

FUTURE Local Coverage Determination (LCD): Routine Foot Care (L35138)

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Please note: Future Effective Date.

Contractor Information

Contractor Name Novitas Solutions, Inc. Back to Top	Contract Number 04412	Contract Type A and B MAC	Jurisdiction J - H
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LCD Information

Document Information



LCD ID

L35138

Original ICD-9 LCD ID
[L27486](#)

LCD Title
Routine Foot Care

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Jurisdiction
Texas

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CMS National Coverage Policy This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determination (NCDs) or payment policy rules and regulations for Routine Foot Care. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD.

Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies regarding Routine Foot Care are found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Title XVIII of the Social Security Act, Section 1862(a)(13)(C) states that no payment shall be made where such expenses are for routine foot care.

Medicare Benefit Policy Manual – Pub. 100-02, Chapter 15, Section 290

Medicare National Coverage Determinations Manual - Pub. 100-03, Chapter 1, Section 70.2.1

Correct Coding Initiative - Medicare Contractor Beneficiary and Provider Communications Manual - Pub. 100-09, Chapter 5.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

The Medicare program generally does not cover routine foot care. However, this determination outlines the specific conditions for which coverage may be present.

Indications

The following services are considered to be components of routine foot care, regardless of the provider rendering the service:

- Cutting or removal of corns and calluses
- Clipping, trimming, or debridement of nails
- Shaving, paring, cutting or removal of keratoma, tyloma, and heloma
- Non-definitive simple, palliative treatments like shaving or paring of plantar warts which do not require thermal or chemical cautery and curettage;
- Other hygienic and preventive maintenance care in the realm of self-care, such as cleaning and soaking the feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden patients

- Any services performed in the absence of localized illness, injury, or symptoms involving the foot.

While the Medicare program generally excludes routine foot care services from coverage, there are specific indications or exceptions under which there are program benefits. These include:

1. Routine foot care when the patient has a systemic disease, such as metabolic, neurologic, or peripheral vascular disease, of sufficient severity that performance of such services by a nonprofessional person would put the patient at risk (for example, a systemic condition that has resulted in severe circulatory embarrassment or areas of desensitization in the patient's legs or feet).
2. Treatment of warts on foot is covered to the same extent as services provided for the treatment of warts located elsewhere on the body.
3. Services normally considered routine may be covered if they are performed as a necessary and integral part of otherwise covered services, such as diagnosis and treatment of ulcers, wounds, or infections.
4. Treatment of mycotic nails may be covered under the exceptions to the routine foot care exclusion. The class findings, outlined below, or the presence of qualifying systemic illnesses causing a peripheral neuropathy, must be present. (Treatment of mycotic nails for patients without systemic illnesses may also be covered and are defined in a separate local coverage determination (LCD) for Debridement of Mycotic Nails)

The following physical and clinical findings, which are indicative of severe peripheral involvement, must be documented and maintained in the patient record, in order for routine foot care services to be reimbursable. **The presumption of coverage is applied when the physician rendering the routine foot care has identified either (1) the Class A finding (Q7); (2) two of the Class B findings (Q8); or (3) one Class B and two Class C findings, in addition to a primary condition (Q9).**

Class A findings:

- Non-traumatic amputation of foot or integral skeletal portion thereof

Class B findings:

- Absent posterior tibial pulse
- Advanced trophic changes as evidenced by any three of the following:
 - hair growth (decrease or increase)
 - nail changes (thickening)
 - pigmentary changes (discoloring)
 - skin texture (thin, shiny)
 - skin color (rubor or redness)
- Absent dorsalis pedis pulse

Class C findings:

- Claudication
- Temperature changes (e.g., cold feet)
- Edema

- Paresthesias (abnormal spontaneous sensations in the feet)
- Burning

Note: Information on the potential coverage and billing for those diabetic patients with severe peripheral neuropathy involving the feet, but without vascular impairment (LOPS), may be found at: Medicare National Coverage Determinations Manual-Pub. 100-03, Chapter 1, Section 70.2.1 and Medicare Claims Processing Manual -Pub. 100-04, Chapter 32, Sections 80-80.8. Routine foot care is payable when the patient has a systemic condition resulting in severe circulatory embarrassment or areas of desensitization in the legs or feet and the appropriate class findings are supported in the medical record and reported.

