



Medically Frail – ICD 10 Diagnosis Code List

Code	Code Description	Determination Period
A170	TUBERCULOUS MENINGITIS	12 months
A171	MENINGEAL TUBERCULOMA	12 months
A1781	TUBERCULOMA OF BRAIN AND SPINAL CORD	12 months
A1782	TUBERCULOUS MENINGOENCEPHALITIS	12 months
A1783	TUBERCULOUS NEURITIS	12 months
A1789	OTHER TUBERCULOSIS OF NERVOUS SYSTEM	12 months
A179	TUBERCULOSIS OF NERVOUS SYSTEM UNSPECIFIED	12 months
A1801	TUBERCULOSIS OF SPINE	12 months
A1802	TUBERCULOUS ARTHRITIS OF OTHER JOINTS	12 months
A1803	TUBERCULOSIS OF OTHER BONES	12 months
A1809	OTHER MUSCULOSKELETAL TUBERCULOSIS	12 months
A1810	TUBERCULOSIS OF GENITOURINARY SYSTEM UNSPECIFIED	12 months
A1811	TUBERCULOSIS OF KIDNEY AND URETER	12 months
A1812	TUBERCULOSIS OF BLADDER	12 months
A1813	TUBERCULOSIS OF OTHER URINARY ORGANS	12 months
A1814	TUBERCULOSIS OF PROSTATE	12 months
A1815	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS	12 months
A1816	TUBERCULOSIS OF CERVIX	12 months
A1817	TUBERCULOUS FEMALE PELVIC INFLAMMATORY DISEASE	12 months
A1818	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS	12 months
A182	TUBERCULOUS PERIPHERAL LYMPHADENOPATHY	12 months
A1831	TUBERCULOUS PERITONITIS	12 months
A1832	TUBERCULOUS ENTERITIS	12 months
A1839	RETROPERITONEAL TUBERCULOSIS	12 months
A184	TUBERCULOSIS OF SKIN AND SUBCUTANEOUS TISSUE	12 months
A1850	TUBERCULOSIS OF EYE UNSPECIFIED	12 months
A1851	TUBERCULOUS EPISCLERITIS	12 months
A1852	TUBERCULOUS KERATITIS	12 months
A1853	TUBERCULOUS CHORIORETINITIS	12 months
A1854	TUBERCULOUS IRIDOCYCLITIS	12 months
A1859	OTHER TUBERCULOSIS OF EYE	12 months
A186	TUBERCULOSIS OF INNER MIDDLE EAR	12 months
A187	TUBERCULOSIS OF ADRENAL GLANDS	12 months

Code	Code Description	Determination Period
A1881	TUBERCULOSIS OF THYROID GLAND	12 months
A1882	TUBERCULOSIS OF OTHER ENDOCRINE GLANDS	12 months
A1883	TUBERCULOSIS OF DIGESTIVE TRACT ORGANS NEC	12 months
A1884	TUBERCULOSIS OF HEART	12 months
A1885	TUBERCULOSIS OF SPLEEN	12 months
A1889	TUBERCULOSIS OF OTHER SITES	12 months
B20	HUMAN IMMUNODEFICIENCY VIRUS DISEASE	12 months
B900	SEQUELAE OF CENTRAL NERVOUS SYSTEM TUBERCULOSIS	12 months
B901	SEQUELAE OF GENITOURINARY TUBERCULOSIS	12 months
B902	SEQUELAE OF TUBERCULOSIS OF BONES AND JOINTS	12 months
B908	SEQUELAE OF TUBERCULOSIS OF OTHER ORGANS	12 months
D561	BETA THALASSEMIA	12 months
D5700	HB-SS DISEASE WITH CRISIS, UNSPECIFIED	36 months
D5701	HB-SS DISEASE WITH ACUTE CHEST SYNDROME	36 months
D5702	HB-SS DISEASE WITH SPLENIC SEQUESTRATION	36 months
D5703	HB-SS DISEASE WITH CEREBRAL VASCULAR INVOLVEMENT	36 months
D571	SICKLE-CELL DISEASE WITHOUT CRISIS	36 months
D5709	HB-SS DISEASE WITH CRISIS WITH OTHER SPECIFIED COMPLICATION	36 months
D5720	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS	36 months
D57211	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME	36 months
D57212	SICKLE-CELL/HB-C DISEASE WITH SPLENIC SEQUESTRATION	36 months
D57213	SICKLE-CELL/HB-C DISEASE WITH CEREBRAL VASCULAR INVOLVEMENT	36 months
D57218	SICKLE-CELL/HB-C DISEASE WITH CRISIS WITH OTHER SPECIFIED COMPLICATION	36 months
D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED	36 months
D5740	SICKLE-CELL THALASSEMIA WITHOUT CRISIS	36 months
D57411	SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYNDROME	36 months
