FUTURE LCD Reference Article Billing and Coding Article

Billing and Coding: Routine Foot Care and Debridement of Nails

A57193

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FUTURE EFFECTIVE

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	States
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

Article Information

General Information

Article ID
A57193

Article Title
Billing and Coding: Routine Foot Care and Debridement of Nails

Article Type
Billing and Coding

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CMS National Coverage Policy

Title XVIII of the Social Security Act
Section 1833 (e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862 (a) (1) (A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1862 (a) (13)(C) defines the exclusion for payment of routine foot care services.

Code of Federal Regulations (CFR)
Part 411.15., subpart A addresses general exclusions and exclusion of particular services.

CMS Publications:
CMS Publication 100-2, *Medicare Benefit Policy Manual*, Chapter 15:

290 Foot care services which are exceptions to the Medicare coverage exclusion.

CMS Publication 100-3, *Medicare National Coverage Determination (NCD) Manual* Part 1:

70.2.1 Services provided for diagnosis and treatment of diabetic peripheral neuropathy.

CMS Publication 100-9, Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 5:

National Correct Coding Initiative.

Article Guidance

Article Text
This article gives guidance for billing, coding, and other guidelines in relation to local coverage policy L34246-Routine Foot Care and Debridement of Nails.

General Guidelines for Claims submitted to Part A or Part B MAC:

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare. For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim. A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act. The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

Advance Beneficiary Notice of Non-coverage (ABN) Modifier Guidelines

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 30, for complete instructions.

Effective from April 1, 2010, non-covered services should be billed with modifier –GA, -GX, -GY, or –GZ, as appropriate.

The –GA modifier ("Waiver of Liability Statement Issued as Required by Payer Policy") should be used when physicians, practitioners, or suppliers want to indicate that they anticipate that Medicare will deny a specific service as not reasonable and necessary and they do have an ABN signed by the beneficiary on file. Modifier GA applies only when services will be denied under reasonable and necessary provisions, sections 1862(a)(1), 1862(a)(9), 1879(e), or 1879(g) of the Social Security Act. Effective April 1, 2010, Part A MAC systems will automatically deny services billed with modifier GA. An ABN, Form CMS-R-131, should be signed by the beneficiary to indicate that he/she accepts responsibility for payment. The -GA modifier may also be used on assigned claims when a patient refuses to sign the ABN and the latter is properly witnessed. For claims submitted to the Part A MAC, occurrence code 32 and the date of the ABN is required.

Modifier GX ("Notice of Liability Issued, Voluntary Under Payer Policy") should be used when the beneficiary has signed an ABN, and a denial is anticipated based on provisions other than medical necessity, such as statutory exclusions of coverage or technical issues. An ABN is not required for these denials, but if non-covered services are reported with modifier GX, will automatically be denied services.

The –GZ modifier should be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they have not had an ABN signed by the beneficiary. If the service is statutorily non-covered, or without a benefit category, submit the appropriate CPT/HCPCS code with the -GY modifier. An ABN is not required for these denials, and the limitation of liability does not apply for beneficiaries. Services with modifier GY will automatically deny.

Codes 11055, 11056, 11057, 11719, 11720, 11721 and G0127 should be billed with a UNIT of "1" regardless of the number of lesions or nails treated.

When reporting debridement of mycotic nails (CPT codes 11720, 11721), the primary diagnosis representing the patient's dermatophytosis of the nail must be listed, as well as the secondary diagnosis representing the systemic condition.

In the absence of a systemic condition, claims for debridement of mycotic nails must report the primary diagnosis of dermatophytosis, and also report one of the diagnosis codes listed in the "ICD-10-CM Codes that Support Medical Necessity" section of the LCD which indicates secondary infection or pain. A diagnosis of mycotic nails alone is insufficient for payment.

When reporting procedures for treatment of Onychogryphosis or Onychauxis, the primary diagnosis representing one of these conditions must be reported, as well as one of the diagnosis codes listed in the “ICD-10-CM Codes that Support Medical Necessity” section of the LCD which indicates secondary infection or pain. A diagnosis of Onychogryphosis or Onychauxis alone is insufficient for payment.

