

ICD-10-CM Expert for Home Health and Hospice

The complete official code set

Codes valid from October 1, 2022
through September 30, 2023

Three overlapping orange circles of varying sizes. The largest circle is on the left, partially cut off. A medium circle is in the center, and a smaller circle is on the right. The year "2023" is written in white inside the smallest circle.

2023

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Code Also

A "code also" note alerts the coder that more than one code may be required to fully describe the condition. The sequencing depends on the circumstances of the encounter. Factors that may determine sequencing include severity and reason for the encounter.

Revised Text

The revised text ►◄ "bow ties" alert the user to changes in official notations for the current year. Revised text may include the following:

- A change in a current parenthetical description
- A change in the code(s) associated with a current parenthetical note
- A change in how a current parenthetical note is classified (e.g., an Excludes 1 note that changed to an Excludes 2 note)
- Addition of a new parenthetical note(s) to a code

Deleted Text

Strikethrough on official notations indicate a deletion from the classification for the current year.

Optum360 Notations

AHA Coding Clinic Citations

Coding Clinics are official American Hospital Association (AHA) publications that provide coding advice specific to ICD-10-CM and ICD-10-PCS.

Coding Clinic citations included in this manual are current up to the second quarter of 2021.

These citations identify the year, quarter, and page number of one or more *Coding Clinic* publications that may have coding advice relevant to a particular code or group of codes. With the most current citation listed first, these notations are preceded by the symbol **AHA:** and appear in purple type.

I15.1 Hypertension secondary to other renal disorders
AHA: 2016, 3Q, 22

Definitions

Definitions explain a specific term, condition, or disease process in layman's terms. These notations are preceded by the symbol **DEF:** and appear in purple type.

M51.4 Schmorl's nodes
DEF: Irregular bone defect in the margin of the vertebral body that causes herniation into the end plate of the vertebral body.

Coding Tips

The tips in the tabular list offer coding advice that is not readily available within the ICD-10-CM classification. It may relate official coding guidelines, indexing nuances, or advice from AHA's *Coding Clinic* for ICD-10-CM/PCS. These notations are preceded by the symbol **TIP:** and appear in brown type.

B97.2 Coronavirus as the cause of diseases classified elsewhere
TIP: Do not report a code from this subcategory for COVID-19, refer to U07.1.

Icons

Note: The following icons are placed to the left of the code.

New Code

Codes that have been added to the classification effective October 1, 2022.

New Code – Mid-year

Codes that have been added to the classification effective April 1, 2022.

Revised Code

Codes that have had a change to their description or validity effective October 1, 2022. For additional information on codes with validity changes, see the "What's New" section.

Revised Code – Mid-year

Codes that have had a change to their description or validity effective April 1, 2022.

Additional Characters Required

✓4 This symbol indicates that the code requires a 4th character.

✓5 This symbol indicates that the code requires a 5th character.

✓6 This symbol indicates that the code requires a 6th character.

✓7 This symbol indicates that the code requires a 7th character.

✓5 H60.3 Other infective otitis externa
✓6 H60.31 Diffuse otitis externa
H60.311 Diffuse otitis externa, right ear
H60.312 Diffuse otitis externa, left ear
H60.313 Diffuse otitis externa, bilateral
H60.319 Diffuse otitis externa, unspecified ear RP

Placeholder Alert

This symbol indicates that the code requires a 7th character following the placeholder "X". Codes with fewer than six characters that require a 7th character must contain placeholder "X" to fill in the empty character(s).

✓7 T16.1 Foreign body in right ear

Note: The following icons are placed at the end of the code description.

Age Edits

Codes intended for a specific age group based on CMS IOCE designations, v22.2.

N Newborn Age: 0

These diagnoses are intended for newborns and neonates and the patient's age must be 0 years.

N47.0 Adherent prepuce, newborn N♂

P Pediatric Age: 0-17

These diagnoses are intended for children and the patient's age must be between 0 and 17 years.

L21.1 Seborrheic infantile dermatitis P

M Maternity Age: 9-64

These diagnoses are intended for childbearing patients between the age of 9 and 64 years.

O02.9 Abnormal product of conception, unspecified M♀

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.

Adhesions, adhesive — *continued*

mesenteric — *see* Adhesions, peritoneum
 nasal (septum) (to turbinates) J34.89
 ocular muscle — *see* Strabismus, mechanical
 omentum — *see* Adhesions, peritoneum
 ovary N73.6
 congenital (to cecum, kidney or omentum) Q50.39
 paraovarian N73.6
 pelvic (peritoneal)
 female N73.6
 postprocedural N99.4
 male — *see* Adhesions, peritoneum
 postpartal (old) N73.6
 tuberculous A18.17
 penis to scrotum (congenital) Q55.8
 periappendiceal — *see also* Adhesions, peritoneum
 pericardium (nonrheumatic) I31.0
 focal I31.8
 rheumatic I09.2
 tuberculous A18.84
 pericholecystic K82.8
 perigastric — *see* Adhesions, peritoneum
 periovarian N73.6
 periprosthetic N42.89
 perirectal — *see* Adhesions, peritoneum
 perirenal N28.89
 peritoneum, peritoneal (postinfective) K66.0
 with obstruction (intestinal) K56.50
 complete K56.52
 incomplete K56.51
 partial K56.51
 congenital Q43.3
 pelvic, female N73.6
 postprocedural N99.4
 postpartal, pelvic N73.6
 postprocedural K66.0
 to uterus N73.6
 peritubal N73.6
 periureteral N28.89
 periuterine N73.6
 perivesical N32.89
 perivesicular (seminal vesicle) N50.89
 pleura, pleuritic J94.8
 tuberculous NEC A15.6
 pleuropericardial J94.8
 postoperative (gastrointestinal tract) K66.0
 with obstruction — *see also* Obstruction, intestine,
 postoperative K91.30
 due to foreign body accidentally left in wound —
 see Foreign body, accidentally left during a
 procedure
 pelvic peritoneal N99.4
 urethra — *see* Stricture, urethra, postprocedural
 vagina N99.2
 postpartal, old (vulva or perineum) N90.89
 preputial, prepuce N47.5
 pulmonary J98.4
 pylorus — *see* Adhesions, peritoneum
 sciatic nerve — *see* Lesion, nerve, sciatic
 seminal vesicle N50.89
 shoulder (joint) — *see* Capsulitis, adhesive
 sigmoid flexure — *see* Adhesions, peritoneum
 spermatic cord (acquired) N50.89
 congenital Q55.4
 spinal canal G96.12
 stomach — *see* Adhesions, peritoneum
 subcapsular — *see* Capsulitis, adhesive
 temporomandibular M26.61- ☒
 tendinitis (*see also* Tenosynovitis, specified type NEC)
 shoulder — *see* Capsulitis, adhesive
 testis N44.8
 tongue, congenital (to gum or roof of mouth) Q38.3
 acquired K14.8
 trachea J39.8
 tubo-ovarian N73.6
 tunica vaginalis N44.8
 uterus N73.6
 internal N85.6
 to abdominal wall N73.6
 vagina (chronic) N89.5
 postoperative N99.2
 vitreomacular H43.82- ☒
 vitreous H43.89
 vulva N90.89

