

**SECTION 4**  
**DURABLE MEDICAL EQUIPMENT PROCEDURE CODES**

**TABLE OF CONTENTS**

<b>PROCEDURE CODES AND MODIFIERS</b>	<b>1</b>
Codes That Require a MCMN be Submitted with the Claim .....	1
Codes Requiring Prior Authorization from KEPRO .....	11
<b>ICD-10-CM DIAGNOSIS CODES</b>	<b>25</b>
October 2017 Update .....	25
October 2016 Update .....	35
October 2015 Update .....	46

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### PROCEDURE CODES AND MODIFIERS

The most current DME fee schedule is maintained on the SCDHHS website at [www.scdhhs.gov](http://www.scdhhs.gov). Providers should visit the website frequently for changes to the fee schedule. A provider must obtain and maintain a valid signed Medicaid Certificate of Medical Necessity (MCMN) in the beneficiary's file for every HCPCS code billed for reimbursement.

#### CODES THAT REQUIRE A MCMN BE SUBMITTED WITH THE CLAIM

The following list of codes requires a MCMN to be attached to the CMS-1500 claim form. The MCMN must be kept in the beneficiary's file at the provider's place of business. When the Modifier column is blank, the HCPCS code does not require a modifier.

HCPCS Code	Description	Modifier
A4352	INTERM. CATH URINARY EACH	
A4353	INTERM URINARY CATH EACH	
A4420	OST PCH CLSD;FOR BARR W LOCKNG FLANGE,EA	
A4427	OST POU DRAINABLE(USE ON BARR W/LOC FLAN	
A4604	TUBING W/HEAT ELEM/POS AIRWAY PRES DEVC	NU
A4930	GLOVES, STERILE, PER PAIR	
A5500	DIAB ONLY FIT/PREP/SUPP DEPTH-INLAY SHOE	
A5501	DIAB ONLY FIT/PREP/SUPP CUSTOM MOLD SHOE	
A5503	DIAB ONLY MOD OF ROLLER/RIGID BOTTOM SHO	
A5504	DIAB ONLY MOD DEPTH-INLAY/CUST MOLD SHOE	
A5505	DIAB ONLY MOD DEPTH-INLAY/METATAR BAR SH	
A5506	DIAB ONLY MOD DEPTH-INLAY/OFF-SET HEELS	
A5507	DIAB ONLY NOS MOD DEPTH-INLAY/CUST MOLDE	
A5510	DIABETICS,DIRECT FORM,COMP MOLD,PER SHOE	
A5513	DIAB,MULTI DEN INSERT,CUSTOM FOOT FORM	
A6205	COMPOSTE DRSG,PAD>48IN,W/ADHSVE BORDR EA	
A6411	EYE PAD, NON-STERILE, EACH	
A6412	EYE PATCH, OCCLUSIVE, EACH	
A6441	PADDED BANDAGE W>=3" <5"/PER YARD	
A6445	CONFORM BANDAGE STERILE <3"WIDE, PER YD	
A6452	HIGH COMPRES BAND, WIDTH >= 3" & <5",YD	
A6453	SELF-ADHERENT BAND, < 3" , PER YARD	

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
A6454	SELF-ADHERENT BAND,W >=3"& <5", PER YD	
A6501	COMPRESSION BURN GARMENT	
A6502	COMPRESSION BURN GARMENT	
A6503	COMPRESSION BURN GARMENT	
A6504	COMPRESSION BURN GARMENT	
A6505	COMPRESSION BURN GARMENT	
A6506	COMPRESSION BURN GARMENT	
A6507	COMPRESSION BURN GARMENT	
A6508	COMPRESSION BURN GARMENT	
A6509	COMPRESSION BURN GARMENT	
A6510	COMPRESSION BURN GARMENT	
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK IN	
A6512	COMPRESSION BURN GARMENT	
A8000	HELMET,PROTECT,SOFT,PREFAB,COMPONENT&ACC	NU
A8001	HELMET,PROTECT,HARD,PREFAB,COMPONENT&ACC	NU
A8002	HELMET,PROTECT,SOFT,CUSTOM FAB,COMP&ACC	NU
A8003	HELMET,PROTECTIVE,HARD,CUSTOM FAB,COMP&A	NU
A8004	SOFT INTERFACE REPLACEMENT FOR HELMET	NU
B4104	ADDITIVE FOR ETERAL FORMULA (E.G. FIBER)	
E0130	WALKER RIGID (PICKUP) ADJUST OR FIXED HT	LL
E0130	WALKER RIGID (PICKUP) ADJUST OR FIXED HT	NU
E0130	WALKER RIGID (PICKUP) ADJUST OR FIXED HT	UE
E0135	WALKER FOLDING (PICKUP) ADJUST OR FIX HT	LL
E0135	WALKER FOLDING (PICKUP) ADJUST OR FIX HT	NU
E0135	WALKER FOLDING (PICKUP) ADJUST OR FIX HT	UE
E0140	WALKER, WITH TRUNK SUPPORT, ANY TYPE	LL
E0140	WALKER, WITH TRUNK SUPPORT, ANY TYPE	NU
E0140	WALKER, WITH TRUNK SUPPORT, ANY TYPE	UE
E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	LL
E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	NU
E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	UE
E0143	WALKER, FOLDING, WHEELED, WITHOUT SEAT	LL
E0143	WALKER, FOLDING, WHEELED, WITHOUT SEAT	NU

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
E0143	WALKER, FOLDING, WHEELED, WITHOUT SEAT	UE
E0144	ENCLOSED FRAMED FLD WALKER WHEELED W/SEA	LL
E0144	ENCLOSED FRAMED FLD WALKER WHEELED W/SEA	NU
E0144	ENCLOSED FRAMED FLD WALKER WHEELED W/SEA	UE
E0147	HD MULT BRK SRS VR WHEEL RESIST WALKER	LL
E0147	HD MULT BRK SRS VR WHEEL RESIST WALKER	NU
E0147	HD MULT BRK SRS VR WHEEL RESIST WALKER	UE
E0148	WALKER,HEAVY DUTY,NO WHEELS, ANY TYPE,EA	LL
E0148	WALKER,HEAVY DUTY,NO WHEELS, ANY TYPE,EA	NU
E0148	WALKER,HEAVY DUTY,NO WHEELS, ANY TYPE,EA	UE
E0149	WALKER,HEAVY DUTY,WHEELED,ANY TYPE,EACH	LL
E0149	WALKER,HEAVY DUTY,WHEELED,ANY TYPE,EACH	NU
E0149	WALKER,HEAVY DUTY,WHEELED,ANY TYPE,EACH	UE
E0153	PLATFORM ATTACH, FOREARM CRUT, EACH	LL
E0153	PLATFORM ATTACH, FOREARM CRUT, EACH	NU
E0153	PLATFORM ATTACH, FOREARM CRUT, EACH	UE
E0154	PLATFORM ATTACH, WALKER, EACH	LL
E0154	PLATFORM ATTACH, WALKER, EACH	NU
E0154	PLATFORM ATTACH, WALKER, EACH	UE
E0155	WHEEL ATTACH,RIGID PICK-UP WALKER, PAIR	LL
E0155	WHEEL ATTACH,RIGID PICK-UP WALKER, PAIR	NU
E0155	WHEEL ATTACH,RIGID PICK-UP WALKER, PAIR	UE
E0168	COMMODE CHAIR,EX.WIDE/HVY.DTY,ANYTYPE,EA	LL
E0168	COMMODE CHAIR,EX.WIDE/HVY.DTY,ANYTYPE,EA	NU
E0168	COMMODE CHAIR,EX.WIDE/HVY.DTY,ANYTYPE,EA	UE
E0190	POSITIONING CUSHION/PILLOW/WEDGE	LL
E0190	POSITIONING CUSHION/PILLOW/WEDGE	NU
E0190	POSITIONING CUSHION/PILLOW/WEDGE	UE
E0248	TRANSFER BENCH,HVY DUTY,FOR TUB/TOILET	NU
E0271	MATTRESS, INNERSPRING	LL
E0271	MATTRESS, INNERSPRING	NU
E0271	MATTRESS, INNERSPRING	UE
E0274	OVER BED TABLE	LL

