# 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), B<sub>12</sub> 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).

(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 <b>current</b> 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 <b>current</b> 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 <i>alone</i> 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 <i>after resolution</i> of initial
anemia. When it is necessary to administer continuing supplements (e.g. folate or
B <sub>12</sub> ), do <b>not</b> 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
<b>DESCRIPTION</b> D5701 CHRONIC MYELOPROLIFERATIVE DISEASE
D75.81 MYELOFIBROSIS
To describe the presence of an anemia associated <i>with the treatment</i> of any of the
following conditions:
□ Acute myelogenous leukemias (AML)
□ Chronic myelogenous leukemias (CML)
□ Erythroid cancers
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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

CODE

**DESCRIPTION** 

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

**plus** one of the following codes that indicate the presence of chronic renal failure: ICD-10-CM

CODE

**DESCRIPTION** 

I12.0 HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

I12.0 HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

I12.0 HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

113.11 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE. MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE 113.2 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE 113.11 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE 113.2 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE 113.11 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE. UNSPECIFIED. WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE 113.2 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE. UNSPECIFIED. WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE N18.3 CHRONIC KIDNEY DISEASE, STAGE III (MODERATE) N18.4 CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)

N18.5 CHRONIC KIDNEY DISEASE, STAGE V

N18.6 END STAGE RENAL DISEASE

N18.9\* CHRONIC KIDNEY DISEASE, UNSPECIFIED

**Z94.0 KIDNEY TRANSPLANT STATUS** 

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.

<sup>\*</sup> 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.

**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 erythropoietinsuppression

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 "chemotherapyinduced"

anemia". Whenever payment is sought for ESA treatment chemotherapyinduced 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 <b>not</b> 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 <i>only</i> in patients whose medical
records clearly document a clinical need to administer DPA rather than EPO.
ICD-10-CM CODE
DESCRIPTION
D63.8 ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSEWHERE
plus one of the following:
ICD-10-CM
CODE
DESCRIPTION
D46.0 REFRACTORY ANEMIA WITHOUT RING SIDEROBLASTS, SO STATED
D46.1 REFRACTORY ANEMIA WITH RING SIDEROBLASTS
D46.20 REFRACTORY ANEMIA WITH EXCESS OF BLASTS, UNSPECIFIED
D46.21 REFRACTORY ANEMIA WITH EXCESS OF BLASTS 1
D46.4 REFRACTORY ANEMIA, UNSPECIFIED
D46.A REFRACTORY CYTOPENIA WITH MULTILINEAGE DYSPLASIA
D46.B REFRACTORY CYTOPENIA WITH MULTILINEAGE DYSPLASIA AND RING
SIDEROBLASTS D46.C MYELODYSPLASTIC SYNDROME WITH ISOLATED DEL(5q)
CHROMOSOMAL ABNORMALITY
D46.9 MYELODYSPLASTIC SYNDROME, UNSPECIFIED
D46.Z OTHER MYELODYSPLASTIC SYNDROMES
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# 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, UNSPEIFIED

### 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, UNSPCIFIED

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** 

B17.11 ACUTE HEPATITIS C WITH HEPATIC COMA

B18.2 CHRONIC VIRAL HEPATITIS C

B17.10 ACUTE HEPATITIS C WITHOUT HEPATIC COMA

B19.20 UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA

B19.21 UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA

K50.00 CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS

K50.011 CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING

K50.012 CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS

K50.013 CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA

K50.014 CROHN'S DISSEASE OF SMALL INTESTINE WITH ABSCESS

K50.018 CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATIONS

K50.10 CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS

K50.111 CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING

K50.112 CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL

**OBSTRUCTION** 

K50.113 CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA

K50.114 CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS

K50.118 CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER

COMPLICATIONS

K50.80 CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS

K50.811 CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING

K50.812 CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION

K50.813 CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA

K50.814CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS

K50.818 CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION

K50.90 CROHN'S DISEASE, UNSPECIFIED, WITHOUT COMPLICATIONS

K50.911 CROHN'S DISEASE, UNSPECIFIED, WITH RECTAL BLEEDING

K50.912 CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION

K50.913 CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA

K50.914 CROHN'S DISEASE, UNSPCIFIED, WITH ABSCESS

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K50.918 CROHN'S DISEASE. UNSPCIFIED 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 COMPLCATIONS
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
K51.912 ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION
K51.913 ULCERATIVE COLITIS WITH FISTULA
K51.914 ULCERATIVE COLITIS WITH ABSCESS
K51.918 ULCERATIVE COLITIS WITH OTHER COMPLICATION
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- 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 LUOPUS ERYTHEMATOSUS
- M32.15 TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS
- M32.15 OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS
- M32.8 OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS
- M05.411 RHEUMATOIND MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
- M05.412 RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
- M05.421 RHEUMATOID MYOPATHY IWHT 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 ARTHRITS 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
- 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 ARTHIRTIS 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