Adiaspiromycosis B48.8

Adie (-Holmes) **pupil or syndrome** — *see* Anomaly,
 pupil, function, tonic pupil

Adiponecrosis neonatorum P83.88**Adiposis** — *see also* Obesity

cerebralis E23.6
 dolorosa E88.2

Adiposity — *see also* Obesity

heart — *see* Degeneration, myocardial
 localized E65

Adiposogenital dystrophy E23.6**Adjustment**

disorder — *see* Disorder, adjustment
 implanted device — *see* Encounter (for), adjustment
 (of)
 prosthesis, external — *see* Fitting
 reaction — *see* Disorder, adjustment

Administration of tPA (rtPA) in a different facility within
 the last 24 hours prior to admission to current facil-
 ity Z92.82**Admission** (for) — *see also* Encounter (for)

adjustment (of)
 artificial
 arm Z44.00- ☒
 complete Z44.01- ☒
 partial Z44.02- ☒
 eye Z44.2 ☒
 leg Z44.10- ☒
 complete Z44.11- ☒
 partial Z44.12- ☒
 brain neuropacemaker Z46.2
 implanted Z45.42
 breast
 implant Z45.81 ☒
 prosthesis (external) Z44.3 ☒
 colostomy belt Z46.89
 contact lenses Z46.0
 cystostomy device Z46.6
 dental prosthesis Z46.3
 device NEC
 abdominal Z46.89
 implanted Z45.89
 cardiac Z45.09
 defibrillator (with synchronous cardiac
 pacemaker) Z45.02
 pacemaker (cardiac resynchronization
 therapy (CRT-P)) Z45.018
 pulse generator Z45.010
 resynchronization therapy defibrillator
 (CRT-D) Z45.02
 hearing device Z45.328
 bone conduction Z45.320
 cochlear Z45.321
 infusion pump Z45.1
 nervous system Z45.49
 CSF drainage Z45.41
 hearing device — *see* Admission, adjust-
 ment, device, implanted, hearing
 device
 neuropacemaker Z45.42
 visual substitution Z45.31
 specified NEC Z45.89
 vascular access Z45.2
 visual substitution Z45.31
 nervous system Z46.2
 implanted — *see* Admission, adjustment,
 device, implanted, nervous system
 orthodontic Z46.4
 prosthetic 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
 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
 urinary Z46.6
 hearing aid Z46.1
 implanted — *see* Admission, adjustment, device,
 implanted, hearing device
 ileostomy device Z46.89
 intestinal appliance or device NEC Z46.89

Admission — *continued*

adjustment — *continued*
 neuropacemaker (brain) (peripheral nerve) (spinal
 cord) Z46.2
 implanted Z45.42
 orthodontic device Z46.4
 orthopedic (brace) (cast) (device) (shoes) Z46.89
 pacemaker (cardiac resynchronization therapy (CRT-
 P))
 cardiac Z45.018
 pulse generator Z45.010
 nervous system Z46.2
 implanted Z45.42
 portacath (port-a-cath) Z45.2
 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 NEC Z44.8
 spectacles Z46.0
 aftercare — *see also* Aftercare Z51.89
 postpartum
 immediately after delivery Z39.0
 routine follow-up Z39.2
 radiation therapy (antineoplastic) Z51.0
 attention to artificial opening (of) Z43.9
 artificial vagina Z43.7
 colostomy Z43.3
 cystostomy Z43.5
 enterostomy Z43.4
 gastrostomy Z43.1
 ileostomy Z43.2
 jejunostomy Z43.4
 nephrostomy Z43.6
 specified site NEC Z43.8
 intestinal tract Z43.4
 urinary tract Z43.6
 tracheostomy Z43.0
 ureterostomy Z43.6
 urethrostomy Z43.6
 breast augmentation or reduction Z41.1
 breast reconstruction following mastectomy Z42.1
 change of
 dressing (nonsurgical) Z48.00
 neuropacemaker device (brain) (peripheral nerve)
 (spinal cord) Z46.2
 implanted Z45.42
 surgical dressing Z48.01
 circumcision, ritual or routine (in absence of diagnosis)
 Z41.2
 clinical research investigation (control) (normal com-
 parison) (participant) Z00.6
 contraceptive management NEC Z30.9
 cosmetic surgery NEC Z41.1
 counseling — *see also* Counseling
 dietary Z71.3
 gestational carrier Z31.7
 HIV Z71.7
 human immunodeficiency virus Z71.8
 nonattending third party Z71.0
 procreative management NEC Z31.69
 delivery, full-term, uncomplicated O80
 cesarean, without indication O82
 desensitization to allergens Z51.6
 dietary surveillance and counseling Z71.3
 ear piercing Z41.3
 examination at health care facility (adult) — *see also*
 Examination Z00.00
 with abnormal findings Z00.01
 clinical research investigation (control) (normal
 comparison) (participant) Z00.6
 dental Z01.20
 with abnormal findings Z01.21
 donor (potential) Z00.5
 ear Z01.10
 with abnormal findings NEC Z01.118
 eye Z01.00
 with abnormal findings Z01.01
 following failed vision screening Z01.020
 with abnormal findings Z01.021
 general, specified reason NEC Z00.8
 hearing Z01.10
 with abnormal findings NEC Z01.118
 infant or child (over 28 days old) Z00.129
 with abnormal findings Z00.121
 postpartum checkup Z39.2

Chapter 2. Neoplasms (C00–D49)

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.

General guidelines

Chapter 2 of the ICD-10-CM contains the codes for most benign and all malignant neoplasms. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters. To properly code a neoplasm, it is necessary to determine from the record if the neoplasm is benign, in-situ, malignant, or of uncertain histologic behavior. If malignant, any secondary (metastatic) sites should also be determined.

Primary malignant neoplasms overlapping site boundaries

A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ('overlapping lesion'), unless the combination is specifically indexed elsewhere. For multiple neoplasms of the same site that are not contiguous such as tumors in different quadrants of the same breast, codes for each site should be assigned.

A 73-year-old white female with a large rapidly growing malignant tumor in the left breast extending from the upper outer quadrant into the axillary tail.

C50.812 Malignant neoplasm of overlapping sites of left female breast

Explanation: Because this is a single large tumor that overlaps two contiguous sites, a single code for overlapping sites is assigned.

