

# Infusion Pumps (NCD 280.14)

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[↪ Terms and Conditions](#)

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**Related Medicare Advantage Policy Guidelines**

See [References](#)

**Related Medicare Advantage Reimbursement Policies**

- [Durable Medical Equipment Charges in a Skilled Nursing Facility Policy, Professional](#)
- [Medically Unlikely Edits Policy, Professional](#)

**Related Medicare Advantage Coverage Summaries**

- [Diabetes Management, Equipment and Supplies](#)
- [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non - Foot Orthotics\) and Medical Supplies Grid](#)
- [Infusion Pump Therapy](#)
- [Medications/Drugs \(Outpatient/Part B\)](#)
- [Nutrition Therapy: Enteral and Parenteral Nutritional Therapy](#)

## Policy Summary

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### Overview

Infusion pumps are medical devices used to deliver solutions containing parenteral drugs under pressure at a regulated flow rate.

### Nationally Covered Indications

#### External Infusion Pumps

- Iron Poisoning - When used in the administration of deferoxamine for the treatment of acute iron poisoning and iron overload, only external infusion pumps are covered.
- Thromboembolic Disease - When used in the administration of heparin for the treatment of thromboembolic disease and/or pulmonary embolism, only external infusion pumps used in an institutional setting are covered.
- Chemotherapy for Liver Cancer - The external chemotherapy infusion pump is covered when used in the treatment of primary hepatocellular carcinoma or colorectal cancer where this disease is unresectable; OR, where the patient refuses surgical excision of the tumor.
- Morphine for Intractable Cancer Pain - Morphine infusion via an external infusion pump is covered when used in the treatment of intractable pain caused by cancer (in either an inpatient or outpatient setting, including a hospice).
- Continuous Subcutaneous Insulin Infusion (CSII) Pumps - Continuous subcutaneous insulin infusion (CSII) and related drugs/supplies are covered as medically reasonable and necessary in the home setting for the treatment of diabetic patients who: (1) either meet the updated fasting C - Peptide testing requirement, or, are beta cell autoantibody positive; and, (2) satisfy the remaining criteria for insulin pump therapy as described below. Patients must meet either Criterion A or B as follows:

- Criterion A: The patient has completed a comprehensive diabetes education program, and has been on a program of multiple daily injections of insulin (i.e., at least 3 injections per day), with frequent self - adjustments of insulin doses for at least 6 months prior to initiation of the insulin pump, and has documented frequency of glucose self - testing an average of at least 4 times per day during the 2 months prior to initiation of the insulin pump, and meets one or more of the following criteria while on the multiple daily injection regimen:
  - Glycosylated hemoglobin level (HbA1c) > 7.0%;
  - History of recurring hypoglycemia;
  - Wide fluctuations in blood glucose before mealtime;
  - Dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl; or
  - History of severe glycemic excursions.
- Criterion B: The patient with diabetes has been on a pump prior to enrollment in Medicare and has documented frequency of glucose self - testing an average of at least 4 times per day during the month prior to Medicare enrollment.

## General CSII Criteria

In addition to meeting Criterion A or B above, the following general requirements must be met:

- The patient with diabetes must be insulinopenic per the updated fasting C - peptide testing requirement, or, as an alternative, must be beta cell autoantibody positive.
- Updated fasting C - peptide testing requirement:
  - Insulinopenia is defined as a fasting C - peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method.
  - For patients with renal insufficiency and creatinine clearance (actual or calculated from age, gender, weight, and serum creatinine)  $\leq$  50 ml/minute, insulinopenia is defined as a fasting C - peptide level that is less than or equal to 200% of the lower limit of normal of the laboratory's measurement method.
  - Fasting C - peptide levels will only be considered valid with a concurrently obtained fasting glucose  $\leq$  225 mg/dL.
  - Levels only need to be documented once in the medical records.
- Continued coverage of the insulin pump would require that the patient be seen and evaluated by the treating physician at least every 3 months.
- The pump must be ordered by and follow - up care of the patient must be managed by a physician who manages multiple patients with CSII and who works closely with a team including nurses, diabetes educators, and dietitians who are knowledgeable in the use of CSII.

