



2021 CODING
GUIDELINES
INCLUDED

EXPERT

ICD-10-CM Expert for Home Health and Hospice

The complete official code set

Codes valid from October 1, 2020
through September 30, 2021

2021

optum360coding.com

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Table of Drugs and Chemicals

The Table of Drugs and Chemicals is arranged in alphabetic order by the specific drug or chemical name. Codes are listed in individual columns based upon the associated intent (poisoning, adverse effect, or underdosing).

External Causes Index

The External Causes Index is arranged in alphabetic order by main terms that describe the cause, the intent, the place of occurrence, the activity, and the status of the patient at the time the injury occurred or health condition arose.

Index Notations

With

The word “with” or “in” should be interpreted to mean “associated with” or “due to.” The classification presumes a causal relationship between the two conditions linked by these terms in the index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them unless the documentation clearly states the conditions are unrelated or when another guideline specifically requires a documented linkage between two conditions (e.g., the sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”). For conditions not specifically linked by these relational terms in the classification or when a guideline requires explicit documentation of a linkage between two conditions, provider documentation must link the conditions to code them as related.

The word “with” in the index is sequenced immediately following the main term, not in alphabetical order.

Dermatopolymyositis M33.90
with
myopathy M33.92
respiratory involvement M33.91
specified organ involvement NEC M33.99
in neoplastic disease — *see also* Neoplasm D49.9 [M36.0]

See

When the instruction “see” follows a term in the index, it indicates that another term must be referenced to locate the correct code.

Hematoperitoneum — *see* Hemoperitoneum

See Also

The instructional note “see also” simply provides alternative terms the coder may reference that may be useful in determining the correct code but are not necessary to follow if the main term supplies the appropriate code.

Hematuria — *see also* Hemoglobinuria
malarial B50.8

Default Codes

In the index, the default code is the code listed next to the main term and represents the condition most commonly associated with that main term. This code may be assigned when documentation does not support reporting a more specific code. Alternatively, it may provide an unspecified code for the condition.

Headache R51
allergic NEC G44.89
associated with sexual activity G44.82
chronic daily R51

Parentheses

Parentheses in the indexes enclose nonessential modifiers, supplementary words that may be present or absent in the statement of a disease without affecting the code.

Pseudomeningocele (cerebral) (infective) (post-traumatic) G96.19
postprocedural (spinal) G97.82

Brackets

ICD-10-CM has a coding convention addressing code assignment for manifestations that occur as a result of an underlying condition. This convention requires the underlying condition to be sequenced first, followed by the code or codes for the associated manifestation. In the index, italicized codes in brackets identify manifestation codes.

Polyneuropathy (peripheral) G62.9
alcoholic G62.1
amyloid (Portuguese) E85.1 [G63]
transthyretin-related (ATTR) familial E85.1 [G63]

Shaded Guides

Exclusive vertical shaded guides in the Index to Diseases and Injuries and External Causes Index help the user easily follow the indent levels for the subentries under a main term. Sequencing rules may apply depending on the level of indent for separate subentries.

Hemicrania

congenital malformation Q00.0
continua G44.51
meaning migraine — *see also* Migraine G43.909
paroxysmal G44.039
chronic G44.049
intractable G44.041
not intractable G44.049
episodic G44.039
intractable G44.031
not intractable G44.039
intractable G44.031
not intractable G44.039

Following References

The Index to Diseases and Injuries includes following references to assist in locating out-of-sequence codes in the tabular list. Out-of-sequence codes contain an alphabetic character (letter) in the third- or 4th-character position. These codes are placed according to the classification rules — according to condition — not according to alphabetic or numeric sequencing rules.

Carcinoma (malignant) — *see also* Neoplasm, by site, malignant
neuroendocrine — *see also* Tumor, neuroendocrine
high grade, any site C7A.1 (*following* C75)
poorly differentiated, any site C7A.1 (*following* C75)

Additional Character Required

The Index to Diseases and Injuries, Neoplasm Table, and External Causes Index provide an icon after certain codes to signify to the user that additional characters are required to make the code valid. The tabular list should be consulted for appropriate character selection.

Fall, falling (accidental) W19
building W20.1

Tabular List of Diseases

ICD-10-CM codes and descriptions are arranged numerically within the tabular list of diseases with 19 separate chapters providing codes associated with a particular body system or nature of injury or disease. There is also a chapter providing codes for external causes of an injury or health conditions and finally a chapter for codes that address encounters with healthcare facilities for circumstances other than a disease or injury.

Code and Code Descriptions

ICD-10-CM is an alphanumeric classification system that contains categories, subcategories, and valid codes. The first character is always a letter with any additional characters represented by either a letter or number. A three-character category without further subclassification is equivalent to a valid three-character code. Valid codes may be three, four, five, six, or seven characters in length, with each level of subdivision after a three-character category representing a subcategory. The final level of subdivision is a valid code.

Boldface

Boldface type is used for all codes and descriptions in the tabular list.

Italics

Italicized type is used to identify manifestation codes, those codes that should not be reported as first-listed diagnoses.

Deleted Text

Strikethrough on a code and code description indicates a deletion from the classification for the current year.

Key Word

Green font is used throughout the Tabular List of Diseases to differentiate the key words that appear in similar code descriptions in a given category or subcategory. The key word convention is used only in those categories in which there are multiple codes with very similar descriptions with only a few words that differentiate them.