For claims submitted to the Part B MAC:

All services/procedures performed on the same day for the same beneficiary by the physician/provider should be billed on the same claim.

Modifiers:
For four or fewer modifiers, providers should enter the information in Item 24D of the CMS-1500 claim form or the electronic equivalent. If five or more modifiers are used, the provider should report modifier 99 in Item 24D, and list the modifiers in Item 19 of the CMS-1500 claim form, or electronic equivalent.

Date Last Seen by Attending Physician (for those ICD-10-CM codes which fall under the active care requirement):
The approximate date when the beneficiary was last seen by the M.D., D.O., or qualified non-physician practitioner who diagnosed the complicating condition (attending physician) must be reported in an 8-digit (MM/DD/YYYY) format in Item 19 of the CMS-1500 claim form or the electronic equivalent.

Name and NPI (attending physician):
The NPI of the attending physician must be reported in Item 19 of the CMS-1500 claim form or electronic equivalent.

Claims for routine foot care and debridement of nails services are payable under Medicare Part B in the following places of service: office (11), home (12), assisted living facility (13), group home (14), off campus-outpatient hospital (19), urgent care (for CPT codes 11720 and 11721 only) (20), inpatient hospital (21), on campus-outpatient hospital (22), ambulatory surgical center (24), skilled nursing facility for patients in a Part A stay (31), nursing facility for patients not in a Part A stay (32), custodial care facility (33), independent clinic (49), inpatient psychiatric facility (51), psychiatric facility partial hospitalization (52), community mental health center (53), intermediate care facility (54), residential substance abuse treatment facility (55), psychiatric residential treatment center (56) comprehensive inpatient rehabilitation facility (61), comprehensive outpatient rehabilitation facility (62), end stage renal disease treatment facility (65), state or local public health clinic (71), and adult daycare facility (99).

For claims submitted to the Part A MAC:

Hospital Inpatient Claims:

- The hospital should report the patient's principal diagnosis in Form Locator (FL) 67 of the UB-04. *The principal diagnosis is the condition established after study to be chiefly responsible for this admission.*
- The hospital enters ICD-10-CM codes for up to eight additional conditions in FLs 67A-67Q if they co-existed at the time of admission or developed subsequently, and which had an effect upon the treatment or the length of stay. It may not duplicate the principal diagnosis listed in FL 67.
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- For inpatient hospital claims, the admitting diagnosis is required and should be recorded in FL 69. (See CMS Publication 100-04, *Medicare Claims Processing Manual,* Chapter 25, Section 75 for additional instructions.)

Hospital Outpatient Claims:

- *The hospital should report the full ICD-10-CM code for the diagnosis shown to be chiefly responsible for the outpatient services in FL 67.* If no definitive diagnosis is made during the outpatient evaluation, the patient's symptom is reported. If the patient arrives without a referring diagnosis, symptom or complaint, the provider *should report an ICD-10-CM code for Persons Without Reported Diagnosis Encountered During Examination and Investigation of Individuals and Populations (Z00.00-Z13.9).*

- The hospital enters the full ICD-10-CM codes in FLs 67A-67Q for up to eight other diagnoses that co-existed in addition to the diagnosis reported in FL 67.

Home health claims billed on 12X or 22X TOBs do not require HCPCS coding.

Modifiers:
Level two modifiers (indicating digit or limb) are entered in Field Locator 44 UB-04 claim form or the electronic equivalent.

Modifiers identifying indication for treatment (Q7, Q8, or Q9) are entered in Field Locator 44 UB-04 claim form or the electronic equivalent when applicable to validate medical necessity.

Documentation Requirements

The patient's medical record should include but is not limited to:

- The assessment of the patient by the ordering provider as it relates to the complaint of the patient for that visit,
- Relevant medical history
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report (Please note that all services ordered or rendered to Medicare beneficiaries must be signed.)