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
E0274	OVER BED TABLE	NU
E0472	RAD, W/ BACK-UP INVASIVE INTERFACE	LL
E0562	HUMIDIFIER, HEATED, USED W/ PAP DEVICE	LL
E0562	HUMIDIFIER, HEATED, USED W/ PAP DEVICE	NU
E0562	HUMIDIFIER, HEATED, USED W/ PAP DEVICE	UE
E0585	NEBULIZER W/COMPRESSOR AND HEATER	LL
E0585	NEBULIZER W/COMPRESSOR AND HEATER	NU
E0585	NEBULIZER W/COMPRESSOR AND HEATER	UE
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS/NYLO	LL
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS/NYLO	NU
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS/NYLO	UE
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSU	LL
E0911	TRAPEZE BAR,HVY DUTY,WT >250 LB,ATCH BED	LL
E0911	TRAPEZE BAR,HVY DUTY,WT >250 LB,ATCH BED	NU
E0911	TRAPEZE BAR,HVY DUTY,WT >250 LB,ATCH BED	UE
E0912	TRAPEZE BAR,HVY DUTY,WT > 250,FREE STNDG	LL
E0912	TRAPEZE BAR,HVY DUTY,WT > 250,FREE STNDG	NU
E0912	TRAPEZE BAR,HVY DUTY,WT > 250,FREE STNDG	UE
E0935	PASSIVE MOTION DEVICE, KNEE USE ONLY	RR
E0956	LAT TRK OK HIP SUP PREFAB IWCL MNTNG HDU	LL
E0956	LAT TRK OK HIP SUP PREFAB IWCL MNTNG HDU	NU
E0956	LAT TRK OK HIP SUP PREFAB IWCL MNTNG HDU	UE
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR,EA.	LL
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR,EA.	NU
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR,EA.	UE
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR W/W	NU
E1028	WHEELCHAIR ACCES, MANUAL SWINGAWAY	LL
E1028	WHEELCHAIR ACCES, MANUAL SWINGAWAY	NU
E1028	WHEELCHAIR ACCES, MANUAL SWINGAWAY	UE
E1029	WHEELCHAIR ACCES, VENTILATOR TRAY, FIXED	LL
E1029	WHEELCHAIR ACCES, VENTILATOR TRAY, FIXED	NU
E1029	WHEELCHAIR ACCES, VENTILATOR TRAY, FIXED	UE
E1038	TRANSPORT CHAIR, ADULT SIZE, <301	LL

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
E1038	TRANSPORT CHAIR, ADULT SIZE, <301	NU
E1038	TRANSPORT CHAIR, ADULT SIZE, <301	UE
E1039	TRANSPORT CHAIR,ADULT,HVY DTY,>= 250 LBS	LL
E1039	TRANSPORT CHAIR,ADULT,HVY DTY,>= 250 LBS	NU
E1039	TRANSPORT CHAIR,ADULT,HVY DTY,>= 250 LBS	UE
E1225	WHEELCHAIR, SEMIRECLINE BACK CUST CHAIR	LL
E1225	WHEELCHAIR, SEMIRECLINE BACK CUST CHAIR	NU
E1225	WHEELCHAIR, SEMIRECLINE BACK CUST CHAIR	UE
E1226	WHEELCHAIR, FULL RECLIN BACK CUST CHAIR	LL
E1226	WHEELCHAIR, FULL RECLIN BACK CUST CHAIR	NU
E1226	WHEELCHAIR, FULL RECLIN BACK CUST CHAIR	UE
E2201	MAN W/C ACES,NONSTAN SEAT FR,W>=20"&<24"	LL
E2201	MAN W/C ACES,NONSTAN SEAT FR,W>=20"&<24"	NU
E2201	MAN W/C ACES,NONSTAN SEAT FR,W>=20"&<24"	UE
E2202	MAN W/CHR ACCES,NONSTAN SEAT FR,W 24-27"	LL
E2202	MAN W/CHR ACCES,NONSTAN SEAT FR,W 24-27"	NU
E2202	MAN W/CHR ACCES,NONSTAN SEAT FR,W 24-27"	UE
E2203	MAN W/CHR ACCES,NONSTAN SEAT FR,DEP< 22"	LL
E2203	MAN W/CHR ACCES,NONSTAN SEAT FR,DEP< 22"	NU
E2203	MAN W/CHR ACCES,NONSTAN SEAT FR,DEP< 22"	UE
E2204	FRAME DEPTH 22 TO 25 IN	LL
E2204	FRAME DEPTH 22 TO 25 IN	NU
E2204	FRAME DEPTH 22 TO 25 IN	UE
E2218	MAN W-CHR ACC,FOAM PROPULATION TIRE,EACH	NU
E2222	MAN W-CHR ACC,SOLID CASTER INTEGRATD WHL	LL
E2222	MAN W-CHR ACC,SOLID CASTER INTEGRATD WHL	NU
E2222	MAN W-CHR ACC,SOLID CASTER INTEGRATD WHL	UE
E2226	MAN W-CHR ACC,CASTER FORK,REPL ONLY,EACH	LL
E2226	MAN W-CHR ACC,CASTER FORK,REPL ONLY,EACH	NU
E2226	MAN W-CHR ACC,CASTER FORK,REPL ONLY,EACH	UE
E2295	MAN WHLCHR ACCES,PED SIZE,DYNAMC SEAT FR	NU
E2295	MAN WHLCHR ACCES,PED SIZE,DYNAMC SEAT FR	RR
E2295	MAN WHLCHR ACCES,PED SIZE,DYNAMC SEAT FR	UE

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
E2369	POWER W/CHR COMPONENT,GEAR BOX,REPL ONLY	LL
E2369	POWER W/CHR COMPONENT,GEAR BOX,REPL ONLY	NU
E2369	POWER W/CHR COMPONENT,GEAR BOX,REPL ONLY	UE
E2370	POWER W/CHAIR,MOTOR & GEAR BOX,REPL ONLY	LL
E2370	POWER W/CHAIR,MOTOR & GEAR BOX,REPL ONLY	NU
E2370	POWER W/CHAIR,MOTOR & GEAR BOX,REPL ONLY	UE
E2371	PWR W-CHR ACC,GR27 SEALD LEAD ACID BATTE	LL
E2371	PWR W-CHR ACC,GR27 SEALD LEAD ACID BATTE	NU
E2371	PWR W-CHR ACC,GR27 SEALD LEAD ACID BATTE	UE
E2372	PWR W-CHR ACC,GR27 NON-SEALED LD ACD BAT	NU
E2378	PWR WHLCHR COMPONENT, ACTUATOR, REPLACEMENT	LL
E2378	PWR WHLCHR COMPONENT, ACTUATOR, REPLACEMENT	NU
E2392	PWC ACC,SOLID CASTER TIRE,INTEGRATED WHL	LL
E2392	PWC ACC,SOLID CASTER TIRE,INTEGRATED WHL	NU
E2392	PWC ACC,SOLID CASTER TIRE,INTEGRATED WHL	UE
E2394	PWC ACC,DRIVE WHEEL EXCL TIRE,REPL,EA	LL
E2394	PWC ACC,DRIVE WHEEL EXCL TIRE,REPL,EA	NU
E2394	PWC ACC,DRIVE WHEEL EXCL TIRE,REPL,EA	UE
E2395	PWC ACC,CASTER WHEEL EXCLUDES TIRE,EA	LL
E2622	SKIN PROTECTION W-CHAIR SEAT CUSHION<22"	NU
E2622	SKIN PROTECTION W-CHAIR SEAT CUSHION<22"	RR
E2622	SKIN PROTECTION W-CHAIR SEAT CUSHION<22"	UE
K0195	ELEV LEG RESTS PR USE W/CAPPED RENT WHCH	LL
L0113	CRANIAL CERV ORTH,TORTIC,INCL FIT&ADJUST	
L0482	TLSO RIGID PLASTIC SHELL LINED, CUSTOM	
L0484	TLSO RIGID PLASTIC SHELL, CUSTOM FAB	
L0486	TLSO RIGID LINED CUST FAB TWO-PIECE	
L0700	CERV-THOR-LUMB-SAS-ORTHO ANT/POST(MINER	
L0810	HALO PROCEDURES CERV INCORP TO/SPIN/THOR	
L0820	HALO PROCEDURES CERV TO/PLASTER BODY JAC	
L0830	HALO PROCEDURES CERV TO/MILWAUKEE TYPE O	
L1000	CTLISO-MIL INC OF FURN IN I ORTH INC MODE	
L1200	TLSO INCLUSIVE OF FURNISHINGS INITI ONLY	

