebral hemorrhage
169.128	Other speech and language deficits following nontraumatic intracerebral hemorrhage
169.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
169.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
169.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
169.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
169.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
169.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
169.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
169.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
169.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral

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Code	Description
169.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
169.190	Apraxia following nontraumatic intracerebral hemorrhage
169.191	Dysphagia following nontraumatic intracerebral hemorrhage
169.192	Facial weakness following nontraumatic intracerebral hemorrhage
169.193	Ataxia following nontraumatic intracerebral hemorrhage
169.198	Other sequelae of nontraumatic intracerebral hemorrhage
169.20	Unspecified sequelae of other nontraumatic intracranial hemorrhage
169.210	Attention and concentration deficit following other nontraumatic intracranial hemorrhage
169.211	Memory deficit following other nontraumatic intracranial hemorrhage
169.212	Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage
169.213	Psychomotor deficit following other nontraumatic intracranial hemorrhage
169.214	Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage
169.215	Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage
169.218	Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
169.219	Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage
169.220	Aphasia following other nontraumatic intracranial hemorrhage
169.221	Dysphasia following other nontraumatic intracranial hemorrhage
169.222	Dysarthria following other nontraumatic intracranial hemorrhage
169.223	Fluency disorder following other nontraumatic intracranial hemorrhage
169.228	Other speech and language deficits following other nontraumatic intracranial hemorrhage
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side

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Code	Description
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
169.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
169.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
169.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
169.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
169.290	Apraxia following other nontraumatic intracranial hemorrhage
169.291	Dysphagia following other nontraumatic intracranial hemorrhage
169.292	Facial weakness following other nontraumatic intracranial hemorrhage
169.293	Ataxia following other nontraumatic intracranial hemorrhage
169.298	Other sequelae of other nontraumatic intracranial hemorrhage
169.30	Unspecified sequelae of cerebral infarction
169.310	Attention and concentration deficit following cerebral infarction
169.311	Memory deficit following cerebral infarction
169.312	Visuospatial deficit and spatial neglect following cerebral infarction
169.313	Psychomotor deficit following cerebral infarction

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Code	Description
169.314	Frontal lobe and executive function deficit following cerebral infarction
169.315	Cognitive social or emotional deficit following cerebral infarction
169.318	Other symptoms and signs involving cognitive functions following cerebral infarction
169.319	Unspecified symptoms and signs involving cognitive functions following cerebral infarction
169.320	Aphasia following cerebral infarction
169.321	Dysphasia following cerebral infarction
169.322	Dysarthria following cerebral infarction
169.323	Fluency disorder following cerebral infarction
169.328	Other speech and language deficits following cerebral infarction
169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
169.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
169.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
169.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
169.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
169.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
169.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
169.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
169.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
169.361	Other paralytic syndrome following cerebral infarction affecting right dominant side
169.362	Other paralytic syndrome following cerebral infarction affecting left dominant side
169.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
169.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
169.365	Other paralytic syndrome following cerebral infarction, bilateral
169.369	Other paralytic syndrome following cerebral infarction affecting unspecified side
169.390	Apraxia following cerebral infarction
169.391	Dysphagia following cerebral infarction
169.392	Facial weakness following cerebral infarction
169.393	Ataxia following cerebral infarction

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Code	Description
169.398	Other sequelae of cerebral infarction
169.80	Unspecified sequelae of other cerebrovascular disease
169.810	Attention and concentration deficit following other cerebrovascular disease
169.811	Memory deficit following other cerebrovascular disease
169.812	Visuospatial deficit and spatial neglect following other cerebrovascular disease
169.813	Psychomotor deficit following other cerebrovascular disease
169.814	Frontal lobe and executive function deficit following other cerebrovascular disease
169.815	Cognitive social or emotional deficit following other cerebrovascular disease
169.818	Other symptoms and signs involving cognitive functions following other cerebrovascular disease
169.819	Unspecified symptoms and signs involving cognitive functions following other cerebrovascular disease
169.820	Aphasia following other cerebrovascular disease
169.821	Dysphasia following other cerebrovascular disease
169.822	Dysarthria following other cerebrovascular disease
169.823	Fluency disorder following other cerebrovascular disease
169.828	Other speech and language deficits following other cerebrovascular disease
169.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
169.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
169.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
169.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
169.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
169.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side



