Coding Medical Necessity: Erythropoiesis Stimulating Agents (ESAs)

This article contains instructions for coding medical necessity in accordance with both the national coverage determination (NCD) and local coverage determination (LCD) and other CMS instructions on darbepoetin alfa (Aranesp®, DPA) and epoetin alfa (Epogen®, Procrit®, EPO). *These coding guidelines are not intended to replace any found in the ICD-9-CM Official Guidelines for Coding and Reporting, nor are they intended to provide guidance on when a condition should be coded. Rather, this article should be used in conjunction with the UB-04 Data Specifications Manual and the ICD-9-CM Official Guidelines for Coding and Reporting.* This article supersedes all previous articles on this subject. Providers should refer to CMS manuals and updates issued in Change Requests for additional claim form-specific billing instructions, including, but not limited to modifiers, necessary for payment.

**General Information for all claims for ESAs:**
These coding guidelines specifically address the documentation of medical necessity on the claim, i.e., the coding in this guidance must be used to indicate the conditions that convey medical necessity of the drug treatment. Providers may not code a claim with more than one drug code (J or Q) for DPA or EPO, i.e., only one of the DPA or EPO codes may appear on a claim. *The administration of this class of drugs should NOT be billed using any of the chemotherapy administration codes. Providers should use the appropriate therapeutic, prophylactic, and diagnostic injections and infusions code.*

No payment can be made for drugs when self-administered or administered by a caregiver (except for drugs administered under the auspices of the ESRD program). Diagnosis codes are based on the current ICD-9-CM codes that are effective at the time of LCD publication. Any updates to ICD-9-CM codes will be reviewed by Noridian, and coverage should not be presumed until the results of such review have been published on the website.

**Required Coding for Nationally Non-Covered Indications under the CMS National Coverage Determination for ESAs (NCD 110.21).** *(Each of the following conditions will cause the claim to deny as not reasonable and necessary under Medicare’s ESA NCD.)*
Providers must code the presence of any of the following conditions: Anemia in cancer or cancer treatment patients due to folate deficiency (diagnosis D52.0, D52.1, D52.8, D52.9), B₁₂ deficiency (D51.1, D51.2, D51.3, D51.8, D51.9 or D53.1), iron deficiency (D50.0,D50.1, D50.8, D50.9), hemolysis (D55.0, D55.1, D58.0, D58.9, D59.0, D59.1, D59.2, D59.4, D59.5, D59.6, D59.8, D59.9), or bleeding (D50.0 or D62).
For any of the following conditions, use the code listed immediately below this list:
- Anemia of cancer not related to cancer treatment;
- Prophylactic use to prevent chemotherapy-induced anemia;
- Prophylactic use to reduce tumor hypoxia;
- Erythropoietin-type resistance due to neutralizing antibodies;
Anemia due to cancer treatment in a patient with uncontrolled hypertension.

Use code:

**ICD-10-CM CODE**

**DESCRIPTION**

**V49.89 OTHER SPECIFIED CONDITIONS INFLUENCING HEALTH STATUS**

Because the NCD AND ITS ASSOCIATED EDIT excludes ESA treatment where there is a **current** anemia resulting from one of these conditions, coding any of these anemia will result in a NCD denial of reimbursement for the ESA. The ICD-10-CM codes D51.0, D51.1, D51.2, D51.3, D51.8, D51.9, D52.0, D52.1, D52.8, D52.9, D53.0, D53.1, D53.2, D53.8, D53.9 should not appear on a claim for a patient receiving ESA therapy when these conditions do not underlie and/or not responsible for the **current** anemia.

In those patients who have a history of one of the above conditions but where the condition has been corrected and no longer the cause of the anemia, the following codes should be used if and when ongoing replacement therapy is required concurrently with ESA therapy.

**Iron deficiency due to ESA therapy alone.** Z79.3: Long-term (current) use of Hormonal contraceptives, Z79.891: Long-term (current) use of opiate analgesic or Z79.899 Other long term (current) drug therapy may be used to describe a previous iron deficiency that developed in response to ESA therapy **alone** and remains corrected with ongoing iron replacement provided in addition to the ESA.

**ICD-10-CM CODE**

**DESCRIPTION**

**Z79.899 OTHER LONG-TERM (CURRENT) DRUG THERAPY**

**Other conditions requiring long-term replacement after resolution of initial anemia.** When it is necessary to administer continuing supplements (e.g. folate or B12), do **not** code this administration to an anemia diagnosis (D50.0, D50.1, D50.8 or D50.9, which causes the ESA claim to deny); rather, code the underlying absorptive, bowel or other disorder or diagnosis that necessitates supplementation.

