

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 12435</b>	<b>Date: December 28, 2023</b>
	<b>Change Request 13461</b>

**SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-04, Chapter 18, Sections 20.2, 60.3 and Chapter 32, Sections 50.4.1, 200.2 for Coding Revisions to the National Coverage Determinations (NCDs)--April 2024 Change Request (CR) 13391**

**I. SUMMARY OF CHANGES:** The purpose of this CR is to make updates to chapter 18, sections 20.2, 60.3 and chapter 32, sections 50.4.1, 200.2 of the Medicare Claims Processing Manual Pub. 100-04 to coincide with the NCD updates in CR13391-"International Classification of Diseases, 10th Revision(ICD-10) and Other Coding Revisions to National Coverage Determinations (NCDs)--April 2024.

**EFFECTIVE DATE: January 29, 2024**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: January 29, 2024**

**Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.**

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)**

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	18/20/20.2/HCPCS and Diagnosis Codes for Mammography Services
R	18/60/60.3/ Determining High Risk for Developing Colorectal Cancer
R	32/50/50.4.1/Allowable Covered Diagnosis Codes
R	32/200/200.2/ICD-10 Diagnosis Codes for Vagus Nerve Stimulation (Covered since DOS on and after July 1, 1999)

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**



Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
13461.2	The Medicare contractor shall be aware of the manual updates in Pub. 100-04, Chapter 32, Sections 50.4.1 and 200.2	X	X							

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be

outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

## 20.2 - HCPCS and Diagnosis Codes for Mammography Services

*(Rev. 12435, Issued:12-28-23, Effective:01-29-24, Implementation:01-29-24)*

The following HCPCS codes are used to bill for mammography services.

<b>HCPCS Code</b>	<b>Definition</b>
77065* (G0206*)	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral
77066* (G0204*)	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral
77067* (G0202*)	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed
77063**	Screening Breast Tomosynthesis; bilateral (list separately in addition to code for primary procedure).
G0279**	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to code for primary procedure)

**\*NOTE:** For claims with dates of service January 1, 2017 through December 31, 2017 providers report HCPCS codes G0202, G0204, and G0206. For claims with dates of service on or after January 1, 2018 providers report CPT codes 77067, 77066, and 77065 respectively.

**\*\*NOTE:** HCPCS codes 77063 and G0279 are effective for claims with dates of service on or after January 1, 2015.

**New Modifier “-GG”:** Performance and payment of a screening mammography and diagnostic mammography on same patient same day - This is billed with the Diagnostic Mammography code to show the test changed from a screening test to a diagnostic test. A/B MACs (A) and (B) will pay both the screening and diagnostic mammography tests. This modifier is for tracking purposes only. This applies to claims with dates of service on or after January 1, 2002.

### **A. Diagnosis for Services On or After Oct 1, 2015**

The BBA of 1997 eliminated payment based on high-risk indicators. However, to ensure proper coding, one of the following diagnosis codes should be reported on screening mammography claims as appropriate:

### **ICD-10-CM**

Z12.31 - Encounter for screening mammogram for malignant neoplasm of breast.

Beginning October 1, 2003, A/B MACs (B) are not permitted to plug the code for a screening mammography when the screening mammography claim has no diagnosis code. Screening mammography claims with no diagnosis code must be returned as unprocessable for assigned claims. For unassigned claims, deny the claim.

In general, providers report diagnosis codes in accordance with the instructions in the appropriate ASC X12 837 claim technical report 3 (institutional or professional) and the paper claim form instructions found in chapters 25 (institutional) and 26 (professional).

In addition, for institutional claims, providers report diagnosis code Z12.31 (if ICD-10-CM is applicable) in “Principal Diagnosis Code” if the screening mammography is the only service reported on the claim. If the claim contains other services in addition to the screening mammography, these diagnostic code Z12.31 (ICD-10-CM) are reported, as appropriate, in “Other Diagnostic Codes.” **NOTE:** Information regarding the form locator number that corresponds to the principal and other diagnosis codes is found in chapter 25.

A/B MACs (B) receive this diagnosis in field 21 and field 24E with the appropriate pointer code of Form CMS-1500 or in Loop 2300 of ASC- X12 837 professional claim format.