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
L1300	OTHER SCOLIO PROC BODY JACKET MOLDED TO	
L1310	OTHER SCOLIO PROCED POST-OPER BODY JACKE	
L1685	HO ABDUCT CONT HIP JOINTS POSTOP HIP ABD	
L1690	COBIN, BILAT, LUMBO-SACRAL, HIP, FEMUR ORTH	
L1720	LEGG PERTH ORTHO TRILAT(TACHDIJAN)CUSTOM	
L1755	LEGG PERTHES ORTHO PATTEN BOTTOM CUSTOM	
L2005	KAFO, ANY MAT'L, SNGL OR DBL, ANY TYPE, CUST	
L2034	KNEE-ANK-FT ORTH, PLASTIC, UPRIGHT, CUSTOM	
L2036	KAFO FULL PLASTIC DBL UPRT FREE KNEE CUST	
L2037	KAFO FL PLAS S-UP FREE KNEE CUSTOM FABRI	
L3455	HEEL-NEW LEATHER, STANDARD	
L3900	WHFO, DYNAMIC FLEXOR HINGE WRIST/FING DR	
L3901	WHFO, DYNAMIC FLEXOR HINGE CABLE DRIVEN	
L3904	WHFO, EXTERNAL POWER ELECTRIC CUSTOM-FABR	
L3961	SH-EL-WR-HND ORTH, CAP DESIGN, W/O JNT, CUS	
L3967	SH-EL-WR-HND ORTH, AIRPLNE DES, W/O JNT, CU	
L3971	SH-EL-WR-HND ORTH, CAP DESIGN, W/JNTS, CUST	
L3975	SH-EL-WR-HN-FGR ORT, CAP DESGN, W/O JNT, CU	
L3976	SH-EL-WR-HND-FGR ORT, AIRPLANE, W/O JNT, CU	
L3977	SH-EL-WR-HND-FGR ORT, CAP DESGN, W/JNTS, CU	
L5020	PARTIAL FOOT MOLDED SOCI TIBI TUBER HEIG	
L5050	ANKLE (SYME) MOLDED SOCKET< SACH FOOT	
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FT	
L5150	KNEE DISART, MOLD SOCK, EXTER KNE JT-S-SE	
L5160	KNEE DISART MOLD KNE SOC BENT KNEE CONF	
L5210	ABOVE KNEE, SHORT PROSTH, NO KNE-AN JT EA	
L5250	HIP DISART, CANADIAN TYPE SINGLE AXIS	
L5301	BELOW KNEE, MOLDED SOCKT, ENDOSKELETAL SYS	
L5321	ABOVE KNEE, MOLDED SOCKT, ENDOSK, AXIS KNEE	
L5341	HEMIPELVECTMY, END OSK, HIP JNT, SNG AXIS	
L5420	IMMED POST SURG/EAR FIT ONE CAST CH/KN-A	
L5505	INT AK/DISAR SOC USMC SACFT PLSOC DIRFOR	
L5520	PREP BK SOC USMC SACFT THERMPLAS DIRFORM	



## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
L5530	PREP BK SOC USMC SACFT THERMPLA MPLD MOD	
L5535	PREP BK PTB SOCK PYLON SF PRE ADJ OPEN S	
L5540	PREP BK SOC USMC SACFT LAM SOC MOLD MOD	
L5560	PREP AK/DIS SOC USMC SACFT PLS SOC MLDMO	
L5580	PREP AK/DISAR USMC SACFT THERPL MLD MOD	
L5595	PREP HIP DISART-HEMI PYL SF THERMOPLASTI	
L5600	PREP HIP DISART-HEMI PYL SF LAMIN SOCKET	
L5610	ADDITIONS TO LOWER EXTREM AB KNEE HYDRACA	
L5611	ADD TO L/EXT, ABOVE KNEE-DISART 4B LINK	
L5613	ADD L/EXT, AB KNEE-DISART, 4B LNK, W/HYD	
L5649	ADD TO LWR EXT CAT-CAM SOCKET	
L5700	REPL, SOCKET BELOW KNEE, MOLD TO PAT MOD	
L5701	REPL SKT AK/K DISARTIN/ATCH PL MOL PT MO	
L5703	ANKLE, SYMES, W/O SACH FOOT,REPLACE ONLY	
L5724	AD EXO K-SHIN SYS S AX FL SW PHASE CONT	
L5726	AD EX KSHIN SYS S AX EXT JT FL SW PH CON	
L5814	AD,ENSKLTL K-S SYS POLY HYD SW PH C,MSPC	
L5822	AD ENSKLTTL K-S SYS SGL AX PN SW F-S PH C	
L5824	AD ENSKLTTL K-S SYS SGL AX FL SW PHAS CON	
L5828	AD ENSKLTTL K-S SGL AX FL SW ST PH CO	
L5830	AD ENSKLTTL K-S SYS SGL AX PN/HYD SW PH C	
L5840	ADD ENDOSKLTTL K-S SYS MLT AX PN/SWG PH C	
L5979	ALL LOW EXT PROS MULTIAXIAL ANK/FT DY RE	
L5980	ALL LOWER EXT PROSTHESES,FLEX FT SYSTEM	
L5981	ALL LOW EXT PROS FLEX-WALK SYS OR EQUAL	
L6010	PARTIAL HAND, ROBIN AID LIT/OR RI FI RE	
L6050	WRIST DISARTICULATION, MOLDED SOCKET TRI	
L6055	WRST DISART MS W/EXP INTRF FLX EL HG TRP	
L6120	BELOW ELBOW, MOLDED DOUBL WAL SOC STEP H	
L6130	BELOW ELBOW, MOLDED WAL STUMP ACT LOC H	
L6200	ELBOW DISARTICULATION MOLD SOCK OUTS LOC	
L6205	ELB DISART MS W/EXP INTER OUT LKG HG FAR	
L6300	SHOULDER DISARTICULATION, MOLD SOCK SHOU	

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)

HCPCS Code	Description	Modifier
L6310	SHOULDER DISARTICULATION COMPLET PROSTHE	
L6320	SHOULDER DISARTICULATION PASSI SHOUL CAP	
L6350	INTERSCAPULAR THORACIC MOLDE SOC INT LOC	
L6360	INTERSCAPULAR THORACIC PASS REST COMP PR	
L6370	INTERSCAPULAR THORACIC, SHOULDER CAP ONL	
L6382	IM AP DSG INC FTG ALGN SUS ELB DART A/EL	
L6384	IM AP DSG INC FTG ALGN SUS SH DART/INTER	
L6450	ELBOW DISARTICULATION,MOLDED SOCK ENDO	
L6550	SHOU DISAR MLD SOC END SY PRO TIS SHA	
L6570	INTERSCAPULAR THORACIS, MOLDED SOCK ENDO	
L6580	PRP WR DSRT SGL WL PSTC SOC MOLD TO PT	
L6582	PRP WR DSRT SGL WL PLSTC SOCKET DIR FRM	
L6584	PREP ELB DISART SGL WALL PLSTC SOCK ECT	
L6586	PREP ELB DISART SGL WALL SKT FRC WRS ECT	
L6588	PREP SHOU DISAR S WAL LPAS SOC MOLD MOD	
L6590	PREP SHOLD DISAR S WAL SOC DIRECT FORMED	
L6621	UP EX PROS ADD,FLEX/EX WRIST W/WO FRICTN	
L6646	UP EXTR MULTIPOSITN LOCKING SHOULDER JNT	
L6648	UP EXTRM SHOULDER LOCK,EXTERNAL ACTUATOR	
L6697	ADD/UP EXTR,ABV/BEL EL,NOT ATYP AMPUT,IN	
L6883	REPLACEMNT SOCKT,BEL ELB-WRIST DISARTICU	
L6884	REPLC SOCKET,ABOVE ELBOW DISARTICULATION	
L6885	REPLC SOCKT,SHOULDR DISARTICULATN/INTERS	
L6900	HAND RESTORATION, PART HAND ONE FING REM	
L6905	WRIST DISART PWR SELF-SUSP INNER ECT	
L6910	HAND RESTORATION, GLOVE, NO FINGER REMAI	
L7900	VACUUM ERECTION SYSTEM	
L8035	CUSTOM BREAST PROS,PST MAST,MOLD TO PATI	
S8189	TRACHEOSTOMY, SUPPLY, NOS	
S9001	HOME UTERINE MONITOR W/WO NURSING SERV	LL
S9349	TOCOLYTIC INFUSION THERAPY, PER DIEM	LL
S9357	HOME INF,ENZ REPL IV THER,SUPPLIES&EQUIP	
V2623	PROSTHETIC EYE PLASTIC CUSTOM	

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES**  
**CODES REQUIRING A MEDICAID CERTIFICATE OF MEDICAL NECESSITY (MCMN)**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
V2624	OCULAR PROSTHESIS-POLISHING/RESURFACING	
V2625	OCCULAR PROSTHESIS ENLARGEMENT	
V2626	OSCULAR PROSTHESIS REDUCTION	
V2627	SCLERAL COVER SHELL	
V2628	OCULAR CONFORMER/FABRICATION AND FITTING	

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO

Effective June 1, 2012, KEPRO, the QIO for SCDHHS, is responsible for prior authorization (PA) of services for wheelchairs (manual and power), wheelchair accessories, and cranial molding orthotic devices. Effective August 1, 2012, all DME codes that require prior authorization will be authorized by KEPRO.