D57412	SICKLE-CELL THALASSEMIA WITH SPLENIC SEQUESTRATION	36 months
D57413	SICKLE-CELL THALASSEMIA, UNSPECIFIED, WITH CEREBRAL VASCULAR INVOLVEMENT	36 months
D57418	SICKLE-CELL THALASSEMIA, UNSPECIFIED, WITH CRISIS WITH OTHER SPECIFIED COMPLICATION	36 months
D57419	SICKLE-CELL THALASSEMIA WITH CRISIS, UNSPECIFIED	36 months
D5742	SICKLE-CELL THALASSEMIA BETA ZERO WITHOUT CRISIS	36 months
D57431	SICKLE-CELL THALASSEMIA BETA ZERO WITH ACUTE CHEST SYNDROME	36 months
D57432	SICKLE-CELL THALASSEMIA BETA ZERO WITH SPLENIC SEQUESTRATION	36 months
D57433	SICKLE-CELL THALASSEMIA BETA ZERO WITH CEREBRAL VASCULAR INVOLVEMENT	36 months
D57438	SICKLE-CELL THALASSEMIA BETA ZERO WITH CRISIS WITH OTHER SPECIFIED COMPLICATION	36 months
D57439	SICKLE-CELL THALASSEMIA BETA ZERO WITH CRISIS, UNSPECIFIED	36 months

Code	Code Description	Determination Period
D5744	SICKLE-CELL THALASSEMIA BETA PLUS WITHOUT CRISIS	36 months
D57451	SICKLE-CELL THALASSEMIA BETA PLUS WITH ACUTE CHEST SYNDROME	36 months
D57452	SICKLE-CELL THALASSEMIA BETA PLUS WITH SPLENIC SEQUESTRATION	36 months
D57453	SICKLE-CELL THALASSEMIA BETA PLUS WITH CEREBRAL VASCULAR INVOLVEMENT	36 months
D57458	SICKLE-CELL THALASSEMIA BETA PLUS WITH CRISIS WITH OTHER SPECIFIED COMPLICATION	36 months
D57459	Sickle-cell thalassemia beta plus with crisis, unspecified	36 months
D5780	OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS	36 months
D57811	OTHER SICKLE-CELL DISORDERS WITH ACUTE CHEST SYNDROME	36 months
D57812	OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION	36 months
D57813	OTHER SICKLE-CELL DISORDERS WITH CEREBRAL VASCULAR INVOLVEMENT	36 months
D57818	OTHER SICKLE-CELL DISORDERS WITH CRISIS WITH OTHER SPECIFIED COMPLICATION	36 months
D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS, UNSPECIFIED	36 months
D5910	AUTOIMMUNE HEMOLYTICANEMIA, UNSPECIFIED	12 months
D5911	WARM AUTOIMMUNE HEMOLYTICANEMIA	36 months
D5912	COLD AUTOIMMUNE HEMOLYTICANEMIA	36 months
D5913	MIXED TYPE AUTOIMMUNE HEMOLYTICANEMIA	36 months
D5919	OTHER AUTOIMMUNE HEMOLYTICANEMIA	12 months
D808	OTHER IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS	36 months
D809	IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS UNS	36 months
D810	SEVERE COMBINED IMMUNODEF W/RETICULAR DYSGENESIS	36 months
D811	SEVERE COMBINED IMMUNODEF LOW T & B-CELL NUMBERS	36 months
D812	SEVERE COMBINED IMMUNODEF W/NORMAL B-CELL NUMBRS	36 months
D813	ADENOSINE DEAMINASE DEFICIENCY	36 months
D814	NEZELOFSSYNDROME	36 months
D815	PURINE NUCLEOSIDE PHOSPHORYLASE DEFICIENCY	36 months
D816	MAJ HISTOCOMPATIBILITY COMPLX CLASS I DEFICIENCY	36 months
D817	MAJ HISTOCOMPATIBILTY COMPLX CLASS II DEFICIENCY	36 months
D81810	BIOTINIDASE DEFICIENCY	36 months
D81818	OTHER BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY	36 months
D81819	BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY UNS	36 months
D8189	OTHER COMBINED IMMUNODEFICIENCIES	36 months
D819	COMBINED IMMUNODEFICIENCY UNSPECIFIED	36 months
D820	WISKOTT-ALDRICH SYNDROME	36 months
D821	DI GEORGES SYNDROME	36 months
D823	IMMUNODEFIC FLW HEREDITARY DEFECT RESPONSTO EBV	36 months
D828	IMMUNODEFIC ASSOCIATED W/OTH SPEC MAJOR DEFECT	36 months
D829	IMMUNODEFICIENCY ASSOCIATED W/MAJOR DEFECTS UNS	36 months
D830	CVI W/PREDOMINANT ABN OF B-CELL NUMBERS & FUNCT	36 months

Code	Code Description	Determination Period
