

**Appendix A: Covered Conditions and Indications for Coverage and Non-Coverage
Coverage Indications for use of External Infusion Pumps in the Delivery of FDA Approved Drugs
Indications
Non-Coverage of Compounded Drugs and Accessories
Additional Guidance**

External Infusion Pump(s)	Covered Conditions	Coverage Indications for use of EIP in the Delivery FDA Approved Drugs
E0784	<p>Insulin Treated Diabetes Continuous Subcutaneous Insulin Infusion (CSII) Pumps (Effective for Services Performed On or after December 17, 2004)</p>	<p align="center">Insulin Treated Diabetes</p> <p>Continuous subcutaneous insulin infusion (CSII) and related drugs (J1817)/supplies are covered as medically reasonable and necessary in the home setting for the treatment of diabetic patients who:</p> <p>(1) Either meet the updated fasting C-Peptide testing requirement, or, are beta cell autoantibody positive; and,</p> <p>(2) Satisfy the remaining criteria for insulin pump therapy. The patient must meet either Criterion A or B as follows:</p> <ul style="list-style-type: none"> ▪ Criterion A: <ul style="list-style-type: none"> • <i>The patient has completed a comprehensive diabetes education program, and has been on a program of multiple daily injections of insulin (i.e., at least 3 injections per day), with frequent self-adjustments of insulin doses for at least 6 months prior to initiation of the insulin pump, and has documented frequency of glucose self-testing an average of at least 4 times per day during the 2 months prior to initiation of the insulin pump, and meets one or more of the following criteria while on the multiple daily injection regimen:</i> <ul style="list-style-type: none"> ○ <i>Glycosylated hemoglobin level (HbA1c) >7.0%;</i> ○ <i>History of recurring hypoglycemia;</i> ○ <i>Wide fluctuations in blood glucose before mealtime;</i> ○ <i>Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl; or,</i> ○ <i>History of severe glycemic excursions.</i>

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		<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Criterion B: <ul style="list-style-type: none"> • <i>The patient with diabetes has been on a pump prior to enrollment in Medicare and has documented frequency of glucose self-testing an average of at least 4 times per day during the month prior to Medicare enrollment.</i> ○ General CSII Criteria <ul style="list-style-type: none"> ▪ <i>In addition to meeting Criterion A or B above, the following general requirements must be met:</i> <ul style="list-style-type: none"> • <i>The patient with diabetes must be insulinopenic per the updated fasting C-peptide testing requirement, or, as an alternative, must be beta cell autoantibody positive.</i> ▪ <i>Updated fasting C-peptide testing requirement:</i> <ul style="list-style-type: none"> • <i>Insulinopenia is defined as a fasting C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method.</i> • <i>For patients with renal insufficiency and creatinine clearance (actual or calculated from age, gender, weight, and serum creatinine) ≤50 ml/minute, insulinopenia is defined as a fasting C-peptide level that is less than or equal to 200% of the lower limit of normal of the laboratory's measurement method.</i> • <i>Fasting C-peptide levels will only be considered valid with a concurrently obtained fasting glucose ≤225 mg/dL.</i> • <i>Levels only need to be documented once in the medical records.</i> • <i>Continued coverage of the insulin pump would require that the patient be seen and evaluated by the treating physician at least every 3 months.</i> • <i>The pump must be ordered by and follow-up care of the patient must be managed by a physician who manages multiple patients with CSII and who works closely with a team including nurses, diabetes</i>