Requests for prior authorizations for the above services can be submitted to KEPRO using one of the following methods:

KEPRO Customer Service Phone: 855-326-5219

KEPRO Fax: 855-300-0082

For Provider Issues email:  
atrezzoissues@Kepro.com

Additionally, you can find additional information in regards to prior authorizing this equipment by visiting the KEPRO website at <http://scdhhs.kepro.com>.

When the modifier column is blank, the HCPCS code does not require a modifier.

**Note:** Procedure codes K0108 and E1399 should **not** be used in lieu of established (or similar) codes located in our manual. The use of these codes in lieu of established (or similar) codes located in our manual for greater reimbursement is **not allowed**.

HCPCS Code	Description	Modifier
A4280	ADHES SKIN SUPP ATCH W/EXT BREAST PRO,EA	
A9999	MISC DME SUPPLY OR ACCESSORY, NOC	
B4103	ENTERAL,PEDS,FLUID/ELECTR,500 ML=1 UNIT	
B4157	NUTR COMPL,SPEC METABOLIC NEED,100CAL=1U	
B4162	ENTR,PEDS,SPC METABOLIC NEEDS,100CAL=1UN	
B9998	NOT OTHERWISE CLASSIFIED ENTERAL SUPPLIE	
B9999	NOC FOR PARENTERAL SUPPLIES	
E0193	POWERED AIR FLOTATION BED	NU
E0193	POWERED AIR FLOTATION BED	RR
E0194	AIR FLUIDIZED BED	RR
E0255	HOSPITAL BED SIDE RAILS VAR HT, MATTRESS	LL
E0255	HOSPITAL BED SIDE RAILS VAR HT, MATTRESS	NU
E0255	HOSPITAL BED SIDE RAILS VAR HT, MATTRESS	UE
E0260	HOSP BED SEMIELEC, SIDE RAILS MATTRESS	LL
E0260	HOSP BED SEMIELEC, SIDE RAILS MATTRESS	NU
E0260	HOSP BED SEMIELEC, SIDE RAILS MATTRESS	UE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E0261	HOSP BED SEMI-ELEC W/SIDERAILS W/O MTRS	LL
E0261	HOSP BED SEMI-ELEC W/SIDERAILS W/O MTRS	NU
E0261	HOSP BED SEMI-ELEC W/SIDERAILS W/O MTRS	UE
E0277	POWER PRESSURE-REDUCING AIR MATTRESS	RR
E0291	HOSP BED FX HT W/O SIDE RAIOS W/O MATRSS	LL
E0291	HOSP BED FX HT W/O SIDE RAIOS W/O MATRSS	NU
E0291	HOSP BED FX HT W/O SIDE RAIOS W/O MATRSS	UE
E0294	HOSP BED SEMI-ELEC W/O SIDERAILS W MTRSS	LL
E0294	HOSP BED SEMI-ELEC W/O SIDERAILS W MTRSS	NU
E0295	HOSP BED SEMI-ELEC W/O SIDRAIL W/O MATDR	LL
E0295	HOSP BED SEMI-ELEC W/O SIDRAIL W/O MATDR	NU
E0295	HOSP BED SEMI-ELEC W/O SIDRAIL W/O MATDR	UE
E0301	HOSP BED, DUTY,X-WIDE,WT 350-600 LB	LL
E0301	HOSP BED, DUTY,X-WIDE,WT 350-600 LB	NU
E0301	HOSP BED, DUTY,X-WIDE,WT 350-600 LB	UE
E0302	HOSP BED, X-HVY DUTY,X-WIDE,WT > 600 LBS	LL
E0302	HOSP BED, X-HVY DUTY,X-WIDE,WT > 600 LBS	NU
E0302	HOSP BED, X-HVY DUTY,X-WIDE,WT > 600 LBS	UE
E0303	HOSP BED,HEAVY DUTY,X-WIDE,WT 350-600 LB	LL
E0303	HOSP BED,HEAVY DUTY,X-WIDE,WT 350-600 LB	NU
E0303	HOSP BED,HEAVY DUTY,X-WIDE,WT 350-600 LB	UE
E0304	HOSP BED, X-HVY DUTY,X-WIDE,WT > 600 LBS	LL
E0304	HOSP BED, X-HVY DUTY,X-WIDE,WT > 600 LBS	NU
E0304	HOSP BED, X-HVY DUTY,X-WIDE,WT > 600 LBS	UE
E0372	POWERED AIR OVERLAY MATTRESS,STND L & W	RR
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOS	
E0482	COUGH STIML DEV,ALTERN POS&NG AIRWY PRES	RR
E0465	HOME VENT, ANY, USE W/INVASIVE INTERFACE	RR
E0466	HOME VENT, ANY, USE W/NON-INVASIVE INTERFACE	RR
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AI	LL
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AI	NU
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AI	UE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E0565	COMPRESS AIR POWER FOR EQUIP NOT CONTAIN	LL
E0565	COMPRESS AIR POWER FOR EQUIP NOT CONTAIN	NU
E0565	COMPRESS AIR POWER FOR EQUIP NOT CONTAIN	UE
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	LL
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	NU
E0575	NEBULIZER, ULTRASONIC, LARGE VOLUME	UE
E0625	PATIENT LIFT, BATH/TOILET	LL
E0625	PATIENT LIFT, BATH/TOILET	NU
E0625	PATIENT LIFT, BATH/TOILET	UE
E0630	PATIENT LIFT HYDRAULIC W/SEAT OR SLING	LL
E0630	PATIENT LIFT HYDRAULIC W/SEAT OR SLING	NU
E0630	PATIENT LIFT HYDRAULIC W/SEAT OR SLING	UE
E0635	PATIENT LIFT ELECTRIC W/SEAT OR SLING	LL
E0635	PATIENT LIFT ELECTRIC W/SEAT OR SLING	NU
E0635	PATIENT LIFT ELECTRIC W/SEAT OR SLING	UE
E0638	STANDING FRAME SYSTEM, ANY SIZE	LL
E0638	STANDING FRAME SYSTEM, ANY SIZE	NU
E0638	STANDING FRAME SYSTEM, ANY SIZE	UE
E0640	PATIENT LIFT, FIXED SYSTEM W/COMPONENT&AC	LL
E0640	PATIENT LIFT, FIXED SYSTEM W/COMPONENT&AC	NU
E0640	PATIENT LIFT, FIXED SYSTEM W/COMPONENT&AC	UE
E0641	STANDING FRAME SYSTEM, MULTI-POSITION	LL
E0641	STANDING FRAME SYSTEM, MULTI-POSITION	NU
E0641	STANDING FRAME SYSTEM, MULTI-POSITION	RR
E0641	STANDING FRAME SYSTEM, MULTI-POSITION	UE
E0655	NON-SEG PNEUM APPL USE W/PN COM HALF ARM	LL
E0655	NON-SEG PNEUM APPL USE W/PN COM HALF ARM	NU
E0655	NON-SEG PNEUM APPL USE W/PN COM HALF ARM	UE
E0656	SEGMENTL PNEUMATIC APP/USE COMPRES TRUNK	NU
E0656	SEGMENTL PNEUMATIC APP/USE COMPRES TRUNK	RR
E0656	SEGMENTL PNEUMATIC APP/USE COMPRES TRUNK	UE
E0657	SEGMENTL PNEUMATIC APP/USE COMPRES CHEST	NU