The diagnoses listed below represent systemic conditions that may result in the need for routine foot care:

Amyotrophic Lateral Sclerosis (ALS)

Arteriosclerosis obliterans (A.S.O., arteriosclerosis of the extremities, occlusive peripheral arteriosclerosis)

Arteritis of the feet

Buerger's disease (thromboangiitis obliterans)

Chronic indurated cellulitis

Chronic thrombophlebitis*

Chronic venous insufficiency

Diabetes mellitus*

Intractable edema-secondary to a specific disease (e.g., congestive heart failure, kidney disease, hypothyroidism)

Lymphedema-secondary to a specific disease (e.g., Milroy's disease, malignancy)

Peripheral neuropathies involving the feet -

- Associated with malnutrition and vitamin deficiency *
 - Malnutrition (general, pellagra)
 - Alcoholism
 - Malabsorption (celiac disease, tropical sprue)
 - Pernicious anemia
- Associated with carcinoma *
- Associated with diabetes mellitus *
- Associated with drugs and toxins *
- Associated with multiple sclerosis *
- Associated with uremia (chronic kidney disease)*
- Associated with traumatic injury
- Associated with leprosy or neurosyphilis

- Associated with hereditary disorders
 - Hereditary sensory radicular neuropathy
 - Angiokeratoma corporis diffusum (Fabry's)
 - Amyloid neuropathy

Peripheral vascular disease

Raynaud's disease

Note:

1. When the patient's condition is one of those designated by an asterisk (*), routine procedures are covered only if the patient is under the active care of a doctor of medicine or osteopathy who documents the condition. (Please note that for the purposes of this LCD, the coverage requirement of active care of a doctor of medicine or osteopathy may be satisfied when the patient is under the care of a qualified non-physician practitioner (NPP))>
2. Claims indicating other diagnoses not specified above will be denied unless the medical record documentation is submitted with the claim.

Limitations

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862 (a)(1)(A). Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:

- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, that meet the requirements of the clinical trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
 - Furnished in a setting appropriate to the patient's medical needs and condition.
 - Ordered and furnished by qualified personnel.
 - One that meets, but does not exceed, the patient's medical needs.
 - At least as beneficial as an existing and available medically appropriate alternative.

Notice: This LCD imposes diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

When the patient's condition is designated by an ICD-10-CM code with an asterisk (*) (see ICD-10-CM Codes That Support Medical Necessity), routine foot care procedures are reimbursable only if the patient is under the active care of a doctor of medicine or osteopathy (MD or DO) or NPP for the treatment and/or evaluation of the complicating disease process during the six (6) month period prior to the rendition of the routine-type service or

if the patient had come under a physician's or NPPS care shortly after the services were furnished.

Routine foot care should not be paid in the absence of convincing evidence that non-professional performance of the service would be hazardous for the patient because of an underlying systemic disease.

Evaluation and management services for any of the conditions defined as routine foot care will be considered ineligible for reimbursement, with the exception of the initial E/M service performed to diagnose the patient's condition.

Evaluation and management services provided on the same day as routine foot care by the same doctor for the same condition are not eligible for payment except if it is the initial E/M service performed to diagnose the patient's condition or if the E/M service is a significant separately identifiable service indicated by the use of modifier 25, and documented by medical records.

Additionally, whirlpool treatment performed prior to routine foot care to soften the nails or skin is not eligible for separate reimbursement.