For example, refer to the list of codes below from category H55:

✓4 th	H55	Nystagmus and other irregular eye movements
✓5 th	H55.0	Nystagmus
	H55.00	Unspecified nystagmus
	H55.01	Congenital nystagmus
	H55.02	Latent nystagmus
	H55.03	Visual deprivation nystagmus
	H55.04	Dissociated nystagmus
	H55.09	Other forms of nystagmus

The portion of the code description that appears in **green font** in the tabular list helps the coder quickly identify the key terms and the correct code. This convention is especially useful when the codes describe laterality, such as the following codes from subcategory H40.22:

✓6 th	H40.22	Chronic angle-closure glaucoma Chronic primary angle-closure glaucoma
✓7 th	H40.221	Chronic angle-closure glaucoma, right eye
✓7 th	H40.222	Chronic angle-closure glaucoma, left eye
✓7 th	H40.223	Chronic angle-closure glaucoma, bilateral
✓7 th	H40.229	Chronic angle-closure glaucoma, unspecified eye

Tabular Notations

Official parenthetical notes as well as Optum360's supplementary notations are provided at the chapter, code block, category, subcategory, and individual code level to help the user assign proper codes. The information in the notation can apply to one or more codes depending on where the citation is placed.

Official Notations

Includes Notes

The word **INCLUDES** appears immediately under certain categories to further define, clarify, or give examples of the content of a code category.

Inclusion Terms

Lists of inclusion terms are included under certain codes. These terms indicate some of the conditions for which that code number may be used. Inclusion terms may be synonyms with the code title, or, in the case of "other specified" codes, the terms may also provide a list of various conditions included within a classification code. The inclusion terms are not exhaustive. The index may provide additional terms that may also be assigned to a given code.

Excludes Notes

ICD-10-CM has two types of excludes notes. Each note has a different definition for use. However, they are similar in that they both indicate that codes excluded from each other are independent of each other.

Excludes 1

An **EXCLUDES 1** note is a "pure" excludes. It means "NOT CODED HERE!" An Excludes 1 note indicates mutually exclusive codes: two conditions that cannot be reported together. An Excludes 1 note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note. An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

An exception to the Excludes 1 definition is when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider. For example, code F45.8 Other somatoform disorders, has an Excludes 1 note for "sleep related teeth grinding (G47.63)" because "teeth grinding" is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However, psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep-related teeth grinding. In this case, the two conditions are clearly unrelated to each other, so it would be appropriate to report F45.8 and G47.63 together.

Excludes 2

An **EXCLUDES 2** note means "NOT INCLUDED HERE." An Excludes 2 note indicates that although the excluded condition is not part of the condition it is excluded from, a patient may have both conditions at the same time. Therefore, when an Excludes 2 note appears under a code, it may be acceptable to use both the code and the excluded code together if supported by the medical documentation.

Note

The term "NOTE" appears as an icon and precedes the instructional information. These notes function as alerts to highlight coding instructions within the text.

Code First/Use additional code

These instructional notes provide sequencing instruction. They may appear independently of each other or to designate certain etiology/manifestation paired codes. These instructions signal the coder that an additional code should be reported to provide a more complete picture of that diagnosis.

In etiology/manifestation coding, ICD-10-CM requires the underlying condition to be sequenced first, followed by the manifestation. In these situations, codes with "In diseases classified elsewhere" in the code description are never permitted as a first-listed or principal diagnosis code and must be sequenced following the underlying condition code.

10 Steps to Correct Coding

Follow the 10 steps below to correctly code encounters for health care services.

Step 1: Identify the reason for the visit or encounter (i.e., a sign, symptom, diagnosis and/or condition).

The medical record documentation should accurately reflect the patient's condition, using terminology that includes specific diagnoses and symptoms or clearly states the reasons for the encounter.

Choosing the main term that best describes the reason chiefly responsible for the service provided is the most important step in coding. If symptoms are present and documented but a definitive diagnosis has not yet been determined, code the symptoms. *For outpatient cases, do not code conditions that are referred to as "rule out," "suspected," "probable," or "questionable."* Diagnoses often are not established at the time of the initial encounter/visit and may require two or more visits to be established. Code only what is documented in the available outpatient records and only to the highest degree of certainty known at the time of the patient's visit. For inpatient medical records, uncertain diagnoses may be reported if documented at the time of discharge.

Step 2: After selecting the reason for the encounter, consult the alphabetic index.

The most critical rule is to begin code selection in the alphabetic index. Never turn first to the tabular list. The index provides cross-references, essential and nonessential modifiers, and other instructional notations that may not be found in the tabular list.

Step 3: Locate the main term entry.

The alphabetic index lists conditions, which may be expressed as nouns or eponyms, with critical use of adjectives. Some conditions known by several names have multiple main entries. Reasons for encounters may be located under general terms such as admission, encounter, and examination. Other general terms such as history, status (post), or presence (of) can be used to locate other factors influencing health.

Step 4: Scan subterm entries.

Scan the subterm entries, as appropriate, being sure to review continued lines and additional subterms that may appear in the next column or on the next page. Shaded vertical guidelines in the index indicate the indentation level for each subterm in relation to the main terms.

Step 5: Pay close attention to index instructions.

- Parentheses () enclose nonessential modifiers, terms that are supplementary words or explanatory information that may or may not appear in the diagnostic statement and do not affect code selection.
- Brackets [] enclose manifestation codes that can be used only as secondary codes to the underlying condition code immediately preceding it. If used, manifestation codes must be reported with the appropriate etiology codes.
- Default codes are listed next to the main term and represent the condition most commonly associated with the main term or the unspecified code for the main term.
- "See" cross-references, identified by italicized type and "code by" cross-references indicate that another term *must be referenced* to locate the correct code.
- "See also" cross-references, identified by italicized type, provide alternative terms that may be useful to look up but *are not mandatory*.
- "Omit code" cross-references identify instances when a code is not applicable depending on the condition being coded.
- "With" subterms are listed out of alphabetic order and identify a presumed causal relationship between the two conditions they link.