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E0657	SEGMENTL PNEUMATIC APP/USE COMPRES CHEST	RR
E0657	SEGMENTL PNEUMATIC APP/USE COMPRES CHEST	UE
E0660	NON-SEG PNEUM APPL USE W/PN COM FULL LEG	LL
E0660	NON-SEG PNEUM APPL USE W/PN COM FULL LEG	NU
E0660	NON-SEG PNEUM APPL USE W/PN COM FULL LEG	UE
E0670	SEG PNEUMATIC APP USE W/COMP, LEGS & TRUNK	NU
E0675	PNEUMATIC COMPRESSION DEVICE	LL
E0675	PNEUMATIC COMPRESSION DEVICE	NU
E0675	PNEUMATIC COMPRESSION DEVICE	UE
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	LL
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	NU
E1002	W/CHR ACCES,POWER SEATING SYS, TILT ONLY	LL
E1002	W/CHR ACCES,POWER SEATING SYS, TILT ONLY	NU
E1002	W/CHR ACCES,POWER SEATING SYS, TILT ONLY	UE
E1005	W/CHR ACCES,PWR SEAT,RECLINE ONLY,POWER	LL
E1005	W/CHR ACCES,PWR SEAT,RECLINE ONLY,POWER	NU
E1005	W/CHR ACCES,PWR SEAT,RECLINE ONLY,POWER	UE
E1007	W/CHR ACCES,PWR SEAT,COMBO,W/SHEAR REDUC	LL
E1007	W/CHR ACCES,PWR SEAT,COMBO,W/SHEAR REDUC	NU
E1007	W/CHR ACCES,PWR SEAT,COMBO,W/SHEAR REDUC	UE
E1008	W/CHR ACCES,PWR SEAT,COMBO,W/POWER SHEAR	LL
E1008	W/CHR ACCES,PWR SEAT,COMBO,W/POWER SHEAR	NU
E1008	W/CHR ACCES,PWR SEAT,COMBO,W/POWER SHEAR	UE
E1010	W/CHR ACCES,ADD POWER LEG ELEVATION SYST	LL
E1010	W/CHR ACCES,ADD POWER LEG ELEVATION SYST	NU
E1010	W/CHR ACCES,ADD POWER LEG ELEVATION SYST	UE
E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR	NU
E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR	RR
E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR	UE
E1014	RECLINING BACK, ADDITION TO PEDIATRIC WH	LL
E1014	RECLINING BACK, ADDITION TO PEDIATRIC WH	NU
E1014	RECLINING BACK, ADDITION TO PEDIATRIC WH	UE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E1031	ROLLABOUT CHAIR, ANY TYPE	LL
E1031	ROLLABOUT CHAIR, ANY TYPE	NU
E1031	ROLLABOUT CHAIR, ANY TYPE	UE
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	LL
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	NU
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	UE
E1050	WHEELCHAIR, FULL RECLINE, FFA, SADEL R	LL
E1050	WHEELCHAIR, FULL RECLINE, FFA, SADEL R	NU
E1050	WHEELCHAIR, FULL RECLINE, FFA, SADEL R	UE
E1060	WHEELCHAIR, FULL RECLINE DA SA	LL
E1060	WHEELCHAIR, FULL RECLINE DA SA	NU
E1060	WHEELCHAIR, FULL RECLINE DA SA	UE
E1070	FULLY-RECLIN WHEELCH DE ARM SW AW D FT R	LL
E1070	FULLY-RECLIN WHEELCH DE ARM SW AW D FT R	NU
E1070	FULLY-RECLIN WHEELCH DE ARM SW AW D FT R	UE
E1161	MANUAL ADULT SZ WHEELCH,INC TILT IN SPAC	LL
E1161	MANUAL ADULT SZ WHEELCH,INC TILT IN SPAC	NU
E1161	MANUAL ADULT SZ WHEELCH,INC TILT IN SPAC	UE
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOS	LL
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOS	NU
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOS	UE
E1231	WHEELCHAIR, PED SIZE	LL
E1231	WHEELCHAIR, PED SIZE	NU
E1231	WHEELCHAIR, PED SIZE	UE
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPA	LL
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPA	NU
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPA	UE
E1233	WHEELCHAIR, PED SIZE	LL
E1233	WHEELCHAIR, PED SIZE	NU
E1233	WHEELCHAIR, PED SIZE	UE
E1234	WHEELCHAIR, PED SIZE	LL
E1234	WHEELCHAIR, PED SIZE	NU