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		<p><i>educators, and dietitians who are knowledgeable in the use of CSII. (See Appendix C)</i></p> <p>Other Uses of CSII</p> <ul style="list-style-type: none"> ○ <i>The Centers for Medicare & Medicaid Services will continue to allow coverage of all other uses of CSII in accordance with the Category B investigational device exemption clinical trials regulation (42 CFR 405.201) or as a routine cost under the clinical trials policy (Medicare National Coverage Determinations Manual 310.1).</i>
<p>E0779, E0780, E0781, and E0791</p>	<p>Covered Conditions</p> <ol style="list-style-type: none"> 1) Cancer – Chemotherapy 2) Acute lymphoblastic leukemia, in relapse 3) Intractable Pain Caused by Cancer 4) Management of Severe Chronic Pain 5) Infections: fungal/viral 6) Heart Failure – Inotropic Therapy 7) Chronic Iron Overload (Hemochromatosis) 8) Parkinson’s Disease (PD) 9) Pulmonary Hypertension 10) Primary Immune Deficiency Disease 	<p>Administration of other drugs</p> <p>I. Administration of other drugs, (other than J1817), if either of the following sets of criteria (1) or (2) are met:</p> <p>Criteria set 1:</p> <ul style="list-style-type: none"> • Parenteral administration of the drug in the home is reasonable and necessary • An infusion pump is necessary to safely administer the drug • The drug is administered by a prolonged infusion of at least 8 hours because of proven improved clinical efficacy • The therapeutic regimen is proven or generally accepted to have significant advantages over intermittent bolus administration regimens or infusions lasting less than 8 hours <p>Criteria set 2:</p> <ul style="list-style-type: none"> • Parenteral administration of the drug in the home is reasonable and necessary • An infusion pump is necessary to safely administer the drug • The drug is administered by intermittent infusion (each episode of infusion lasting less than 8 hours) which does not require the beneficiary to return to the physician's office prior to the beginning of each infusion • Systemic toxicity or adverse effects of the drug are unavoidable without Infusing it at a strictly controlled rate as indicated in the Physician’s Desk Reference, or the U.S. Pharmacopeia Drug Information

External Infusion Pump(s)	Covered Conditions	Coverage Indications for use of EIP in the Delivery FDA Approved Drugs
	<p>Cancer - Chemotherapy Administration of chemotherapy for the treatment of primary or unknown primary carcinomas.</p> <p>Intractable Pain Caused by Cancer Administration of narcotic analgesics may be covered for a beneficiary with intractable pain caused by cancer that has not responded to an adequate oral/transdermal therapeutic regimen and/or cannot tolerate oral/transdermal narcotic analgesics.</p>	<p>Administration of the anticancer chemotherapy drugs cladribine, fluorouracil, cytarabine, bleomycin, floxuridine, doxorubicin (non-liposomal), vincristine (non-liposomal) or vinblastine by continuous infusion over at least 8 hours when the regimen is proven or generally accepted to have significant advantages over intermittent administration regimens. (J9065, J9190, J9100, J9040, J9200, J9000, J9370, J9360)</p> <p>Administration of blinatumomab (J9039) is only covered for treatment of adult Medicare beneficiaries with Philadelphia chromosome negative relapsed/refractory acute lymphoblastic leukemia (C91.02). Maximum utilization is 25 vials per month.</p> <p>Administration of chemotherapy for the treatment of primary hepatocellular carcinoma or colorectal cancer that is unresectable, or in cases where the beneficiary refuses surgical excision of the tumor, does not require that the anticancer chemotherapy drugs meet the criteria described by the administration of other drugs and anticancer chemotherapy drugs above.</p> <p>Administration of morphine type narcotic analgesics (including meperidine) to a beneficiary with intractable pain caused by cancer that has not responded to an adequate oral/transdermal therapeutic regimen and/or cannot tolerate oral/transdermal narcotic analgesics. (J1170, J2270, J2274, J3010, J2175)</p> <p>Administration of narcotic analgesics (except meperidine) in place of morphine to a beneficiary with intractable pain caused by cancer that has not responded to an adequate oral/transdermal therapeutic regimen and/or cannot tolerate oral/transdermal narcotic analgesics. (J3010 - Fentanyl)</p>