- "Due to" subterms identify a relationship between the two conditions they link.
- "NEC," abbreviation for "not elsewhere classified," follows some main terms or subterms and indicates that there is no specific code for the condition even though the medical documentation may be very specific.
- "NOS," abbreviation for "not otherwise specified," follows some main terms or subterms and is the equivalent of unspecified; NOS signifies that the information in the medical record is insufficient for assigning a more specific code.
- *Following* references help coders locate alphanumeric codes that are out of sequence in the tabular section.
- Check-additional-character symbols flag codes that require additional characters to make the code valid; the characters available to complete the code should be verified in the tabular section.

Step 6: Choose a potential code and locate it in the tabular list.

To prevent coding errors, always use both the alphabetic index (to identify a code) and the tabular list (to verify a code), as the index does not include the important instructional notes found in the tabular list. An added benefit of using the tabular list, which groups like things together, is that while looking at one code in the list, a coder might see a more specific one that would have been missed had the coder relied solely on the alphabetic index. Additionally, many of the codes require a fourth, fifth, sixth, or seventh character to be valid, and many of these characters can be found only in the tabular list.

Step 7: Read all instructional material in the tabular section.

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as "Code first" and "Use additional code," listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A00.0- through T88.9- may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system etc.).

Codes that describe symptoms and signs, as opposed to definitive diagnoses, should be reported when an established diagnosis has not been made (confirmed) by the physician. Chapter 18 of the ICD-10-CM code book, "Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified" (codes R00.-R99), contains many, but not all, codes for symptoms.

ICD-10-CM classifies encounters with health care providers for circumstances other than a disease or injury in chapter 21, "Factors Influencing Health Status and Contact with Health Services" (codes Z00-Z99). Circumstances other than a disease or injury often are recorded as chiefly responsible for the encounter.

A code is invalid if it does not include the full number of characters (greatest level of specificity) required. Codes in ICD-10-CM can contain from three to seven alphanumeric characters. A three-character code is to be used only if the category is not further subdivided into four-, five-, six-, or seven-character codes. Placeholder character X is used as part of an alphanumeric code to allow for future expansion and as a placeholder for empty characters in a code that requires a seventh character but has no fourth, fifth, or sixth character. Note that certain categories require seventh characters that apply to all codes in that category. Always check the category level for applicable seventh characters for that category.

Admission

Admission — *continued*
 fitting — *continued*
 device — *continued*
 prosthetic — *continued*
 dental Z46.3
 eye Z44.2
 substitution
 auditory Z46.2
 implanted — *see* Admission, adjustment, device, implanted, hearing device
 nervous system Z46.2
 implanted — *see* Admission, adjustment, device, implanted, nervous system
 visual Z46.2
 implanted Z45.31
 hearing aid Z46.1
 ileostomy device Z46.89
 intestinal appliance or device NEC Z46.89
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 orthodontic device Z46.4
 orthopedic device (brace) (cast) (shoes) Z46.89
 prosthesis Z44.9
 arm — *see* Admission, adjustment, artificial, arm
 breast Z44.3
 dental Z46.3
 eye Z44.2
 leg — *see* Admission, adjustment, artificial, leg
 specified type NEC Z44.8
 spectacles Z46.0
 follow-up examination Z09
 intrauterine device management Z30.431
 initial prescription Z30.014
 mental health evaluation Z00.8
 requested by authority Z04.6
 observation — *see* Observation
 Papanicolaou smear, cervix Z12.4
 for suspected malignant neoplasm Z12.4
 plastic and reconstructive surgery following medical procedure or healed injury NEC Z42.8
 plastic surgery, cosmetic NEC Z41.1
 postpartum observation
 immediately after delivery Z39.0
 routine follow-up Z39.2
 poststerilization (for restoration) Z31.0
 aftercare Z31.42
 preoperative management Z31.9
 prophylactic (measure) — *see also* Encounter, prophylactic measures
 organ removal Z40.00
 breast Z40.01
 fallopian tube(s) Z40.03
 with ovary(s) Z40.02
 ovary(s) Z40.02
 specified organ NEC Z40.09
 testes Z40.09
 vaccination Z23
 psychiatric examination (general) Z00.8
 requested by authority Z04.6
 radiation therapy (antineoplastic) Z51.0
 reconstructive surgery following medical procedure or healed injury NEC Z42.8
 removal of
 cystostomy catheter Z43.5
 drains Z48.03
 dressing (nonsurgical) Z48.00
 implantable subdermal contraceptive Z30.46
 intrauterine contraceptive device Z30.432
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 staples Z48.02
 surgical dressing Z48.01
 sutures Z48.02
 ureteral stent Z46.6
 respirator (ventilator) use during power failure Z99.12
 restoration of organ continuity (poststerilization) Z31.0
 aftercare Z31.42
 sensitivity test — *see also* Test, skin
 allergy NEC Z01.82
 Mantoux Z11.1
 tuboplasty following previous sterilization Z31.0
 aftercare Z31.42
 vasoplasty following previous sterilization Z31.0
 aftercare Z31.42
 vision examination Z01.00
 with abnormal findings Z01.01