For debridement of mycotic nails, each service encounter, the medical record should contain a description of each nail which requires debridement. This should include, but is not limited to, the size (including thickness) and color of each affected nail. In addition, the local symptomatology caused by each affected nail resulting in the need for debridement must be documented. For CPT code 11720 documentation of at least one nail will be accepted. For CPT code 11721 complete documentation must be provided for at least 6 nails.

Documentation supporting the medical necessity, such as physical and/or clinical findings consistent with the diagnosis and indicative of severe peripheral involvement must be maintained in the patient record.

Physical findings and services must be precise and specific (e.g., *left great toe, or right foot, 4th digit*.) Documentation of co-existing systemic illness should be maintained.

There must be adequate medical documentation to demonstrate the need for routine foot care services as outlined in this determination. This documentation may be office records, physician notes or diagnoses characterizing the patient's physical status as being of such severity to meet the criteria for exceptions to the Medicare routine foot care exclusion.

Routine identification of cultures of fungi in the toenail is medically indicated when necessary to differentiate fungal disease from psoriatic nail, or when definitive treatment for prolonged oral antifungal therapy has been

planned. If cultures are performed and billed, documentation of cultures and the need for prolonged oral antifungal therapy must be in the patient record and available to Medicare upon request.

Routine foot care services are considered medically necessary once (1) in 60 days. More frequent services will be considered not medically necessary.

Services for debridement of more than five nails in a single day may be subject to special review.

Other Comments:

For claims submitted to the Part A MAC: this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS Administrators, LL to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Medicare does not routinely cover fungus cultures and KOH preparations performed on toenail clippings in the doctor's office. Identification of cultures of fungi in the toenail clippings is medically necessary only:

- When it is required to differentiate fungal disease from psoriatic nails.
- When a definitive treatment for a prolonged period of time is being planned involving the use of a prescription medication.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for foot care services as authorized by State law. (See Sections 1861[s][2] and 1862[a][140 of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

Coding Information

CPT/HCPCS Codes

Group 1 (7 Codes)

Group 1 Paragraph
N/A

Group 1 Codes

Code	Description
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); 2 TO 4 LESIONS
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN 4 LESIONS
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 (598 Codes)

Group 1 Paragraph

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes

Code	Description
A30.0 - A30.5	Indeterminate leprosy - Lepromatous leprosy
A30.8	Other forms of leprosy

Code	Description
A50.41 - A50.43	Late congenital syphilitic meningitis - Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13 - A52.17	Late syphilitic meningitis - General paresis
A52.19	Other symptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D81.818*	Other biotin-dependent carboxylase deficiency
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
E08.3211*	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
E08.3291*	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye

Code	Description
E08.3292*	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293*	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3311*	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
E08.3391*	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
E08.3411*	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
E08.3491*	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

Code	Description
E08.3493*	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
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
E08.3521*	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
E08.3531*	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
E08.3541*	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

Code	Description
	retinal detachment, bilateral
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
E08.3591*	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
E08.36*	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
E08.39*	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40 - E08.44*	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified - Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49*	Diabetes mellitus due to underlying condition with other diabetic neurological complication

Code	Description
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
E08.65*	Diabetes mellitus due to underlying condition with hyperglycemia
E09.21*	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22*	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29*	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.3211*	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
E09.3291*	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
E09.3311*	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye

Code	Description
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
E09.3391*	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
E09.3411*	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412*	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413*	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3491*	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
E09.3511*	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

Code	Description
E09.3513*	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
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
E09.3531*	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
E09.3541*	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542*	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543*	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3551*	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

Code	Description
E09.3553*	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
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
E09.36*	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
E09.39*	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40 - E09.44*	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified - Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49*	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52*	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene

Code	Description
E09.59*	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610*	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
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
E10.3291*	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
E10.3311*	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

Code	Description
E10.3313*	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
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
E10.3411*	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
E10.3491*	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
E10.3511*	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

Code	Description
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
E10.3531*	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
E10.3541*	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
E10.3551*	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
E10.3591*	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