To describe the presence of any anemia of cancer or in cancer treatment patients that is due to bone marrow fibrosis, use one or more of the following three codes:

**ICD-10-CM CODE**

**DESCRIPTION**

**D5701 CHRONIC MYELOPROLIFERATIVE DISEASE**

**D75.81 MYELOFIBROSIS**

To describe the presence of an anemia associated with the treatment of any of the following conditions:

- Acute myelogenous leukemias (AML)
- Chronic myelogenous leukemias (CML)
- Erythroid cancers
Use any one or more of the following codes:

**ICD-10-CM**

**CODE**

**DESCRIPTION**

C92.00, C92.40, C92.50, C92.60, C92.A0, C92.22
C82.Z0, C92.92

**MYELOID LEUKEMIAS**

C94.00, C94.32, C94.82

**ERYTHREMIA AND ERYTHROLEUKEMIA**

To describe the presence of an anemia related to the administration of radiotherapy,

Use code:

**ICD-10-CM**

**CODE**

**DESCRIPTION**

Z51.0 ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY
Z08 ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR MALIGNANT NEOPLASM

**Required Coding for Nationally and Locally-Covered Indications under the CMS National Coverage Determination (NCD 110.21) and Noridian Local Coverage Determination for ESAs:**

*The claim must document the correct drug code and both an anemia code and the code for the condition that underlies the anemia (or the qualifier V code).*

**For Both DPA (J0882) and EPO (Q4081, J0886*) (List I only)**

**List I. Covered ICD-10-CM codes for patients in the ESRD Program and on dialysis:**

For **J0882** (DPA) and **Q4081, J0886** (EPO) for anemia associated with chronic renal failure for the patient who is in the ESRD program and on dialysis (List I only):

ICD-10-CM

**CODE**

**DESCRIPTION**

D63.1 ANEMIA IN CHRONIC KIDNEY DISEASE (ANEMIA IN END-STAGE RENAL DISEASE) plus

ICD-10-CM

**CODE**

**DESCRIPTION**

N18.6 END STAGE RENAL DISEASE

**For Both DPA (J0881) and EPO (J0885), Lists II, III, IV & V**

For **J0881** (DPA) or **J0885** (EPO) for anemia for either the patient who is not in the ESRD program or for the patient who is in the ESRD program but not currently on dialysis: [NOTE: The HCPCS codes J0881 (DPA) and J0885 (EPO) have text in parenthesis saying “for non ESRD use”. Nonetheless, these ARE the codes CMS intends be used for a patient in the ESRD program but not on dialysis.]

**List II. Covered ICD-10-CM codes for chronic renal failure patients not in the ESRD Program OR in the ESRD program but not currently on dialysis:**

ICD-9-CM
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>D63.1</td>
<td>ANEMIA IN CHRONIC KIDNEY DISEASE (ANEMIA IN END-STAGE RENAL DISEASE)</td>
</tr>
<tr>
<td>plus</td>
<td>one of the following codes that indicate the presence of chronic renal failure:</td>
</tr>
<tr>
<td>ICD-10-CM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I12.0</td>
<td>HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I12.0</td>
<td>HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I12.0</td>
<td>HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I13.11</td>
<td>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I13.2</td>
<td>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I13.11</td>
<td>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I13.2</td>
<td>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I13.11</td>
<td>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>I13.2</td>
<td>HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>N18.3</td>
<td>CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)</td>
</tr>
<tr>
<td>N18.4</td>
<td>CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)</td>
</tr>
<tr>
<td>N18.5</td>
<td>CHRONIC KIDNEY DISEASE, STAGE V</td>
</tr>
<tr>
<td>N18.6</td>
<td>END STAGE RENAL DISEASE</td>
</tr>
<tr>
<td>N18.9</td>
<td>CHRONIC KIDNEY DISEASE, UNSPECIFIED</td>
</tr>
<tr>
<td>Z94.0</td>
<td>KIDNEY TRANSPLANT STATUS</td>
</tr>
</tbody>
</table>

* The use of the ICD-10-CM code N18.9 is permitted only where the chronic “renal failure” is sufficient to meet the criteria of one of the codes: N18.3, N18.4, N18.5 or N18.6.
This code is not to be used if the “renal failure” is not chronic and/or only meets criteria for N18.1 or N18.2.
List III. Covered ICD-10-CM codes for anemia associated with chemotherapeutic medications when used to treat a cancer diagnoses:

**ICD-10-CM**  
**CODE**  
**DESCRIPTION**  
D64.81 ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY  
*plus* one of the following:

**ICD-10-CM**  
**CODE**  
**DESCRIPTION**  
Z08 ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR MALIGNANT NEOPLASM  
Z51.11 ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY

List IV. Covered ICD-10-CM codes for anemia associated with chemotherapeutic medications when used to treat a non-cancer diagnosis OR temporary erythropoietin suppression related to stem cell transplantation preparation:

**ICD-10-CM**  
**CODE**  
**DESCRIPTION**  
D64.81 ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY  
*plus*  

**ICD-10-CM**  
**CODE**  
**DESCRIPTION**  
Z79.899* LONG TERM (CURRENT) DRUG THERAPY  
* The only circumstance in which ICD-10-CM code Z79.899 is to be billed for either J0881 or J0885 are: a) "Long-term (current) use" is either of an immunosuppressant following stem cell transplantation or of a medication otherwise usable as and recognized as a "chemotherapy" but used in this circumstance for a diagnosis other than a malignancy and b) Iron deficiency solely due to ESA therapy.

Chemotherapeutic Drugs that May Cause a “Chemotherapy-Induced Anemia”  
The National Coverage Determination (NCD) on Erythropoiesis Stimulating Agents (ESAs) describes the conditions for which ESAs may be covered for “chemotherapy-induced anemia”. Whenever payment is sought for ESA treatment chemotherapy-induced anemia, the medical record must document the physician’s rationale for the determining that the anemia is “chemotherapy-induced”. “Chemotherapy drugs” include those listed in the Healthcare Common Procedure Coding System (HCPCS, Medicare’s National Level II Codes) in the section “Chemotherapy Drugs J9000-J9999" when used as anti-neoplastics. Additionally, for the purposes of the NCD on Erythropoiesis Stimulating Agents, when used as anti-neoplastics the following drugs may be considered a “chemotherapeutic” that may cause a "chemotherapy-induced anemia", including those used orally:
capecitabine (Xeloda®)
chlorambucil (Leukeran®)
* cyclophosphamide (Cytoxan®)
decitabine (Dacogen®)
erlotinib (Tarceva®)
hydroxyurea (Hydrea®)
imatinib mesylate (Gleevec®)
lenalidomide (Revlimid®)
lomustine (CeeNu®)
* melphalan (Alkeran®)
* methotrexate (several)
sorafenib (Nexavar®)
sunitinib malate (Sutent®)
temozolomide (Temodar®)
thalidomide (Thalomid®)

*Chemotherapy administration codes may be used with these drugs if, and only when, administered parenterally as an antineoplastic agent.

Any and all other drugs, not listed in the HCPCS Manual Chemotherapy section or in the list above, are not considered to be “chemotherapy” potentially able to cause a “chemotherapy-induced anemia”.

List V: Covered ICD-10-CM codes for anemia associated with myelodysplastic syndrome (MDS): Note this is a covered indication for DPA only in patients whose medical records clearly document a clinical need to administer DPA rather than EPO.

<table>
<thead>
<tr>
<th>ICD-10-CM CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>D63.8</td>
<td>ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE plus one of the following:</td>
</tr>
<tr>
<td>D46.0</td>
<td>REFRACTORY ANEMIA WITHOUT RING SIDEROBLASTS, SO STATED</td>
</tr>
<tr>
<td>D46.1</td>
<td>REFRACTORY ANEMIA WITH RING SIDEROBLASTS</td>
</tr>
<tr>
<td>D46.20</td>
<td>REFRACTORY ANEMIA WITH EXCESS OF BLASTS, UNSPECIFIED</td>
</tr>
<tr>
<td>D46.21</td>
<td>REFRACTORY ANEMIA WITH EXCESS OF BLASTS 1</td>
</tr>
<tr>
<td>D46.4</td>
<td>REFRACTORY ANEMIA, UNSPECIFIED</td>
</tr>
<tr>
<td>D46.A</td>
<td>REFRACTORY CYTOPENIA WITH MULTILINEAGE DYSPLASIA</td>
</tr>
<tr>
<td>D46.B</td>
<td>REFRACTORY CYTOPENIA WITH MULTILINEAGE DYSPLASIA AND RING SIDEROBLASTS</td>
</tr>
<tr>
<td>D46.C</td>
<td>MYELODYSPLASTIC SYNDROME WITH ISOLATED DEL(5q) CHROMOSOMAL ABNORMALITY</td>
</tr>
<tr>
<td>D46.9</td>
<td>MYELODYSPLASTIC SYNDROME, UNSPECIFIED</td>
</tr>
<tr>
<td>D46.Z</td>
<td>OTHER MYELODYSPLASTIC SYNDROMES</td>
</tr>
</tbody>
</table>
**For EPO ONLY (Lists VI, VII, VIII):**
Additional covered indications for J0885 (EPO) alone, i.e., not covered indications for DPA:

**List VI:** Covered ICD-10-CM codes for anemic patients with HIV on zidovudine (AZT), EPO only:
- **ICD-10-CM CODE**
- **DESCRIPTION**
  - D64.9 ANEMIA, UNSPECIFIED

**plus**
- **ICD-10-CM CODE**
- **DESCRIPTION**
  - B20 HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE

**List VII:** Covered ICD-10-CM codes for chronically anemic preoperative patients undergoing elective hip or knee surgery, EPO only:

**One** of the following anemia codes:
- **ICD-10-CM CODE**
- **DESCRIPTION**
  - D60.0 CHRONIC ACQUIRED PURE RED CELL APLASIA
  - D60.1 TRANSIENT ACQUIRED PURE RED CELL APLASIA
  - D60.8 OTHER ACQUIRED PURE RED CELL APLASIAS
  - D60.9 ACQUIRED PURE RED CELL APLASIA, UNSPECIFIED
  - D61.1 DRUG-INDUCED APLASTIC ANEMIA
  - D61.2 APLASTIC ANEMIA DUE TO OTHER EXTERNAL AGENTS
  - D61.3 IDIOPATHIC APLASTIC ANEMIA
  - D61.89 OTHER SPECIFIED APLASTIC ANEMIAS AND OTHER BONE MARROW FAILURE SYNDROMES
  - D61.9 APLASTIC ANEMIA, UNSPECIFIED
  - D63.1 ANEMIA IN CHRONIC KIDNEY DISEASE
  - D63.0 ANEMIA IN NEOPLASTIC DISEASE
  - D63.8 ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE
  - D64.81 ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY
  - D64.89 OTHER SPECIFIED ANEMIAS
  - D643.9 UNSPECIFIED ANEMIA (SECONDARY)

**Plus**
- **ICD-10-CM CODE**
- **DESCRIPTION**
  - Z41.8* ENCOUNTER FOR OTHER PROCEDURES FOR PURPOSES OTHER THAN REMEDYING HEALTH STATE

*The only circumstance in which ICD-10-CM code Z42.8 is to be billed for J0885 occurs when all seven criteria for this indication are met. Refer to LCD.