Admission — *continued*
 vision examination — *continued*
 following failed vision screening Z01.020
 with abnormal findings Z01.021
 infant or child (over 28 days old) Z00.129
 with abnormal findings Z00.121
 waiting period for admission to other facility Z75.1
Adnexitis (suppurative) — *see* Salpingo-oophoritis
Adolescent X-linked adrenoleukodystrophy E71.521
Adrenal (gland) — *see* condition
Adrenalism, tuberculous A18.7
Adrenalitis, adenitis E27.8
 autoimmune E27.1
 meningococcal, hemorrhagic A39.1
Adrenarache, premature E27.0
Adrenocortical syndrome — *see* Cushing's, syndrome
Adrenogenital syndrome E25.9
 acquired E25.8
 congenital E25.0
 salt loss E25.0
Adrenogenitalism, congenital E25.0
Adrenoleukodystrophy E71.529
 neonatal E71.511
 X-linked E71.529
 Addison only phenotype E71.528
 Addison-Schilder E71.528
 adolescent E71.521
 adrenomyeloneuropathy E71.522
 childhood cerebral E71.520
 other specified E71.528
Adrenomyeloneuropathy E71.522
Adventitious bursa — *see* Bursopathy, specified type
 NEC
Adverse effect — *see* Table of Drugs and Chemicals, categories T36-T50, with 6th character 5
Advice — *see* Counseling
Adynamia (episodic) (hereditary) (periodic) G72.3
Aeration lung imperfect, newborn — *see* Atelectasis
Aerobullosis T70.3
Aerocele — *see* Embolism, air
Aerodermatitis
 subcutaneous (traumatic) T79.7
Aerodontalgia T70.29
Aeroembolism T70.3
Aerogenes capsulatus infection A48.0
Aero-otitis media T70.0
Aerophagy, aerophagia (psychogenic) F45.8
Aerophobia F40.228
Aerosinusitis T70.1
Aerotitis T70.0
Affection — *see* Disease
Afibrinogenemia — *see also* Defect, coagulation D68.8
 acquired D65
 congenital D68.2
 following ectopic or molar pregnancy O08.1
 in abortion — *see* Abortion, by type, complicated by, afibrinogenemia
 puerperal O72.3
African
 sleeping sickness B56.9
 tick fever A68.1
 trypanosomiasis B56.9
 gambian B56.0
 rhodesian B56.1
Aftercare — *see also* Care Z51.89
 following surgery (for) (on)
 amputation Z47.81
 attention to
 drains Z48.03
 dressings (nonsurgical) Z48.00
 surgical Z48.01
 sutures Z48.02
 circulatory system Z48.812
 delayed (planned) wound closure Z48.1
 digestive system Z48.815
 explanation of joint prosthesis (staged procedure)
 hip Z47.32
 knee Z47.33
 shoulder Z47.31
 genitourinary system Z48.816
 joint replacement Z47.1
 neoplasm Z48.3
 nervous system Z48.811
 oral cavity Z48.814
 organ transplant
 bone marrow Z48.290
 heart Z48.21
 heart-lung Z48.280

Aftercare — *continued*
 following surgery — *continued*
 organ transplant — *continued*
 kidney Z48.22
 liver Z48.23
 lung Z48.24
 multiple organs NEC Z48.288
 specified NEC Z48.298
 orthopedic NEC Z47.89
 planned wound closure Z48.1
 removal of internal fixation device Z47.2
 respiratory system Z48.813
 scoliosis Z47.82
 sense organs Z48.810
 skin and subcutaneous tissue Z48.817
 specified body system
 circulatory Z48.812
 digestive Z48.815
 genitourinary Z48.816
 nervous Z48.811
 oral cavity Z48.814
 respiratory Z48.813
 sense organs Z48.810
 skin and subcutaneous tissue Z48.817
 teeth Z48.814
 specified NEC Z48.89
 spinal Z47.89
 teeth Z48.814
 fracture — *code to* fracture with seventh character D
 involving
 removal of
 drains Z48.03
 dressings (nonsurgical) Z48.00
 staples Z48.02
 surgical dressings Z48.01
 sutures Z48.02
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 orthopedic NEC Z47.89
 postprocedural — *see* Aftercare, following surgery
After-cataract — *see* Cataract, secondary
Agalactia (primary) O92.3
 elective, secondary or therapeutic O92.5
Agammaglobulinemia (acquired (secondary) (nonfamilial) D80.1
 with
 immunoglobulin-bearing B-lymphocytes D80.1
 lymphopenia D81.9
 autosomal recessive (Swiss type) D80.0
 Bruton's X-linked D80.0
 common variable (CVAgamma) D80.1
 congenital sex-linked D80.0
 hereditary D80.0
 lymphopenic D81.9
 Swiss type (autosomal recessive) D80.0
 X-linked (with growth hormone deficiency) (Bruton) D80.0
Aganglionosis (bowel) (colon) Q43.1
Age (old) — *see* Senility
Agnesis
 adrenal (gland) Q89.1
 alimentary tract (complete) (partial) NEC Q45.8
 upper Q40.8
 anus, anal (canal) Q42.3
 with fistula Q42.2
 aorta Q25.41
 appendix Q42.8
 arm (complete) Q71.0-
 with hand present Q71.1-
 artery (peripheral) Q27.9
 brain Q28.3
 coronary Q24.5
 pulmonary Q25.79
 specified NEC Q27.8
 umbilical Q27.0
 auditory (canal) (external) Q16.1
 auricle (ear) Q16.0
 bile duct or passage Q44.5
 bladder Q64.5
 bone Q79.9
 brain Q00.0
 part of Q04.3
 breast (with nipple present) Q83.8
 with absent nipple Q83.0
 bronchus Q32.4
 canaliculus lacrimalis Q10.4
 carpus — *see* Agnesis, hand

Chapter 12. Diseases of the Skin and Subcutaneous Tissue (L00–L99)

Chapter-specific Guidelines with Coding Examples

The chapter-specific guidelines from the ICD-10-CM Official Guidelines for Coding and Reporting have been provided below. Along with these guidelines are coding examples, contained in the shaded boxes, that have been developed to help illustrate the coding and/or sequencing guidance found in these guidelines.

a. Pressure ulcer stage codes

1) Pressure ulcer stages

Codes in category L89, Pressure ulcer, identify the site and stage of the pressure ulcer.