## Other Uses of CSII

The Centers for Medicare & Medicaid Services will continue to allow coverage of all other uses of CSII in accordance with the Category B investigational device exemption clinical trials regulation (42 CFR 405.201) or as a routine cost under the clinical trials policy (Medicare National Coverage Determinations Manual 310.1).

Note: Payment may also be made for drugs necessary for the effective use of a covered external infusion pump as long as the drug being used with the pump is itself reasonable and necessary for the patient's treatment.

## *Documentation Requirements - General*

There are numerous CMS manual requirements, reasonable and necessary requirements, benefit category, and other statutory and regulatory requirements that must be met in order for payment to be justified. In the event of a claim review, a DMEPOS supplier must provide sufficient information to demonstrate that the applicable criteria have been met thus justifying payment. Refer to the LCD, NCD or other CMS Manuals for more information on what documents may be required.

See Article A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs.

## *Implantable Infusion Pumps*

- Chemotherapy for Liver Cancer - The implantable infusion pump is covered for intra - arterial infusion of 5 - FUdR for the treatment of liver cancer for patients with primary hepatocellular carcinoma or Duke's Class D colorectal cancer, in whom the metastases are limited to the liver, and where: (1) the disease is unresectable, or, (2) the patient refuses surgical excision of the tumor.

- Anti - Spasmodic Drugs for Severe Spasticity - An implantable infusion pump is covered when used to administer anti - spasmodic drugs intrathecally (e.g., baclofen) to treat chronic intractable spasticity in patients who have proven unresponsive to less invasive medical therapy as determined by the following criteria:
  - As indicated by at least a 6 - week trial, the patient cannot be maintained on non - invasive methods of spasm control, such as oral anti - spasmodic drugs, either because these methods fail to control adequately the spasticity or produce intolerable side effects. And prior to pump implantation, the patient must have responded favorably to a trial intrathecal dose of the anti - spasmodic drug.
- Opioid Drugs for Treatment of Chronic Intractable Pain - An implantable infusion pump is covered when used to administer opioid drugs (e.g., morphine) intrathecally or epidurally for treatment of severe chronic intractable pain of malignant or non-malignant origin in patients who have a life expectancy of at least 3 months, and who have proven unresponsive to less invasive medical therapy as determined by the following criteria:
  - The patient's history must indicate that he/she would not respond adequately to non - invasive methods of pain control, such as systemic opioids (including attempts to eliminate physical and behavioral abnormalities which may cause an exaggerated reaction to pain); and a preliminary trial of intraspinal opioid drug administration must be undertaken with a temporary intrathecal/epidural catheter to substantiate adequately acceptable pain relief and degree of side effects (including effects on the activities of daily living) and patient acceptance.
- Coverage of Other Uses of Implanted Infusion Pumps (per Local Coverage Determinations; see [References](#)) – Determinations may be made on coverage of other uses of implanted infusion pumps if the MAC medical staff verifies that:
  - The drug is reasonable and necessary for the treatment of the individual patient;
  - It is medically necessary that the drug be administered by an implanted infusion pump; and,
  - The Food and Drug Administration - approved labeling for the pump must specify that the drug being administered and the purpose for which it is administered is an indicated use for the pump.
- The implantation of an infusion pump is contraindicated in the following patients:
  - With a known allergy or hypersensitivity to the drug being used (e.g., oral baclofen, morphine, etc.); or,
  - Who have an active infection; or,
  - Whose body size is insufficient to support the weight and bulk of the device; or,
  - With other implanted programmable devices since crosstalk between devices may inadvertently change the prescription.

Note: Payment may also be made for drugs necessary for the effective use of an implantable infusion pump as long as the drug being used with the pump is itself reasonable and necessary for the patient's treatment.

## Nationally Non-Covered Indications

### *External Infusion Pumps*

Vancomycin (Effective for Services Beginning On or After September 1, 1996) – Medicare coverage of vancomycin as a durable medical equipment infusion pump benefit is not covered. There is insufficient evidence to support the necessity of using an external infusion pump, instead of a disposable elastomeric pump or the gravity drip method, to administer vancomycin in a safe and appropriate manner.