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Coding Information

[FUTURE]

Bill Type Codes:

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

- 011x Hospital Inpatient (Including Medicare Part A)
- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 014x Hospital - Laboratory Services Provided to Non-patients
- 018x Hospital - Swing Beds
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 028x Skilled Nursing - Swing Beds
- 071x Clinic - Rural Health
- 073x Clinic - Freestanding
- 075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
- 077x Clinic - Federally Qualified Health Center (FQHC)
- 083x Ambulatory Surgery Center
- 085x Critical Access Hospital

Revenue Codes:

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

Note: Providers are reminded that not all the CPT/HCPCS codes listed can be billed with all the Bill Type and/or Revenue Codes listed. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04 Claims Processing Manual, for further guidance.

051X Clinic - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: *Italicized and/or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes.*

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes:

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

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The CPT/HCPCS codes included in this LCD will be subjected to "procedure to diagnosis" editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Group 1 Codes:

ICD-10 Codes	Description
A30.0	Indeterminate leprosy
A30.1	Tuberculoid leprosy
A30.2	Borderline tuberculoid leprosy
A30.3	Borderline leprosy
A30.4	Borderline lepromatous leprosy
A30.5	Lepromatous leprosy
A50.1	Early congenital syphilis, latent
A50.40	Late congenital neurosyphilis, unspecified
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.43	Late congenital syphilitic polyneuropathy
A50.45	Juvenile general paresis
A52.11	Tabes dorsalis
A52.13	Late syphilitic meningitis
A52.14	Late syphilitic encephalitis
A52.15	Late syphilitic neuropathy
A52.16	Charcot's arthropathy (tabetic)
A52.17	General paresis
A52.19	Other symptomatic neurosyphilis
A52.2	Asymptomatic neurosyphilis
B20	Human immunodeficiency virus [HIV] disease
B35.1	Tinea unguium
D51.0*	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D81.818*	Other biotin-dependent carboxylase deficiency
D81.819*	Biotin-dependent carboxylase deficiency, unspecified
E08.00*	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)

ICD-10 Codes	Description
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
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

ICD-10 Codes	Description
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

ICD-10 Codes	Description
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
E11.39*	Type 2 diabetes mellitus with other diabetic ophthalmic complication
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
E11.49*	Type 2 diabetes mellitus with other diabetic neurological complication

ICD-10 Codes	Description
E11.51*	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52*	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59*	Type 2 diabetes mellitus with other circulatory complications
E11.610*	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
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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 hyperglycemic-hyperosmolar 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
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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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E13.331*	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339*	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.341*	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
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E13.36*	Other specified diabetes mellitus with diabetic cataract
E13.39*	Other specified diabetes mellitus with other diabetic ophthalmic complication
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E13.41*	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42*	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43*	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44*	Other specified diabetes mellitus with diabetic amyotrophy
E13.49*	Other specified diabetes mellitus with other diabetic neurological complication
E13.51*	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52*	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59*	Other specified diabetes mellitus with other circulatory complications
E13.610*	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618*	Other specified diabetes mellitus with other diabetic arthropathy
E13.620*	Other specified diabetes mellitus with diabetic dermatitis
E13.621*	Other specified diabetes mellitus with foot ulcer
E13.622*	Other specified diabetes mellitus with other skin ulcer
E13.628*	Other specified diabetes mellitus with other skin complications