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Code	Description
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
169.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
169.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
169.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
169.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
169.865	Other paralytic syndrome following other cerebrovascular disease, bilateral
169.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
169.890	Apraxia following other cerebrovascular disease
169.891	Dysphagia following other cerebrovascular disease
169.892	Facial weakness following other cerebrovascular disease
169.893	Ataxia following other cerebrovascular disease
169.898	Other sequelae of other cerebrovascular disease
169.90	Unspecified sequelae of unspecified cerebrovascular disease
169.910	Attention and concentration deficit following unspecified cerebrovascular disease
169.911	Memory deficit following unspecified cerebrovascular disease
169.912	Visuospatial deficit and spatial neglect following unspecified cerebrovascular disease
169.913	Psychomotor deficit following unspecified cerebrovascular disease
169.914	Frontal lobe and executive function deficit following unspecified cerebrovascular disease
169.915	Cognitive social or emotional deficit following unspecified cerebrovascular disease
169.918	Other symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
169.919	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
169.920	Aphasia following unspecified cerebrovascular disease

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Code	Description
169.921	Dysphasia following unspecified cerebrovascular disease
169.922	Dysarthria following unspecified cerebrovascular disease
169.923	Fluency disorder following unspecified cerebrovascular disease
169.928	Other speech and language deficits following unspecified cerebrovascular disease
169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
169.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
169.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
169.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
169.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
169.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side

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Code	Description
169.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
169.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
169.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
169.990	Apraxia following unspecified cerebrovascular disease
169.991	Dysphagia following unspecified cerebrovascular disease
169.992	Facial weakness following unspecified cerebrovascular disease
169.993	Ataxia following unspecified cerebrovascular disease
169.998	Other sequelae following unspecified cerebrovascular disease
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg

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Code	Description
170.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
170.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
170.242	Atherosclerosis of native arteries of left leg with ulceration of calf
170.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
170.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
170.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
170.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
170.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
170.25	Atherosclerosis of native arteries of other extremities with ulceration
170.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
170.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
170.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
170.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
170.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
170.291	Other atherosclerosis of native arteries of extremities, right leg
170.292	Other atherosclerosis of native arteries of extremities, left leg
170.293	Other atherosclerosis of native arteries of extremities, bilateral legs
170.298	Other atherosclerosis of native arteries of extremities, other extremity
170.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
170.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
170.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
170.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
170.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
170.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
170.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
170.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity



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Code	Description
170.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
170.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
170.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
170.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
170.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
170.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
170.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
170.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
170.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
170.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
170.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
170.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
170.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
170.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
170.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
170.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
170.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
170.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
170.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
170.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
170.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
170.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg



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Code	Description
170.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
170.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
170.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
170.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
170.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
170.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
170.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
170.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
170.401	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
170.402	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
170.403	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
170.408	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
170.409	Unspecified atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity
170.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
170.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
170.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
170.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.421	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, right leg
170.422	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, left leg
170.423	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, bilateral legs
170.428	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, other extremity
170.429	Atherosclerosis of autologous vein bypass graft(s) of the extremities with rest pain, unspecified extremity



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Code	Description
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.461	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, right leg
I70.462	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, left leg
I70.463	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, bilateral legs
I70.468	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, other extremity
I70.469	Atherosclerosis of autologous vein bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.491	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, right leg
I70.492	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, left leg
I70.493	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, bilateral legs
I70.498	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, other extremity
I70.499	Other atherosclerosis of autologous vein bypass graft(s) of the extremities, unspecified extremity



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Code	Description
170.501	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
170.502	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
170.503	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
170.508	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
170.509	Unspecified atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
170.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
170.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
170.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
170.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
170.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
170.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
170.528	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, other extremity
170.529	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, unspecified extremity
170.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
170.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
170.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
170.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
170.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot



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Code	Description
170.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
170.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
170.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
170.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
170.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
170.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
170.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
170.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
170.561	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, right leg
170.562	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, left leg
170.563	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, bilateral legs
170.568	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, other extremity
170.569	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with gangrene, unspecified extremity
170.591	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, right leg
170.592	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, left leg
170.593	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, bilateral legs
170.598	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, other extremity
170.599	Other atherosclerosis of nonautologous biological bypass graft(s) of the extremities, unspecified extremity
170.601	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
170.602	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg

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Code	Description
170.603	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
170.608	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
170.609	Unspecified atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
170.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
170.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
170.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
170.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
170.621	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, right leg
170.622	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, left leg
170.623	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, bilateral legs
170.628	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, other extremity
170.629	Atherosclerosis of nonbiological bypass graft(s) of the extremities with rest pain, unspecified extremity
170.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
170.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
170.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
170.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
170.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot
170.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
170.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
170.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
170.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
170.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle



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Code	Description
170.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
170.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
170.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
170.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
170.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
170.661	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, right leg
170.662	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, left leg
170.663	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, bilateral legs
170.668	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, other extremity
170.669	Atherosclerosis of nonbiological bypass graft(s) of the extremities with gangrene, unspecified extremity
170.691	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, right leg
170.692	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, left leg
170.693	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, bilateral legs
170.698	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, other extremity
170.699	Other atherosclerosis of nonbiological bypass graft(s) of the extremities, unspecified extremity
170.701	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, right leg
170.702	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, left leg
170.703	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
170.708	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
170.709	Unspecified atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
170.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
170.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
170.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
170.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity



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Code	Description
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.721	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, right leg
I70.722	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, left leg
I70.723	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.728	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, other extremity
I70.729	Atherosclerosis of other type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.761	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, right leg
I70.762	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, left leg
I70.763	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.768	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, other extremity

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Code	Description
I70.769	Atherosclerosis of other type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.791	Other atherosclerosis of other type of bypass graft(s) of the extremities, right leg
I70.792	Other atherosclerosis of other type of bypass graft(s) of the extremities, left leg
I70.793	Other atherosclerosis of other type of bypass graft(s) of the extremities, bilateral legs
I70.798	Other atherosclerosis of other type of bypass graft(s) of the extremities, other extremity
I70.799	Other atherosclerosis of other type of bypass graft(s) of the extremities, unspecified extremity
I70.8	Atherosclerosis of other arteries
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I70.92	Chronic total occlusion of artery of the extremities
I71.00	Dissection of unspecified site of aorta
I71.010	Dissection of ascending aorta
I71.011	Dissection of aortic arch
I71.012	Dissection of descending thoracic aorta
I71.019	Dissection of thoracic aorta, unspecified
I71.02	Dissection of abdominal aorta
I71.03	Dissection of thoracoabdominal aorta
I71.10	Thoracic aortic aneurysm, ruptured, unspecified
I71.11	Aneurysm of the ascending aorta, ruptured
I71.12	Aneurysm of the aortic arch, ruptured
I71.13	Aneurysm of the descending thoracic aorta, ruptured
I71.20	Thoracic aortic aneurysm, without rupture, unspecified
I71.21	Aneurysm of the ascending aorta, without rupture
I71.22	Aneurysm of the aortic arch, without rupture
I71.23	Aneurysm of the descending thoracic aorta, without rupture
I71.30	Abdominal aortic aneurysm, ruptured, unspecified
I71.31	Pararenal abdominal aortic aneurysm, ruptured
I71.32	Juxtarenal abdominal aortic aneurysm, ruptured
I71.33	Infrarenal abdominal aortic aneurysm, ruptured
I71.40	Abdominal aortic aneurysm, without rupture, unspecified
I71.41	Pararenal abdominal aortic aneurysm, without rupture
I71.42	Juxtarenal abdominal aortic aneurysm, without rupture