Code	Description
E10.3593*	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
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
E10.39*	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40 - E10.44*	Type 1 diabetes mellitus with diabetic neuropathy, unspecified - 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
E10.65*	Type 1 diabetes mellitus with hyperglycemia
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

Code	Description
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
E11.3291*	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
E11.3311*	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
E11.3391*	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
E11.3411*	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye

Code	Description
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
E11.3491*	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
E11.3511*	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
E11.3521*	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522*	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523*	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3531*	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

Code	Description
E11.3533*	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
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
E11.3551*	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
E11.3591*	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
E11.36*	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
E11.37X3*	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.39*	Type 2 diabetes mellitus with other diabetic ophthalmic complication

Code	Description
E11.40 - E11.44*	Type 2 diabetes mellitus with diabetic neuropathy, unspecified - 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
E11.65*	Type 2 diabetes mellitus with hyperglycemia
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22*	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29*	Other specified diabetes mellitus with other diabetic kidney complication
E13.3211*	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
E13.3291*	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

Code	Description
E13.3311*	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312*	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313*	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3391*	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
E13.3411*	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412*	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413*	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3491*	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
E13.3511*	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye

Code	Description
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
E13.3521*	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
E13.3531*	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
E13.3541*	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542*	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543*	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3551*	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye

Code	Description
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
E13.3591*	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
E13.36*	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
E13.39*	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40 - E13.44*	Other specified diabetes mellitus with diabetic neuropathy, unspecified - 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

Code	Description
E13.59*	Other specified diabetes mellitus with other circulatory complications
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E46*	Unspecified protein-calorie malnutrition
E51.11*	Dry beriberi
E51.12*	Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E64.0*	Sequelae of protein-calorie malnutrition
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240 - E75.243	Niemann-Pick disease type A - Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E75.26	Sulfatase deficiency
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism

Code	Description
E85.1 - E85.4	Neuropathic heredofamilial amyloidosis - Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
G04.1	Tropical spastic paraplegia
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G60.0 - G60.3	Hereditary motor and sensory neuropathy - Idiopathic progressive neuropathy

Code	Description
G60.8	Other hereditary and idiopathic neuropathies
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G62.0 - G62.2*	Drug-induced polyneuropathy - Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82*	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 - G65.2	Sequelae of Guillain-Barre syndrome - Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51 - G82.54	Quadriplegia, C1-C4 complete - Quadriplegia, C5-C7 incomplete

Code	Description
I70.201 - I70.203	Unspecified atherosclerosis of native arteries of extremities, right leg - Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.211 - I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg - Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.221 - I70.223	Atherosclerosis of native arteries of extremities with rest pain, right leg - Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.231 - I70.235	Atherosclerosis of native arteries of right leg with ulceration of thigh - Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.241 - I70.245	Atherosclerosis of native arteries of left leg with ulceration of thigh - Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261 - I70.263	Atherosclerosis of native arteries of extremities with gangrene, right leg - Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis

Code	Description
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia
I73.89	Other specified peripheral vascular diseases
I77.6	Arteritis, unspecified
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.01 - I80.03*	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity - Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.11 - I80.13*	Phlebitis and thrombophlebitis of right femoral vein - Phlebitis and thrombophlebitis of femoral vein, bilateral
I80.201 - I80.203*	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity - Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
I80.211 - I80.213*	Phlebitis and thrombophlebitis of right iliac vein - Phlebitis and thrombophlebitis of iliac vein, bilateral
I80.221 - I80.223*	Phlebitis and thrombophlebitis of right popliteal vein - Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80.231 - I80.233*	Phlebitis and thrombophlebitis of right tibial vein - Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.241 - I80.243*	Phlebitis and thrombophlebitis of right peroneal vein - Phlebitis and thrombophlebitis of peroneal vein, bilateral