### *Implantable Infusion Pump*

- Thromboembolic Disease – There is insufficient published clinical data to support the safety and effectiveness of the heparin implantable pump. Therefore, the use of an implantable infusion pump for infusion of heparin in the treatment of recurrent thromboembolic disease is not covered.
- Diabetes – An implanted infusion pump for the infusion of insulin to treat diabetes is not covered. The data does not demonstrate that the pump provides effective administration of insulin.

## Applicable Codes

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non - covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: Home medication infusions using medically necessary DME must be appended with the KD Modifier (Drug or biological infused through DME).

HCPCS Code	Description
<b>Supplies</b>	
A4220	Refill kit for implantable infusion pump
A4221	Supplies for maintenance of non - insulin drug infusion catheter, per week (list drugs separately)
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately) (Non-Covered)
A4224	Supplies for maintenance of insulin infusion catheter, per week
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week (Effective 01/01/2020; Invalid on or after 09/15/2020)
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour (Non-Covered)
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour (Non-Covered)
A4602	Replacement Battery For External Infusion Pump Owned By Patient, Lithium, 1.5 Volt, Each
A9270	Non - covered item or service (Non-Covered)
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories (Non-Covered)
K0552	Supplies for external non - insulin drug infusion pump, syringe type cartridge, sterile, each
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each
<b>Equipment</b>	
E0776	IV pole
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
E0782	Infusion pump, implantable, non - programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0784	External ambulatory infusion pump, insulin
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing (Effective 01/01/2020; Invalid on or after 09/15/2020)
E0791	Parenteral infusion pump, stationary, single or multi - channel
E1399	Durable medical equipment, miscellaneous

HCPCS Code	Description
<b>Equipment</b>	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)
<b>Medications</b>	
J0133	Injection, acyclovir, 5 mg
J0285	Injection, amphotericin B, 50 mg
J0287	Injection, amphotericin B lipid complex, 10 mg
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg
J0289	Injection, amphotericin B liposome, 10 mg
J0895	Injection, deferoxamine mesylate, 500 mg
J1170	Injection, hydromorphone, up to 4 mg
J1250	Injection, Dobutamine HCl, per 250 mg
J1265	Injection, dopamine HCl, 40 mg
J1325	Injection, epoprostenol, 0.5 mg
J1455	Injection, foscarnet sodium, per 1,000 mg
J1457	Injection, gallium nitrate, 1 mg
J1555	Injection, Immune Globulin (Cuvitru), 100 Mg
J1558	Injection, immune globulin (xembify), 100 mg (Effective 07/01/2020)
J1559	Injection, immune globulin (Hizentra), 100 mg
J1561	Injection, immune globulin, (Gamunex/Gamunex - C/Gammaked), non - lyophilized (e.g., liquid), 500 mg
J1562	Injection, immune globulin (Vivaglobin), 100 mg
J1569	Injection, immune globulin, (Gammagard liquid), non - lyophilized, (e.g., liquid), 500 mg
J1570	Injection, ganciclovir sodium, 500 mg
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immunoglobulin
J1817	Insulin for administration through DME (i.e., insulin pump) per 50 units
<b>Medications</b>	
J2175	Injection, meperidine HCl, per 100 mg
J2260	Injection, milrinone lactate, 5 mg
J2270	Injection, morphine sulfate, up to 10 mg
J2274	Injection, morphine sulfate, preservative - free for epidural or intrathecal use, 10 mg
J2278	Injection, ziconotide, 1 mcg
J3010	Injection, fentanyl citrate, 0.1 mg
J3285	Injection, treprostinil, 1 mg
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension
J7799	NOC drugs, other than inhalation drugs, administered through DME
J7999	Compounded drug, not otherwise classified
J9000	Injection, doxorubicin HCl, 10 mg
J9039	Injection, blinatumomab, 1 microgram
J9040	Injection, bleomycin sulfate, 15 units
J9065	Injection, cladribine, per 1 mg
J9100	Injection, cytarabine, 100 mg
J9190	Injection, fluorouracil, 500 mg