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Code	Description
I71.43	Infrarenal abdominal aortic aneurysm, without rupture
I71.50	Thoracoabdominal aortic aneurysm, ruptured, unspecified
I71.51	Supraceliac aneurysm of the abdominal aorta, ruptured
I71.52	Paravisceral aneurysm of the abdominal aorta, ruptured
I71.60	Thoracoabdominal aortic aneurysm, without rupture, unspecified
I71.61	Supraceliac aneurysm of the abdominal aorta, without rupture
I71.62	Paravisceral aneurysm of the abdominal aorta, without rupture
I71.8	Aortic aneurysm of unspecified site, ruptured
I71.9	Aortic aneurysm of unspecified site, without rupture
I72.1	Aneurysm of artery of upper extremity
I72.2	Aneurysm of renal artery
I72.3	Aneurysm of iliac artery
I72.5 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Aneurysm of other precerebral arteries
I72.6 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Aneurysm of vertebral artery
I74.01	Saddle embolus of abdominal aorta
I74.09	Other arterial embolism and thrombosis of abdominal aorta
I74.10	Embolism and thrombosis of unspecified parts of aorta
I74.11	Embolism and thrombosis of thoracic aorta
I74.19	Embolism and thrombosis of other parts of aorta
I74.2	Embolism and thrombosis of arteries of the upper extremities
I74.3	Embolism and thrombosis of arteries of the lower extremities
I74.4	Embolism and thrombosis of arteries of extremities, unspecified
I74.5	Embolism and thrombosis of iliac artery



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Code	Description
174.8	Embolism and thrombosis of other arteries
174.9	Embolism and thrombosis of unspecified artery
177.70 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Dissection of unspecified artery
177.75 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Dissection of other precerebral arteries
177.76 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Dissection of artery of upper extremity
177.77 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Dissection of artery of lower extremity
179.0	Aneurysm of aorta in diseases classified elsewhere
K55.1	Chronic vascular disorders of intestine
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver



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Code	Description
K76.5	Hepatic veno-occlusive disease
K76.81	Hepatopulmonary syndrome
K76.82	Hepatic encephalopathy
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
K85.00	Idiopathic acute pancreatitis without necrosis or infection
K85.01	Idiopathic acute pancreatitis with uninfected necrosis
K85.02	Idiopathic acute pancreatitis with infected necrosis
K85.10	Biliary acute pancreatitis without necrosis or infection
K85.11	Biliary acute pancreatitis with uninfected necrosis
K85.12	Biliary acute pancreatitis with infected necrosis
K85.20	Alcohol induced acute pancreatitis without necrosis or infection
K85.21	Alcohol induced acute pancreatitis with uninfected necrosis
K85.22	Alcohol induced acute pancreatitis with infected necrosis
K85.30	Drug induced acute pancreatitis without necrosis or infection
K85.31	Drug induced acute pancreatitis with uninfected necrosis
K85.32	Drug induced acute pancreatitis with infected necrosis
K85.80	Other acute pancreatitis without necrosis or infection
K85.81	Other acute pancreatitis with uninfected necrosis
K85.82	Other acute pancreatitis with infected necrosis
K85.90	Acute pancreatitis without necrosis or infection, unspecified
K85.91	Acute pancreatitis with uninfected necrosis, unspecified
K85.92	Acute pancreatitis with infected necrosis, unspecified
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K86.9	Disease of pancreas, unspecified
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified

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Code	Description
K90.89	Other intestinal malabsorption
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
N02.0	Recurrent and persistent hematuria with minor glomerular abnormality
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
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
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease

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Code	Description
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis
N04.8	Nephrotic syndrome with other morphologic changes
N04.9	Nephrotic syndrome with unspecified morphologic changes
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N17.0	Acute kidney failure with tubular necrosis
*N18.1	*Chronic kidney disease, stage 1
*N18.2	*Chronic kidney disease, stage 2 (mild)
*N18.30	*Chronic kidney disease, stage 3 unspecified
*N18.31	*Chronic kidney disease, stage 3a
*N18.32	*Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N18.9	Chronic kidney disease, unspecified
N25.0	Renal osteodystrophy
N25.1	Nephrogenic diabetes insipidus
N25.81	Secondary hyperparathyroidism of renal origin
N25.89	Other disorders resulting from impaired renal tubular function
N25.9	Disorder resulting from impaired renal tubular function, unspecified
N26.2	Page kidney
N52.01	Erectile dysfunction due to arterial insufficiency
N52.02	Corporo-venous occlusive erectile dysfunction
N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
N52.1	Erectile dysfunction due to diseases classified elsewhere
N52.2 Covered only for procedure codes 83700, 83701, 83704, & 83721.	Drug-induced erectile dysfunction
N52.31	Erectile dysfunction following radical prostatectomy
N52.32	Erectile dysfunction following radical cystectomy
N52.33	Erectile dysfunction following urethral surgery
N52.34	Erectile dysfunction following simple prostatectomy