The ICD-10-CM classifies pressure ulcer stages based on severity, which is designated by stages 1-4, **deep tissue pressure injury**, unspecified stage, and unstageable.

Assign as many codes from category L89 as needed to identify all the pressure ulcers the patient has, if applicable.

See Section I.B.14 for pressure ulcer stage documentation by clinicians other than patient's provider

Stage 4 pressure ulcer right heel, 9 x 10 cm that invades the muscle and fascia; stage 2 pressure ulcer of left elbow.

L89.614 Pressure ulcer of right heel, stage 4

L89.022 Pressure ulcer of left elbow, stage 2

Explanation: Patient has a right heel pressure ulcer documented as stage 4 and a left elbow pressure ulcer documented as stage 2. Combination codes from category L89 Pressure ulcer, identify the site of the pressure ulcer as well as the stage. Assign as many codes from category L89 as needed to identify all the pressure ulcers the patient has.

2) Unstageable pressure ulcers

Assignment of the code for unstageable pressure ulcer (L89.--0) should be based on the clinical documentation. These codes are used for pressure ulcers whose stage cannot be clinically determined (e.g., the ulcer is covered by eschar or has been treated with a skin or muscle graft). This code should not be confused with the codes for unspecified stage (L89.--9). When there is no documentation regarding the stage of the pressure ulcer, assign the appropriate code for unspecified stage (L89.--9).

Pressure ulcer of the right lower back documented as unstageable due to the presence of thick eschar covering the ulcer.

L89.130 Pressure ulcer of right lower back, unstageable

Explanation: Codes for unstageable pressure ulcers are assigned when the stage cannot be clinically determined (e.g., the ulcer is covered by eschar or has been treated with a skin or muscle graft).

3) Documented pressure ulcer stage

Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index. For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried.

Left heel pressure ulcer with partial thickness skin loss involving the dermis.

L89.622 Pressure ulcer of left heel, stage 2

Explanation: Code assignment for the pressure ulcer stage should be guided by either the clinical documentation of the stage or the documentation of terms found in the Alphabetic Index. The clinical documentation describing the left heel pressure ulcer "partial thickness skin loss involving the dermis" matches the ICD-10-CM index parenthetical description for stage 2 "(abrasion, blister, partial thickness skin loss involving epidermis and/or dermis)."

4) Patients admitted with pressure ulcers documented as healed

No code is assigned if the documentation states that the pressure ulcer is completely healed **at the time of admission**.

5) Pressure ulcers documented as healing

Pressure ulcers described as healing should be assigned the appropriate pressure ulcer stage code based on the documentation in the medical record. If the documentation does not provide information about the stage of the healing pressure ulcer, assign the appropriate code for unspecified stage.

If the documentation is unclear as to whether the patient has a current (new) pressure ulcer or if the patient is being treated for a healing pressure ulcer, query the provider.

For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and stage of the pressure ulcer at the time of admission.

6) Patient admitted with pressure ulcer evolving into another stage during the admission

If a patient is admitted to an inpatient hospital with a pressure ulcer at one stage and it progresses to a higher stage, two separate codes should be assigned: one code for the site and stage of the ulcer on admission and a second code for the same ulcer site and the highest stage reported during the stay.

7) Pressure-induced deep tissue damage

For pressure-induced deep tissue damage or deep tissue pressure injury, assign only the appropriate code for pressure-induced deep tissue damage (L89.--6).

b. Non-pressure chronic ulcers

1) Patients admitted with non-pressure ulcers documented as healed

No code is assigned if the documentation states that the non-pressure ulcer is completely healed **at the time of admission**.

2) Non-pressure ulcers documented as healing

Non-pressure ulcers described as healing should be assigned the appropriate non-pressure ulcer code based on the documentation in the medical record. If the documentation does not provide information about the severity of the healing non-pressure ulcer, assign the appropriate code for unspecified severity.

If the documentation is unclear as to whether the patient has a current (new) non-pressure ulcer or if the patient is being treated for a healing non-pressure ulcer, query the provider.

For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and severity of the non-pressure ulcer at the time of admission.

3) Patient admitted with non-pressure ulcer that progresses to another severity level during the admission

If a patient is admitted to an inpatient hospital with a non-pressure ulcer at one severity level and it progresses to a higher severity level, two separate codes should be assigned: one code for the site and severity level of the ulcer on admission and a second code for the same ulcer site and the highest severity level reported during the stay.

See Section I.B.14 for pressure ulcer stage documentation by clinicians other than patient's provider

Chapter 12. Diseases of the Skin and Subcutaneous Tissue (L00-L99)

EXCLUDES 2 certain conditions originating in the perinatal period (P04-P96)
 certain infectious and parasitic diseases (A00-B99)
 complications of pregnancy, childbirth and the puerperium (O00-O9A)
 congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
 endocrine, nutritional and metabolic diseases (E00-E88)
 lipomelanotic reticulosis (I89.8)
 neoplasms (C00-D49)
 symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)
 systemic connective tissue disorders (M30-M36)
 viral warts (B07.-)

This chapter contains the following blocks:

L00-L08 Infections of the skin and subcutaneous tissue
 L10-L14 Bullous disorders
 L20-L30 Dermatitis and eczema
 L40-L45 Papulosquamous disorders
 L49-L54 Urticaria and erythema
 L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
 L60-L75 Disorders of skin appendages
 L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue
 L80-L99 Other disorders of the skin and subcutaneous tissue

Infections of the skin and subcutaneous tissue (L00-L08)