**List VIII.** Covered ICD-10-CM codes for the severe anemia due to specific chronic diseases:
### ICD-10-CM

#### CODE

#### DESCRIPTION

**D63.8 ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE**

**plus** any of the following ICD-9-CM codes:

#### ICD-9-CM

#### CODE

#### DESCRIPTION

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>B17.11</td>
<td>ACUTE HEPATITIS C WITH HEPATIC COMA</td>
</tr>
<tr>
<td>B18.2</td>
<td>CHRONIC VIRAL HEPATITIS C</td>
</tr>
<tr>
<td>B17.10</td>
<td>ACUTE HEPATITIS C WITHOUT HEPATIC COMA</td>
</tr>
<tr>
<td>B19.20</td>
<td>UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA</td>
</tr>
<tr>
<td>B19.21</td>
<td>UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA</td>
</tr>
<tr>
<td>K50.00</td>
<td>CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS</td>
</tr>
<tr>
<td>K50.011</td>
<td>CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING</td>
</tr>
<tr>
<td>K50.012</td>
<td>CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED</td>
</tr>
<tr>
<td></td>
<td>COMPLICATIONS</td>
</tr>
<tr>
<td>K50.013</td>
<td>CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA</td>
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<td>K50.014</td>
<td>CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS</td>
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<tr>
<td>K50.018</td>
<td>CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER</td>
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<tr>
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<td>COMPLICATIONS</td>
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<td>K50.10</td>
<td>CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS</td>
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<td>K50.111</td>
<td>CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING</td>
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<td>K50.112</td>
<td>CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL</td>
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<td>OBSTRUCTION</td>
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<td>K50.113</td>
<td>CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA</td>
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<td>K50.114</td>
<td>CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS</td>
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<td>K50.118</td>
<td>CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER</td>
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<td>COMPLICATIONS</td>
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<td>K50.80</td>
<td>CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT</td>
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<td>COMPLICATIONS</td>
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<td>K50.811</td>
<td>CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH</td>
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<td>RECTAL BLEEDING</td>
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<td>K50.812</td>
<td>CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH</td>
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<td>INTESTINAL OBSTRUCTION</td>
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<td>K50.813</td>
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<td>K50.818</td>
<td>CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH</td>
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<td></td>
<td>OTHER COMPLICATION</td>
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<tr>
<td>K50.90</td>
<td>CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS</td>
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<tr>
<td>K50.911</td>
<td>CROHN'S DISEASE, UNSPECIFIED, WITH RECTAL BLEEDING</td>
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<td>K50.912</td>
<td>CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION</td>
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<tr>
<td>K50.913</td>
<td>CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA</td>
</tr>
<tr>
<td>K50.914</td>
<td>CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS</td>
</tr>
</tbody>
</table>
K50.918 CROHN'S DISEASE, UNSPECIFIED WITH OTHER COMPLICATION
K51.80 OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS
K51.20 ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS
K51.211 ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING
K51.212 ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION
K51.213 ULCERATIVE (CHRONIC) PROCTITIS WITH FISTULA
K51.214 ULCERATIVE (CHRONIC) PROCTITIS WITH ABSCESS
K51.218 ULCERATIVE (CHRONIC) PROCTITIS WITH OTHER COMPLICATION
K51.30 ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS
K51.311 ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING
K51.312 ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION
K51.313 ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH FISTULA
K51.314 ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH ABSCESS
K51.318 ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTHER COMPLICATION
K51.40 INFLAMMATORY POLYPS OF COLON WITHOUT COMPLICATIONS
K50.411 INFLAMMATORY POLYPS OF COLON WITH RECTAL BLEEDING
K51.412 INFLAMMATORY POLYPS OF COLON WITH INTESTINAL OBSTRUCTION
K51.413 INFLAMMATORY POLYPS OF COLON WITH FISTULA
K51.414 INFLAMMATORY POLYPS OF COLON WITH ABSCESS
K51.418 INFLAMMATORY POLYPS OF COLON WITH OTHER COMPLICATION
K51.50 LEFT SIDED COLITIS WITHOUT COMPLICATIONS
K50.511 LEFT SIDED COLITIS WITH RECTAL BLEEDING
K51.512 LEFT SIDED COLITIS WITH INTESTINAL OBSTRUCTION
K51.513 LEFT SIDED COLITIS WITH FISTULA
K51.514 LEFT SIDED COLITIS WITH ABSCESS
K51.518 LEFT SIDED COLITIS WITH OTHER COMPLICATION
K51.00 ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS
K51.011 ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING
K51.012 ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION
K51.013 ULCERATIVE (CHRONIC) PANCOLITIS WITH FISTULA
K51.014 ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS
K51.018 ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION
K51.80 OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS
K51.811 OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING
K51.812 OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION
K51.813 OTHER ULCERATIVE COLITIS WITH FISTULA
K51.814 OTHER ULCERATIVE COLITIS WITH ABSCESS
K51.818 OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION
K51.90 ULCERATIVE COLITIS, UNSPECIFIED, WITHOUT COMPLICATIONS
K51.911 ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING
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K51.913 ULCERATIVE COLITIS WITH FISTULA
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K51.918 ULCERATIVE COLITIS WITH OTHER COMPLICATION
L93.0 DISCOID LUPUS ERYTHEMATOSUS
L93.1 SUBACUTE CUTANEOUS LUPUS ERYTHEMATOSUS
L93.2 OTHER LOCAL LUPUS ERYTHEMATOSUS
M32.0 DRUG-INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS
M32.10 SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED
M32.11 ENDOCARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS
M32.12 PERICARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS
M32.13 LUNG INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS
M32.14 GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS
M32.15 TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS
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M32.8 OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS
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M05.522 RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
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M05.541 RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
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M05.562 RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
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M05.731 RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
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M05.761 RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
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M05.771 RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
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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
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M05.862 OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE
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M06.021 RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ELBOW
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M06.831 OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT WRIST
M06.832 OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT WRIST
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M06.842 OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HAND
M06.851 OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HIP
M06.852 OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HIP
M06.861 OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT KNEE
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M05.042 FELTY’S SYNDROME, LEFT HAND
M05.051 FELTY’S SYNDROME, RIGHT HIP
M05.052 FELTY’S SYNDROME, LEFT HIP
M05.061 FELTY’S SYNDROME, RIGHT KNEE
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M05.222 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
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M05.351 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
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M12.032 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT WRIST
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Reference: *Medicare National Coverage Manual*, chapt. 1 Parts 2 § 110.21
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