A 52-year old white female with two distinct lesions of the right breast, one (0.5 cm) in the upper outer quadrant and a second (1.5 cm) in the lower outer quadrant; path report indicates both lesions are malignant

C50.411 Malignant neoplasm of upper-outer quadrant of right female breast

C50.511 Malignant neoplasm of lower-outer quadrant of right female breast

Explanation: This patient has two distinct malignant lesions of right breast in adjacent quadrants. Because the lesions are not contiguous, two codes are reported.

Malignant neoplasm of ectopic tissue

Malignant neoplasms of ectopic tissue are to be coded to the site of origin mentioned, e.g., ectopic pancreatic malignant neoplasms involving the stomach are coded to malignant neoplasm of pancreas, unspecified (C25.9).

The neoplasm table in the Alphabetic Index should be referenced first. However, if the histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate. For example, if the documentation indicates "adenoma," refer to the term in the Alphabetic Index to review the entries under this term and the instructional note to "see also neoplasm, by site, benign." The table provides the proper code based on the type of neoplasm and the site. It is important to select the proper column in the table that corresponds to the type of neoplasm. The Tabular List should then be referenced to verify that the correct code has been selected from the table and that a more specific site code does not exist.

See Section I.C.21. Factors influencing health status and contact with health services, Status, for information regarding Z15.0, codes for genetic susceptibility to cancer.

a. Treatment directed at the malignancy

If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis.

The only exception to this guideline is if a patient admission/encounter is solely for the administration of chemotherapy, immunotherapy or external beam radiation therapy, assign the appropriate Z51.-- code as the first-listed or principal diagnosis, and the diagnosis or problem for which the service is being performed as a secondary diagnosis.

b. Treatment of secondary site

When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.

Patient with unresolved primary prostate cancer is admitted for respiratory care and rehabilitation related to new diagnosis of right lung metastasis.

C78.01 Secondary malignant neoplasm of right lung

C61 Malignant neoplasm of prostate

Explanation: The patient was admitted for treatment of the secondary neoplastic disease of the right lung with respiratory care. The code for the secondary lung metastasis is sequenced before the code for primary prostate cancer.

c. Coding and sequencing of complications

Coding and sequencing of complications associated with the malignancies or with the therapy thereof are subject to the following guidelines:

1) Anemia associated with malignancy

When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by the appropriate code for the anemia (such as code D63.0, Anemia in neoplastic disease).

Patient is admitted for treatment of anemia in advanced colon cancer.

C18.9 Malignant neoplasm of colon, unspecified

D63.0 Anemia in neoplastic disease

Explanation: Even though the admission was solely to treat the anemia, this guideline indicates that the code for the malignancy is sequenced first.

2) Anemia associated with chemotherapy, immunotherapy and radiation therapy

When the admission/encounter is for management of an anemia associated with an adverse effect of the administration of chemotherapy or immunotherapy and the only treatment is for the anemia, the anemia code is sequenced first followed by the appropriate codes for the neoplasm and the adverse effect (T45.1X5, Adverse effect of antineoplastic and immunosuppressive drugs).

When the admission/encounter is for management of an anemia associated with an adverse effect of radiotherapy, the anemia code should be sequenced first, followed by the appropriate neoplasm code and code Y84.2, Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure.

A 65-year-old female is admitted following hospitalization for multiple blood transfusions to treat anemia secondary to radiation therapy. She has been receiving radiation treatments for right breast cancer.

D64.89 Other specified anemias

C50.911 Malignant neoplasm of unspecified site of right female breast

Y84.2 Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Explanation: The code for the anemia is sequenced first, followed by the code for the malignancy, and last the code for the abnormal reaction due to radiotherapy.

3) Management of dehydration due to the malignancy

When the admission/encounter is for management of dehydration due to the malignancy and only the dehydration is being treated (intravenous rehydration), the dehydration is sequenced first, followed by the code(s) for the malignancy.

✓4th H66 Suppurative and unspecified otitis media**[INCLUDES]** suppurative and unspecified otitis media with myringitis

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)
 exposure to tobacco smoke in the perinatal period (P96.81)
 history of tobacco dependence (Z87.891)
 occupational exposure to environmental tobacco smoke (Z57.31)
 tobacco dependence (F17.-)
 tobacco use (Z72.0)

AHA: 2016,1Q,34

✓5th H66.0 Acute suppurative otitis media**✓6th H66.00 Acute suppurative otitis media without spontaneous rupture of ear drum****H66.001** Acute suppurative otitis media without spontaneous rupture of ear drum, **right ear****H66.002** Acute suppurative otitis media without spontaneous rupture of ear drum, **left ear****H66.003** Acute suppurative otitis media without spontaneous rupture of ear drum, **bilateral****H66.004** Acute suppurative otitis media without spontaneous rupture of ear drum, **recurrent, right ear****H66.005** Acute suppurative otitis media without spontaneous rupture of ear drum, **recurrent, left ear****H66.006** Acute suppurative otitis media without spontaneous rupture of ear drum, **recurrent, bilateral****H66.007** Acute suppurative otitis media without spontaneous rupture of ear drum, **recurrent, unspecified ear** **RP****H66.009** Acute suppurative otitis media without spontaneous rupture of ear drum, **unspecified ear** **RP****✓6th H66.01 Acute suppurative otitis media with spontaneous rupture of ear drum****DEF:** Sudden, severe inflammation of the middle ear, causing pressure that perforates the ear drum tissue.**H66.011** Acute suppurative otitis media with spontaneous rupture of ear drum, **right ear****H66.012** Acute suppurative otitis media with spontaneous rupture of ear drum, **left ear****H66.013** Acute suppurative otitis media with spontaneous rupture of ear drum, **bilateral****H66.014** Acute suppurative otitis media with spontaneous rupture of ear drum, **recurrent, right ear****H66.015** Acute suppurative otitis media with spontaneous rupture of ear drum, **recurrent, left ear****H66.016** Acute suppurative otitis media with spontaneous rupture of ear drum, **recurrent, bilateral****H66.017** Acute suppurative otitis media with spontaneous rupture of ear drum, **recurrent, unspecified ear** **RP****H66.019** Acute suppurative otitis media with spontaneous rupture of ear drum, **unspecified ear** **RP****✓5th H66.1 Chronic tubotympanic suppurative otitis media**

Benign chronic suppurative otitis media

Chronic tubotympanic disease

Use additional code for any associated perforated tympanic membrane (H72.-)

H66.10 Chronic tubotympanic suppurative otitis media, **unspecified** **RP****H66.11** Chronic tubotympanic suppurative otitis media, **right ear****H66.12** Chronic tubotympanic suppurative otitis media, **left ear****H66.13** Chronic tubotympanic suppurative otitis media, **bilateral****✓5th H66.2 Chronic atticofacial suppurative otitis media**

Chronic atticofacial disease

Use additional code for any associated perforated tympanic membrane (H72.-)