**ICD-10-CM Codes for a diagnostic mammography:**

<b>ICD-10 CM code</b>	<b>Definitions</b>
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.591	Other specified malignant neoplasm of skin of breast
C44.599	Other specified malignant neoplasm of skin of other part of trunk
C45.9	Mesothelioma, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast

C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.2	Secondary malignant neoplasm of skin
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.81	Secondary malignant neoplasm of breast
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D04.5	Carcinoma in situ of skin of trunk
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D22.5	Melanocytic nevi of trunk
D23.5	Other benign neoplasm of skin of trunk
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D48.5	Neoplasm of uncertain behavior of skin

D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
D49.1	Neoplasm of unspecified behavior of respiratory system
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
I80.8	Phlebitis and thrombophlebitis of other sites
M70.80	Other soft tissue disorders related to use, overuse and pressure of unspecified site
M70.88	Other soft tissue disorders related to use, overuse and pressure other site
M70.89	Other soft tissue disorders related to use, overuse and pressure multiple sites
M79.5	Residual foreign body in soft tissue
M79.81	Nontraumatic hematoma of soft tissue
M79.89	Other specified soft tissue disorders
N60.01	Solitary cyst of right breast
N60.02	Solitary cyst of left breast
N60.11	Diffuse cystic mastopathy of right breast
N60.12	Diffuse cystic mastopathy of left breast
N60.21	Fibroadenosis of right breast
N60.22	Fibroadenosis of left breast
N60.31	Fibrosclerosis of right breast
N60.32	Fibrosclerosis of left breast
N60.41	Mammary duct ectasia of right breast
N60.42	Mammary duct ectasia of left breast
N60.81	Other benign mammary dysplasias of right breast
N60.82	Other benign mammary dysplasias of left breast
N61.0	Mastitis without abscess
N61.1	Abscess of the breast and nipple
N61.21	Granulomatous mastitis, right breast
N61.22	Granulomatous mastitis, left breast
N61.23	Granulomatous mastitis, bilateral breast
N62	Hypertrophy of breast
N63.11	Unspecified lump in right breast, upper outer quadrant
N63.12	Unspecified lump in right breast, upper inner quadrant
N63.13	Unspecified lump in right breast, lower outer quadrant
N63.14	Unspecified lump in right breast, lower inner quadrant
N63.15	Unspecified lump in right breast, overlapping quadrants
N63.21	Unspecified lump in the left breast, upper outer quadrant
N63.22	Unspecified lump in left breast, upper inner quadrant
N63.23	Unspecified lump in left breast, lower outer quadrant
N63.24	Unspecified lump in left breast, lower inner quadrant
N63.25	Unspecified lump in left breast, overlapping quadrants
N63.31	Unspecified lump in axillary tail of the right breast
N63.32	Unspecified lump in axillary tail of the left breast
N63.41	Unspecified lump in right breast, subareolar
N63.42	Unspecified lump in left breast, subareolar
N64.0	Fissure and fistula of nipple
N64.1	Fat necrosis of breast
N64.2	Atrophy of breast
N64.3	Galactorrhea not associated with childbirth
N64.4	Mastodynia

N64.51	Induration of breast
N64.52	Nipple discharge
N64.53	Retraction of nipple
N64.59	Other signs and symptoms in breast
N64.81	Ptosis of breast
N64.82	Hypoplasia of breast
N64.89	Other specified disorders of breast
N64.9	Disorder of breast, unspecified
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
R59.0	Localized enlarged lymph nodes
R59.1	Generalized enlarged lymph nodes
R59.9	Enlarged lymph nodes, unspecified
R92.0	Mammographic microcalcification found on diagnostic imaging of breast
R92.1	Mammographic calcification found on diagnostic imaging of breast
R92.2	Inconclusive mammogram
<i>R92.30</i>	<i>Dense breasts, unspecified</i>
<i>R92.311</i>	<i>Mammographic fatty tissue density, right breast</i>
<i>R92.312</i>	<i>Mammographic fatty tissue density, left breast</i>
<i>R92.313</i>	<i>Mammographic fatty tissue density, bilateral breasts</i>
<i>R92.321</i>	<i>Mammographic fibroglandular density, right breast</i>
<i>R92.322</i>	<i>Mammographic fibroglandular density, left breast</i>
<i>R92.323</i>	<i>Mammographic fibroglandular density, bilateral breasts</i>
<i>R92.331</i>	<i>Mammographic heterogeneous density, right breast</i>
<i>R92.332</i>	<i>Mammographic heterogeneous density, left breast</i>
<i>R92.333</i>	<i>Mammographic heterogeneous density, bilateral breasts</i>
<i>R92.341</i>	<i>Mammographic extreme density, right breast</i>
<i>R92.342</i>	<i>Mammographic extreme density, left breast</i>
<i>R92.343</i>	<i>Mammographic extreme density, bilateral breasts</i>
R92.8	Other abnormal and inconclusive findings on diagnostic imaging of breast
R93.9	Diagnostic imaging inconclusive due to excess body fat of patient
S20.01xA	Contusion of right breast, initial encounter
S20.02xA	Contusion of left breast, initial encounter
S21.011A	Laceration without foreign body of right breast, initial encounter
S21.012A	Laceration without foreign body of left breast, initial encounter
S21.021A	Laceration with foreign body of right breast, initial encounter
S21.022A	Laceration with foreign body of left breast, initial encounter
S21.031A	Puncture wound without foreign body of right breast, initial encounter
S21.032A	Puncture wound without foreign body of left breast, initial encounter
S21.041A	Puncture wound with foreign body of right breast, initial encounter
S21.042A	Puncture wound with foreign body of left breast, initial encounter
S21.051A	Open bite of right breast, initial encounter
S21.052A	Open bite of left breast, initial encounter
S28.211A	Complete traumatic amputation of right breast, initial encounter
S28.212A	Complete traumatic amputation of left breast, initial encounter
S28.221A	Partial traumatic amputation of right breast, initial encounter
S28.222A	Partial traumatic amputation of left breast, initial encounter
S29.091A	Other injury of muscle and tendon of front wall of thorax, initial encounter
S29.099A	Other injury of muscle and tendon of unspecified wall of thorax, initial encounter
S29.8xxA	Other specified injuries of thorax, initial encounter