Code	Description
I80.249*	Phlebitis and thrombophlebitis of unspecified peroneal vein
I80.251 - I80.253*	Phlebitis and thrombophlebitis of right calf muscular vein - Phlebitis and thrombophlebitis of calf muscular vein, bilateral
I80.259*	Phlebitis and thrombophlebitis of unspecified calf muscular vein
I80.291 - I80.293*	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity - Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I80.3*	Phlebitis and thrombophlebitis of lower extremities, unspecified
I82.541 - I82.543*	Chronic embolism and thrombosis of right tibial vein - Chronic embolism and thrombosis of tibial vein, bilateral
I82.551 - I82.553*	Chronic embolism and thrombosis of right peroneal vein - Chronic embolism and thrombosis of peroneal vein, bilateral
I82.559*	Chronic embolism and thrombosis of unspecified peroneal vein
I82.561 - I82.563*	Chronic embolism and thrombosis of right calf muscular vein - Chronic embolism and thrombosis of calf muscular vein, bilateral
I82.569*	Chronic embolism and thrombosis of unspecified calf muscular vein
I82.5Z1 - I82.5Z3*	Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity - Chronic embolism and thrombosis of unspecified deep veins of distal lower extremity, bilateral
I82.811 - I82.813*	Embolism and thrombosis of superficial veins of right lower extremity - Embolism and thrombosis of superficial veins of lower extremities, bilateral
I82.891*	Chronic embolism and thrombosis of other specified veins
I82.91*	Chronic embolism and thrombosis of unspecified vein
I89.0	Lymphedema, not elsewhere classified

Code	Description
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2*	Blind loop syndrome, not elsewhere classified
K90.3*	Pancreatic steatorrhea
K91.2*	Postsurgical malabsorption, not elsewhere classified
L62	Nail disorders in diseases classified elsewhere
L84	Corns and callosities
M05.411*	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.412*	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.421*	Rheumatoid myopathy with rheumatoid arthritis of right elbow
M05.422*	Rheumatoid myopathy with rheumatoid arthritis of left elbow
M05.431*	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.432*	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.441*	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442*	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.451*	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452*	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.461*	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462*	Rheumatoid myopathy with rheumatoid arthritis of left knee

Code	Description
M05.471*	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472*	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.49*	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites

Code	Description
M05.711*	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712*	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.721*	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722*	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.731*	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732*	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.741*	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742*	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.751*	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752*	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759*	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761*	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762*	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement

Code	Description
M05.771*	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772*	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.79*	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.811*	Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.812*	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.821*	Other rheumatoid arthritis with rheumatoid factor of right elbow
M05.822*	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.831*	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832*	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.841*	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842*	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.851*	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852*	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.861*	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862*	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.871*	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872*	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.89*	Other rheumatoid arthritis with rheumatoid factor of multiple sites

Code	Description
M06.011*	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012*	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.021*	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022*	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.031*	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032*	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.041*	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042*	Rheumatoid arthritis without rheumatoid factor, left hand
M06.051*	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052*	Rheumatoid arthritis without rheumatoid factor, left hip
M06.061*	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062*	Rheumatoid arthritis without rheumatoid factor, left knee
M06.071*	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072*	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.08*	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09*	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.211*	Rheumatoid bursitis, right shoulder
M06.212*	Rheumatoid bursitis, left shoulder
M06.221*	Rheumatoid bursitis, right elbow

Code	Description
M06.222*	Rheumatoid bursitis, left elbow
M06.231*	Rheumatoid bursitis, right wrist
M06.232*	Rheumatoid bursitis, left wrist
M06.241*	Rheumatoid bursitis, right hand
M06.242*	Rheumatoid bursitis, left hand
M06.251*	Rheumatoid bursitis, right hip
M06.252*	Rheumatoid bursitis, left hip
M06.261*	Rheumatoid bursitis, right knee
M06.262*	Rheumatoid bursitis, left knee
M06.271*	Rheumatoid bursitis, right ankle and foot
M06.272*	Rheumatoid bursitis, left ankle and foot
M06.28*	Rheumatoid bursitis, vertebrae
M06.29*	Rheumatoid bursitis, multiple sites
M06.311*	Rheumatoid nodule, right shoulder
M06.312*	Rheumatoid nodule, left shoulder
M06.321*	Rheumatoid nodule, right elbow
M06.322*	Rheumatoid nodule, left elbow
M06.331*	Rheumatoid nodule, right wrist
M06.332*	Rheumatoid nodule, left wrist