Use additional code (B95-B97) to identify infectious agent

EXCLUDES 2 hordeolum (H00.0)
 infective dermatitis (L30.3)
 local infections of skin classified in Chapter 1
 lupus panniculitis (L93.2)
 panniculitis NOS (M79.3)
 panniculitis of neck and back (M54.0-)
 perlèche NOS (K13.0)
 perlèche due to candidiasis (B37.0)
 perlèche due to riboflavin deficiency (E53.0)
 pyogenic granuloma (L98.0)
 relapsing panniculitis [Weber-Christian] (M35.6)
 viral warts (B07.-)
 zoster (B02.-)

L00 Staphylococcal scalded skin syndrome

Ritter's disease

Use additional code to identify percentage of skin exfoliation (L49.-)

EXCLUDES 1 bullous impetigo (L01.03)
 pemphigus neonatorum (L01.03)
 toxic epidermal necrolysis [Lyell] (L51.2)

DEF: Infectious skin disease of children younger than 5 years marked by eruptions ranging from a few localized blisters to widespread, easily ruptured, fine vesicles and bullae affecting almost the entire body. It results in exfoliation of large planes of skin and leaves raw areas.

√4th L01 Impetigo

EXCLUDES 1 impetigo herpetiformis (L40.1)

DEF: Acute, superficial, highly contagious skin infection commonly occurring in children. Skin lesions usually appear on the face and consist of vesicles and bullae that burst and form yellow crusts.

√5th L01.0 Impetigo

Impetigo contagiosa
 Impetigo vulgaris

L01.00 Impetigo, unspecified

Impetigo NOS

L01.01 Non-bullous impetigo

L01.02 Bockhart's impetigo

Impetigo follicularis
 Perifolliculitis NOS
 Superficial pustular perifolliculitis

DEF: Superficial inflammation of the hair follicles most commonly caused by staph aureus that manifests as rounded, sphere-shaped, pustular eruptions in the areas of the scalp, beard, underarms, extremities, and buttocks.

L01.03 Bullous impetigo

Impetigo neonatorum
 Pemphigus neonatorum

L01.09 Other impetigo

Ulcerative impetigo

L01.1 Impetiginization of other dermatoses

√4th L02 Cutaneous abscess, furuncle and carbuncle

Use additional code to identify organism (B95-B96)

EXCLUDES 2 abscess of anus and rectal regions (K61.-)
 abscess of female genital organs (external) (N76.4)
 abscess of male genital organs (external) (N48.2, N49.-)

DEF: Carbuncle: Infection of the skin that arises from a collection of interconnected infected boils or furuncles, usually from hair follicles infected by *Staphylococcus*. This condition can produce pus and form drainage cavities.

DEF: Furuncle: Inflamed, painful abscess, cyst, or nodule on the skin caused by bacteria, often *Staphylococcus*, entering along the hair follicle.

√5th L02.0 Cutaneous abscess, furuncle and carbuncle of face

EXCLUDES 2 abscess of ear, external (H60.0)
 abscess of eyelid (H00.0)
 abscess of head [any part, except face] (L02.8)
 abscess of lacrimal gland (H04.0)
 abscess of lacrimal passages (H04.3)
 abscess of mouth (K12.2)
 abscess of nose (J34.0)
 abscess of orbit (H05.0)
 submandibular abscess (K12.2)

L02.01 Cutaneous abscess of face

L02.02 Furuncle of face

Boil of face
 Folliculitis of face

L02.03 Carbuncle of face

√5th L02.1 Cutaneous abscess, furuncle and carbuncle of neck

L02.11 Cutaneous abscess of neck

CH CL

L02.12 Furuncle of neck

Boil of neck
 Folliculitis of neck

L02.13 Carbuncle of neck

√5th L02.2 Cutaneous abscess, furuncle and carbuncle of trunk

EXCLUDES 1 non-newborn omphalitis (L08.82)
 omphalitis of newborn (P38.-)

EXCLUDES 2 abscess of breast (N61.1)
 abscess of buttocks (L02.3)
 abscess of female external genital organs (N76.4)
 abscess of hip (L02.4)
 abscess of male external genital organs (N48.2, N49.-)

√6th L02.21 Cutaneous abscess of trunk

L02.211 Cutaneous abscess of abdominal wall

CH CL

L02.212 Cutaneous abscess of back [any part, except buttock]

CH CL

L02.213 Cutaneous abscess of chest wall

CH CL

L02.214 Cutaneous abscess of groin

CH CL

L02.215 Cutaneous abscess of perineum

CH CL

L02.216 Cutaneous abscess of umbilicus

CH CL

L02.219 Cutaneous abscess of trunk, unspecified

CH CL

√6th L02.22 Furuncle of trunk

Boil of trunk
 Folliculitis of trunk

L02.221 Furuncle of abdominal wall

L02.222 Furuncle of back [any part, except buttock]

L02.223 Furuncle of chest wall

L02.224 Furuncle of groin

L02.225 Furuncle of perineum

L02.226 Furuncle of umbilicus

L02.229 Furuncle of trunk, unspecified

√6th L02.23 Carbuncle of trunk

L02.231 Carbuncle of abdominal wall

L02.232 Carbuncle of back [any part, except buttock]

L02.233 Carbuncle of chest wall

L02.234 Carbuncle of groin

L02.235 Carbuncle of perineum

L02.236 Carbuncle of umbilicus

L02.239 Carbuncle of trunk, unspecified

- √4th** **Z48 Encounter for other postprocedural aftercare**

EXCLUDES 1 encounter for aftercare following injury — code to Injury, by site, with appropriate 7th character for subsequent encounter

encounter for follow-up examination after completed treatment (Z08-Z09)

EXCLUDES 2 encounter for attention to artificial openings (Z43.-) encounter for fitting and adjustment of prosthetic and other devices (Z44-Z46)