S39.091A	Other injury of muscle, fascia and tendon of abdomen, initial encounter
S39.81xA	Other specified injuries of abdomen, initial encounter
T85.41xA	Breakdown (mechanical) of breast prosthesis and implant, initial encounter
T85.42xA	Displacement of breast prosthesis and implant, initial encounter
T85.43xA	Leakage of breast prosthesis and implant, initial encounter
T85.44xA	Capsular contracture of breast implant, initial encounter
T85.49xA	Other mechanical complication of breast prosthesis and implant, initial encounter
T85.79xA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm
Z77.123	Contact with and (suspected) exposure to radon and other naturally occurring radiation
Z77.128	Contact with and (suspected) exposure to other hazards in the physical environment
Z77.9	Other contact with and (suspected) exposures hazardous to health
Z85.3	Personal history of malignant neoplasm of breast
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.89	Personal history of malignant neoplasm of other organs and systems
Z86.000	Personal history of in-situ neoplasm of breast
Z91.89	Other specified personal risk factors, not elsewhere classified
Z92.89	Personal history of other medical treatment
Z98.82	Breast implant status
Z98.86	Personal history of breast implant removal

## **60.3 - Determining High Risk for Developing Colorectal Cancer**

*(Rev. 12435, Issued:12-28-23, Effective:01-29-24, Implementation:01-29-24)*

### **A. Characteristics of the High Risk Individual**

An individual at high risk for developing colorectal cancer has one or more of the following:

- A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp;
- A family history of familial adenomatous polyposis;
- A family history of hereditary nonpolyposis colorectal cancer;
- A personal history of adenomatous polyps;
- A personal history of colorectal cancer; or
- Inflammatory bowel disease, including Crohn's Disease, and ulcerative colitis.

### **B. Partial List of ICD-10-CM Codes Indicating High Risk**

Listed below are some examples of diagnoses that meet the high-risk criteria for colorectal cancer. This is not an all-inclusive list. There may be more instances of conditions, which may be coded and could be considered high risk at the medical directors' discretion.

Partial List of diagnosis codes indicating high risk: only applicable to G0105 and G0120 (high risk colorectal cancer screening)

C18.0	Malignant neoplasm of cecum
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C78.5	Secondary malignant neoplasm of large intestine and rectum
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D12.0	Benign neoplasm of cecum
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D3A.021	Benign carcinoid tumor of the cecum
D3A.022	Benign carcinoid tumor of the ascending colon
D3A.023	Benign carcinoid tumor of the transverse colon
D3A.024	Benign carcinoid tumor of the descending colon
D3A.025	Benign carcinoid tumor of the sigmoid colon

D3A.026	Benign carcinoid tumor of the rectum
D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
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 intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified 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 complication
K50.119	Crohn's disease of large intestine with unspecified 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
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
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, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
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
K51.019	Ulcerative (chronic) pancolitis with unspecified 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
K51.219	Ulcerative (chronic) proctitis with unspecified complications
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  
 K51.319 Ulcerative (chronic) rectosigmoiditis with unspecified complications  
 K51.40 Inflammatory polyps of colon without complications  
 K51.411 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  
 K51.419 Inflammatory polyps of colon with unspecified complications  
 K51.50 Left sided colitis without complications  
 K51.511 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  
 K51.519 Left sided colitis with unspecified complications  
 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  
 K51.819 Other ulcerative colitis with unspecified complications  
 K51.90 Ulcerative colitis, unspecified, without complications  
 K51.911 Ulcerative colitis, unspecified with rectal bleeding  
 K51.912 Ulcerative colitis, unspecified with intestinal obstruction  
 K51.913 Ulcerative colitis, unspecified with fistula  
 K51.914 Ulcerative colitis, unspecified with abscess  
 K51.918 Ulcerative colitis, unspecified with other complication  
 K51.919 Ulcerative colitis, unspecified with unspecified complications  
 K52.1 Toxic gastroenteritis and colitis  
 K52.89 Other specified non-infective gastroenteritis and colitis  
 K52.9 Non-infective gastroenteritis and colitis, unspecified  
 K57.20 Diverticulitis of large intestine with perforation and abscess without bleeding  
 K57.21 Diverticulitis of large intestine with perforation and abscess with bleeding  
 K57.30 Diverticulosis of large intestine without perforation or abscess without bleeding  
 K57.31 Diverticulosis of large intestine without perforation or abscess with bleeding  
 K57.32 Diverticulitis of large intestine without perforation or abscess without bleeding  
 K57.33 Diverticulitis of large intestine without perforation or abscess with bleeding  
 K57.40 Diverticulitis of both small and large intestine with perforation and abscess  
 without bleeding  
 K57.41 Diverticulitis of both small and large intestine with perforation and abscess with  
 bleeding  
 K57.50 Diverticulosis of both small and large intestine without perforation or abscess  
 without bleeding  
 K57.51 Diverticulosis of both small and large intestine without perforation or abscess