D831	CVI W/PREDOMINANT IMMUNOREGULATORY T-CELL D/O	36 months
D832	CVI WITH AUTOANTIBODIES TO B- OR T-CELLS	36 months
D89833	CYTOKINE RELEASE SYNDROME, GRADE 3	36 months
D89834	CYTOKINE RELEASE SYNDROME, GRADE 4	36 months
E701	OTHER HYPERPHENYLALANINEMIAS	36 months
E7081	AROMATIC L-AMINO ACID DECARBOXYLASE DEFICIENCY	36 months
E74810	GLUCOSE TRANSPORTER PROTEIN TYPE 1 DEFICIENCY	36 months
E7502	TAY-SACHS DISEASE	36 months
E7521	FABRY-ANDERSON DISEASE	36 months
E7522	GAUCHER DISEASE	36 months
E7523	KRABBE DISEASE	36 months
E75240	NIEMANN-PICK DISEASE TYPE A	36 months
E75241	NIEMANN-PICK DISEASE TYPE B	36 months
E75242	NIEMANN-PICK DISEASE TYPE C	36 months
E75243	NIEMANN-PICK DISEASE TYPE D	36 months
E75248	OTHER NIEMANN-PICK DISEASE	36 months
E75249	NIEMANN-PICK DISEASE UNSPECIFIED	36 months
E7525	METACHROMATIC LEUKODYSTROPHY	36 months
E7529	OTHER SPHINGOLIPIDOSIS	36 months
E840	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	36 months
E8419	CYSTIC FIBROSIS W/OTH INTESTINAL MANIFESTATIONS	36 months
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS	36 months
E849	CYSTIC FIBROSIS UNSPECIFIED	36 months
E8840	MITOCHONDRIAL METABOLISM DISORDER UNSPECIFIED	36 months
F0150	VASCULAR DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	36 months
F0151	VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE	36 months
F0280	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB	36 months
F0281	DEMENTIA OTH DISEAS CLASS W/BEHAVIORAL DISTURB	36 months
F0390	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	36 months
F0391	UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE	36 months
F04	AMNESTIC DISORDER DUE KNOWN PHYSIOLOGICAL COND	36 months
F060	PSYCHOTIC DISORDER W HALLUCIN DUE TO KNOWN PHYSIOL CONDITION	12 months
F061	CATATONIC DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION	36 months
F062	PSYCHOTIC DISORDER W DELUSIONS DUE TO KNOWN PHYSIOL COND	12 months
F10221	ALCOHOL DEPENDENCE WITH INTOXICATION DELIRIUM	12 months
F10231	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM	12 months
F10232	ALCOHOL DEPENDENCE WITHDRAWAL PERCEPTUAL DISTURB	12 months
F1024	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED MOOD D/O	12 months
F10250	ALCOHOL DEPENDENCE INDUCD PSYCHOT D/O DELUSION	12 months
F10251	ALCOHOL DEPENDENCE INDUCED PSYCHOTIC D/O HALLUC	12 months

Code	Code Description	Determination Period
F10259	ALCOHOL DEPENDENCE W/INDUCED PSYCHOTIC D/O UNS	12 months
F1026	ALCOHOL DEPENDENCE W/INDUCED-PERSIST AMNESTIC D/O	12 months
F1027	ALCOHOL DEPENDENCE W/INDUCED-PERSISTING DEMENTIA	12 months
F10280	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED ANXIETY D/O	12 months
F1097	ALCOHOL USE UNS W/INDUCED-PERSISTING DEMENTIA	36 months
F11221	OPIOID DEPEND W/ INTOXICATION DELIRIUM	12 months
F11222	OPIOID DEPEND W/ INTOXICATION W/PERCEPTUAL DIST	12 months
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL	12 months
F1124	OPIOID DEPEND W/INDUCED MOOD DISORDER	12 months
F11250	OPIOID DEPEND W/INDUCED PSYCHOTIC D/O W/DELUSIONS	12 months
F11251	OPIOID DEPEND W/INDUCED PSYCHOTIC D/O W/HALLUC	12 months
F11259	OPIOID DEPEND W/INDUCED PSYCHOTIC D/O UNS	12 months
F12250	CANNABIS DEPENDENCE W/PSYCHOTIC D/O W/DELUSIONS	12 months
F12251	CANNABIS DEPENDENCE W/PSYCHOT D/O W/HALLUCIN	12 months