H66.20 Chronic atticofacial suppurative otitis media, **unspecified ear** **RP****H66.21** Chronic atticofacial suppurative otitis media, **right ear****H66.22** Chronic atticofacial suppurative otitis media, **left ear****H66.23** Chronic atticofacial suppurative otitis media, **bilateral****✓5th H66.3 Other chronic suppurative otitis media**

Chronic suppurative otitis media NOS

Use additional code for any associated perforated tympanic membrane (H72.-)

[EXCLUDES 1] tuberculous otitis media (A18.6)**✓6th H66.3X Other chronic suppurative otitis media****H66.3X1** Other chronic suppurative otitis media, **right ear****H66.3X2** Other chronic suppurative otitis media, **left ear****H66.3X3** Other chronic suppurative otitis media, **bilateral****H66.3X9** Other chronic suppurative otitis media, **unspecified ear** **RP****✓5th H66.4 Suppurative otitis media, unspecified**

Purulent otitis media NOS

Use additional code for any associated perforated tympanic membrane (H72.-)

H66.40 Suppurative otitis media, unspecified, **unspecified ear** **RP****H66.41** Suppurative otitis media, unspecified, **right ear****H66.42** Suppurative otitis media, unspecified, **left ear****H66.43** Suppurative otitis media, unspecified, **bilateral****✓5th H66.9 Otitis media, unspecified**

Otitis media NOS

Acute otitis media NOS

Chronic otitis media NOS

Use additional code for any associated perforated tympanic membrane (H72.-)

H66.90 Otitis media, unspecified, **unspecified ear** **RP****H66.91** Otitis media, unspecified, **right ear****H66.92** Otitis media, unspecified, **left ear****H66.93** Otitis media, unspecified, **bilateral****✓4th H67 Otitis media in diseases classified elsewhere**

Code first underlying disease, such as:

plasminogen deficiency (E88.02)

viral disease NEC (B00-B34)

Use additional code for any associated perforated tympanic membrane (H72.-)

[EXCLUDES 1] otitis media in:

influenza (J09.X9, J10.83, J11.83)

measles (B05.3)

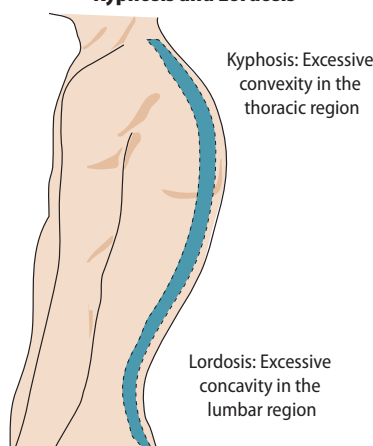
scarlet fever (A38.0)

tuberculosis (A18.6)

H67.1 Otitis media in diseases classified elsewhere, **right ear** **RP****H67.2** Otitis media in diseases classified elsewhere, **left ear** **RP****H67.3** Otitis media in diseases classified elsewhere, **bilateral** **RP****H67.9** Otitis media in diseases classified elsewhere, **unspecified ear** **RP****✓4th H68 Eustachian salpingitis and obstruction****DEF:** Eustachian tube: Internal channel between the tympanic cavity and the nasopharynx that equalizes internal pressure to the outside pressure and drains mucous production from the middle ear.**✓5th H68.0 Eustachian salpingitis****✓6th H68.00 Unspecified Eustachian salpingitis****H68.001** Unspecified Eustachian salpingitis, **right ear****H68.002** Unspecified Eustachian salpingitis, **left ear****H68.003** Unspecified Eustachian salpingitis, **bilateral****H68.009** Unspecified Eustachian salpingitis, **unspecified ear** **RP****✓6th H68.01 Acute Eustachian salpingitis****H68.011** Acute Eustachian salpingitis, **right ear****H68.012** Acute Eustachian salpingitis, **left ear****H68.013** Acute Eustachian salpingitis, **bilateral****H68.019** Acute Eustachian salpingitis, **unspecified ear** **RP**

DORSOPATHIES (M40–M54)**Deforming dorsopathies (M40–M43)****✓4th M40 Kyphosis and lordosis**► **Code first underlying disease** ◀

EXCLUDES 1 congenital kyphosis and lordosis (Q76.4)
 kyphoscoliosis (M41.-)
 postprocedural kyphosis and lordosis (M96.-)

Kyphosis and Lordosis**✓5th M40.0 Postural kyphosis****EXCLUDES 1** osteochondrosis of spine (M42.-)

M40.00 Postural kyphosis, site unspecified **RP**
M40.03 Postural kyphosis, **cervicothoracic** region
M40.04 Postural kyphosis, **thoracic** region
M40.05 Postural kyphosis, **thoracolumbar** region

✓5th M40.1 Other secondary kyphosis

M40.10 Other secondary kyphosis, site unspecified **RP**
M40.12 Other secondary kyphosis, **cervical** region
M40.13 Other secondary kyphosis, **cervicothoracic** region
M40.14 Other secondary kyphosis, **thoracic** region
M40.15 Other secondary kyphosis, **thoracolumbar** region

✓5th M40.2 Other and unspecified kyphosis

✓6th M40.20 Unspecified kyphosis **RP**
M40.202 Unspecified kyphosis, **cervical** region
M40.203 Unspecified kyphosis, **cervicothoracic** region
M40.204 Unspecified kyphosis, **thoracic** region
M40.205 Unspecified kyphosis, **thoracolumbar** region
M40.209 Unspecified kyphosis, site unspecified **RP**

✓6th M40.29 Other kyphosis **RP**
M40.292 Other kyphosis, **cervical** region
M40.293 Other kyphosis, **cervicothoracic** region
M40.294 Other kyphosis, **thoracic** region
M40.295 Other kyphosis, **thoracolumbar** region
M40.299 Other kyphosis, site unspecified **RP**

✓5th M40.3 Flatback syndrome

M40.30 Flatback syndrome, site unspecified **RP**
M40.35 Flatback syndrome, **thoracolumbar** region
M40.36 Flatback syndrome, **lumbar** region
M40.37 Flatback syndrome, **lumbosacral** region

✓5th M40.4 Postural lordosis

Acquired lordosis

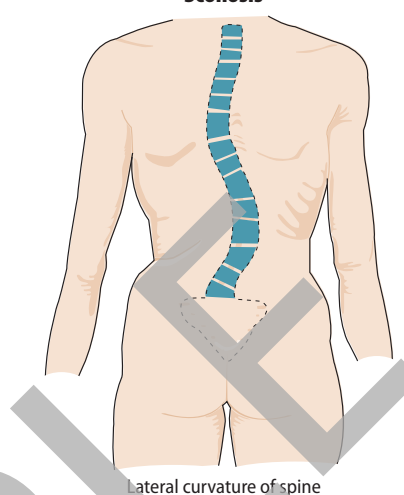
M40.40 Postural lordosis, site unspecified **RP**
M40.45 Postural lordosis, **thoracolumbar** region
M40.46 Postural lordosis, **lumbar** region
M40.47 Postural lordosis, **lumbosacral** region