- with bleeding
- K57.52 Diverticulitis of both small and large intestine without perforation or abscess
- without bleeding
- K57.53 Diverticulitis of both small and large intestine without perforation or abscess with bleeding
- K57.80 Diverticulitis of intestine, part unspecified, with perforation and abscess without bleeding
- K57.81 Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
- K57.90 Diverticulosis of intestine, part unspecified, without perforation or abscess without bleeding
- K57.91 Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding
- K57.92 Diverticulitis of intestine, part unspecified, without perforation or abscess without bleeding
- K57.93 Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
- K62.0 Anal polyp
- K62.1 Rectal polyp
- K62.6 Ulcer of anus and rectum
- K63.3 Ulcer of intestine
- K63.5 Polyp of colon
- Z12.10 Encounter for screening for malignant neoplasm of intestinal tract, unspecified
- Z12.11 Encounter for screening for malignant neoplasm of colon
- Z12.12 Encounter for screening for malignant neoplasm of rectum
- Z15.09 Genetic susceptibility to other malignant neoplasm
- Z80.0 Family history of malignant neoplasm of digestive organs
- Z83.710 Family history of adenomatous and serrated polyps*
- Z83.711 Family history of hyperplastic colon polyps*
- Z83.718 Other family history of colon polyps*
- Z83.719 Family history of colon polyps, unspecified*
- Z85.038 Personal history of other malignant neoplasm of large intestine
- Z85.048 Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
- Z86.004 Personal history of in-situ neoplasm of other and unspecified digestive organs
- Z86.010 Personal history of colonic polyps

Applicable to G0464/81528: colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., kras, ndrg4 and bmp3), as well as G0327: colorectal cancer screening; blood-based biomarker - only 1 diagnosis required

- Z12.12 Encounter for screening for malignant neoplasm of rectum
- Z12.11 Encounter for screening for malignant neoplasm of colon

## 50.4.1 – Allowable Covered Diagnosis Codes

*(Rev. 12435, Issued:12-28-23, Effective:01-29-24, Implementation:01-29-24)*

Deep Brain Stimulation is covered for the following diagnosis codes:

### **If ICD-10-CM is applicable:**

- *ICD-10-CM G20.A1 - Parkinson's disease without dyskinesia, without mention of fluctuations*
- *ICD-10-CM G20.A2 - Parkinson's disease without dyskinesia, with fluctuations*
- *ICD-10-CM G20.B1 - Parkinson's disease with dyskinesia, without mention of fluctuations*
- *ICD-10 CM G20.B2 - Parkinson's disease with dyskinesia, with fluctuations*
- *ICD-10-CM G20.C - Parkinsonism, unspecified*
- ICD-10-CM G25.0 - Essential tremor
- ICD-10-CM G25.2 - Other specified form of tremor

## 200.2 - ICD-10 Diagnosis Codes for Vagus Nerve Stimulation(Covered since DOS on and after July 1, 1999)

*(Rev. 12435, Issued:12-28-23, Effective:01-29-24, Implementation:01-29-24)*

**One of the following diagnosis codes must be reported as appropriate, when billing for Vagus Nerve Stimulation:**

**If ICD-10-CM is applicable:**

- G40.011 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epileptic
- G40.019 Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
- G40.111 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
- G40.119 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
- G40.211 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
- G40.219 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
- G40.833 Dravet syndrome, intractable, with status epilepticus
- G40.834 Dravet syndrome, intractable, without status epilepticus
- *G40.C11 Lafora progressive myoclonus epilepsy, intractable, with status epilepticus*
- *G40.C19 Lafora progressive myoclonus epilepsy, intractable, without status epilepticus*