External Infusion Pump(s)	Covered Conditions	Coverage Indications for use of EIP in the Delivery FDA Approved Drugs
	<p>Management of Severe Chronic Pain Sever chronic pain is an indication for EIP and may be covered under Medicare in Medicare beneficiaries who are intolerant of or refractory to other treatments.</p> <p>Infections: Fungal/Viral Use of EIP for treatment of fungal or viral infection may be covered under Medicare.</p> <p>Heart Failure – Inotropic Therapy Medicare beneficiaries with American College of Cardiology Foundation/American Heart Association (ACCF/AHA) Stage D heart failure (HF) or New York Heart Association (NYHA) Class IV HF, may be eligible for coverage of the inotropic therapy provided coverage criteria is met. (See right column)</p>	<p>Ziconotide (J2278) is covered for the management of severe chronic pain in beneficiaries for whom intrathecal (IT or epidural) therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies, or IT morphine.</p> <p>Medicare covers the administration of the following antifungal or antiviral drugs: acyclovir, foscarnet, amphotericin B, and ganciclovir. (J0133, J1455, J1570, J0285, J0287, J0288, J0289)</p> <p>Administration of parenteral inotropic therapy using the drugs dobutamine (J1250), milrinone (J2260) or dopamine (J1265) for beneficiaries with American College of Cardiology Foundation/American Heart Association (ACCF/AHA) Stage D heart failure (HF) or New York Heart Association (NYHA) Class IV HF, if a beneficiary meets all of the following criteria:</p> <ol style="list-style-type: none"> 1. Remains symptomatic despite optimal guideline directed medical therapy (GDMT) as defined below; and, 2. As “Bridge” therapy for patients eligible for and awaiting mechanical circulatory support (MCS)/cardiac transplantation, or as palliative care for patients not eligible for either MCS/cardiac transplantation; and, 3. Prescribed following an evaluation by a cardiologist with training in the management of advanced heart failure; and,

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	<p>Chronic Iron Overload (Hemochromatosis) Chronic iron overload (Hemochromatosis) is an indication for coverage of EIP under Medicare.</p> <p>Hypercalcemia Symptomatic cancer-related hypercalcemia is an indication for use of EIP and may be covered under Medicare.</p>	<p>4. There has been a documented improvement in beneficiary symptoms of heart failure while on the selected inotropic drug at the time of discharge from an inpatient or skilled nursing care facility; and,</p> <p>5. An evaluation every three months by the prescribing provider or a heart failure team with oversight by a cardiologist with training in the management of advanced heart failure, which documents the beneficiary’s cardiac symptoms and the continuing response and need for therapy. The heart failure team or physician may have no financial relationship with the supplier.</p> <p>Guideline-directed medical therapy (GDMT) is compliance with optimal medical therapy as defined by ACCF/AHA guideline–recommended therapies (primarily Class I recommendations). These include the use of diuretics, ACE inhibitors or ARB antagonists, beta-blockers, aldosterone antagonists, hydralazine & isosorbide dinitrate, and statins, as appropriate.</p> <p>For an external infusion pump and related inotropic drugs covered prior to 12/01/2015, if the Medicare coverage criteria in effect on the initial date of service were met, the pump and drug(s) will continue to be covered for claims with dates of service on or after 12/01/2015 as long as the beneficiary continues to meet medical need.</p> <p>EIP administration of deferoxamine (J0895), an Iron Chelating Agent for iron intoxication is indicated for the treatment of chronic iron overload.</p> <p>Gallium nitrate (J1457) is covered for the treatment of symptomatic cancer-related hypercalcemia (See Diagnosis Codes Group 2 that Support Medical Necessity section below). In general, beneficiaries with serum calcium (corrected for albumin) less than 12 mg/dl would not be expected to be symptomatic.</p>