ICD-10 Codes	Description
E13.630*	Other specified diabetes mellitus with periodontal disease
E13.638*	Other specified diabetes mellitus with other oral complications
E13.641*	Other specified diabetes mellitus with hypoglycemia with coma
E13.649*	Other specified diabetes mellitus with hypoglycemia without coma
E13.65*	Other specified diabetes mellitus with hyperglycemia
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
E52*	Niacin deficiency [pellagra]
E53.0*	Riboflavin deficiency
E53.1*	Pyridoxine deficiency
E53.8*	Deficiency of other specified B group vitamins
E53.9*	Vitamin B deficiency, unspecified
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.3	Sphingolipidosis, unspecified
E77.0	Defects in post-translational modification of lysosomal enzymes
E77.1	Defects in glycoprotein degradation
E77.8	Other disorders of glycoprotein metabolism
E77.9	Disorder of glycoprotein metabolism, unspecified
E85.1	Neuropathic hereditary amyloidosis
E85.2	Hereditary amyloidosis, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.8	Other amyloidosis
E85.9	Amyloidosis, unspecified
G12.21	Amyotrophic lateral sclerosis
G13.0*	Paraneoplastic neuromyopathy and neuropathy
G13.1*	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G35*	Multiple sclerosis
G60.0	Hereditary motor and sensory neuropathy
G60.1	Refsum's disease
G60.2	Neuropathy in association with hereditary ataxia
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G60.9	Hereditary and idiopathic neuropathy, unspecified
G61.0	Guillain-Barre syndrome
G61.1*	Serum neuropathy
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.89	Other inflammatory polyneuropathies
G61.9	Inflammatory polyneuropathy, unspecified
G62.0*	Drug-induced polyneuropathy
G62.1*	Alcoholic polyneuropathy
G62.2*	Polyneuropathy due to other toxic agents
G62.81	Critical illness polyneuropathy
G62.82*	Radiation-induced polyneuropathy
G62.89	Other specified polyneuropathies
G62.9	Polyneuropathy, unspecified
G63*	Polyneuropathy in diseases classified elsewhere
G64	Other disorders of peripheral nervous system
G65.0*	Sequelae of Guillain-Barre syndrome
G65.1*	Sequelae of other inflammatory polyneuropathy

ICD-10 Codes	Description
G65.2*	Sequelae of toxic polyneuropathy
G90.09	Other idiopathic peripheral autonomic neuropathy
G99.0	Autonomic neuropathy in diseases classified elsewhere
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower right leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower left leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.90	Unspecified atherosclerosis
I70.91	Generalized atherosclerosis
I73.00	Raynaud's syndrome without gangrene
I73.01	Raynaud's syndrome with gangrene
I73.1	Thromboangiitis obliterans [Buerger's disease]
I73.81	Erythromelalgia
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I77.1	Stricture of artery
I77.6	Arteritis, unspecified
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I80.00*	Phlebitis and thrombophlebitis of superficial vessels of unspecified lower extremity
I80.01*	Phlebitis and thrombophlebitis of superficial vessels of right lower extremity