HCPCS Code	Description
J9200	Injection, floxuridine, 500 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg

Modifier	Description
JB	Administered subcutaneously
KD	Drug or biological infused through DME
KX	Requirements specified in the medical policy have been met

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (* Effective 01/01/2020; Deleted 09/15/2020)	
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without non - ketotic hyperglycemic - hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3291	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild non - proliferative diabetic retinopathy without macular edema, unspecified eye
E08.3311	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy with macular edema, left eye+B417
E08.3313	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy with macular edema, unspecified eye



Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E08.3391	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate non - proliferative diabetic retinopathy without macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3491	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe non - proliferative diabetic retinopathy without macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
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



Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
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 non - ketotic hyperglycemic - hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3291	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, left eye

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E09.3313	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3391	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, bilateral
E09.3399	Drug or chemical induced diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3491	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
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

Diagnosis Code	Description
For HCPCS Codes E0784, E0787* , and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
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
E10.3211	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, left eye

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E10.3313	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
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



Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
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 non - ketotic hyperglycemic - hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis 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
E11.3211	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, unspecified eye

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E11.3411	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
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
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
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
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 non - ketotic 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
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild non - proliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, bilateral
E13.3319	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate non - proliferative diabetic retinopathy without macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, right eye

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E13.3492	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe non - proliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.36	Other specified diabetes mellitus with diabetic cataract

Diagnosis Code	Description
For HCPCS Codes E0784, E0787*, and J1817 (*Effective 01/01/2020; Deleted 09/15/2020)	
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
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
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
O24.415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24.425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs
O24.435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
For HCPCS Codes J1555 and J1575	
B20	Human immunodeficiency virus [HIV] disease
C91.10	Chronic lymphocytic leukemia of B - cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B - cell type in remission
C91.12	Chronic lymphocytic leukemia of B - cell type in relapse
D59.0	Drug - induced autoimmune hemolytic anemia
D59.1	Other autoimmune hemolytic anemias (Deleted 09/30/2020)
D59.11	Warm autoimmune hemolytic anemia (Effective 10/01/2020)
D59.12	Cold autoimmune hemolytic anemia (Effective 10/01/2020)



Diagnosis Code	Description
For HCPCS Codes J1555 and J1575	
D59.13	Mixed type autoimmune hemolytic anemia (Effective 10/01/2020)
D59.19	Other autoimmune hemolytic anemia (Effective 10/01/2020)
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.6	Thrombocytopenia, unspecified
D70.8	Other neutropenia
D80.0	Hereditary hypogammaglobulinemia
D80.1	Non - familial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA] (Effective 08/13/2019)
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses (Effective 08/13/2019)
D80.4	Selective deficiency of immunoglobulin M [IgM] (Effective 08/13/2019)
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near - normal immunoglobulins or with hyperimmunoglobulinemia (Effective 08/13/2019)
D80.7	Transient hypogammaglobulinemia of infancy (Effective 08/13/2019)
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T - and B - cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B - cell numbers
D81.5	Purine nucleoside phosphorylase [PNP] deficiency (Effective 08/13/2019)
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott - Aldrich syndrome
D82.1	Di George's syndrome (Effective 08/13/2019)
D82.4	Hyperimmunoglobulin E [IgE] syndrome (Effective 08/13/2019)
D83.0	Common variable immunodeficiency with predominant abnormalities of B - cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T - cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B - or T - cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
G11.3	Cerebellar ataxia with defective DNA repair (Effective 08/13/2019)
G25.82	Stiff - man syndrome
G35	Multiple sclerosis
G61.0	Guillain - Barre syndrome
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.82	Multifocal motor neuropathy
G61.89	Other inflammatory polyneuropathies
G62.89	Other specified polyneuropathies
G64	Other disorders of peripheral nervous system
G70.00	Myasthenia gravis without (acute) exacerbation