F12259	CANNABIS DEPENDENCE W/PSYCHOTIC DISORDER UNS	12 months
F13221	SEDATIVE HYP/ANXIOLYTIC DEPEND W/INTOX DELIRIUM	12 months
F13231	SEDATIVE HYP/ANXIOLYTIC DEPEND W/WITHDRWL DELIRIUM	12 months
F13232	SEDATIVE HYP/ANXIOLYTIC DEPEND W/D W/PERCEPTL DIST	12 months
F1324	SEDATIVE HYP/ANXIOLYTIC DEPEND W/INDUCED MOOD D/O	12 months
F13250	SEDATIVE HYP/ANXIOLYTIC DEPEND W/IND PSYCH D/O DEL	12 months
F13251	SEDATIVE HYP/ANXIOLYTIC DEPEND IND PSYCH D/O HALLUC	12 months
F1326	SEDATIVE HYP/ANXIOLYTIC DEPEND IND PERSIST AMNES D/O	12 months
F1327	SEDATIVE HYP/ANXIOLYTIC DEPEND IND PERSIST DEMENTIA	12 months
F13280	SEDATIVE HYP/ANXIOLYTIC DEPEND W/INDUCED ANXIETY D/O	12 months
F14221	COCAINE DEPENDENCE WITH INTOXICATION DELIRIUM	12 months
F14222	COCAINE DEPENDENCE W/INTOX W/PERCEPTUAL DIST	12 months
F1423	COCAINE DEPENDENCE WITH WITHDRAWAL	12 months
F1424	COCAINE DEPENDENCE W/COCAINE-INDUCED MOOD D/O	12 months
F14250	COCAINE DEPENDENCE W/INDUCED PSYCHOTIC D/O W/DELUSN	12 months
F14251	COCAINE DEPENDENCE W/INDUCED PSYCHOTIC D/O W/HALLUC	12 months
F14259	COCAINE DEPENDENCE W/INDUCED PSYCHOTIC D/O UNS	12 months
F14280	COCAINE DEPENDENCE W/COCAINE-INDUCED ANXIETY D/O	12 months
F15221	OTHER STIMULANT DEPENDENCE W/INTOX DELIRIUM	12 months
F15222	OTHER STIMULANT DEPENDENCE W/INTOX W/PERCEPTL DIST	12 months
F1523	OTHER STIMULANT DEPENDENCE WITH WITHDRAWAL	12 months
F1524	OTHER STIMULANT DEPEND W/INDUCED MOOD DISORDER	12 months
F15250	OTHER STIMULANT DEPEND W/INDUCED PSYCHOTIC D/O W/DEL	12 months
F15251	OTHER STIMULANT DEPEND W/INDUCED PSYCHOTIC D/O W/HALLUC	12 months
F15259	OTHER STIMULANT DEPEND W/INDUCED PSYCHOTIC D/O UNS	12 months
F15280	OTHER STIMULANT DEPEND W/INDUCED ANXIETY DISORDER	12 months
F16221	HALLUCINOGEN DEPENDENCE W/INTOX W/DELIRIUM	12 months
F1624	HALLUCINOGEN DEPENDENCE W/INDUCED MOOD DISORDER	12 months
F16250	HALLUCINOGEN DEPEND W/INDUCED PSYCHOTIC D/O W/DELUSION	12 months

Code	Code Description	Determination Period
F16251	HALLUCINOGEN DEPEND INDUC PSYCHOT D/O W/HALLUCIN	12 months
F16259	HALLUCINOGEN DEPENDENCE W/INDUCD PSYCHOT D/O UNS	12 months
F16280	HALLUCINOGEN DEPENDENCE W/INDUC ANXIETY DISORDER	12 months
F16283	HALLUCINOGEN DEPENDENCE W/PERSIST PERCEPTION D/O	12 months
F18221	INHALANT DEPENDENCE WITH INTOXICATION DELIRIUM	12 months
F1824	INHALANT DEPENDENCE W/INHALANT-INDUCED MOOD D/O	12 months
F18250	INHALANT DEPEND W/INDUC PSYCHOT D/O W/DELUSIONS	12 months
F18251	INHALANT DEPEND W/INDUC PSYCHOT D/O W/HALLUCIN	12 months
F18259	INHALANT DEPEND W/INHAL-INDUCD PSYCHOT D/O UNS	12 months
F1827	INHALANT DEPENDENCE W/INHALANT-INDUCED DEMENTIA	12 months
F18280	INHALANT DEPENDENCE W/INHAL-INDUCD ANXIETY D/O	12 months
F19221	OTH PSYCHOACTIVE SBSTNC DEPEND INTOX DELIRIUM	12 months
F19222	OTH PSYCHOACTV SBSTNC DEPEND INTOX PERCEPTL DIST	12 months
F19231	OTH PSYCHOACTIVE SBSTNC DEPEND WITH W/D DELIRIUM	12 months
F19232	OTH PSYCHOACTV SBSTNC DEPEND W/D W/PERCEPTL DIST	12 months
F1924	OTH PSYCHOACTIVE SBSTNC DEPEND W/INDUCD MOOD D/O	12 months
F19250	OTH PSYCHOACTV SBSTNC DEPEND IND PSYCH D/O W/DEL	12 months
F19251	OTH PSYCHOACTV SBSTNC DEPND IND PSYCH D/O HALLUC	12 months
F19259	OTH PSYCHOACTV SBSTNC DEPEND INDUC PSYCH D/O UNS	12 months
F1926	OTH PSYCHOACTV SBSTNC DEPEND IND PERSIST AMNES	12 months
F1927	OTH PSYCHOACTV SBSTNC DEPEND IND PERSIST DEMENT	12 months