External Infusion Pump(s)	Covered Conditions	Coverage Indications for use of EIP in the Delivery FDA Approved Drugs
	<p>Parkinson’s Disease (PD)</p> <p>PD is an indication for EIP and may be covered under Medicare provided coverage criteria is met. (See the right-hand column)</p>	<p>The recommended usage for gallium nitrate is daily for five consecutive days. Use for more than 5 days will be denied as not reasonable and necessary.</p> <p>More than one course of treatment for the same episode of hypercalcemia will be denied as not reasonable and necessary.</p> <p>Levodopa-Carbidopa enteral suspension (J7340) is only covered for treatment of motor fluctuations in beneficiaries with Parkinson’s disease (PD), who meet all of the following criteria (ICD-10 - G20):</p> <ol style="list-style-type: none"> 1. The beneficiary has been evaluated by a neurologist, who prescribes and manages treatment with the drug; and, 2. Idiopathic PD based on the presence of bradykinesia and at least one other cardinal PD features (tremor, rigidity, postural instability); and, 3. L-dopa responsive with clearly defined “On” periods; and, 4. Persistent motor complications with disabling “Off” periods for a minimum of 3 hours/day, despite medical therapy with levodopa carbidopa, and at least one other class of anti-PD therapy i.e. COMT inhibitor or MAO-B inhibitor. <p>Levodopa-Carbidopa enteral suspension is not reasonable and necessary for patients with any of the following:</p> <ol style="list-style-type: none"> 1. Atypical Parkinson’s syndrome (“Parkinson’s Plus” syndrome) or secondary Parkinson’s; or, 2. Non-levodopa responsive PD; or, 3. Contraindication to percutaneous endoscopic gastro-jejunal (PEG-J) tube placement or long-term use of a PEG-J. <p>Establishment of the transabdominal port with a PEG-J is performed under endoscopic guidance by a gastroenterologist or other healthcare provider experienced in this procedure. The PEG-J is considered a supply provided incident to a physician's service, and claims for this item are processed by the A/B MAC contractor. Claims to the DME MAC for the PEG-J will be rejected as wrong jurisdiction.</p>