Diagnosis Code	Description
For HCPCS Codes J1555 and J1575	
G70.01	Myasthenia gravis with (acute) exacerbation
H46.8	Other optic neuritis
L10.0	Pemphigus vulgaris
L10.1	Pemphigus vegetans
L10.2	Pemphigus foliaceus
L10.3	Brazilian pemphigus [fogo selvagem]
L10.4	Pemphigus erythematosus
L10.5	Drug - induced pemphigus
L10.81	Paraneoplastic pemphigus
L10.89	Other pemphigus
L10.9	Pemphigus, unspecified
L12.0	Bullous pemphigoid
L12.1	Cicatricial pemphigoid
L12.8	Other pemphigoid
L12.9	Pemphigoid, unspecified
L13.8	Other specified bullous disorders
L14	Bullous disorders in diseases classified elsewhere
L40.1	Generalized pustular psoriasis
M30.3	Mucocutaneous lymph node syndrome [Kawasaki]
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.03	Juvenile dermatomyositis without myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.13	Other dermatomyositis without myopathy
M33.19	Other dermatomyositis with other organ involvement
M33.20	Polymyositis, organ involvement unspecified
M33.21	Polymyositis with respiratory involvement
M33.22	Polymyositis with myopathy
M33.29	Polymyositis with other organ involvement
M33.90	Dermatomyositis, unspecified, organ involvement unspecified
M33.91	Dermatomyositis, unspecified with respiratory involvement
M33.92	Dermatomyositis, unspecified with myopathy
M33.93	Dermatomyositis, unspecified without myopathy
M33.99	Dermatomyositis, unspecified with other organ involvement
M36.0	Dermato(poly)myositis in neoplastic disease
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection

Diagnosis Code	Description
<b>For HCPCS Codes J1555 and J1575</b>	
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
T86.11	Kidney transplant rejection
<b>For HCPCS Code J1558*, J1559, and J7799 (Cutaquig) (* Effective 07/01/2020)</b>	
D80.0	Hereditary hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA] (Effective 08/13/2019)
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses (Effective 08/13/2019)
D80.4	Selective deficiency of immunoglobulin M [IgM] (Effective 08/13/2019)
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near - normal immunoglobulins or with hyperimmunoglobulinemia (Effective 08/13/2019)
D80.7	Transient hypogammaglobulinemia of infancy (Effective 08/13/2019)
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T - and B - cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B - cell numbers
D81.5	Purine nucleoside phosphorylase [PNP] deficiency (Effective 08/13/2019)
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott - Aldrich syndrome
D82.1	Di George's syndrome (Effective 08/13/2019)
D82.4	Hyperimmunoglobulin E [IgE] syndrome (Effective 08/13/2019)
D83.0	Common variable immunodeficiency with predominant abnormalities of B - cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T - cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B - or T - cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
G11.3	Cerebellar ataxia with defective DNA repair (Effective 08/13/2019)
<b>For HCPCS Code J7340</b>	
G20	Parkinson's disease
<b>For HCPCS Code J9039</b>	
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse

# Questions and Answers

1	Q:	Are disposable pumps covered by Medicare?
	A:	No. Medicare covers pumps that are considered durable medical equipment (DME). According to Medicare, durable medical equipment must withstand repeated use, be primarily and customarily used to serve a medical purpose; not useful to a person in the absence of an illness or injury; and be appropriate for use in the home. A disposable pump does not meet the durable medical equipment criteria; therefore, disposable pumps are not covered by the Medicare program. Drugs administered by pump are generally covered only if the pump itself is covered, so the drugs administered and supplies used with disposable pumps would also not be covered.