Code	Description
M06.341*	Rheumatoid nodule, right hand
M06.342*	Rheumatoid nodule, left hand
M06.351*	Rheumatoid nodule, right hip
M06.352*	Rheumatoid nodule, left hip
M06.361*	Rheumatoid nodule, right knee
M06.362*	Rheumatoid nodule, left knee
M06.371*	Rheumatoid nodule, right ankle and foot
M06.372*	Rheumatoid nodule, left ankle and foot
M06.38*	Rheumatoid nodule, vertebrae
M06.39*	Rheumatoid nodule, multiple sites
M06.811*	Other specified rheumatoid arthritis, right shoulder
M06.812*	Other specified rheumatoid arthritis, left shoulder
M06.821*	Other specified rheumatoid arthritis, right elbow
M06.822*	Other specified rheumatoid arthritis, left elbow
M06.831*	Other specified rheumatoid arthritis, right wrist
M06.832*	Other specified rheumatoid arthritis, left wrist
M06.841*	Other specified rheumatoid arthritis, right hand
M06.842*	Other specified rheumatoid arthritis, left hand
M06.851*	Other specified rheumatoid arthritis, right hip

Code	Description
M06.852*	Other specified rheumatoid arthritis, left hip
M06.861*	Other specified rheumatoid arthritis, right knee
M06.862*	Other specified rheumatoid arthritis, left knee
M06.871*	Other specified rheumatoid arthritis, right ankle and foot
M06.872*	Other specified rheumatoid arthritis, left ankle and foot
M06.88*	Other specified rheumatoid arthritis, vertebrae
M06.89*	Other specified rheumatoid arthritis, multiple sites
M30.0	Polyarteritis nodosa
M30.2	Juvenile polyarteritis
M30.8	Other conditions related to polyarteritis nodosa
M31.4*	Aortic arch syndrome [Takayasu]
M31.7	Microscopic polyangiitis
M34.83	Systemic sclerosis with polyneuropathy
N18.1 - N18.6*	Chronic kidney disease, stage 1 - End stage renal disease

Group 1 Medical Necessity ICD-10-CM Codes Asterisk Explanation

* For these diagnoses, the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

Group 2 (6 Codes)

Group 2 Paragraph

For treatment of mycotic nails, or onychogryphosis, or onychauxis, ICD-10 CM code B35.1 or ICD-10-CM L60.1-L60.5 respectively, must be reported as primary, with the diagnosis representing the patient's

symptom reported as the secondary ICD-10-CM code. Refer to the “Indications and Limitations of Coverage and/or Medical Necessity” section of the LCD.

Primary Diagnosis:

Group 2 Codes

Code	Description
B35.1	Tinea unguium
L60.1	Onycholysis
L60.2	Onychogryphosis
L60.3	Nail dystrophy
L60.4	Beau's lines
L60.5	Yellow nail syndrome

Group 3 (31 Codes)

Group 3 Paragraph

For treatment of mycotic nails, or onychogryphosis, or onychauxis, ICD-10 CM code B35.1 or ICD-10-CM L60.1-L60.5 respectively, must be reported as primary, with the diagnosis representing the patient’s symptom reported as the secondary ICD-10-CM code. Refer to the “Indications and Limitations of Coverage and/or Medical Necessity” section of the LCD

Secondary Diagnosis:

Group 3 Codes

Code	Description
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L03.031	Cellulitis of right toe
L03.032	Cellulitis of left toe
L03.041	Acute lymphangitis of right toe

Code	Description
L03.042	Acute lymphangitis of left toe
M79.601 - M79.605	Pain in right arm - Pain in left leg
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.641 - M79.645	Pain in right hand - Pain in left finger(s)
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.671 - M79.675	Pain in right foot - Pain in left toe(s)
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility

Group 4 (117 Codes)

Group 4 Paragraph

The ICD-10-CM codes below represent those diagnoses where the patient has evidence of neuropathy, but no vascular impairment, for which class findings modifiers are not required.