AHA: 2015,4Q,38; 2015,1Q,6-7
- √5th** **Z48.0 Encounter for attention to dressings, sutures and drains**

EXCLUDES 1 encounter for planned postprocedural wound closure (Z48.1)

 - Z48.00 Encounter for change or removal of nonsurgical wound dressing**
Encounter for change or removal of wound dressing NOS
 - Z48.01 Encounter for change or removal of surgical wound dressing**
AHA: 2019,2Q,33
 - Z48.02 Encounter for removal of sutures**
Encounter for removal of staples
 - Z48.03 Encounter for change or removal of drains**
AHA: 2019,2Q,33
- Z48.1 Encounter for planned postprocedural wound closure**

EXCLUDES 1 encounter for attention to dressings and sutures (Z48.0-)
- √5th** **Z48.2 Encounter for aftercare following organ transplant**

 - Z48.21 Encounter for aftercare following heart transplant**
 - Z48.22 Encounter for aftercare following kidney transplant**
 - Z48.23 Encounter for aftercare following liver transplant**
 - Z48.24 Encounter for aftercare following lung transplant**
 - √6th** **Z48.28 Encounter for aftercare following multiple organ transplant**
 - Z48.280 Encounter for aftercare following heart-lung transplant**
 - Z48.288 Encounter for aftercare following multiple organ transplant**
- √6th** **Z48.29 Encounter for aftercare following other organ transplant**

 - Z48.290 Encounter for aftercare following bone marrow transplant**
 - Z48.298 Encounter for aftercare following other organ transplant**
- Z48.3 Aftercare following surgery for neoplasm**
Use additional code to identify the neoplasm
- √5th** **Z48.8 Encounter for other specified postprocedural aftercare**
- √6th** **Z48.81 Encounter for surgical aftercare following surgery on specified body systems**

These codes identify the body system requiring aftercare. They are for use in conjunction with other aftercare codes to fully explain the aftercare encounter. The condition treated should also be coded if still present.

EXCLUDES 1 aftercare for injury — code the injury with 7th character D
aftercare following surgery for neoplasm (Z48.3)

EXCLUDES 2 aftercare following organ transplant (Z48.2-)
orthopedic aftercare (Z47.-)

AHA: 2015,4Q,38

 - Z48.810 Encounter for surgical aftercare following surgery on the sense organs**
 - Z48.811 Encounter for surgical aftercare following surgery on the nervous system**
EXCLUDES 2 encounter for surgical aftercare following surgery on the sense organs (Z48.810)
 - Z48.812 Encounter for surgical aftercare following surgery on the circulatory system**
AHA: 2012,4Q,96
 - Z48.813 Encounter for surgical aftercare following surgery on the respiratory system**
AHA: 2019,2Q,33
 - Z48.814 Encounter for surgical aftercare following surgery on the teeth or oral cavity**
 - Z48.815 Encounter for surgical aftercare following surgery on the digestive system**

- Z48.816 Encounter for surgical aftercare following surgery on the genitourinary system**

EXCLUDES 1 encounter for aftercare following sterilization reversal (Z31.42)
- Z48.817 Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue**
- Z48.89 Encounter for other specified surgical aftercare**
- √4th** **Z49 Encounter for care involving renal dialysis**
Code also associated end stage renal disease (N18.6)
- √5th** **Z49.0 Preparatory care for renal dialysis**
Encounter for dialysis instruction and training

 - Z49.01 Encounter for fitting and adjustment of extracorporeal dialysis catheter**
Removal or replacement of renal dialysis catheter
Toilet or cleansing of renal dialysis catheter
 - Z49.02 Encounter for fitting and adjustment of peritoneal dialysis catheter**
- √5th** **Z49.3 Encounter for adequacy testing for dialysis**

 - Z49.31 Encounter for adequacy testing for hemodialysis**
 - Z49.32 Encounter for adequacy testing for peritoneal dialysis**
Encounter for peritoneal equilibration test
- √4th** **Z51 Encounter for other aftercare and medical care**
Code also condition requiring care

EXCLUDES 1 follow-up examination after treatment (Z08-Z09)

 - Z51.0 Encounter for antineoplastic radiation therapy** **PDx**
AHA: 2017,4Q,103
 - √5th** **Z51.1 Encounter for antineoplastic chemotherapy and immunotherapy**
EXCLUDES 2 encounter for chemotherapy and immunotherapy for nonneoplastic condition — code to condition
 - Z51.11 Encounter for antineoplastic chemotherapy** **PDx**
AHA: 2015,3Q,19
 - Z51.12 Encounter for antineoplastic immunotherapy** **PDx**
- Z51.5 Encounter for palliative care**
AHA: 2017,1Q,48
TIP: Post-acute providers may assign as a primary diagnosis if the purpose of the admission is for palliative care.
- Z51.6 Encounter for desensitization to allergens**
AHA: 2016,4Q,77
- √5th** **Z51.8 Encounter for other specified aftercare**

EXCLUDES 1 holiday relief care (Z75.5)

 - Z51.81 Encounter for therapeutic drug level monitoring**
Code also any long-term (current) drug therapy (Z79.-)
EXCLUDES 1 encounter for blood-drug test for administrative or medicolegal reasons (Z02.83)
DEF: Drug monitoring: Measurement of the level of a specific drug in the body or measurement of a specific function to assess effectiveness of a drug.
 - Z51.89 Encounter for other specified aftercare**
AHA: 2012,4Q,95-97
- √4th** **Z52 Donors of organs and tissues**

INCLUDES autologous and other living donors

EXCLUDES 1 cadaveric donor - omit code examination of potential donor (Z00.5)