## References

### CMS National Coverage Determination (NCD)

[NCD 280.14 Infusion Pumps](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33461 Implantable Infusion Pump</a>	<a href="#">A56695 Billing and Coding: Implantable Infusion Pump</a>	Palmetto		AL, GA, NC, SC, TN, VA, WV
<a href="#">L35112 Implantable Infusion Pump</a>	<a href="#">A56778 Billing and Coding: Implantable Infusion Pump</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
	<a href="#">A54100 Billing and Coding: Compounded Drugs Used in an Implantable Infusion Pump</a>			
<a href="#">L34007 Intravenous Immune Globulin</a>	<a href="#">A57778 Billing and Coding: Intravenous Immune Globulin</a>	First Coast	FL, PR, VI	FL, PR, VI
<a href="#">L34771 Immune Globulins</a>	<a href="#">A57554 Billing and Coding: Immune Globulins</a>	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
N/A	<a href="#">A55239 Billing and Coding: Implantable Infusion Pumps for Chronic Pain</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
	<a href="#">A52953 Billing and Coding: Chemotherapy Administration</a> Retired 12/31/2020			
N/A	<a href="#">A55323 Billing and Coding: Implantable Infusion Pumps for Chronic Pain</a>	Noridian	AK, AZ, ID, OR, MT, ND, SD, UT, WA, WY	AK, AZ, ID, OR, MT, ND, SD, UT, WA, WY
	<a href="#">A52991 Billing and Coding: Chemotherapy Administration</a> Retired 12/31/2020			

LCD	Article	Contractor	DME MAC
<a href="#">L33794 External Infusion Pumps</a>	<a href="#">A52507 External Infusion Pumps - Policy Article</a>	CGS	AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NC, NM, OH, OK, PR, SC, TN, TX VA, VI, WI, WV
	<a href="#">A55426 Standard Documentation Requirements for All Claims Submitted to DME MACs</a>		

## CMS Benefit Policy Manual

[Chapter 15; § 50 - 50.4 Drugs and Biologicals - Reasonableness and Necessity](#)

## CMS Claims Processing Manual

[Chapter 4; § 20 Reporting Hospital Outpatient Services Using Healthcare Common Procedure Coding System \(HCPCS\)](#)

[Chapter 17; § 80.6 Intravenous Immune Globulin](#)

[Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\)](#)

## MLN Matters

[Article SE1327, Infusion Pump Denied/Accessories & Drug Codes Should Be Denied](#)

[Article SE1609, Medicare Policy Clarified for Prolonged Drug and Biological Infusions Started Incident to a Physician's Service Using an External Pump](#)

[Article MM11295, Update to Coverage of Intravenous Immune Globulin for Treatment of Primary Immune Deficiency Diseases in the Home](#)

[Article MM11880, Billing for Home Infusion Therapy Services on or After January 1, 2021](#)

## Related Medicare Advantage Policy Guidelines

[Durable Medical Equipment Reference List \(NCD 280.1\)](#)

[Intravenous Immune Globulin \(IVIG\)](#)

[Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases \(NCD 250.3\)](#)

[KX Modifier](#)

[Outpatient Intravenous Insulin Treatment \(OIVIT\) \(NCD 40.7\)](#)

[Self-Administered Drug\(s\) \(SAD\)](#)

## UnitedHealthcare Commercial Medical Policies

[Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes](#)

[Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements](#)

[Immune Globulin \(IVIG and SCIG\)](#)

## Other(s)

[Billing for External Infusion Pumps and Drugs When Treatment Was Initiated Somewhere Other Than the Beneficiary's Home: Noridan Website](#)

[Billing for External Infusion Pumps and Drugs When Treatment Was Initiated Somewhere Other Than the Beneficiary's Home: CGS Website](#)

[Durable Medical Equipment, Prosthetics/Orthotics, and Supplies Fee Schedule](#)

[Insulin Infusion Pumps with Integrated Continuous Glucose Sensing Capabilities and Related Accessories/Supplies - Codes E0787 and A4226 - Correct Coding; CGS Website](#)

[Insulin Infusion Pumps with Integrated Continuous Glucose Sensing Capabilities and Related Accessories/Supplies - Codes E0787 and A4226 - Correct Coding; Noridan Website](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
03/10/2021	<b>Applicable Codes</b> <i>HCPCS Codes (Medications)</i> <ul style="list-style-type: none"><li>Removed G0068, G0069, G0070, G0088, G0089, and G0090</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG157.07</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.



You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).