✓5th M40.5 Lordosis, unspecified

M40.50 Lordosis, unspecified, site unspecified **RP**
M40.55 Lordosis, unspecified, **thoracolumbar** region
M40.56 Lordosis, unspecified, **lumbar** region
M40.57 Lordosis, unspecified, **lumbosacral** region

✓4th M41 Scoliosis

INCLUDES kyphoscoliosis
EXCLUDES 1 congenital scoliosis due to bony malformation (Q76.3)
 congenital scoliosis NOS (Q67.5)
 kyphoscoliotic heart disease (I27.1)
 postprocedural scoliosis (M96.-)
 postural congenital scoliosis (Q67.5)

EXCLUDES 2 ► postprocedural scoliosis (M96.-) ◀**Scoliosis****✓5th M41.0 Infantile idiopathic scoliosis**

AHA: 2014,4Q,26

M41.00 Infantile idiopathic scoliosis, site unspecified **RP**
M41.02 Infantile idiopathic scoliosis, **cervical** region
M41.03 Infantile idiopathic scoliosis, **cervicothoracic** region
M41.04 Infantile idiopathic scoliosis, **thoracic** region
M41.05 Infantile idiopathic scoliosis, **thoracolumbar** region
M41.06 Infantile idiopathic scoliosis, **lumbar** region
M41.07 Infantile idiopathic scoliosis, **lumbosacral** region
M41.08 Infantile idiopathic scoliosis, **sacral and sacrococcygeal** region

✓5th M41.1 Juvenile and adolescent idiopathic scoliosis**✓6th M41.11 Juvenile idiopathic scoliosis**

AHA: 2014,4Q,28

M41.112 Juvenile idiopathic scoliosis, **cervical** region
M41.113 Juvenile idiopathic scoliosis, **cervicothoracic** region
M41.114 Juvenile idiopathic scoliosis, **thoracic** region
M41.115 Juvenile idiopathic scoliosis, **thoracolumbar** region
M41.116 Juvenile idiopathic scoliosis, **lumbar** region
M41.117 Juvenile idiopathic scoliosis, **lumbosacral** region
M41.119 Juvenile idiopathic scoliosis, site unspecified **RP**

✓6th M41.12 Adolescent scoliosis

M41.122 Adolescent idiopathic scoliosis, **cervical** region
M41.123 Adolescent idiopathic scoliosis, **cervicothoracic** region
M41.124 Adolescent idiopathic scoliosis, **thoracic** region
M41.125 Adolescent idiopathic scoliosis, **thoracolumbar** region
M41.126 Adolescent idiopathic scoliosis, **lumbar** region
M41.127 Adolescent idiopathic scoliosis, **lumbosacral** region
M41.129 Adolescent idiopathic scoliosis, site unspecified **RP**

✓5th M41.2 Other idiopathic scoliosis

M41.20 Other idiopathic scoliosis, site unspecified **RP**
M41.22 Other idiopathic scoliosis, **cervical** region
M41.23 Other idiopathic scoliosis, **cervicothoracic** region

- ✓ 5th T50.Z Poisoning by, adverse effect of and underdosing of other vaccines and biological substances
- ✓ 6th T50.Z1 Poisoning by, adverse effect of and underdosing of immunoglobulin
- ✓ 7th T50.Z11 Poisoning by immunoglobulin, **accidental** (unintentional)
- ✓ 7th T50.Z12 Poisoning by immunoglobulin, **intentional self-harm**
- ✓ 7th T50.Z13 Poisoning by immunoglobulin, **assault**
- ✓ 7th T50.Z14 Poisoning by immunoglobulin, **undetermined**
- ✓ 7th T50.Z15 Adverse effect of immunoglobulin **RP**
- ✓ 7th T50.Z16 Underdosing of immunoglobulin **RP**
- ✓ 6th T50.Z9 Poisoning by, adverse effect of and underdosing of other vaccines and biological substances
- ✓ 7th T50.Z91 Poisoning by other vaccines and biological substances, **accidental** (unintentional)
- ✓ 7th T50.Z92 Poisoning by other vaccines and biological substances, **intentional self-harm**
- ✓ 7th T50.Z93 Poisoning by other vaccines and biological substances, **assault**
- ✓ 7th T50.Z94 Poisoning by other vaccines and biological substances, **undetermined**
- ✓ 7th T50.Z95 Adverse effect of other vaccines and biological substances **RP**
AHA: 2020,1Q,18
- ✓ 7th T50.Z96 Underdosing of other vaccines and biological substances **RP**
- ✓ 5th T50.9 Poisoning by, adverse effect of and underdosing of other and unspecified drugs, medicaments and biological substances
- ✓ 6th T50.90 Poisoning by, adverse effect of and underdosing of unspecified drugs, medicaments and biological substances
- ✓ 7th T50.901 Poisoning by unspecified drugs, medicaments and biological substances, **accidental** (unintentional)
- ✓ 7th T50.902 Poisoning by unspecified drugs, medicaments and biological substances, **intentional self-harm**
- ✓ 7th T50.903 Poisoning by unspecified drugs, medicaments and biological substances, **assault**
- ✓ 7th T50.904 Poisoning by unspecified drugs, medicaments and biological substances, **undetermined**
- ✓ 7th T50.905 Adverse effect of unspecified drugs, medicaments and biological substances **RP**
- ✓ 7th T50.906 Underdosing of unspecified drugs, medicaments and biological substances
- ✓ 6th T50.91 Poisoning by, adverse effect of and underdosing of multiple unspecified drugs, medicaments and biological substances
Multiple drug ingestion NOS
Code also any specific drugs, medicaments and biological substances
- ✓ 7th T50.911 Poisoning by multiple unspecified drugs, medicaments and biological substances, **accidental** (unintentional)
- ✓ 7th T50.912 Poisoning by multiple unspecified drugs, medicaments and biological substances, **intentional self-harm**
- ✓ 7th T50.913 Poisoning by multiple unspecified drugs, medicaments and biological substances, **assault**
- ✓ 7th T50.914 Poisoning by multiple unspecified drugs, medicaments and biological substances, **undetermined**
- ✓ 7th T50.915 Adverse effect of multiple unspecified drugs, medicaments and biological substances **RP**
- ✓ 7th T50.916 Underdosing of multiple unspecified drugs, medicaments and biological substances **RP**
- ✓ 6th T50.99 Poisoning by, adverse effect of and underdosing of other drugs, medicaments and biological substances
- ✓ 7th T50.991 Poisoning by other drugs, medicaments and biological substances, **accidental** (unintentional)

- ✓ 7th T50.992 Poisoning by other drugs, medicaments and biological substances, **intentional self-harm**
- ✓ 7th T50.993 Poisoning by other drugs, medicaments and biological substances, **assault**
- ✓ 7th T50.994 Poisoning by other drugs, medicaments and biological substances, **undetermined**
- ✓ 7th T50.995 Adverse effect of other drugs, medicaments and biological substances **RP**
- ✓ 7th T50.996 Underdosing of other drugs, medicaments and biological substances

Toxic effects of substances chiefly nonmedicinal as to source (T51–T65)

NOTE When no intent is indicated code to accidental. Undetermined intent is only for use when there is specific documentation in the record that the intent of the toxic effect cannot be determined.