Group 4 Codes

Code	Description
A30.0 - A30.5	Indeterminate leprosy - Lepromatous leprosy

Code	Description
A30.8	Other forms of leprosy
A50.41 - A50.43	Late congenital syphilitic meningitis - Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13 - A52.17	Late syphilitic meningitis - General paresis
A52.19	Other symptomatic neurosyphilis
A52.3	Neurosyphilis, unspecified
D81.818	Other biotin-dependent carboxylase deficiency
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E10.41 - E10.44*	Type 1 diabetes mellitus with diabetic mononeuropathy - Type 1 diabetes mellitus with diabetic amyotrophy
E10.49*	Type 1 diabetes mellitus with other diabetic neurological complication
E10.610*	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.65*	Type 1 diabetes mellitus with hyperglycemia
E11.41 - E11.44*	Type 2 diabetes mellitus with diabetic mononeuropathy - Type 2 diabetes mellitus with diabetic amyotrophy
E11.49*	Type 2 diabetes mellitus with other diabetic neurological complication
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy

Code	Description
E11.65*	Type 2 diabetes mellitus with hyperglycemia
E13.41 - E13.44*	Other specified diabetes mellitus with diabetic mononeuropathy - Other specified diabetes mellitus with diabetic amyotrophy
E13.49*	Other specified diabetes mellitus with other diabetic neurological complication
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E51.11*	Dry beriberi
E51.12*	Wet beriberi
E52*	Niacin deficiency [pellagra]
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240 - E75.243	Niemann-Pick disease type A - Niemann-Pick disease type D
E75.244	Niemann-Pick disease type A/B
E75.248	Other Niemann-Pick disease
E75.26	Sulfatase deficiency
E75.3	Sphingolipidosis, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation

Code	Description
E77.8	Other disorders of glycoprotein metabolism
E85.1 - E85.4	Neuropathic heredofamilial amyloidosis - Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
G04.1	Tropical spastic paraplegia
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G12.21	Amyotrophic lateral sclerosis
G13.0	Paraneoplastic neuromyopathy and neuropathy
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G60.0 - G60.3	Hereditary motor and sensory neuropathy - Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G61.0*	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G61.81*	Chronic inflammatory demyelinating polyneuritis
G61.89*	Other inflammatory polyneuropathies
G62.0 - G62.2*	Drug-induced polyneuropathy - Polyneuropathy due to other toxic agents

Code	Description
G62.81	Critical illness polyneuropathy
G62.82	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0 - G65.2	Sequelae of Guillain-Barre syndrome - Sequelae of toxic polyneuropathy
G70.1*	Toxic myoneural disorders
G73.3*	Myasthenic syndromes in other diseases classified elsewhere
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.51 - G82.54	Quadriplegia, C1-C4 complete - Quadriplegia, C5-C7 incomplete
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand

Code	Description
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M34.83	Systemic sclerosis with polyneuropathy

Group 4 Medical Necessity ICD-10-CM Codes Asterisk Explanation

* For these diagnoses, the patient must be under the active care of a doctor of medicine or osteopathy (MD or DO) or qualified non-physician practitioner for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service.

ICD-10-CM Codes that DO NOT Support Medical Necessity

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

Code	Description
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
022x	Skilled Nursing - Inpatient (Medicare Part B only)
074x	Clinic - Outpatient Rehabilitation Facility (ORF)
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
085x	Critical Access Hospital

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

Code	Description
0510	Clinic - General Classification

Code	Description
0517	Clinic - Family Practice Clinic
0940	Other Therapeutic Services - General Classification