**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E1234	WHEELCHAIR, PED SIZE	UE
E1235	WHEELCHAIR, PED SIZE	LL
E1235	WHEELCHAIR, PED SIZE	NU
E1235	WHEELCHAIR, PED SIZE	UE
E1236	WHEELCHAIR, PED SIZE	LL
E1236	WHEELCHAIR, PED SIZE	NU
E1236	WHEELCHAIR, PED SIZE	UE
E1237	WHEELCHAIR, PED SIZE	LL
E1237	WHEELCHAIR, PED SIZE	NU
E1237	WHEELCHAIR, PED SIZE	UE
E1238	WHEELCHAIR, RECLINING, PEDIATRIC	LL
E1238	WHEELCHAIR, RECLINING, PEDIATRIC	NU
E1238	WHEELCHAIR, RECLINING, PEDIATRIC	UE
E1310	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	LL
E1310	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	NU
E1310	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	UE
E1399	DURABLE MEDICAL EQUIPMENT, MISC	NU
E1841	MULTI-DIRECT STATIC PROGR SHOULDR DEVICE	RR
E2291	BACK,PLANAR,FOR PED W/CHR W/FIXED HARDWA	NU
E2292	SEAT,PLANAR,PED SIZE W/CHR W/FIX HARDWAR	NU
E2293	BACK,CONTOUR,PED SIZE W/CHR W/FIX HARDWA	NU
E2294	SEAT,CONTOUR,FOR PED W/CHR W/FIX HARDWAR	NU
E2310	PWR W/C AC,ELECTRON CONECT BETWN CONTRLR	LL
E2310	PWR W/C AC,ELECTRON CONECT BETWN CONTRLR	NU
E2310	PWR W/C AC,ELECTRON CONECT BETWN CONTRLR	UE
E2311	PWR W/C AC,ELEC CONECT CONTR BETW 2>SYST	LL
E2311	PWR W/C AC,ELEC CONECT CONTR BETW 2>SYST	NU
E2311	PWR W/C AC,ELEC CONECT CONTR BETW 2>SYST	UE
E2312	PWR W-CH ACC, AHND-CHIN CONTR, MINI PROPO	LL
E2312	PWR W-CH ACC, AHND-CHIN CONTR, MINI PROPO	NU
E2312	PWR W-CH ACC, AHND-CHIN CONTR, MINI PROPO	RR
E2312	PWR W-CH ACC, AHND-CHIN CONTR, MINI PROPO	UE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E2321	PWR W/CHR AC,HAND INTERFACE,REMOTE JOYST	LL
E2321	PWR W/CHR AC,HAND INTERFACE,REMOTE JOYST	NU
E2321	PWR W/CHR AC,HAND INTERFACE,REMOTE JOYST	RR
E2321	PWR W/CHR AC,HAND INTERFACE,REMOTE JOYST	UE
E2322	PWR W/C,HAND CONTRL, MULTI MECH SWITCHES	LL
E2322	PWR W/C,HAND CONTRL, MULTI MECH SWITCHES	NU
E2322	PWR W/C,HAND CONTRL, MULTI MECH SWITCHES	UE
E2323	PWR W/CHAIR, SPECIALTY JOYSTICK HANDLE	LL
E2323	PWR W/CHAIR, SPECIALTY JOYSTICK HANDLE	NU
E2323	PWR W/CHAIR, SPECIALTY JOYSTICK HANDLE	UE
E2324	PWR W/C AC,CHIN CUP FOR CONTRL INTERFACE	NU
E2324	PWR W/C AC,CHIN CUP FOR CONTRL INTERFACE	UE
E2325	PWR W/C,SIP&PUFF INTERFACE,NONPROPORTION	LL
E2325	PWR W/C,SIP&PUFF INTERFACE,NONPROPORTION	NU
E2325	PWR W/C,SIP&PUFF INTERFACE,NONPROPORTION	UE
E2326	PWR W/C,BREATH TUBE KIT FOR SIP&PUFF INT	LL
E2326	PWR W/C,BREATH TUBE KIT FOR SIP&PUFF INT	NU
E2326	PWR W/C,BREATH TUBE KIT FOR SIP&PUFF INT	UE
E2330	PWR W/C,HEAD CONTRL,PROXIMITY SWITCH MEC	LL
E2330	PWR W/C,HEAD CONTRL,PROXIMITY SWITCH MEC	NU
E2330	PWR W/C,HEAD CONTRL,PROXIMITY SWITCH MEC	UE
E2331	PWR W/C, ATTENDANT CONTROL, PROPORTIONAL	LL
E2331	PWR W/C, ATTENDANT CONTROL, PROPORTIONAL	NU
E2340	PWR W/C,NONSTANDARD SEAT FRAME WI 20-23"	LL
E2340	PWR W/C,NONSTANDARD SEAT FRAME WI 20-23"	NU
E2340	PWR W/C,NONSTANDARD SEAT FRAME WI 20-23"	UE
E2341	PWR W/C,NONSTANDARD SEAT FRAME WI 24-27"	LL
E2341	PWR W/C,NONSTANDARD SEAT FRAME WI 24-27"	NU
E2341	PWR W/C,NONSTANDARD SEAT FRAME WI 24-27"	UE
E2342	PWR W/C,NONSTANDARD SEAT FRME DEP,20-21"	LL
E2342	PWR W/C,NONSTANDARD SEAT FRME DEP,20-21"	NU
E2342	PWR W/C,NONSTANDARD SEAT FRME DEP,20-21"	UE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E2343	PWR W/C,NONSTANDARD SEAT FRME DEP,22-25"	LL
E2343	PWR W/C,NONSTANDARD SEAT FRME DEP,22-25"	NU
E2343	PWR W/C,NONSTANDARD SEAT FRME DEP,22-25"	UE
E2373	PWC ACC,HAND/CHIN CONTROL SPEC JOYSTICK	LL
E2373	PWC ACC,HAND/CHIN CONTROL SPEC JOYSTICK	NU
E2373	PWC ACC,HAND/CHIN CONTROL SPEC JOYSTICK	UE
E2374	PWC ACC,HAND/CHIN CTRL STANDARD JOYSTICK	LL
E2374	PWC ACC,HAND/CHIN CTRL STANDARD JOYSTICK	NU
E2374	PWC ACC,HAND/CHIN CTRL STANDARD JOYSTICK	UE
E2376	PWC ACC,EXPANDABLE CONTROLLER,REPL ONLY	LL
E2376	PWC ACC,EXPANDABLE CONTROLLER,REPL ONLY	NU
E2376	PWC ACC,EXPANDABLE CONTROLLER,REPL ONLY	UE
E2377	PWC ACC,EXPANDABLE CONTROLLER,INITIAL IS	LL
E2377	PWC ACC,EXPANDABLE CONTROLLER,INITIAL IS	NU
E2377	PWC ACC,EXPANDABLE CONTROLLER,INITIAL IS	UE
E2402	NEGATIVE PRESUR WOUND THER ELECTRIC PUMP	RR
E2500	SPEECH GENERAT DEV,DIGIT PRE-REC <=8 MIN	LL
E2500	SPEECH GENERAT DEV,DIGIT PRE-REC <=8 MIN	NU
E2500	SPEECH GENERAT DEV,DIGIT PRE-REC <=8 MIN	UE
E2502	SPCH GENERAT DEV,DIG PRE-REC >8 <=20 MIN	LL
E2502	SPCH GENERAT DEV,DIG PRE-REC >8 <=20 MIN	NU
E2502	SPCH GENERAT DEV,DIG PRE-REC >8 <=20 MIN	UE
E2504	SPCH GEN DEV,DIG PRE-REC MSG,>20MIN,<=40	LL
E2504	SPCH GEN DEV,DIG PRE-REC MSG,>20MIN,<=40	NU
E2504	SPCH GEN DEV,DIG PRE-REC MSG,>20MIN,<=40	UE
E2508	SPCH GEN DEV, SYNTH SPCH, SPELL & PHY CONTAC	LL
E2508	SPCH GEN DEV, SYNTH SPCH, SPELL & PHY CONTAC	NU
E2508	SPCH GEN DEV, SYNTH SPCH, SPELL & PHY CONTAC	RR
E2508	SPCH GEN DEV, SYNTH SPCH, SPELL & PHY CONTAC	UE
E2510	SPCH GEN DEV,SYN SPCH,MULTI METH MSG/ACC	LL
E2510	SPCH GEN DEV,SYN SPCH,MULTI METH MSG/ACC	NU
E2510	SPCH GEN DEV,SYN SPCH,MULTI METH MSG/ACC	UE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
E2512	ASS. FOR SPEECH GEN. DEVICE MOUNTING SYS	NU
E2599	SPEECH GENERATING DEVICE ACCESSORY, NOC	NU
E2609	CUSTM FABRICATE W/CHR SEAT CUSH,ANY SIZE	NU
E2617	CUSTM FABRICATE W/CHR BACK CUSH,ANY SIZE	NU
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	LL
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	NU
K0003	LIGHTWEIGHT WHEELCHAIR	LL
K0003	LIGHTWEIGHT WHEELCHAIR	NU
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	LL
K0004	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	NU
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	LL
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	NU
K0006	HEAVY DUTY WHEELCHAIR	LL
K0006	HEAVY DUTY WHEELCHAIR	NU
K0007	EXTRA HEAVY DUTY WHEELCHAIR	LL
K0007	EXTRA HEAVY DUTY WHEELCHAIR	NU
K0011	STRD WG FRAME MTRIZED/PWR CHAIR PROG CON	LL
K0011	STRD WG FRAME MTRIZED/PWR CHAIR PROG CON	NU
K0011	STRD WG FRAME MTRIZED/PWR CHAIR PROG CON	UE
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	NU
K0108	WHEEL CHAIR COMPONENT OR ACCESSORY, NOS	LL
K0108	WHEEL CHAIR COMPONENT OR ACCESSORY, NOS	NU
K0108	WHEEL CHAIR COMPONENT OR ACCESSORY, NOS	UE
K0606	AUTO EXTERNAL DEFIBRILLATOR W/INTES-GARM	RR
K0669	SEAT/BACK CUS NO DMEPDAC VER	LL
K0669	SEAT/BACK CUS NO DMEPDAC VER	NU
K0669	SEAT/BACK CUS NO DMEPDAC VER	UE
K0733	PWR W/C 12-24AMP HR SEALD LEAD ACID BATT	LL
K0733	PWR W/C 12-24AMP HR SEALD LEAD ACID BATT	NU
K0733	PWR W/C 12-24AMP HR SEALD LEAD ACID BATT	UE
K0813	PWC, GRP 1 STND,PORTABLE,SEAT/BACK, <300	LL
K0813	PWC, GRP 1 STND,PORTABLE,SEAT/BACK, <300	NU

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
K0813	PWC, GRP 1 STND,PORTABLE,SEAT/BACK, <300	UE
K0814	PWC, GRP 1 STNRD,PORTABL,CAP CHR,<300 LB	LL
K0814	PWC, GRP 1 STNRD,PORTABL,CAP CHR,<300 LB	NU
K0814	PWC, GRP 1 STNRD,PORTABL,CAP CHR,<300 LB	UE
K0815	PWC, GRP 1 C107STANDRD,SEAT/BACK, <300 L	LL
K0815	PWC, GRP 1 C107STANDRD,SEAT/BACK, <300 L	NU
K0815	PWC, GRP 1 C107STANDRD,SEAT/BACK, <300 L	UE
K0816	PWC, GRP 1 STANDARD,CAP CHAIR, <300 LBS	LL
K0816	PWC, GRP 1 STANDARD,CAP CHAIR, <300 LBS	NU
K0816	PWC, GRP 1 STANDARD,CAP CHAIR, <300 LBS	UE
K0820	PWC, GRP 2 STND,PORTABLE,SEAT/BACK, <300	LL
K0820	PWC, GRP 2 STND,PORTABLE,SEAT/BACK, <300	NU
K0820	PWC, GRP 2 STND,PORTABLE,SEAT/BACK, <300	UE
K0821	PWC, GRP 2 STNRD,PORTABL,CAP CHR,<300 LB	LL
K0821	PWC, GRP 2 STNRD,PORTABL,CAP CHR,<300 LB	NU
K0821	PWC, GRP 2 STNRD,PORTABL,CAP CHR,<300 LB	UE
K0822	PWR W-CHR, GRP 2 STANRRD,SEAT/BACK, <300	LL
K0822	PWR W-CHR, GRP 2 STANRRD,SEAT/BACK, <300	NU
K0822	PWR W-CHR, GRP 2 STANRRD,SEAT/BACK, <300	UE
K0823	PWR W-CHAIR, GRP 2 STNRD,CAP CHR,<300 LB	LL
K0823	PWR W-CHAIR, GRP 2 STNRD,CAP CHR,<300 LB	NU
K0823	PWR W-CHAIR, GRP 2 STNRD,CAP CHR,<300 LB	UE
K0824	PWC, GRP 2 HVY DUTY,SEAT/BACK, 301-450LB	LL
K0824	PWC, GRP 2 HVY DUTY,SEAT/BACK, 301-450LB	NU
K0824	PWC, GRP 2 HVY DUTY,SEAT/BACK, 301-450LB	UE
K0825	PWC, GRP 2 HVY DUTY,CAP CHR, 301-450 LBS	LL
K0825	PWC, GRP 2 HVY DUTY,CAP CHR, 301-450 LBS	NU
K0825	PWC, GRP 2 HVY DUTY,CAP CHR, 301-450 LBS	UE
K0827	PWC,G-2 VERY HVY DTY,CAP CHR,451-600 LBS	LL
K0827	PWC,G-2 VERY HVY DTY,CAP CHR,451-600 LBS	NU
K0827	PWC,G-2 VERY HVY DTY,CAP CHR,451-600 LBS	UE
K0828	PWC,GRP-2 EX-HVY DTY,SEAT/BACK,>=601 LBS	LL