<p>K0455</p>	<p>Pulmonary Hypertension</p> <p>Pulmonary hypertension is an indication for use of EIP for Medicare beneficiaries provided coverage criteria is met. (See the right-hand column)</p>	<p>Administration of epoprostenol (J1325) or treprostinil (J3285) using EIP is covered for Medicare beneficiaries with pulmonary hypertension if they meet the following disease criteria:</p> <ol style="list-style-type: none"> 1. The pulmonary hypertension is not secondary to pulmonary venous hypertension (e.g., left sided atrial or ventricular disease, left sided valvular heart disease, etc.) or disorders of the respiratory system (e.g., chronic obstructive pulmonary disease, interstitial lung disease, obstructive sleep apnea or other sleep disordered breathing, alveolar hypoventilation disorders, etc.); and, 2. The beneficiary has primary pulmonary hypertension or pulmonary hypertension, which is secondary to one of the following conditions: connective tissue disease, thromboembolic disease of the pulmonary arteries, human immunodeficiency virus (HIV) infection, cirrhosis, diet drugs, congenital left to right shunts, etc. If these conditions are present, the following criteria must be met: <ol style="list-style-type: none"> a. The pulmonary hypertension has progressed despite maximal medical and/or surgical treatment of the identified condition; and, b. The mean pulmonary artery pressure is greater than 25 mm Hg at rest or greater than 30 mm Hg with exertion; and, c. The beneficiary has significant symptoms from the pulmonary hypertension (i.e., severe dyspnea on exertion, and either fatigability, angina, or syncope); and, d. Treatment with oral calcium channel blocking agents has been tried and failed, or has been considered and ruled out. e. Epoprostenol/treprostinil is administered using ambulatory infusion pump K0455. <p>Claims for usage of infusion pumps other than K0455 will be denied as not reasonable and necessary.</p>
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<p>E0779, E0781</p>	<p>Primary Immune Deficiency Disease</p> <p>Primary immunodeficiency is an indication for the use of EIP for the administration of subcutaneous immune globulins and may be covered under Medicare provided coverage criteria is met. (See the right-hand column.)</p>	<p>EIP delivery of subcutaneous immune globulin (J1559, J1561, J1562, J1569, J1575) for primary immunodeficiency is covered only if criteria 1 and 2 are met:</p> <ol style="list-style-type: none"> 1. The subcutaneous immune globulin preparation is a pooled plasma derivative which is approved for the treatment of primary immune deficiency disease; and, 2. The beneficiary has a diagnosis of primary immune deficiency disease (ICD-10 – D80.0 – D83.9). <p>Administration of subcutaneous immune globulins with the following HCPCS codes - J1559, J1561, J1562 and J1569, requires the use of an E0779 infusion pump for coverage. If a different pump is used, it will be denied as not reasonable and necessary.</p> <p>Administration of subcutaneous immune globulin with HCPCS code J1575, requires the use of an E0781 infusion pump for covered. If a different pump is used, it will be denied as not reasonable and necessary.</p> <p>Coverage of subcutaneous immune globulin applies only to those products that are specifically labeled as subcutaneous administration products.</p> <p>Intravenous immune globulin products are not covered for the use with External Infusion Pumps.</p>
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External Infusion Pump(s) (EIP) and Compounded Drugs	Limitations in Coverage and Non-Coverage	Coverage Indications for use of EIP in the Delivery FDA Approved Drugs and Compounded Drugs (NOC)
E0776 (+) E0791	IV pole (E0776) (+) (E0791) Parenteral Infusion Pump, Stationary, Single or Multi-Channel	An IV pole (E0776) is covered only when a stationary infusion pump (E0791) is covered.
Non-Covered Items		
Q9977 or J7999	Compounded drugs NOC (J7999)	Compounded drugs NOC (J7999) billed with an external infusion pump will be denied as not reasonable and necessary. Claims for compounded drugs that do not use code Q9977 or J7999 will be denied as incorrect coding.
E0776	E0776 IV pole	Is not considered reasonable and necessary if billed with an ambulatory infusion pumps (E0779, E0780, E0781, E0784, or K0455).

Appendix B

External Infusion Pump/FDA-Approved Drugs (HCPCS Codes)/Unit Dosing by General Condition

Note: E0776 is covered only when a stationary infusion pump (E0791) is covered.

Indications for Use	HCPCS – FDA-Approved Drugs	E0779	E0780	E0781	E0791	E0799	K0455	E0784	E0776
Administration of continuous subcutaneous insulin for the treatment of diabetes mellitus (See Diagnosis in Appendix C)	J1817 INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS							Y	
Chemotherapy - Administration of the following chemotherapy drugs for treatment of cancer, including hepatocellular carcinoma or colorectal cancer	J9065 INJECTION, CLADRIBINE, PER 1 MG	Y	Y	Y	Y				Y
	J9190 INJECTION, FLUOROURACIL, 500 MG	Y	Y	Y	Y				Y
	J9100 INJECTION, CYTARABINE, 100 MG	Y	Y	Y	Y				Y
	J9040 INJECTION, BLEOMYCIN SULFATE, 15 UNITS	Y	Y	Y	Y				Y
	J9200 INJECTION, FLOXURIDINE, 500 MG	Y	Y	Y	Y				Y
	J9000 INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	Y	Y	Y	Y				Y
	J9370 VINCRIStINE SULFATE, 1 MG	Y	Y	Y	Y				Y
	J9360 INJECTION, VINBLASTINE SULFATE, 1 MG	Y	Y	Y	Y				Y
Acute lymphoblastic leukemia, in relapse	J9039 INJECTION, BLINATUMOMAB, 1 MICROGRAM	Y	Y	Y	Y				Y