Use additional code(s) for all associated manifestations of toxic effect, such as: personal history of foreign body fully removed (Z87.821) respiratory conditions due to external agents (J60–J70) to identify any retained foreign body, if applicable (Z18.-)

EXCLUDES 1 contact with and (suspected) exposure to toxic substances (Z77.-)

AHA: 2017,1Q,39-40

TIP: Assign any condition resulting from a poisoning, toxic effect, or adverse effect, followed by the appropriate code from categories T51–T65 while the resulting effects of the poisoning, toxic effect, or adverse effect remain unresolved and require treatment.

✓ 4th T51 Toxic effect of alcohol

The appropriate 7th character is to be added to each code from category T51:

A initial encounter
D subsequent encounter
S sequela

✓ 5th T51.0 Toxic effect of ethanol

Toxic effect of ethyl alcohol

EXCLUDES 2 acute alcohol intoxication or "hangover" effects (F10.129, F10.229, F10.929)

drunkenness (F10.129, F10.229, F10.929)

pathological alcohol intoxication (F10.129, F10.229, F10.929)

✓ 6th T51.0X Toxic effect of ethanol

✓ 7th T51.0X1 Toxic effect of ethanol, **accidental** (unintentional)
Toxic effect of ethanol NOS

✓ 7th T51.0X2 Toxic effect of ethanol, **intentional self-harm**

✓ 7th T51.0X3 Toxic effect of ethanol, **assault**

✓ 7th T51.0X4 Toxic effect of ethanol, **undetermined**

✓ 5th T51.1 Toxic effect of methanol

Toxic effect of methyl alcohol

✓ 6th T51.1X Toxic effect of methanol

✓ 7th T51.1X1 Toxic effect of methanol, **accidental** (unintentional)
Toxic effect of methanol NOS

✓ 7th T51.1X2 Toxic effect of methanol, **intentional self-harm**

✓ 7th T51.1X3 Toxic effect of methanol, **assault**

✓ 7th T51.1X4 Toxic effect of methanol, **undetermined**

✓ 5th T51.2 Toxic effect of 2-Propanol

Toxic effect of isopropyl alcohol

✓ 6th T51.2X Toxic effect of 2-Propanol

✓ 7th T51.2X1 Toxic effect of 2-Propanol, **accidental** (unintentional)
Toxic effect of 2-Propanol NOS

✓ 7th T51.2X2 Toxic effect of 2-Propanol, **intentional self-harm**

✓ 7th T51.2X3 Toxic effect of 2-Propanol, **assault**

✓ 7th T51.2X4 Toxic effect of 2-Propanol, **undetermined**

Drug	Z Code	Drug Action/Classification	Indications
Duexis [famotidine/ibuprofen]	Z79.1	Nonsteroidal anti-inflammatory drug (NSAID)	Symptomatic treatment of osteoarthritis and rheumatoid arthritis; reduce risk of ulcers
Dulera [formoterol fumarate/mometasone furoate]	Z79.51	Corticosteroid – inhaled; antiasthmatic	Prophylaxis and treatment of asthma
Duragesic [fentanyl]	Z79.891	Analgesic, narcotic	Chronic pain
Duramorph PF [morphine sulfate]	Z79.891	Analgesic, narcotic	Moderate to severe pain
Durlaza [aspirin]	Z79.82	Aspirin	Prevention of heart attack, stroke, angina
Dymista [azelastine/fluticasone]	Z79.899	Corticosteroid – intranasal	Seasonal allergies
Dynacin [minocycline hydrochloride]	Z79.2	Antibiotic	Severe acne treatment
E.E.S. [erythromycin ethylsuccinate]	Z79.2	Antibiotic	Bacterial infections
Effexor XR [venlafaxine hydrochloride]		Antidepressant, serotonin and norepinephrine reuptake inhibitors (SNRIs)	Major depressive disorder; social anxiety disorder; panic disorder
Effient [prasugrel hydrochloride]	Z79.02	Antiplatelet	Lessening of the chance of heart attack or stroke
Elestrin [estradiol]	Z79.890	Estrogen therapy	Menopause symptoms
Eligard [leuprolide acetate]	Z79.818	Agents affecting estrogen receptors and estrogen levels	Palliative treatment of prostate cancer symptoms
Elinest [norgestrel/ethinyl estradiol]	Z79.3	Contraceptive	Prevention of pregnancy
Eliquis [apixaban]	Z79.01	Anticoagulant	Venous thrombosis
Emoquette [ethinyl estradiol/desogestrel]	Z79.3	Contraceptive	Prevention of pregnancy
Emtriva [emtricitabine]	Z79.899	Antiretroviral	HIV
Enbrel [etanercept]	Z79.899	Antirheumatic	Rheumatoid arthritis; polyarticular juvenile idiopathic arthritis; psoriatic arthritis; ankylosing spondylitis, plaque psoriasis
Enpresse-28 [ethinyl estradiol/levonorgestrel]	Z79.3	Contraceptive	Prevention of pregnancy
Enskyce [desogestrel/ethinyl estradiol]	Z79.3	Contraceptive	Prevention of pregnancy
Entocort EC [budesonide]	Z79.52	Corticosteroid	Crohn's disease; ulcerative colitis
Entresto [sacubitril/valsartan]		Angiotensin II receptor blocker; neprilysin inhibitor	Chronic heart failure
Entyvio [vedolizumab]	Z79.899	Immunosuppressant	Ulcerative colitis; Crohn's disease
Envarsus XR [tacrolimus]	Z79.899	Immunosuppressant	Prophylaxis of organ transplant rejection
Epinephrine [epinephrine]		Bronchodilator, cardiotonic	Most commonly, relief of distress due to bronchospasm and restoration of cardiac rhythm in cardiac arrest
Epivir, Epivir-HBV [lamivudine]	Z79.899	Antiretroviral	HIV, hepatitis B (HBV), asymptomatic HIV
Erelzi [etanercept-szxs]	Z79.899	Antirheumatic	Rheumatoid arthritis; polyarticular juvenile idiopathic arthritis; psoriatic arthritis; ankylosing spondylitis, plaque psoriasis
Errin [norethindrone]	Z79.3	Contraceptive	Prevention of pregnancy
Ertapenem [ertapenem sodium]	Z79.2	Antibiotic	Stomach, urinary tract, pelvis, skin and lung infections
ERYC [erythromycin]	Z79.2	Antibiotic	Respiratory tract infections
Erygel [erythromycin]	Z79.2	Antibiotic, topical	Bacterial skin infections
EryPed [erythromycin ethylsuccinate]	Z79.2	Antibiotic	Bacterial infections; rheumatic fever attacks
Ery-Tab [erythromycin]	Z79.2	Antibiotic	Bacterial infections
Erythrocin [erythromycin lactobionate]	Z79.2	Antibiotic	Bacterial infections
Erythromycin [erythromycin]	Z79.2	Antibiotic	Respiratory tract infections
Estarylla [ethinyl estradiol/norgestimate]	Z79.3	Contraceptive	Prevention of pregnancy
Estrace [estradiol]	Z79.890	Estrogen therapy	Vaginal cream for treatment of vaginal and vulvar atrophy
EstroGel [estradiol]	Z79.890	Estrogen therapy – topical	Menopause symptoms
Estrostep Fe [ethinyl estradiol/norethindrone acetate]	Z79.3	Contraceptive	Prevention of pregnancy
Evista [raloxifene hydrochloride]	Z79.810	Selective estrogen receptor modulator (SERM)	Prevention of thinning of the bones (osteoporosis) only in postmenopausal women
Exemestane [exemestane]	Z79.811	Aromatase inhibitor	Postmenopausal breast cancer
Factive [gemifloxacin mesylate]	Z79.2	Antibiotic	Bacterial lung infections
Falmina [ethinyl estradiol/levonorgestrel]	Z79.3	Contraceptive	Prevention of pregnancy
Fareston [toremifene citrate]	Z79.810	Selective estrogen receptor modulator (SERM)	Treatment of metastatic breast cancer in postmenopausal women
Farxiga [dapagliflozin propanediol]	Z79.84	Oral hypoglycemic	Diabetes mellitus
Faslodex [fulvestrant]	Z79.818	Agents affecting estrogen receptors and estrogen levels	Hormone-related breast cancer; metastatic breast cancer
Feldene [piroxicam]	Z79.1	Nonsteroidal anti-inflammatory drug (NSAID)	Treatment of pain and inflammation due to arthritis