F19280	OTH PSYCHOACTIVE SBSTNC DEP W/INDUC ANXIETY D/O	12 months
F200	PARANOID SCHIZOPHRENIA	36 months
F201	DISORGANIZED SCHIZOPHRENIA	36 months
F202	CATATONIC SCHIZOPHRENIA	36 months
F203	UNDIFFERENTIATED SCHIZOPHRENIA	36 months
F205	RESIDUAL SCHIZOPHRENIA	36 months
F2081	SCHIZOPHRENIFORM DISORDER	36 months
F2089	OTHER SCHIZOPHRENIA	36 months
F209	SCHIZOPHRENIA UNSPECIFIED	36 months
F21	SCHIZOTYPAL DISORDER	36 months
F22	DELUSIONAL DISORDERS	36 months
F24	SHARED PSYCHOTIC DISORDER	36 months
F250	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	36 months
F251	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	36 months
F258	OTHER SCHIZOAFFECTIVE DISORDERS	36 months
F259	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	36 months
F28	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND	36 months
F29	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	36 months
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS	36 months
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS	36 months
F3113	BIPOLAR DISORD, CRNT EPSD MANIC W/O PSYCH FEATURES, SEVERE	36 months

Code	Code Description	Determination Period
F312	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES	36 months
F314	BIPOLAR DISORD, CRNT EPISODE DEPRESS, SEV, W/O PSYCH FEATURES	36 months
F315	BIPOLAR DISORD, CRNT EPISODE DEPRESS, SEVERE, W PSYCH FEATURES	36 months
F3163	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W/O PSYCH FEATURES	36 months
F3164	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES	36 months
F322	MAJOR DEPRESSV DISORD, SINGLE EPISODE, SEV W/O PSYCH FEATURES	12 months
F323	MAJOR DEPRESSV DISORD, SINGLE EPISODE, SEVERE W PSYCH FEATURES	12 months
F332	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES	36 months
F333	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS	36 months
F4001	AGORAPHOBIA WITH PANIC DISORDER	36 months
F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]	36 months
F4311	POST-TRAUMATIC STRESS DISORDER, ACUTE	12 months
F4312	POST-TRAUMATIC STRESS DISORDER, CHRONIC	12 months
F440	DISSOCIATIVE AMNESIA	36 months
F441	DISSOCIATIVE FUGUE	36 months
F444	CONVERSION DISORDER WITH MOTOR SYMPTOM OR DEFICIT	36 months
F445	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS	36 months
F446	CONVERSION DISORDER WITH SENSORY SYMPTOM OR DEFICIT	36 months
F447	CONVERSION DISORDER WITH MIXED SYMPTOM PRESENTATION	36 months
F4481	DISSOCIATIVE IDENTITY DISORDER	36 months
F4522	BODY DYSMORPHIC DISORDER	36 months
F600	PARANOID PERSONALITY DISORDER	36 months
F601	SCHIZOID PERSONALITY DISORDER	36 months
F603	BORDERLINE PERSONALITY DISORDER	36 months
F72	SEVERE INTELLECTUAL DISABILITIES	36 months
F73	PROFOUND INTELLECTUAL DISABILITIES	36 months
F840	AUTISTIC DISORDER	36 months
G041	TROPICAL SPASTIC PARAPLEGIA	36 months
G10	HUNTINGTON'S DISEASE	36 months
G111	HEREDITARY ATAXIA	36 months
G1110	EARLY-ONSET CEREBELLAR ATAXIA, UNSPECIFIED	36 months
G1111	FRIEDREICH ATAXIA	36 months
G114	HEREDITARY SPASTIC PARAPLEGIA	36 months
G1119	OTHER EARLY-ONSET CEREBELLAR ATAXIA	36 months
G1221	AMYOTROPHIC LATERAL SCLEROSIS	36 months
G130	PARANEOPLASTIC NEUROMYOPATHY AND NEUROPATHY	36 months

Code	Code Description	Determination Period
G131	OTH SYSTEM ATROPHY PRIM AFFECT CNS NEOPLASTIC DZ	36 months