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
K0828	PWC,GRP-2 EX-HVY DTY,SEAT/BACK,>=601 LBS	NU
K0828	PWC,GRP-2 EX-HVY DTY,SEAT/BACK,>=601 LBS	UE
K0829	PWC,GRP-2 EX-HVY DTY,CAP CHR, >=601 LBS	LL
K0829	PWC,GRP-2 EX-HVY DTY,CAP CHR, >=601 LBS	NU
K0829	PWC,GRP-2 EX-HVY DTY,CAP CHR, >=601 LBS	UE
K0835	PWC,GRP 2 STD,SNG PWR OPT,ST/BK,TO 300LB	LL
K0835	PWC,GRP 2 STD,SNG PWR OPT,ST/BK,TO 300LB	NU
K0835	PWC,GRP 2 STD,SNG PWR OPT,ST/BK,TO 300LB	UE
K0836	PWC,GRP 2 STD,SNG PWR,CAP CHR,TO 300 LBS	LL
K0836	PWC,GRP 2 STD,SNG PWR,CAP CHR,TO 300 LBS	NU
K0836	PWC,GRP 2 STD,SNG PWR,CAP CHR,TO 300 LBS	UE
K0837	PWC,GRP 2 HD,SNG PWR ,ST/BK,301-450 LBS	LL
K0837	PWC,GRP 2 HD,SNG PWR ,ST/BK,301-450 LBS	NU
K0837	PWC,GRP 2 HD,SNG PWR ,ST/BK,301-450 LBS	UE
K0841	PWC,GP2 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	LL
K0841	PWC,GP2 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	NU
K0841	PWC,GP2 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	UE
K0842	PWC,GP2 STD,MULTI-PWR,CAP CHR,TO 300 LBS	LL
K0842	PWC,GP2 STD,MULTI-PWR,CAP CHR,TO 300 LBS	NU
K0842	PWC,GP2 STD,MULTI-PWR,CAP CHR,TO 300 LBS	UE
K0843	PWC,GP2 HD,MULTI-PWR,SEAT/BK,301-400 LBS	LL
K0843	PWC,GP2 HD,MULTI-PWR,SEAT/BK,301-400 LBS	NU
K0843	PWC,GP2 HD,MULTI-PWR,SEAT/BK,301-400 LBS	UE
K0848	PWC, GRP 3 STANDARD,SEAT/BACK, <300 LBS	LL
K0848	PWC, GRP 3 STANDARD,SEAT/BACK, <300 LBS	NU
K0848	PWC, GRP 3 STANDARD,SEAT/BACK, <300 LBS	UE
K0849	PWC, GRP 3 STANARD,CAP CHAIR, <300 LBS	LL
K0849	PWC, GRP 3 STANARD,CAP CHAIR, <300 LBS	NU
K0849	PWC, GRP 3 STANARD,CAP CHAIR, <300 LBS	UE
K0850	PWC, GRP 3 HVY DUTY,SEAT/BACK, 301-450LB	LL
K0850	PWC, GRP 3 HVY DUTY,SEAT/BACK, 301-450LB	NU
K0850	PWC, GRP 3 HVY DUTY,SEAT/BACK, 301-450LB	UE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
K0851	PWC, GRP 3 HVY DUTY,CAP CHR, 301-450 LBS	LL
K0851	PWC, GRP 3 HVY DUTY,CAP CHR, 301-450 LBS	NU
K0851	PWC, GRP 3 HVY DUTY,CAP CHR, 301-450 LBS	UE
K0852	PWC,G-3 VERY HVY DTY,SEAT/BK, 451-600LBS	LL
K0852	PWC,G-3 VERY HVY DTY,SEAT/BK, 451-600LBS	NU
K0852	PWC,G-3 VERY HVY DTY,SEAT/BK, 451-600LBS	UE
K0853	PWC,G-3 VERY HVY DTY,CAP CHR,451-600 LBS	LL
K0853	PWC,G-3 VERY HVY DTY,CAP CHR,451-600 LBS	NU
K0853	PWC,G-3 VERY HVY DTY,CAP CHR,451-600 LBS	UE
K0856	PWC,GRP 3 STD,SNG PWR OPT,ST/BK,TO 300LB	LL
K0856	PWC,GRP 3 STD,SNG PWR OPT,ST/BK,TO 300LB	NU
K0856	PWC,GRP 3 STD,SNG PWR OPT,ST/BK,TO 300LB	UE
K0857	PWC,GRP 3 STD,SNG PWR,CAP CHR,TO 300 LBS	LL
K0857	PWC,GRP 3 STD,SNG PWR,CAP CHR,TO 300 LBS	NU
K0857	PWC,GRP 3 STD,SNG PWR,CAP CHR,TO 300 LBS	UE
K0858	PWC,GRP 3 HD,SNG PWR ,ST/BK,301-450 LBS	LL
K0858	PWC,GRP 3 HD,SNG PWR ,ST/BK,301-450 LBS	NU
K0858	PWC,GRP 3 HD,SNG PWR ,ST/BK,301-450 LBS	UE
K0859	PWC,GRP 3 HD,SNG PWR ,CAP CHR, 301-450LB	LL
K0859	PWC,GRP 3 HD,SNG PWR ,CAP CHR, 301-450LB	NU
K0859	PWC,GRP 3 HD,SNG PWR ,CAP CHR, 301-450LB	UE
K0860	PWC,GP3 VERY HD,SNG PWR ,ST/BK,451-600LB	LL
K0860	PWC,GP3 VERY HD,SNG PWR ,ST/BK,451-600LB	NU
K0860	PWC,GP3 VERY HD,SNG PWR ,ST/BK,451-600LB	UE
K0861	PWC,GP3 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	LL
K0861	PWC,GP3 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	NU
K0861	PWC,GP3 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	UE
K0862	PWC,GP3 STD,MULTI-PWR,CAP CHR,301-450 LB	LL
K0862	PWC,GP3 STD,MULTI-PWR,CAP CHR,301-450 LB	NU
K0862	PWC,GP3 STD,MULTI-PWR,CAP CHR,301-450 LB	UE
K0863	PWC,G3 VERY HD,MULTI-PWR,ST/BK,451-600LB	LL
K0863	PWC,G3 VERY HD,MULTI-PWR,ST/BK,451-600LB	NU

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
K0863	PWC,G3 VERY HD,MULTI-PWR,ST/BK,451-600LB	UE
K0864	PWC,GP3 EX HD,MULTI=PWR,ST/BK, >=601 LBS	LL
K0864	PWC,GP3 EX HD,MULTI=PWR,ST/BK, >=601 LBS	NU
K0864	PWC,GP3 EX HD,MULTI=PWR,ST/BK, >=601 LBS	UE
K0868	PWC, GRP 4 STANDARD,SEAT/BACK, <300 LBS	LL
K0868	PWC, GRP 4 STANDARD,SEAT/BACK, <300 LBS	NU
K0868	PWC, GRP 4 STANDARD,SEAT/BACK, <300 LBS	UE
K0869	PWC, GRP 4 STANDARD,CAP CHR, <300 LBS	LL
K0869	PWC, GRP 4 STANDARD,CAP CHR, <300 LBS	NU
K0869	PWC, GRP 4 STANDARD,CAP CHR, <300 LBS	UE
K0870	PWC, GRP 4 HVY DUTY,SEAT/BACK, 301-450LB	LL
K0870	PWC, GRP 4 HVY DUTY,SEAT/BACK, 301-450LB	NU
K0870	PWC, GRP 4 HVY DUTY,SEAT/BACK, 301-450LB	UE
K0871	PWC,G4 VERY HD,MULTI-PWR,ST/BK,451-600LB	LL
K0871	PWC,G4 VERY HD,MULTI-PWR,ST/BK,451-600LB	NU
K0871	PWC,G4 VERY HD,MULTI-PWR,ST/BK,451-600LB	UE
K0877	PWC,GRP 4STD,SNG PWR OPT,ST/BK,TP 300LB	LL
K0877	PWC,GRP 4STD,SNG PWR OPT,ST/BK,TP 300LB	NU
K0877	PWC,GRP 4STD,SNG PWR OPT,ST/BK,TP 300LB	UE
K0878	PWC,GRP 4 STD,SNG PWR,CAP CHR,TO 300 LBS	LL
K0878	PWC,GRP 4 STD,SNG PWR,CAP CHR,TO 300 LBS	NU
K0878	PWC,GRP 4 STD,SNG PWR,CAP CHR,TO 300 LBS	UE
K0879	PWC,GRP 4 HD,SNG PWR ,ST/BK,301-450 LBS	LL
K0879	PWC,GRP 4 HD,SNG PWR ,ST/BK,301-450 LBS	NU
K0879	PWC,GRP 4 HD,SNG PWR ,ST/BK,301-450 LBS	UE
K0880	PWC,GP4 VERY HD,SNG PWR ,ST/BK,451-600LB	LL
K0880	PWC,GP4 VERY HD,SNG PWR ,ST/BK,451-600LB	NU
K0880	PWC,GP4 VERY HD,SNG PWR ,ST/BK,451-600LB	UE
K0884	PWC,GP4 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	LL
K0884	PWC,GP4 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	NU
K0884	PWC,GP4 STD,MULTI-PWR,SEAT/BK,TO 300 LBS	UE
K0885	PWC,GP4 STD,MULTI-PWR,CAP CHR,TO 300 LBS	LL