home health services provided to a patient be provided to the patient on a visiting basis in a place of residence used as the individual's home. A licensed/certified day care center does not meet the definition of a place of residence.

C – State Licensure/Certification of Day Care Facilities

Per section 1861(m) of the Act, an adult day care center must be either licensed or certified by the State or accredited by a private accrediting body. State licensure or certification as an adult day care facility must be based on State interpretations of its process. For example, several States do not license adult day care facilities as a whole, but do certify some entities as Medicaid certified centers for purposes of providing adult day care under the Medicaid home and community based waiver program. It is the responsibility of the State to determine the necessary criteria for "State certification" in such a situation. A State could determine that Medicaid certification is an acceptable standard and consider its Medicaid certified adult day care facilities to be "State certified." On the other hand, a State could determine Medicaid certification to be insufficient and require other conditions to be met before the adult day care facility is considered "State certified."

D – Determination of the Therapeutic, Medical or Psychosocial Treatment of the Patient at the Day Care Facility

It is not the obligation of the HHA to determine whether the adult day care facility is providing psychosocial treatment, but only to assure that the adult day care center is licensed/certified by the State or accrediting body. The intent of the law, in extending the homebound exception status to attendance at such adult day care facilities, recognizes that they ordinarily furnish psychosocial services.

Services Are Provided Under a Plan of Care Established and Approved by a Physician or Allowed Practitioner

Allowed practitioners in addition to physicians, can certify and recertify beneficiaries for eligibility, order home health services, and establish and review the care plan. Allowed practitioners are defined as a physician assistant, nurse practitioner, or clinical nurse specialist as defined at this part. NPs, CNSs, and PAs are required to practice in accordance with state law in the state in which the individual performs such services. Individual states have varying requirements for conditions of practice, which determine whether a practitioner may work independently without a written collaborative agreement or supervision from a physician, or whether general or direct supervision and collaboration is required.

The HHA must be acting upon a physician or allowed practitioner plan of care that meets the requirements of this section for HHA services to be covered. For HHA services to be covered, the individualized plan of care must specify the services necessary to meet the patient-specific needs identified in the comprehensive assessment. In addition, the plan of care must include the identification of the responsible discipline(s) and the frequency and duration of all visits as well as those items listed in 42 CFR 484.60(a) that establish the need for such services. All care provided must be in accordance with the plan of care.

If the plan of care includes a course of treatment for therapy services: the course of therapy treatment must be established by the physician or allowed practitioner after any needed consultation with the qualified therapist; the plan must include measurable therapy treatment goals which pertain directly to the patient's illness or injury, and the patient's resultant impairments; the plan must include the expected duration of therapy services; and the plan must describe a course of treatment which is consistent with the qualified therapist's assessment of the patient's function.

The orders on the plan of care must specify the type of services to be provided to the patient, both with respect to the professional who will provide them and the nature of the individual services, as well as the frequency of the services.

Example 1: SN x 7/wk x 1 wk; 3/wk x 4 wk; 2/wk x 3 wk, (skilled nursing visits seven times per week for one week; three times per week for four weeks; and two times per week for three weeks) for skilled observation and evaluation of the surgical site, for teaching sterile dressing changes and to perform sterile dressing changes. The sterile change consists of (detail of procedure).

Orders for care may indicate a specific range in the frequency of visits to ensure that the most appropriate level of services is provided to home health patients under a home health plan of care. When a range of visits is ordered, the upper limit of the range is considered the specific frequency.

Example 2: SN x 2-4/wk x 4 wk; 1-2/wk x 4 wk for skilled observation and evaluation of the surgical site.

Orders for services to be furnished "as needed" or "PRN" must be accompanied by a description of the patient's medical signs and symptoms that would occasion a visit and a specific limit on the number of those visits to be made under the order before an additional physician or allowed practitioner order would have to be obtained.

The physician or allowed practitioner who signs the plan of care must be qualified to sign the physician or allowed practitioner certification as described in 42 CFR 424.22.

A – Initial Percentage Payment

If a physician or allowed practitioner signed plan of care is not available at the beginning of the 30-day period, the HHA may submit a RAP for the initial percentage payment based on physician or allowed practitioner verbal orders OR a referral prescribing detailed orders for the services to be rendered that is signed and dated by the physician or allowed practitioner. If the RAP submission is based on verbal orders, the verbal order must be recorded in the plan of care, include a description of the patient's condition and the services to be provided by the home health agency, include an attestation (relating to the physician's or allowed practitioner's orders and the date received per 42 CFR 409.43), and the plan of care is copied and immediately submitted to the physician or allowed practitioner. A billable visit must be rendered prior to the submission of a RAP.

