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**CT Scans \* Full Body Ultrasound \* Bone Density (DEXA) Scans \* Breast Imaging**

ICD-10 Codes for ABI + CT Scans + DEXA

**ICD-10 Codes for ABI**

Code	Description	Code	Description
<input type="checkbox"/> 170.0	Atherosclerosis of aorta	<input type="checkbox"/> E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
<input type="checkbox"/> 170.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	<input type="checkbox"/> E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
<input type="checkbox"/> 170.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg	<input type="checkbox"/> E10.59	Type 1 diabetes mellitus with other circulatory complications
<input type="checkbox"/> 170.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs	<input type="checkbox"/> E10.65	Type 1 diabetes mellitus with hyperglycemia
<input type="checkbox"/> 170.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity	<input type="checkbox"/> E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
<input type="checkbox"/> 170.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity	<input type="checkbox"/> E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
<input type="checkbox"/> 171.4	Abdominal aortic aneurysm, without rupture	<input type="checkbox"/> E11.59	Type 2 diabetes mellitus with other circulatory complications
<input type="checkbox"/> 173.9	Peripheral vascular disease, unspecified	<input type="checkbox"/> E11.65	Type 2 diabetes mellitus with hyperglycemia
<input type="checkbox"/> E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene	<input type="checkbox"/> E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
<input type="checkbox"/> E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene	<input type="checkbox"/> E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
<input type="checkbox"/> E08.59	Diabetes mellitus due to underlying condition with other circulatory complications	<input type="checkbox"/> E13.59	Other specified mellitus with other circulatory complications
<input type="checkbox"/> E08.65	Diabetes mellitus due to underlying condition with hyperglycemia	<input type="checkbox"/> Z01.818	Encounter for other preprocedural examination
<input type="checkbox"/> E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene	<i>If we don't have it listed, please write in your ICD-10 Code and Description in the space below:</i>	
<input type="checkbox"/> E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene	<input type="checkbox"/> _____	
<input type="checkbox"/> E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications		

**Locations:**

100 Sarahs Ln, Somerset, KY 42503  
 38 Dr. Joe T. Pettay Dr., Russell Springs, KY 42642

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**ICD-10 Codes for Low Dose CT Lung Cancer Screening**

**For Former Smokers:**

Code	Description
<input type="checkbox"/> Z87.891	Personal history of nicotine dependence

**OR** *Note: Medicare/Insurance will deny screenings unless we specify the proper ICD-10 code. Thus, we must specify if patient is a "Former Smoker" OR a "Current Smoker" (we cannot specify both).*

**For Current Smokers... please use one of the codes below:**

Code	Description
<input type="checkbox"/> F17.210	Nicotine dependence, cigarettes, uncomplicated
<input type="checkbox"/> F17.211	Nicotine dependence, cigarettes, in remission
<input type="checkbox"/> F17.213	Nicotine dependence, cigarettes, with withdrawal
<input type="checkbox"/> F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
<input type="checkbox"/> F17.219	Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

*If we don't have it listed, please write in your ICD-10 Code and Description in the space below:*

<input type="checkbox"/> _____
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**ICD-10 Codes for DEXA**

Code	Description	Code	Description
<input type="checkbox"/> E21.0	Primary hyperparathyroidism	<input type="checkbox"/> M85.88	Other specified disorders of bone density and structure, other site
<input type="checkbox"/> E21.3	Hyperparathyroidism, unspecified	<input type="checkbox"/> M85.89	Other specified disorders of bone density and structure, multiple sites
<input type="checkbox"/> E23.0	Hypopituitarism		
<input type="checkbox"/> E24.0	Pituitary-dependent Cushing's disease		
<input type="checkbox"/> E24.2	Drug-induced Cushing's syndrome		
<input type="checkbox"/> E24.3	Ectopic ACTH syndrome		
<input type="checkbox"/> E24.4	Alcohol-induced pseudo-Cushing's syndrome	<input type="checkbox"/> N95.8	Other specified menopausal and perimenopausal disorders
<input type="checkbox"/> E24.8	Other Cushing's syndrome	<input type="checkbox"/> N95.9	Unspecified menopausal and perimenopausal disorder
<input type="checkbox"/> E24.9	Cushing's syndrome, unspecified		
<input type="checkbox"/> E28.310	Symptomatic premature menopause	<input type="checkbox"/> Z78.0	Asymptomatic menopausal state
<input type="checkbox"/> E28.319	Asymptomatic premature menopause	<input type="checkbox"/> Z79.3	Long term (current) use of hormonal contraceptives
<input type="checkbox"/> E28.39	Other primary ovarian failure	<input type="checkbox"/> Z79.51	Long term (current) use of inhaled steroids
<input type="checkbox"/> E34.2	Ectopic hormone secretion, not elsewhere classified	<input type="checkbox"/> Z79.52	Long term (current) use of systemic steroids
<input type="checkbox"/> E89.40	Asymptomatic postprocedural ovarian failure	<input type="checkbox"/> Z79.811	Long term (current) use of aromatase inhibitors
<input type="checkbox"/> E89.41	Symptomatic postprocedural ovarian failure	<input type="checkbox"/> Z79.83	Long term (current) use of bisphosphonates
<input type="checkbox"/> M81.0	Age-related osteoporosis without current pathological fracture	<input type="checkbox"/> Z87.310	Personal history of (healed) osteoporosis fracture
<input type="checkbox"/> M81.6	Localized osteoporosis [Lequesne]	<i>If we don't have it listed, please write in your ICD-10 Code and Description in the space below:</i>	
<input type="checkbox"/> M81.8	Other osteoporosis without current pathological fracture	<input type="checkbox"/>	_____

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