ICD-10 Codes	Description
I80.02*	Phlebitis and thrombophlebitis of superficial vessels of left lower extremity
I80.03*	Phlebitis and thrombophlebitis of superficial vessels of lower extremities, bilateral
I80.10*	Phlebitis and thrombophlebitis of unspecified femoral vein
I80.11*	Phlebitis and thrombophlebitis of right femoral vein
I80.12*	Phlebitis and thrombophlebitis of left femoral vein
I80.13*	Phlebitis and thrombophlebitis of femoral vein, bilateral
I80.201*	Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
I80.202*	Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
I80.203*	Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
I80.209*	Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
I80.221*	Phlebitis and thrombophlebitis of right popliteal vein
I80.222*	Phlebitis and thrombophlebitis of left popliteal vein
I80.223*	Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80.229*	Phlebitis and thrombophlebitis of unspecified popliteal vein
I80.231*	Phlebitis and thrombophlebitis of right tibial vein
I80.232*	Phlebitis and thrombophlebitis of left tibial vein
I80.233*	Phlebitis and thrombophlebitis of tibial vein, bilateral
I80.239*	Phlebitis and thrombophlebitis of unspecified tibial vein
I80.291*	Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80.292*	Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80.293*	Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
I80.299*	Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
I80.3*	Phlebitis and thrombophlebitis of lower extremities, unspecified
I87.001	Postthrombotic syndrome without complications of right lower extremity
I87.002	Postthrombotic syndrome without complications of left lower extremity
I87.003	Postthrombotic syndrome without complications of bilateral lower extremity
I87.009*	Postthrombotic syndrome without complications of unspecified extremity
I87.011*	Postthrombotic syndrome with ulcer of right lower extremity
I87.012*	Postthrombotic syndrome with ulcer of left lower extremity
I87.013*	Postthrombotic syndrome with ulcer of bilateral lower extremity
I87.019*	Postthrombotic syndrome with ulcer of unspecified lower extremity
I87.021*	Postthrombotic syndrome with inflammation of right lower extremity
I87.022*	Postthrombotic syndrome with inflammation of left lower extremity
I87.023*	Postthrombotic syndrome with inflammation of bilateral lower extremity
I87.029*	Postthrombotic syndrome with inflammation of unspecified lower extremity
I87.031*	Postthrombotic syndrome with ulcer and inflammation of right lower extremity
I87.032*	Postthrombotic syndrome with ulcer and inflammation of left lower extremity
I87.033*	Postthrombotic syndrome with ulcer and inflammation of bilateral lower extremity
I87.039*	Postthrombotic syndrome with ulcer and inflammation of unspecified lower extremity
I87.091*	Postthrombotic syndrome with other complications of right lower extremity
I87.092*	Postthrombotic syndrome with other complications of left lower extremity
I87.093*	Postthrombotic syndrome with other complications of bilateral lower extremity
I87.099*	Postthrombotic syndrome with other complications of unspecified lower extremity
I87.1	Compression of vein
I87.2	Venous insufficiency (chronic) (peripheral)
I87.301	Chronic venous hypertension (idiopathic) without complications of right lower extremity
I87.302	Chronic venous hypertension (idiopathic) without complications of left lower extremity
I87.303	Chronic venous hypertension (idiopathic) without complications of bilateral lower extremity
I87.309	Chronic venous hypertension (idiopathic) without complications of unspecified lower extremity
I87.311	Chronic venous hypertension (idiopathic) with ulcer of right lower extremity
I87.312	Chronic venous hypertension (idiopathic) with ulcer of left lower extremity
I87.313	Chronic venous hypertension (idiopathic) with ulcer of bilateral lower extremity
I87.319	Chronic venous hypertension (idiopathic) with ulcer of unspecified lower extremity
I87.321	Chronic venous hypertension (idiopathic) with inflammation of right lower extremity
I87.322	Chronic venous hypertension (idiopathic) with inflammation of left lower extremity
I87.323	Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity
I87.329	Chronic venous hypertension (idiopathic) with inflammation of unspecified lower extremity

ICD-10 Codes	Description
I87.331	Chronic venous hypertension (idiopathic) with ulcer and inflammation of right lower extremity
I87.332	Chronic venous hypertension (idiopathic) with ulcer and inflammation of left lower extremity
I87.333	Chronic venous hypertension (idiopathic) with ulcer and inflammation of bilateral lower extremity
I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation of unspecified lower extremity
I87.391	Chronic venous hypertension (idiopathic) with other complications of right lower extremity
I87.392	Chronic venous hypertension (idiopathic) with other complications of left lower extremity
I87.393	Chronic venous hypertension (idiopathic) with other complications of bilateral lower extremity
I87.399	Chronic venous hypertension (idiopathic) with other complications of unspecified lower extremity
I87.9	Disorder of vein, unspecified
I89.0	Lymphedema, not elsewhere classified
I99.9	Unspecified disorder of circulatory system
K90.0*	Celiac disease
K90.1*	Tropical sprue
K90.9*	Intestinal malabsorption, unspecified
L02.415	Cutaneous abscess of right lower limb
L02.416	Cutaneous abscess of left lower limb
L02.419	Cutaneous abscess of limb, unspecified
L02.611	Cutaneous abscess of right foot
L02.612	Cutaneous abscess of left foot
L02.619	Cutaneous abscess of unspecified foot
L02.91	Cutaneous abscess, unspecified
L03.031	Cellulitis of right toe
L03.032	Cellulitis of left toe
L03.039	Cellulitis of unspecified toe
L03.041	Acute lymphangitis of right toe
L03.042	Acute lymphangitis of left toe
L03.049	Acute lymphangitis of unspecified toe
L03.115	Cellulitis of right lower limb
L03.116	Cellulitis of left lower limb
L03.119	Cellulitis of unspecified part of limb
L03.125	Acute lymphangitis of right lower limb
L03.126	Acute lymphangitis of left lower limb
L03.129	Acute lymphangitis of unspecified part of limb
L03.90	Cellulitis, unspecified
L03.91	Acute lymphangitis, unspecified
L98.3	Eosinophilic cellulitis [Wells]
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified 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