G20	PARKINSON'S DISEASE	12 months
G21	SECONDARY PARKINSONISM	12 months
G231	PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA	36 months
G300	ALZHEIMERS DISEASE WITH EARLY ONSET	36 months
G301	ALZHEIMERS DISEASE WITH LATE ONSET	36 months
G308	OTHER ALZHEIMERS DISEASE	36 months Diagnosis includes evaluation of the beneficiary's cognitive impairment
G309	ALZHEIMERS DISEASE UNSPECIFIED	36 months Diagnosis includes evaluation of the beneficiary's cognitive impairment
G3109	OTHER FRONTOTEMPORAL DEMENTIA	36 months
G3183	DEMENTIA WITH LEWY BODIES	36 months
G35	MULTIPLE SCLEROSIS	36 months
G4042	CYCLIN-DEPENDENT KINASE-LIKE 5 DEFICIENCY DISORDER	36 months
G40833	DRAVET SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS	36 months
G40834	DRAVET SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS	36 months
G450	VERTEBRO-BASILAR ARTERY SYNDROME	36 months
G451	CAROTID ARTERY SYNDROME HEMISPHERIC	36 months
G452	MULTIPLE & BILATERAL PRECEREBRAL ARTERY SYND	36 months
G453	AMAUROSIS FUGAX	36 months
G460	MIDDLE CEREBRAL ARTERY SYNDROME	36 months
G461	ANTERIOR CEREBRAL ARTERY SYNDROME	36 months
G462	POSTERIOR CEREBRAL ARTERY SYNDROME	36 months
G710	MUSCULAR DYSTROPHY	36 months
G7120	CONGENITAL MYOPATHY, UNSPECIFIED	36 months
G7121	NEMALINE MYOPATHY	36 months
G71220	X-LINKED MYOTUBULAR MYOPATHY	36 months
G71228	OTHER CENTRONUCLEAR MYOPATHY	36 months
G7129	OTHER CONGENITAL MYOPATHY	36 months
G731	LAMBERT-EATON SYNDROME IN NEOPLASTIC DISEASE	36 months
G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	36 months
G801	SPASTIC DIPLEGIC CEREBRAL PALSY	36 months
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY	36 months
G803	ATHETOID CEREBRAL PALSY	36 months
G804	ATAXIC CEREBRAL PALSY	36 months

Code	Code Description	Determination Period
G808	OTHER CEREBRAL PALSY	36 months
G8100	FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	36 months
G8101	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	36 months
G8102	FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	36 months
G8103	FLACCID HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE	36 months
G8104	FLACCID HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE	36 months
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE	36 months
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	36 months
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE	36 months
G8113	SPASTIC HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE	36 months
G8114	SPASTIC HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE	36 months
G8190	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE	36 months
G8191	HEMIPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE	36 months
G8192	HEMIPLEGIA UNS AFFECTING LEFT DOMINANT SIDE	36 months
G8193	HEMIPLEGIA UNS AFFECTING RIGHT NONDOMINANT SIDE	36 months
G8194	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE	36 months
G8220	PARAPLEGIA UNSPECIFIED	36 months
G8221	PARAPLEGIA COMPLETE	36 months
G8222	PARAPLEGIA INCOMPLETE	36 months
G8250	QUADRIPLEGIA UNSPECIFIED	36 months
G8251	QUADRIPLEGIA C1-C4 COMPLETE	36 months
G8252	QUADRIPLEGIA C1-C4 INCOMPLETE	36 months
G8253	QUADRIPLEGIA C5-C7 COMPLETE	36 months
G8254	QUADRIPLEGIA C5-C7 INCOMPLETE	36 months
G830	DIPLEGIA OF UPPER LIMBS	36 months
G8310	MONOPLÉGIA LOWER LIMB AFFECTING UNSPECIFIED SIDE	36 months