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Code	Description
N52.35	Erectile dysfunction following radiation therapy
N52.36	Erectile dysfunction following interstitial seed therapy
N52.37	Erectile dysfunction following prostate ablative therapy
N52.39	Other and unspecified postprocedural erectile dysfunction
N52.8	Other male erectile dysfunction
N52.9	Male erectile dysfunction, unspecified
O26.611	Liver and biliary tract disorders in pregnancy, first trimester
O26.612	Liver and biliary tract disorders in pregnancy, second trimester
O26.613	Liver and biliary tract disorders in pregnancy, third trimester
O26.619	Liver and biliary tract disorders in pregnancy, unspecified trimester
O26.62	Liver and biliary tract disorders in childbirth
O30.131	Triplet pregnancy, trichorionic/triamniotic, first trimester
O30.132	Triplet pregnancy, trichorionic/triamniotic, second trimester
O30.133	Triplet pregnancy, trichorionic/triamniotic, third trimester
O30.139	Triplet pregnancy, trichorionic/triamniotic, unspecified trimester
O30.231	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, first trimester
O30.232	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, second trimester
O30.233	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, third trimester
O30.239	Quadruplet pregnancy, quadrachorionic/quadra-amniotic, unspecified trimester
O30.831	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, first trimester
O30.832	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, second trimester
O30.833	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, third trimester
O30.839	Other specified multiple gestation, number of chorions and amnions are both equal to the number of fetuses, unspecified trimester
O90.5	Postpartum thyroiditis
O99.280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
O99.281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
O99.282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
O99.283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
O99.284	Endocrine, nutritional and metabolic diseases complicating childbirth
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens

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Code	Description
P05.10	Newborn small for gestational age, unspecified weight
P05.11	Newborn small for gestational age, less than 500 grams
P05.12	Newborn small for gestational age, 500-749 grams
P05.13	Newborn small for gestational age, 750-999 grams
P05.14	Newborn small for gestational age, 1000-1249 grams
P05.15	Newborn small for gestational age, 1250-1499 grams
P05.16	Newborn small for gestational age, 1500-1749 grams
P05.17	Newborn small for gestational age, 1750-1999 grams
P05.18	Newborn small for gestational age, 2000-2499 grams
Q25.21 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Interruption of aortic arch
Q25.40 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Congenital malformation of aorta unspecified
Q25.44 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Congenital dilation of aorta
Q25.45 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Double aortic arch



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Code	Description
Q25.46 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Tortuous aortic arch
Q25.47 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Right aortic arch
Q25.48 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Anomalous origin of subclavian artery
Q25.49 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Other congenital malformations of aorta
Q44.2	Atresia of bile ducts
Q44.3	Congenital stenosis and stricture of bile ducts
R07.2	Precordial pain
R07.82	Intercostal pain
R07.89	Other chest pain
R07.9	Chest pain, unspecified
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified



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Code	Description
R29.700 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 0
R29.701 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 1
R29.702 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 2
R29.703 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 3
R29.704 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 4



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Code	Description
R29.705 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 5
R29.706 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 6
R29.707 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 7
R29.708 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 8
R29.709 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 9



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Code	Description
R29.710 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 10
R29.711 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 11
R29.712 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 12
R29.713 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 13
R29.714 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 14



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Code	Description
R29.715 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 15
R29.716 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 16
R29.717 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 17
R29.718 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 18
R29.719 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 19



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Code	Description
R29.720 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 20
R29.721 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 21
R29.722 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 22
R29.723 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 23
R29.724 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 24