ICD-10 Codes	Description
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M34.83*	Systemic sclerosis with polyneuropathy
N18.1*	Chronic kidney disease, stage 1
N18.2*	Chronic kidney disease, stage 2 (mild)
N18.3*	Chronic kidney disease, stage 3 (moderate)
N18.4*	Chronic kidney disease, stage 4 (severe)
N18.5*	Chronic kidney disease, stage 5
N18.6*	End stage renal disease
N18.9*	Chronic kidney disease, unspecified
O24.011*	Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester
O24.012*	Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
O24.013*	Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester
O24.019*	Pre-existing diabetes mellitus, type 1, in pregnancy, unspecified trimester
O24.02*	Pre-existing diabetes mellitus, type 1, in childbirth
O24.03*	Pre-existing diabetes mellitus, type 1, in the puerperium
O24.111*	Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
O24.112*	Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
O24.113*	Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
O24.119*	Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester
O24.12*	Pre-existing diabetes mellitus, type 2, in childbirth
O24.13*	Pre-existing diabetes mellitus, type 2, in the puerperium
O24.311*	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312*	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313*	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.319*	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.32*	Unspecified pre-existing diabetes mellitus in childbirth
O24.33*	Unspecified pre-existing diabetes mellitus in the puerperium
O24.811*	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812*	Other pre-existing diabetes mellitus in pregnancy, second trimester
O24.813*	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.819*	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.82*	Other pre-existing diabetes mellitus in childbirth
O24.83*	Other pre-existing diabetes mellitus in the puerperium
O24.911*	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912*	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913*	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919*	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O24.92*	Unspecified diabetes mellitus in childbirth
O24.93*	Unspecified diabetes mellitus in the puerperium
Q82.0	Hereditary lymphedema
R60.0	Localized edema
R60.1	Generalized edema
R60.9	Edema, unspecified
S86.001A	Unspecified injury of right Achilles tendon, initial encounter
S86.002A	Unspecified injury of left Achilles tendon, initial encounter
S86.009A	Unspecified injury of unspecified Achilles tendon, initial encounter
S86.091A	Other specified injury of right Achilles tendon, initial encounter
S86.092A	Other specified injury of left Achilles tendon, initial encounter
S86.099A	Other specified injury of unspecified Achilles tendon, initial encounter
S86.101A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
S86.102A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
S86.109A	Unspecified injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter
S86.191A	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter

ICD-10 Codes	Description
S86.192A	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
S86.199A	Other injury of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, unspecified leg, initial encounter
S86.201A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
S86.202A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
S86.209A	Unspecified injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter
S86.291A	Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
S86.292A	Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
S86.299A	Other injury of muscle(s) and tendon(s) of anterior muscle group at lower leg level, unspecified leg, initial encounter
S86.301A	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter
S86.302A	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter
S86.309A	Unspecified injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter
S86.391A	Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, right leg, initial encounter
S86.392A	Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, left leg, initial encounter
S86.399A	Other injury of muscle(s) and tendon(s) of peroneal muscle group at lower leg level, unspecified leg, initial encounter
S86.801A	Unspecified injury of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
S86.802A	Unspecified injury of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
S86.809A	Unspecified injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
S86.891A	Other injury of other muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
S86.892A	Other injury of other muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
S86.899A	Other injury of other muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
S86.901A	Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
S86.902A	Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
S86.909A	Unspecified injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
S86.991A	Other injury of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
S86.992A	Other injury of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
S86.999A	Other injury of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
S89.80XA	Other specified injuries of unspecified lower leg, initial encounter
S89.81XA	Other specified injuries of right lower leg, initial encounter
S89.82XA	Other specified injuries of left lower leg, initial encounter
S89.90XA	Unspecified injury of unspecified lower leg, initial encounter
S89.91XA	Unspecified injury of right lower leg, initial encounter
S89.92XA	Unspecified injury of left lower leg, initial encounter
S96.001A	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, initial encounter
S96.002A	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, left foot, initial encounter
S96.009A	Unspecified injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, unspecified foot, initial encounter
S96.091A	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, right foot, initial encounter
S96.092A	