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Indications for Use	HCPCS – FDA-Approved Drugs		E0779	E0780	E0781	E0791	E0799	K0455	E0784	E0776
Intractable Pain Caused by Cancer		INJECTION, HYDROMORPHONE, UP TO 4 MG	Y	Y	Y	Y				Y
	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Y	Y	Y	Y				Y
	J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	Y	Y	Y	Y				Y
	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	Y	Y	Y	Y				Y
	J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	Y	Y	Y	Y				Y
Narcotic analgesics (except meperidine) for Intractable Pain Caused by Cancer	J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	Y	Y	Y	Y				Y
Atypical Analgesic – Pain Management – Intrathecal or Epidural	J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM	Y	Y	Y	Y				Y
Anti-Viral	J0133	INJECTION, ACYCLOVIR, 5 MG	Y	Y	Y	Y				Y
	J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	Y	Y	Y	Y				Y
	J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	Y	Y	Y	Y				Y

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Indications for Use	HCPDS – FDA-Approved Drugs	E0779	E0780	E0781	E0791	E0799	K0455	E0784	E0776
Anti-Fungal	J0285	INJECTION, AMPHOTERICIN B, 50 MG	Y	Y	Y	Y			Y
	J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	Y	Y	Y	Y			Y
	J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	Y	Y	Y	Y			Y
	J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	Y	Y	Y	Y			Y
Inotropic therapy in treating stage D American College of Cardiology Foundation/American Heart Association (ACCF/AHA) Stage D heart failure (HF) or New York Heart Association (NYHA) Class IV HF	J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	Y	Y	Y	Y			Y
	J1265	INJECTION, DOPAMINE HCL, 40 MG (NYHC IV - HF)	Y	Y	Y	Y			Y
	J2260	INJECTION, MILRINONE LACTATE, 5 MG	Y	Y	Y	Y			Y
Chronic Iron Overload	J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	Y	Y	Y	Y			Y
Parkinson's disease	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	Y	Y	Y	Y			Y
Pulmonary Hypertension	J1325	INJECTION, EPOPROSTENOL, 0.5 MG					Y		
	J3285	INJECTION, TREPROSTINIL, 1 MG					Y		

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Indications for Use	HCPCS – FDA-Approved Drugs		E0779	E0780	E0781	E0791	E0799	K0455	E0784	E0776
Immunodeficiency Diagnosis	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG					Y			
	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G., LIQUID), 500 MG					Y			
	J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG					Y			
	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G., LIQUID), 500 MG					Y			
	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN			Y					
Add as general other category with any Drug definition and selection of all drugs										
Immunodeficiency	J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	Y	Y	Y	Y		Y	Y	Y

Appendix C: ICD-10 CM Codes for Supporting Related Drugs

(Check for Updates: CMS.gov - Website Link to current ICD-10-CM diagnostic codes)

<https://www.cms.gov/Medicare/Coding/ICD10/>

Additional Guidance Regarding External Infusion Pump E0784 / Related Drug J1817 / Supporting Diagnosis

Diagnosis Supporting Use of Related Drug J1817

- E08.00 Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
- E08.01 Diabetes mellitus due to underlying condition with hyperosmolarity with coma
- E08.10 Diabetes mellitus due to underlying condition with ketoacidosis without coma
- E08.11 Diabetes mellitus due to underlying condition with ketoacidosis with coma
- E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy
- E08.22 Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
- E08.29 Diabetes mellitus due to underlying condition with other diabetic kidney complication
- E08.311 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
- E08.319 Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
- E08.321 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
- E08.329 Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
- E08.331 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
- E08.339 Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
- E08.341 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
- E08.349 Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
- E08.351 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema

- E08.359 Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
- E08.36 Diabetes mellitus due to underlying condition with diabetic cataract
- E08.39 Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
- E08.40 Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
- E08.41 Diabetes mellitus due to underlying condition with diabetic mononeuropathy
- E08.42 Diabetes mellitus due to underlying condition with diabetic polyneuropathy
- E08.43 Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
- E08.44 Diabetes mellitus due to underlying condition with diabetic amyotrophy
- ICD-10 Codes that Support Medical Necessity
- E08.49 Diabetes mellitus due to underlying condition with other diabetic neurological complication
- E08.51 Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
- E08.52 Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
- E08.59 Diabetes mellitus due to underlying condition with other circulatory complications
- E08.610 Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
- E08.618 Diabetes mellitus due to underlying condition with other diabetic arthropathy
- E08.620 Diabetes mellitus due to underlying condition with diabetic dermatitis
- E08.621 Diabetes mellitus due to underlying condition with foot ulcer
- E08.622 Diabetes mellitus due to underlying condition with other skin ulcer
- E08.628 Diabetes mellitus due to underlying condition with other skin complications
- E08.630 Diabetes mellitus due to underlying condition with periodontal disease
- E08.638 Diabetes mellitus due to underlying condition with other oral complications
- E08.641 Diabetes mellitus due to underlying condition with hypoglycemia with coma
- E08.649 Diabetes mellitus due to underlying condition with hypoglycemia without coma
- E08.65 Diabetes mellitus due to underlying condition with hyperglycemia
- E08.69 Diabetes mellitus due to underlying condition with other specified complication
- E08.8 Diabetes mellitus due to underlying condition with unspecified complications
- E08.9 Diabetes mellitus due to underlying condition without complications

- E09.00 Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic hyperosmolar coma (NKHHC)
- E09.01 Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
- E09.10 Drug or chemical induced diabetes mellitus with ketoacidosis without coma
- E09.11 Drug or chemical induced diabetes mellitus with ketoacidosis with coma
- E09.21 Drug or chemical induced diabetes mellitus with diabetic nephropathy
- E09.22 Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
- E09.29 Drug or chemical induced diabetes mellitus with other diabetic kidney complication
- E09.311 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E09.319 Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
- E09.321 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- E09.329 Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
- E09.331 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- E09.339 Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
- E09.341 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- E09.349 Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
- E09.351 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
- E09.359 Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
- E09.36 Drug or chemical induced diabetes mellitus with diabetic cataract
- E09.39 Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
- E09.40 Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified

- E09.41 Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
- E09.42 Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
- E09.43 Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
- E09.44 Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
- E09.49 Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
- E09.51 Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
- E09.52 Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
- E09.59 Drug or chemical induced diabetes mellitus with other circulatory complications
- E09.610 Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
- E09.618 Drug or chemical induced diabetes mellitus with other diabetic arthropathy
- E09.620 Drug or chemical induced diabetes mellitus with diabetic dermatitis
- E09.621 Drug or chemical induced diabetes mellitus with foot ulcer
- E09.622 Drug or chemical induced diabetes mellitus with other skin ulcer
- E09.628 Drug or chemical induced diabetes mellitus with other skin complications
- E09.630 Drug or chemical induced diabetes mellitus with periodontal disease
- E09.638 Drug or chemical induced diabetes mellitus with other oral complications
- E09.641 Drug or chemical induced diabetes mellitus with hypoglycemia with coma
- E09.649 Drug or chemical induced diabetes mellitus with hypoglycemia without coma
- E09.65 Drug or chemical induced diabetes mellitus with hyperglycemia
- E09.69 Drug or chemical induced diabetes mellitus with other specified complication
- E09.8 Drug or chemical induced diabetes mellitus with unspecified complications
- E09.9 Drug or chemical induced diabetes mellitus without complications
- E10.10 Type 1 diabetes mellitus with ketoacidosis without coma
- E10.11 Type 1 diabetes mellitus with ketoacidosis with coma