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 RHEMATOID FACTOR OF LEFT WRIST WIHTOUT 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

M05.761 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

M05.771 RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOTO WIHTOUT 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 ANILE AND FOOT

M05.872 OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT

M05.89 OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MUTIPLE SITES

M06.011 RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT SHOULDER

M06.012 RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT SHOULDER

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M06.021 RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ELBOW
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M06.022 RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ELBOW

M06.021 RHEMATOID 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

M05.042 RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND

M05.051 RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HIP

M05.052 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

M05.072 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

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, 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

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M06.331 RHEUMATOID NODULE, RIGHT WRIST
M06.332 RHEUMATOID NODULE, LEFT WRIST
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
M09.832 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
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
M06.9 RHEUMATOID ARTHRITIS, UNSPECIFIED
M05.011 FELTY'S SYNDROME, RIGHT SHOULDER
M05.012 FELTY'S SYNDROME. LEFT SHOULDER
M05.021 FELTY'S SYNDROME, RIGHT ELBOW
M05.022 FELTY'S SYNDROME, LEFT ELBOW
M05.031 FELTY'S SYNDROME. RIGHT WRIST
M05.032 FELTY'S SYNDROME, LEFT WRIST
M05.041 FELTY'S SYNDROME, RIGHT HAND
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
M05.062 FELTY'S SYNDROME, LEFT KNEE
M05.071 FELTY'S SYNDROME, RIGHT ANKLE AND FOOT
M05.072 FELTY'S SYNDROME, LEFT ANKLE AND FOOT
M05.09 FELTY'S SYNDROME. MULTIPLE SITES
M05.211 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT
SHOULDER
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- M05.212 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
- M05.221 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
- M05.222 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
- M05.231 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
- M05.232 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
- M05.241 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
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- M05.251 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
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- M05.271 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
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- M05.29 RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
- M05.311 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
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- M05.321 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
- M05.322 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
- M05.331 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
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- M05.341 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
- M05.342 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND
- M05.351 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP

M05.352 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP

M05.361 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE

M05.362 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE

M05.371 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT

M05.372 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIIS OF LEFT ANKLE AND FOOT

M05.39 RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES

M05.611 RHEUMATOID ARTHRITIS OF RIGHT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.612 RHEUMATOID ARTHRITIS OF LEFT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.621 RHEUMATOID ARTHRITIS OF RIGHT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.622 RHEUMATOID ARTHRITIS OF LEFT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.631 RHEUMATOID ARTHRITIS OF RIGHT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.623 RHEUMATOID ARTHRITIS OF LEFT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.641 RHEUMATOID ARTHRITIS OF RIGHT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.642 RHEUMATOID ARTHRITIS OF LEFT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.651 RHEUMATOID ARTHRITIS OF RIGHT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.652 RHEUMATOID ARTHRITIS OF LEFT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.661 RHEUMATOID ARTHRITIS OF RIGHT KNEE WITH INVOLVEMENTN OF OTHER ORGANBAND SYSTEMS

M05.662 RHEUMATOID ARTHRITIS OF LEFT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.671 RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.672 RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M05.69 RHEUMATOID ARTHRITIS OF MULTIPLE SITES WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

M06.1 ADULT-ONSET STILL'S DISEASE

M12.011 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT SHOULDER

- M12.012 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT SHOULDER
- M12.021 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT ELBOW
- M12.022 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT ELBOW
- M12.031 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT WRIST
- M12.032 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT WRIST
- M12.041 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT HAND
- M12.042 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT HAND
- M12.051 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT HIP
- M12.052 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT HIP
- M12.061 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT KNEE
- M12.062 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT KNEE
- M12.071 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], RIGHT ANKLE AND FOOT
- M12.072 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], LEFT ANKLE AND FOOT
- M12.08 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], OTHER SPECIFIED SITE
- M12.09 CHRONIC POSTRHEUMATIC ARTHROPATHY [JACCOUD], MULIPTLE SITES
- M05.111 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
- M05.112 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
- M05.121 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
- M05.122 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
- M05.131 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
- M05.132 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
- M05.141 RHEMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
- M05.142 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND
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- M05.152 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP
- M05.161 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
- M05.162 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
- M05.171 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT

M05.172 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT M05.19 RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES M06.4 INFLAMMATORY POLYARTHROPATHY

Reference: *Medicare National Coverage Manual*, chapt. 1 Parts 2 § 110.21 CR5699, Transmittal 1412, released January 11, 2008 CR5818, Transmittals R80NCD and R1413CP, released January 14, 2008 Effective for dates of service on and after March 15, 2011