ICD-10 Codes	Description
	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, left foot, initial encounter
S96.099A	Other injury of muscle and tendon of long flexor muscle of toe at ankle and foot level, unspecified foot, initial encounter
S96.101A	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, initial encounter
S96.102A	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, left foot, initial encounter
S96.109A	Unspecified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, initial encounter
S96.191A	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, right foot, initial encounter
S96.192A	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, left foot, initial encounter
S96.199A	Other specified injury of muscle and tendon of long extensor muscle of toe at ankle and foot level, unspecified foot, initial encounter
S96.201A	Unspecified injury of intrinsic muscle and tendon at ankle and foot level, right foot, initial encounter
S96.202A	Unspecified injury of intrinsic muscle and tendon at ankle and foot level, left foot, initial encounter
S96.209A	Unspecified injury of intrinsic muscle and tendon at ankle and foot level, unspecified foot, initial encounter
S96.291A	Other specified injury of intrinsic muscle and tendon at ankle and foot level, right foot, initial encounter
S96.292A	Other specified injury of intrinsic muscle and tendon at ankle and foot level, left foot, initial encounter
S96.299A	Other specified injury of intrinsic muscle and tendon at ankle and foot level, unspecified foot, initial encounter
S96.801A	Unspecified injury of other specified muscles and tendons at ankle and foot level, right foot, initial encounter
S96.802A	Unspecified injury of other specified muscles and tendons at ankle and foot level, left foot, initial encounter
S96.809A	Unspecified injury of other specified muscles and tendons at ankle and foot level, unspecified foot, initial encounter
S96.891A	Other specified injury of other specified muscles and tendons at ankle and foot level, right foot, initial encounter
S96.892A	Other specified injury of other specified muscles and tendons at ankle and foot level, left foot, initial encounter
S96.899A	Other specified injury of other specified muscles and tendons at ankle and foot level, unspecified foot, initial encounter
S96.901A	Unspecified injury of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter
S96.902A	Unspecified injury of unspecified muscle and tendon at ankle and foot level, left foot, initial encounter
S96.909A	Unspecified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, initial encounter
S96.991A	Other specified injury of unspecified muscle and tendon at ankle and foot level, right foot, initial encounter
S96.992A	Other specified injury of unspecified muscle and tendon at ankle and foot level, left foot, initial encounter
S96.999A	Other specified injury of unspecified muscle and tendon at ankle and foot level, unspecified foot, initial encounter
S99.811A	Other specified injuries of right ankle, initial encounter
S99.812A	Other specified injuries of left ankle, initial encounter
S99.819A	Other specified injuries of unspecified ankle, initial encounter
S99.821A	Other specified injuries of right foot, initial encounter
S99.822A	Other specified injuries of left foot, initial encounter
S99.829A	Other specified injuries of unspecified foot, initial encounter
S99.911A	Unspecified injury of right ankle, initial encounter
S99.912A	Unspecified injury of left ankle, initial encounter
S99.919A	Unspecified injury of unspecified ankle, initial encounter
S99.921A	Unspecified injury of right foot, initial encounter

ICD-10 Codes	Description
S99.922A	Unspecified injury of left foot, initial encounter
S99.929A	Unspecified injury of unspecified foot, initial encounter
Z79.01*	Long term (current) use of anticoagulants

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation: **NOTE: When the patient's condition is one of those designated by an asterisk (*), routine procedures are covered only if the patient is under the active care of a doctor of medicine or osteopathy who documents the condition.