- E10.21 Type 1 diabetes mellitus with diabetic nephropathy
- E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease
- E10.29 Type 1 diabetes mellitus with other diabetic kidney complication
- E10.311 Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E10.319 Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
- E10.321 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- E10.329 Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
- E10.331 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- E10.339 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
- E10.341 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
- E10.349 Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
- E10.351 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- E10.359 Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
- E10.36 Type 1 diabetes mellitus with diabetic cataract
- E10.39 Type 1 diabetes mellitus with other diabetic ophthalmic complication
- E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified
- E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy
- E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
- E10.43 Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
- E10.44 Type 1 diabetes mellitus with diabetic amyotrophy
- E10.49 Type 1 diabetes mellitus with other diabetic neurological complication
- E10.51 Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
- E10.52 Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
- E10.59 Type 1 diabetes mellitus with other circulatory complications
- E10.610 Type 1 diabetes mellitus with diabetic neuropathic arthropathy

- E10.618 Type 1 diabetes mellitus with other diabetic arthropathy
- E10.620 Type 1 diabetes mellitus with diabetic dermatitis
- E10.621 Type 1 diabetes mellitus with foot ulcer
- E10.622 Type 1 diabetes mellitus with other skin ulcer
- E10.628 Type 1 diabetes mellitus with other skin complications
- E10.630 Type 1 diabetes mellitus with periodontal disease
- E10.638 Type 1 diabetes mellitus with other oral complications
- E10.641 Type 1 diabetes mellitus with hypoglycemia with coma
- E10.649 Type 1 diabetes mellitus with hypoglycemia without coma
- E10.65 Type 1 diabetes mellitus with hyperglycemia
- E10.69 Type 1 diabetes mellitus with other specified complication
- E10.8 Type 1 diabetes mellitus with unspecified complications
- E10.9 Type 1 diabetes mellitus without complications
- E11.00 Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
- E11.01 Type 2 diabetes mellitus with hyperosmolarity with coma
- E11.21 Type 2 diabetes mellitus with diabetic nephropathy
- E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease
- E11.29 Type 2 diabetes mellitus with other diabetic kidney complication
- E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
- E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
- E11.329 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
- E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
- E11.339 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
- E11.341 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema

- E11.349 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
- E11.351 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
- E11.359 Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
- E11.36 Type 2 diabetes mellitus with diabetic cataract
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- E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified
- E11.41 Type 2 diabetes mellitus with diabetic mononeuropathy
- E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy
- E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
- E11.44 Type 2 diabetes mellitus with diabetic amyotrophy
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- E11.628 Type 2 diabetes mellitus with other skin complications
- E11.630 Type 2 diabetes mellitus with periodontal disease
- E11.638 Type 2 diabetes mellitus with other oral complications
- E11.641 Type 2 diabetes mellitus with hypoglycemia with coma
- E11.649 Type 2 diabetes mellitus with hypoglycemia without coma
- E11.65 Type 2 diabetes mellitus with hyperglycemia
- E11.69 Type 2 diabetes mellitus with other specified complication
- E11.8 Type 2 diabetes mellitus with unspecified complications
- E11.9 Type 2 diabetes mellitus without complications

- E13.00 Other specified diabetes mellitus with hyperosmolarity without nonketotic Hyperglycemichyperosmolar coma (NKHHC)
- E13.01 Other specified diabetes mellitus with hyperosmolarity with coma
- E13.10 Other specified diabetes mellitus with ketoacidosis without coma
- E13.11 Other specified diabetes mellitus with ketoacidosis with coma
- E13.21 Other specified diabetes mellitus with diabetic nephropathy
- E13.22 Other specified diabetes mellitus with diabetic chronic kidney disease
- E13.29 Other specified diabetes mellitus with other diabetic kidney complication
- E13.311 Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
- E13.319 Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
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- E13.43 Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
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- E13.69 Other specified diabetes mellitus with other specified complication
- E13.8 Other specified diabetes mellitus with unspecified complications
- E13.9 Other specified diabetes mellitus without complications