**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****CODES REQUIRING PRIOR AUTHORIZATION FROM KEPRO**

<b>HCPCS Code</b>	<b>Description</b>	<b>Modifier</b>
K0885	PWC,GP4 STD,MULTI-PWR,CAP CHR,TO 300 LBS	NU
K0885	PWC,GP4 STD,MULTI-PWR,CAP CHR,TO 300 LBS	UE
K0886	PWC,GP4 HD,MULTI-PWR,SEAT/BK,301-400 LBS	LL
K0886	PWC,GP4 HD,MULTI-PWR,SEAT/BK,301-400 LBS	NU
K0886	PWC,GP4 HD,MULTI-PWR,SEAT/BK,301-400 LBS	UE
K0890	PWC,G 5 PEDIATRIC,SNG PWR,ST/BK,TO 125LB	LL
K0890	PWC,G 5 PEDIATRIC,SNG PWR,ST/BK,TO 125LB	NU
K0890	PWC,G 5 PEDIATRIC,SNG PWR,ST/BK,TO 125LB	UE
K0898	POWER WHEELCHAIR, NOC	LL
K0898	POWER WHEELCHAIR, NOC	NU
K0898	POWER WHEELCHAIR, NOC	UE
L0624	SACROLIAC ORTH,PELVIC-SACRAL SUP,,CUSTOM	
L0629	LUMBAR-SAC ORTH,FLEX,POSTERIOR,CUSTOM FA	
L0632	LUMBAR-SAC ORTH,RIGID ANTER/POST,CUSTOM	
L0634	LUMBAR-SAC ORTH,SAGITTAL-CORON,CUSTO	
L0638	LUMBAR-SACRAL ORTHOTIC	
L1005	TENSION BASE SCOLIOS ORTHOSIS&ACCESS PAD	
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	
L2999	LOWER EXTREMITY ORTHOSES, NOS	
L3913	HAND-FINGER ORTH,W/O JNTS,CUST FAB,FIT &	
L3978	SH-EL-WR-HN-FGR ORT,AIRPLANE,W/JNT(S),CU	
L3999	UPPER LIMB ORTHOSIS,NOT OTHERWISE SPECIF	
L4002	REPLACE STRAP,ANY ORTHOSIS,ALL COMPONENT	
L7900	VACUUM ERECTION SYSTEM	
L7902	TENSION RING, FOR VACUUM ERECTION DEVICE	
L8499	UNLISTED PROCEDURES FOR MISC PROSTHE SER	
L8609	ARTIFICIAL CORNEA	
S1040	CRANIAL REMOLDING ORTHOSIS	NU
S8189	TRACHEOSTOMY SUPPLY NOS	
T5001	VEHICLE POSITN SEAT/SPECL ORTHOPED NEEDS	NU
V2629	PROSTHETIC EYE OTHER TYPE NOC	

## SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES

### ICD-10-CM DIAGNOSIS CODES

#### OCTOBER 2017 UPDATE

For dates of service on or after **October 1, 2017**, please use the following ICD-10-CM diagnosis codes. For dates of service prior to October 1, 2017, refer to the October 2016 Update included in this section.

CODE	DESCRIPTION
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 NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E10.3212	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E10.3213	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E10.3219	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E10.3291	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E10.3292	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E10.3293	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E10.3299	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E10.3311	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E10.3312	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E10.3313	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E10.3319	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E10.3391	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E10.3392	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E10.3393	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E10.3399	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E10.3411	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E10.3412	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E10.3413	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E10.3419	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E10.3491	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E10.3492	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E10.3493	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E10.3499	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE 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
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
	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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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
E10.641	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
E11.10	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E11.11	TYPE 2 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E11.3211	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E11.3212	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E11.3213	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E11.3219	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E11.3291	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E11.3292	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E11.3293	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E11.3299	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E11.3311	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E11.3312	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E11.3313	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E11.3319	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E11.339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.3391	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E11.3392	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E11.3393	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E11.3399	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E11.341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11.3411	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E11.3412	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E11.3413	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E11.3419	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E11.349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.3491	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E11.3492	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E11.3493	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E11.3499	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E11.351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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
E11.3559	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E11.359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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 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
E13.22	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E13.29	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13.311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.3211	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E13.3212	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E13.3213	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL



**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E13.3219	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E13.3291	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E13.3292	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E13.3293	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E13.3299	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E13.3311	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E13.3312	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E13.3313	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E13.3319	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E13.3391	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E13.3392	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E13.3393	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E13.3399	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E13.3411	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E13.3412	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E13.3413	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E13.3419	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E13.3491	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E13.3492	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E13.3493	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E13.3499	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE 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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E13.3599	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E13.36	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
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
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 COMPLICATION

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES****OCTOBER 2016 UPDATE**

For dates of service on or after **October 1, 2016**, please use the following ICD-10-CM diagnosis codes. For dates of service prior to October 1, 2016, refer to the October 2015 Update included in this section.

<b>CODE</b>	<b>DESCRIPTION</b>
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 NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E10.3212	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E10.3213	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E10.3219	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E10.3291	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E10.3292	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E10.3293	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E10.3299	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E10.3311	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E10.3312	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E10.3313	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E10.3319	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E10.3391	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E10.3392	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E10.3393	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E10.3399	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E10.3411	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E10.3412	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E10.3413	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E10.3419	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E10.3491	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E10.3492	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E10.3493	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E10.3499	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE 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
E10.3539	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, UNSPECIFIED EYE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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
E11.3211	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E11.3212	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E11.3213	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E11.3219	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E11.3291	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E11.3292	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E11.3293	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E11.3299	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E11.3311	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E11.3312	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E11.3313	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E11.3319	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E11.339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.3391	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E11.3392	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E11.3393	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E11.3399	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E11.341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11.3411	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E11.3412	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E11.3413	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E11.3419	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E11.349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11.3491	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E11.3492	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E11.3493	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E11.3499	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E11.351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
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



**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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
E11.3559	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E11.359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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 NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E13.01	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E13.10	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E13.11	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E13.21	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E13.22	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E13.29	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13.311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.3211	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E13.3212	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E13.3213	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E13.3219	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E13.3291	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E13.3292	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E13.3293	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E13.3299	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E13.3311	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E13.3312	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E13.3313	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E13.3319	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E13.3391	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E13.3392	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E13.3393	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E13.3399	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E13.3411	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
E13.3412	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E13.3413	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E13.3419	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E13.3491	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E13.3492	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E13.3493	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E13.3499	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE 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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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
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
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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 COMPLICATION

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES****OCTOBER 2015 UPDATE**

For dates of service on or after **October 1, 2015**, please use the following ICD-10-CM diagnosis codes. For dates of service on or after October 1, 2016, refer to the October 2016 Update included in this section.

<b>CODE</b>	<b>DESCRIPTION</b>
E10.10	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E10.11	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E10.21	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E10.22	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E10.29	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E10.311	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.319	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.321	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.329	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.331	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.339	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.341	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.349	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.351	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10.359	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E10.36	TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT
E10.39	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E10.40	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E10.41	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E10.42	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E10.43	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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



**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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
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

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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
E13.22	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E13.29	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13.311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.321	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.329	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
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
E13.349	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.351	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13.359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13.36	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT

**SECTION 4 DURABLE MEDICAL EQUIPMENT PROCEDURE CODES****ICD-10-CM DIAGNOSIS CODES**

<b>CODE</b>	<b>DESCRIPTION</b>
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