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: All those not listed under the "ICD-10" Codes that Support Medical Necessity" section of this policy.

Group 1 Codes: N/A

ICD-10 Additional Information

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General Information

[FUTURE]

Associated Information

Documentation Guidelines

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name dates of service(s)). The record must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record should support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
4. The Medical record documentation must support the medical necessity of the services as directed in this policy.
5. Routine foot care services performed more often than every 60 days will be denied unless documentation is submitted with the claim to substantiate the increased frequency. This evidence should include office records or physician notes and diagnoses characterizing the patient's physical status as being of such an acute or severe nature that more frequent services are appropriate.
6. For foot-care services covered by virtue of the presence of a qualifying, covered systemic disease (asterisked and non-asterisked elsewhere in this LCD). Medicare expects the clinical record to contain a sufficiently detailed clinical description of the feet to provide convincing evidence that non-professional performance of the service is hazardous to the patient. For this purpose, documentation limited to a simple listing of class findings is insufficient. Medicare does not require the detailed clinical description to be reported at each instance of routine foot care when an earlier record continues to accurately describe the patient's condition at the time of the foot care. In such cases, the record should reference the location (i.e., date of service) in the record of the previously recorded detailed information. Further, detailed information so reference should be made available to Medicare upon request.

The patient's record must include the following:

- Location of each lesion treated.
- identification (by number or name) and description of all nails treated.

7. To distinguish debridement from trimming or clipping, Medicare expects records to contain some description of the debridement procedure beyond simple statements such as "nail(s) debrided."
8. For routine foot care and debridement of multiple symptomatic nails to people who have a qualifying systemic condition, the records should demonstrate the necessity of each service considering the patient's usual activities.
9. Documentation of foot-care services to residents of nursing homes not performed solely at the request of the patient or patient's family/conservator must include a current nursing facility order (dated and signed with date of signature) for routine foot-care service issued by the patient's supervising physician that describes the specific service necessary. Such orders must meet the following requirements:
 - The order must be dated and must have been issued by the supervising physician prior to foot-care services being rendered.
 - Telephone or verbal orders not written personally by the supervising physician must be authenticated by the dated physician's signature within a reasonable period of time following the issuance of the order.
 - The order must be for medically necessary services to address a specific patient complaint or physical finding.
 - Routinely issued or "standing" facility orders for routine foot-care services and orders for non-specific foot-care services that do not meet the above requirements are insufficient.
 - Documentation of foot-care services to residents of nursing homes performed solely at the request of the patient or patient's family/conservator should indicate if the request was from the patient or the patient's family/conservator. When the request is from someone other than the patient the documentation should identify the requesting person's relationship to the patient.
10. There must be adequate documentation to demonstrate the need for routine foot care services as outlined in this determination. This documentation may be office records, physician notes or diagnoses characterizing the patient's physical status as being of such severity to meet the criteria for exceptions to the Medicare routine foot care exclusion.

Additional Information

See corresponding Local Coverage Article, Routine Foot Care, for additional information.

Appendices

N/A

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

The frequency of routine foot care varies among patients. Medicare will cover routine foot care as often as is medically necessary but no more often than every 60 days.

Notice: This LCD imposes utilization guideline limitations. Despite Medicare's allowing up to these maximums, each patient's condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient's medical records. Medicare expects that patients will not routinely require the maximum allowable number of services.

Contractor is not responsible for the continued viability of websites listed.

Other Contractor's Policies

Novitas Solutions Contractor Medical Directors

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[Revision History Information](#)

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2015	R2	LCD revised on 12/09/2014 to include missing Bill type codes (71x, 73x, 75x, 77x) and corrected any typographical errors.	<ul style="list-style-type: none">• Typographical Error
10/01/2015	R1	LCD revised on 10/09/2014 and posted on 12/04/2014 to create uniform LCD with other MAC Jurisdiction.	<ul style="list-style-type: none">• Creation of Uniform LCDs With Other MAC Jurisdiction

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[Associated Documents](#)

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

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