G8311	MONOPLÉGIA LOWER LIMB RIGHT DOMINANT SIDE	36 months
G8312	MONOPLÉGIA LOWER LIMB LEFT DOMINANT SIDE	36 months
G8313	MONOPLÉGIA LOWER LIMB RIGHT NONDOMINANT SIDE	36 months
G8314	MONOPLÉGIA LOWER LIMB LEFT NONDOMINANT SIDE	36 months
G8320	MONOPLÉGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE	36 months
G8321	MONOPLÉGIA UPPER LIMB RIGHT DOMINANT SIDE	36 months
G8322	MONOPLÉGIA UPPER LIMB LEFT DOMINANT SIDE	36 months
G8323	MONOPLÉGIA UPPER LIMB RIGHT NONDOMINANT SIDE	36 months
G8324	MONOPLÉGIA UPPER LIMB LEFT NONDOMINANT SIDE	36 months
G8330	MONOPLÉGIA UNS AFFECTING UNSPECIFIED SIDE	36 months
G8331	MONOPLÉGIA UNS AFFECTING RIGHT DOMINANT SIDE	36 months
G8332	MONOPLÉGIA UNS AFFECTING LEFT DOMINANT SIDE	36 months
G8333	MONOPLÉGIA UNS AFFECTING RIGHT NONDOMINANT SIDE	36 months
G8334	MONOPLÉGIA UNS AFFECTING LEFT NONDOMINANT SIDE	36 months
H4930	TOTAL EXTERNAL OPHTHALMOPLÉGIA UNSPECIFIED EYE	36 months
H4931	TOTAL EXTERNAL OPHTHALMOPLÉGIA RIGHT EYE	36 months
H4932	TOTAL EXTERNAL OPHTHALMOPLÉGIA LEFT EYE	36 months

Code	Code Description	Determination Period
H4933	TOTAL EXTERNAL OPHTHALMOPLEGIA BILATERAL	36 months
H4940	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA UNS EYE	36 months
H4941	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA RIGHT EYE	36 months
H4942	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA LEFT EYE	36 months
H4943	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA BILATERAL	36 months
H5120	INTERNUCLEAR OPHTHALMOPLEGIA UNSPECIFIED EYE	36 months
H5121	INTERNUCLEAR OPHTHALMOPLEGIA RIGHT EYE	36 months
H5122	INTERNUCLEAR OPHTHALMOPLEGIA LEFT EYE	36 months
H5123	INTERNUCLEAR OPHTHALMOPLEGIA BILATERAL	36 months
H52511	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL RT EYE	36 months
H52512	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL LT EYE	36 months
H52513	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL BILAT	36 months
H52519	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL UNS EYE	36 months
I120	HYPERTENSIVE CKD W/STAGE 5 CKD OR ESRD	36 months
I1311	HTN HEART & CKD W/O HF W/STAGE 5 CKD OR ESRD	36 months
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD	36 months
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD	36 months
I69351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE	36 months
I69352	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT DOM SIDE	36 months
I69353	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT NON-DOM	36 months
I69354	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT NON-DOM	36 months
I69359	HEMIPLEGIA FLW CEREBRAL INFARCT AFFCT UNS SIDE	36 months
J8281	CHRONIC EOSINOPHILIC PNEUMONIA	36 months
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA	36 months
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA	36 months
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA	36 months
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA	36 months
M623	IMMOBILITY SYNDROME PARAPLEGIC	36 months
N049	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES	36 months
N184	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	36 months
N185	CHRONIC KIDNEY DISEASE STAGE 5	36 months
N186	END STAGE RENAL DISEASE	36 months
Q050	CERVICAL SPINA BIFIDA WITH HYDROCEPHALUS	36 months