B – Final Percentage Payment

The plan of care must be signed and dated by a physician or allowed practitioner as described who meets the certification and recertification requirements of 42 CFR 424.22 and before the claim for each 30-day period for services is submitted for the final percentage payment. Any changes in the plan of care must be signed and dated by a physician or allowed practitioner.

Verbal Orders

When services are furnished based on a physician's or allowed practitioner's oral order, the orders may be accepted and put in writing by personnel authorized to do so by applicable State and Federal laws and regulations, as well as by the HHA's internal policies. The orders must be signed and dated with the date of receipt by the registered nurse or qualified therapist (i.e., physical therapist, speech-language pathologist, occupational therapist, or medical social worker) responsible for furnishing or supervising the ordered services. The orders may be signed by the supervising registered nurse or qualified therapist after the services have been rendered, as long as HHA personnel who receive the oral orders notify that nurse or therapist before the service is rendered. Thus, the rendering of a service that is based on an oral order would not be delayed pending signature of the supervising nurse or therapist. Oral orders must be countersigned and dated by the physician or allowed practitioner before the HHA bills for the care in the same way as the plan of care.

Services that are provided from the beginning of the 60-day episode certification period based on a request for anticipated payment and before the physician or allowed practitioner signs the plan of care are considered to be provided under a plan of care established and approved by the physician or allowed practitioner where there is an oral order for the care prior to rendering the services which is documented in the medical record and where the services are included in a signed plan of care.

Services that are provided in the subsequent 60-day episode certification period are considered to be provided under the plan of care of the subsequent 60-day episode where there is an oral order before the services provided in the subsequent period are furnished and the order is reflected in the medical record. However, services that are provided after the expiration of a plan of care, but before the acquisition of an oral order or a signed plan of care, cannot be considered to be provided under a plan of care.

Example 1: The HHA acquires an oral order for I.V. medication administration for a patient to be performed on August 1. The HHA provides the I.V. medication administration August 1 and evaluates the patient's need for continued care. The physician or allowed practitioner signs the plan of care for the I.V. medication administration on August 15. The visit is covered since it is considered provided under a plan of care established and approved by the physician or allowed practitioner, and the HHA had acquired an oral order prior to the delivery of services.

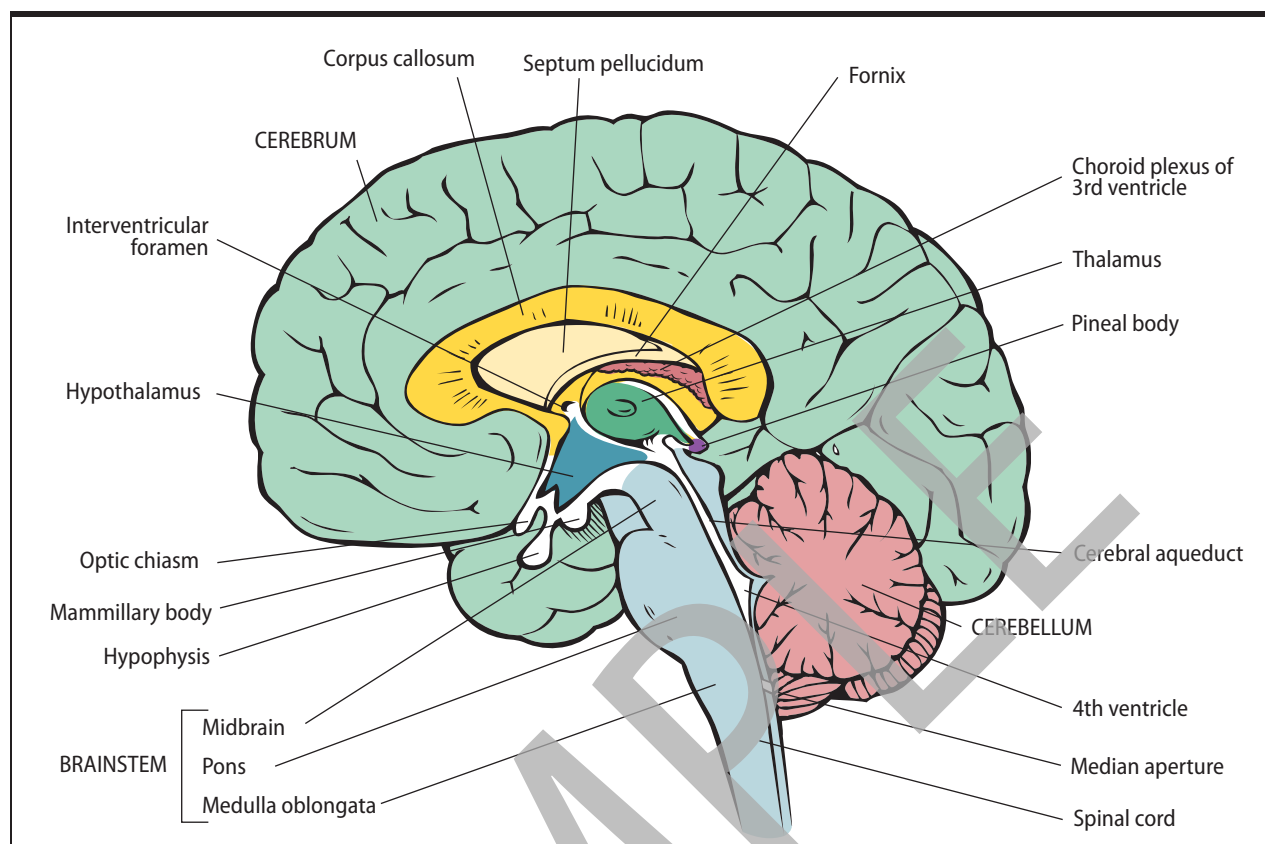
Example 2: The patient is under a plan of care in which the physician or allowed practitioner orders I.V. medication administration every 2 weeks. The last day covered by the initial plan of care is July 31. The patient's next I.V. medication administration is scheduled for August 5 and the physician or allowed practitioner signs the plan of care for the new period on August 1. The I.V. medication administration on August 5 was provided under a plan of care established and approved by the physician or allowed practitioner.

Example 3: The patient is under a plan of care in which the physician or allowed practitioner orders I.V. medication administration every two weeks. The last day covered by the plan of care is July 31. The patient's next I.V. medication administration is scheduled for August 5, and the physician or allowed practitioner does not sign the plan of care until August 6. The HHA acquires an oral order for the I.V. medication administration before the August 5 visit, and therefore the visit is considered to be provided under a plan of care established and approved by the physician or allowed practitioner.

Any increase in the frequency of services or addition of new services during a 60-day certification period must be authorized by a physician or allowed practitioner by way of a written or oral order prior to the provision of the increased or additional services.

Chapter 6. Diseases of the Nervous System (G00–G99)

Brain



Cranial Nerves