AHA: 2012,4Q,99

 - √5th** **Z52.0 Blood donor**
 - √6th** **Z52.00 Unspecified blood donor**
 - Z52.000 Unspecified donor, whole blood** **PDx**
 - Z52.001 Unspecified donor, stem cells** **PDx**
 - Z52.008 Unspecified donor, other blood** **PDx** - √6th** **Z52.01 Autologous blood donor**
 - Z52.010 Autologous donor, whole blood** **PDx**
 - Z52.011 Autologous donor, stem cells** **PDx**
 - Z52.018 Autologous donor, other blood** **PDx**

Appendixes

Appendix A: Valid 3-character ICD-10-CM Codes

A09	Infectious gastroenteritis and colitis, unspecified	E42	Marasmic kwashiorkor
A33	Tetanus neonatorum	E43	Unspecified severe protein-calorie malnutrition
A34	Obstetrical tetanus	E45	Retarded development following protein-calorie malnutrition
A35	Other tetanus	E46	Unspecified protein-calorie malnutrition
A46	Erysipelas	E52	Niacin deficiency [pellagra]
A55	Chlamydial lymphogranuloma (venereum)	E54	Ascorbic acid deficiency
A57	Chancroid	E58	Dietary calcium deficiency
A58	Granuloma inguinale	E59	Dietary selenium deficiency
A64	Unspecified sexually transmitted disease	E60	Dietary zinc deficiency
A65	Nonvenereal syphilis	E65	Localized adiposity
A70	Chlamydia psittaci infections	E68	Sequelae of hyperalimentation
A78	Q fever	F04	Amnestic disorder due to known physiological condition
A86	Unspecified viral encephalitis	F05	Delirium due to known physiological condition
A89	Unspecified viral infection of central nervous system	F09	Unspecified mental disorder due to known physiological condition
A90	Dengue fever [classical dengue]	F21	Schizotypal disorder
A91	Dengue hemorrhagic fever	F22	Delusional disorders
A94	Unspecified arthropod-borne viral fever	F23	Brief psychotic disorder
A99	Unspecified viral hemorrhagic fever	F24	Shared psychotic disorder
B03	Smallpox	F28	Other psychotic disorder not due to a substance or known physiological condition
B04	Monkeypox	F29	Unspecified psychosis not due to a substance or known physiological condition
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	F39	Unspecified mood [affective] disorder
B20	Human immunodeficiency virus [HIV] disease	F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
B49	Unspecified mycosis	F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
B54	Unspecified malaria	F66	Other sexual disorders
B59	Pneumocystosis	F69	Unspecified disorder of adult personality and behavior
B64	Unspecified protozoal disease	F70	Mild intellectual disabilities
B72	Dracunculiasis	F71	Moderate intellectual disabilities
B75	Trichinellosis	F72	Severe intellectual disabilities
B79	Trichuriasis	F73	Profound intellectual disabilities
B80	Enterobiasis	F78	Other intellectual disabilities
B86	Scabies	F79	Unspecified intellectual disabilities
B89	Unspecified parasitic disease	F82	Specific developmental disorder of motor function
B91	Sequelae of poliomyelitis	F88	Other disorders of psychological development
B92	Sequelae of leprosy	F89	Unspecified disorder of psychological development
C01	Malignant neoplasm of base of tongue	F99	Mental disorder, not otherwise specified
C07	Malignant neoplasm of parotid gland	G01	Meningitis in bacterial diseases classified elsewhere
C12	Malignant neoplasm of pyriform sinus	G02	Meningitis in other infectious and parasitic diseases classified elsewhere
C19	Malignant neoplasm of rectosigmoid junction	G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
C20	Malignant neoplasm of rectum	G08	Intracranial and intraspinal phlebitis and thrombophlebitis
C23	Malignant neoplasm of gallbladder	G09	Sequelae of inflammatory diseases of central nervous system
C33	Malignant neoplasm of trachea	G10	Huntington's disease
C37	Malignant neoplasm of thymus	G14	Postpolio syndrome
C52	Malignant neoplasm of vagina	G20	Parkinson's disease
C55	Malignant neoplasm of uterus, part unspecified	G26	Extrapyramidal and movement disorders in diseases classified elsewhere
C58	Malignant neoplasm of placenta	G35	Multiple sclerosis
C61	Malignant neoplasm of prostate	G53	Cranial nerve disorders in diseases classified elsewhere
C73	Malignant neoplasm of thyroid gland	G55	Nerve root and plexus compressions in diseases classified elsewhere
D34	Benign neoplasm of thyroid gland	G59	Mononeuropathy in diseases classified elsewhere
D45	Polycythemia vera	G63	Polyneuropathy in diseases classified elsewhere
D62	Acute posthemorrhagic anemia	G64	Other disorders of peripheral nervous system
D65	Disseminated intravascular coagulation [defibrination syndrome]	G92	Toxic encephalopathy
D66	Hereditary factor VIII deficiency	G94	Other disorders of brain in diseases classified elsewhere
D67	Hereditary factor IX deficiency	H22	Disorders of iris and ciliary body in diseases classified elsewhere
D71	Functional disorders of polymorphonuclear neutrophils	H28	Cataract in diseases classified elsewhere
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere	H32	Chorioretinal disorders in diseases classified elsewhere
E02	Subclinical iodine-deficiency hypothyroidism	H36	Retinal disorders in diseases classified elsewhere
E15	Nondiabetic hypoglycemic coma	H42	Glaucoma in diseases classified elsewhere
E35	Disorders of endocrine glands in diseases classified elsewhere		
E40	Kwashiorkor		
E41	Nutritional marasmus		

Chapter 11. Diseases of the Digestive System (K00–K95)

Digestive System