Q051	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS	36 months
Q052	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS	36 months
Q053	SACRAL SPINA BIFIDA WITH HYDROCEPHALUS	36 months
Q054	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS	36 months
Q055	CERVICAL SPINA BIFIDA WITHOUT HYDROCEPHALUS	36 months
Q056	THORACIC SPINA BIFIDA WITHOUT HYDROCEPHALUS	36 months
Q057	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS	36 months
Q058	SACRAL SPINA BIFIDA WITHOUT HYDROCEPHALUS	36 months
Q900	TRISOMY 21, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	12 months

Code	Code Description	Determination Period
		Diagnosis includes evaluation of the beneficiary's functional and cognitive impairment
Q901	TRISOMY 21, MOSAICISM (MITOTIC NONDISJUNCTION)	12 months Diagnosis includes evaluation of the beneficiary's functional and cognitive impairment
Q902	TRISOMY 21, TRANSLOCATION	12 months Diagnosis includes evaluation of the beneficiary's functional and cognitive impairment
Q909	DOWN SYNDROME, UNSPECIFIED	36 months
Q910	TRISOMY 18, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	36 months
Q911	TRISOMY 18, MOSAICISM (MITOTIC NONDISJUNCTION)	36 months
Q912	TRISOMY 18, TRANSLOCATION	36 months
Q913	TRISOMY 18, UNSPECIFIED	36 months
Q914	TRISOMY 13, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	36 months
Q915	TRISOMY 13, MOSAICISM (MITOTIC NONDISJUNCTION)	36 months
Q916	TRISOMY 13, TRANSLOCATION	36 months Attestation
Q917	TRISOMY 13, UNSPECIFIED	36 months
Q920	WHOLE CHROMOSOME TRISOMY, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	36 months
Q921	WHOLE CHROMOSOME TRISOMY, MOSAICISM (MITOTIC NONDISJUNCTION)	36 months
Q922	PARTIAL TRISOMY	36 months
Q925	DUPLICATIONS WITH OTHER COMPLEX REARRANGEMENTS	36 months
Q927	TRIPLOIDY AND POLYPLOIDY	36 months
Q928	OTHER SPECIFIED TRISOMIES AND PARTIAL TRISOMIES OF AUTOSOMES	36 months
Q929	TRISOMY AND PARTIAL TRISOMY OF AUTOSOMES, UNSPECIFIED	36 months
Q930	WHOLE CHROMOSOME MONOSOMY, NONMOSAICISM (MEIOTIC NONDISJUNCTION)	36 months
Q931	WHOLE CHROMOSOME MONOSOMY, MOSAICISM (MITOTIC NONDISJUNCTION)	36 months
Q932	CHROMOSOME REPLACED WITH RING, DICENTRIC OR ISOCHROMOSOME	36 months

Code	Code Description	Determination Period
Q937	DELETIONS WITH OTHER COMPLEX REARRANGEMENTS	36 months
Q9381	VELO-CARDIO-FACIAL SYNDROME	36 months
Q9388	OTHER MICRODELETIONS	36 months
Q9389	OTHER DELETIONS FROM THE AUTOSOMES	36 months
Q939	DELETION FROM AUTOSOMES, UNSPECIFIED	36 months
Q952	BALANCED AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL	36 months
Q953	BALANCED SEX/AUTOSOMAL REARRANGEMENT IN ABNORMAL INDIVIDUAL	36 months
Q992	FRAGILE X CHROMOSOME	36 months
R532	FUNCTIONAL QUADRIPLÉGIA	36 months
T868403	CORNEAL TRANSPLANT REJECTION, BILATERAL	12 months
T868413	CORNEAL TRANSPLANT FAILURE, BILATERAL	12 months
Z5112	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	12 months
Z7682	AWAITING ORGAN TRANSPLANT STATUS	12 months Diagnosis includes evaluation of the beneficiary's symptoms / health status.
Z9911	DEPENDENCE ON RESPIRATOR VENTILATOR STATUS	12 months Diagnosis includes evaluation of the beneficiary's symptoms / health status.
Z9981	DEPENDENCE ON SUPPLEMENTAL OXYGEN	12 months Diagnosis includes evaluation of the beneficiary's symptoms / health status.



Helping People Live Better Lives