Other Coding Information

N/A

Revision History Information

Revision History Date	Revision History Number	Revision History Explanation
10/01/2025	R18	R19 Revision Effective: 10/01/2025 Revision Explanation: Annual ICD-10 Update. Deleted G35 and G35.D, added G35.A G35.B0 G35.B1 G35.B2 G35.C0 G35.C1 G35.C2
08/07/2025	R17	R18 Revision Effective :08/07/2025 Revision Explanation: Annual review, no changes
08/08/2024	R16	R17 Revision Effective :08/08/2024 Revision Explanation: Annual review, no changes
03/07/2024	R15	R16 Revision Effective :03/7/2024 Revision Explanation: The section related to Modifiers for class findings and the note is being removed from the article text as class

Revision History Date	Revision History Number	Revision History Explanation
		finding modifiers are no longer needed on the claim to indicate systemic conditions for routine foot care.
11/30/2023	R14	R15 Revision Effective: 11/30/2023 Revision Explanation: Added L84 back to ICD-10 group 1 and this is retro effective back to 07/21/2022.
11/16/2023	R13	R14 Revision Effective: 11/16/2023 Revision Explanation: Updated LCD Reference Article section.
08/03/2023	R12	R13 Revision Effective: 08/03/2023 Revision Explanation: Annual review, no changes.
01/01/2023	R11	R12 Revision Effective: 01/01/2023 Revision Explanation: ICD-10 codes L60.1-L60.5 and L60.8 were removed from group 1 ICD-10 code list as they are more appropriate for group 2 as primary codes for the secondary list of ICD-10 codes in group 3.
08/04/2022	R10	R11 Revision Effective: 08/04/2022 Revision Explanation: Annual review, no changes were made.
07/21/2022	R9	R10

Revision History Date	Revision History Number	Revision History Explanation
		Revision Effective: 07/21/2022 Revision Explanation: Removed codes B35.1 and L84 from group 1 ICD-10 as they were included in error.
10/01/2021	R8	R9 Revision Effective: 10/1/2021 Revision Explanation: Annual ICD-10 update. Under ICD-10-CM Codes that Support Medical Necessity Groups 1 and 4 : Code added E75.244.
07/29/2021	R7	R8 Revision Effective: 7/29/2021 Revision Explanation: Annual review, no changes were made.
10/01/2020	R6	R7 Revision Effective: 10/01/2020 Revision Explanation: During annual ICD-10 review G11.1 was deleted and replaced with G11.10 and G11.11 in groups 1 and 4.
11/28/2019	R5	R5 Revision Effective: n/a Revision Explanation: Annual review, no changes made.
11/28/2019	R4	R4 Revision Effective: 11/28/2019 Revision Explanation: Combined information from old supplemental article A52372 into new article. Added secondary diagnosis list for mycotic nails as these have been removed from the policy text.
10/01/2019	R3	R3 Revision Effective: 10/01/2019 Revision Explanation: Information from the policy was accidently added to the article in error and has been removed as the information

Revision History Date	Revision History Number	Revision History Explanation
		was not about billing and coding but coverage for routine foot care.
10/01/2019	R2	R1 Revision Effective: 10/03/2019 Revision Explanation: Added additional coding that was mentioned within the policy from the coverage guidance and associated information sections.
10/01/2019	R1	R1 Revision Effective: 10/01/2019 Revision Explanation: New codes I80.24-I80.243, I80.249, I80.251-I80.253, I80.259, I82.551-I82.553, I82.559, I82.561-I82.563, and I82.569 were added to ICd-10 group 1 from the annual ICD-10 update.

Associated Documents

Related Local Coverage Documents

LCDs

L34246 - Routine Foot Care and Debridement of Nails

Related National Coverage Documents

NCDs

70.2.1 - Services Provided for the Diagnosis and Treatment of Diabetic Sensory Neuropathy with Loss of Protective Sensation (aka Diabetic Peripheral Neuropathy)

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

Updated On	Effective Dates	Status	
09/18/2025	10/01/2025 - N/A	Future Effective	You are here
07/29/2025	08/07/2025 - 09/30/2025	Currently in Effect	View
07/29/2024	08/08/2024 - 08/06/2025	Superseded	View

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Keywords

N/A