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Code	Description
R29.725 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 25
R29.726 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 26
R29.727 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 27
R29.728 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 28
R29.729 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 29



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Code	Description
R29.730 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 30
R29.731 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 31
R29.732 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 32
R29.733 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 33
R29.734 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 34



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Code	Description
R29.735 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 35
R29.736 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 36
R29.737 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 37
R29.738 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 38
R29.739 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 39



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Code	Description
R29.740 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 40
R29.741 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 41
R29.742 Covered only for procedure codes 80061, 82465, 83718, & 84478.	NIHSS score 42
R74.01	Elevation of levels of liver transaminase levels
R74.02	Elevation of levels of lactic acid dehydrogenase [LDH]
R74.8	Abnormal levels of other serum enzymes
R74.9	Abnormal serum enzyme level, unspecified
R78.89	Finding of other specified substances, not normally found in blood
R79.0	Abnormal level of blood mineral
R79.83	Abnormal findings of blood amino-acid level
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
T59.811A	Toxic effect of smoke, accidental (unintentional), initial encounter
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter
T59.813A	Toxic effect of smoke, assault, initial encounter
T59.814A	Toxic effect of smoke, undetermined, initial encounter
T59.891A	Toxic effect of other specified gases, fumes and vapors, accidental (unintentional), initial encounter

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Code	Description
T59.892A	Toxic effect of other specified gases, fumes and vapors, intentional self-harm, initial encounter
T59.893A	Toxic effect of other specified gases, fumes and vapors, assault, initial encounter
T59.894A	Toxic effect of other specified gases, fumes and vapors, undetermined, initial encounter
T59.91XA	Toxic effect of unspecified gases, fumes and vapors, accidental (unintentional), initial encounter
T59.92XA	Toxic effect of unspecified gases, fumes and vapors, intentional self-harm, initial encounter
T59.93XA	Toxic effect of unspecified gases, fumes and vapors, assault, initial encounter
T59.94XA	Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter
T82.855A Covered only for procedure codes 80061, 82465, 83718, & 84478.	Stenosis of coronary artery stent, initial encounter
T82.855D Covered only for procedure codes 80061, 82465, 83718, & 84478.	Stenosis of coronary artery stent, subsequent encounter
T82.855S Covered only for procedure codes 80061, 82465, 83718, & 84478.	Stenosis of coronary artery stent, sequela
T82.856A Covered only for procedure codes 80061, 82465, 83718, & 84478.	Stenosis of peripheral vascular stent, initial encounter



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Code	Description
T82.856D Covered only for procedure codes 80061, 82465, 83718, & 84478.	Stenosis of peripheral vascular stent, subsequent encounter
T82.856S Covered only for procedure codes 80061, 82465, 83718, & 84478.	Stenosis of peripheral vascular stent, sequela
T86.10	Unspecified complication of kidney transplant
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
Z13.6 Covered only for procedure codes 80061, 82465, 83718, & 84478.	Encounter for screening for cardiovascular disorders
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
Z79.02	Long term (current) use of antithrombotics/antiplatelets
Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Z79.3	Long term (current) use of hormonal contraceptives
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.85	Long-term (current) use of injectable non-insulin antidiabetic drugs
Z79.899	Other long term (current) drug therapy
Z83.42	Family history of familial hypercholesterolemia
Z83.430	Family history of elevated lipoprotein(a)



Code	Description
Z84.82 Covered only for procedure codes 83700, 83701, 83704, & 83721.	Family history of sudden infant death syndrome
Z94.0	Kidney transplant status
Z94.4	Liver transplant status

Indications

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

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

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

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

Any one component of the panel or a measured LDL may be reasonable and necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked



elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

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

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

Limitations

Lipid panel and hepatic panel testing may be used for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid etretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis. Routine screening and prophylactic testing for lipid disorder are not covered by Medicare. While lipid screening may be medically appropriate, Medicare by statute does not pay for it. Lipid testing in asymptomatic individuals is considered to be screening regardless of the presence of other risk factors such as family history, tobacco use, etc.

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

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

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

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

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

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

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



Sources of Information

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

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

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

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

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

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

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