

ICD-10-CM Professional for Hospitals

The complete official code set

Codes valid from October 1, 2021
through September 30, 2022

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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.

Hematomperitoneum — *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.

Hemiatrophy R68.89
cerebellar G31.9
face, facial, progressive (Romberg) G51.8
tongue K14.8

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)
G96.198
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 fourth-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, a chapter for codes that address encounters with healthcare facilities for circumstances other than a disease or injury, and finally a chapter for codes that capture special circumstances such as new diseases of uncertain etiology or emergency use codes.

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:

✓4th	H55	Nystagmus and other irregular eye movements
✓5th	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:

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

Step 8: Consult the official ICD-10-CM conventions and guidelines.

The *ICD-10-CM Official Guidelines for Coding and Reporting* govern the use of certain codes. These guidelines provide both general and chapter-specific coding guidance.

Admission

Admission — *continued*
 examination at health care facility — *see also* Examination — *continued*
 vision — *continued*
 infant or child (over 28 days old) Z00.129
 with abnormal findings Z00.121
 fitting (of)
 artificial
 arm — *see* Admission, adjustment, artificial, arm
 eye Z44.2 ✓
 leg — *see* Admission, adjustment, artificial, leg
 brain neuromodulator Z46.2
 implanted Z45.42
 breast prosthesis (external) Z44.3 ✓
 colostomy belt Z46.89
 contact lenses Z46.0
 cystostomy device Z46.6
 dental prosthesis Z46.3
 dentures Z46.3
 device NEC
 abdominal Z46.89
 nervous system Z46.2
 implanted — *see* Admission, adjustment, device, implanted, nervous system
 orthodontic Z46.4
 prosthetic Z44.9
 breast Z44.3 ✓
 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
 precreative 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

Admission — *continued*
 removal of — *continued*
 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
 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
Adrenitis, adrenitis 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
Aeroderectasia
 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

Aftercare — *continued*
 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
 explantation 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
 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
Agenesis
 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

ICD-10-CM Tabular List of Diseases and Injuries

Chapter 1. Certain Infectious and Parasitic Diseases (A00–B99), U07.1

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. Human immunodeficiency virus (HIV) infections

1) Code only confirmed cases

Code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline Section II, H.

In this context, “confirmation” does not require documentation of positive serology or culture for HIV; the provider’s diagnostic statement that the patient is HIV positive, or has an HIV-related illness is sufficient.

Patient admitted with anemia with possible HIV infection

D64.9 Anemia, unspecified

Explanation: Only the anemia is coded in this scenario because it has not been confirmed that an HIV infection is present. This is an exception to the guideline Section II, H for hospital inpatient coding.

2) Selection and sequencing of HIV codes

(a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions.

(b) Patient with HIV disease admitted for unrelated condition

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Other diagnoses would be B20 followed by additional diagnosis codes for all reported HIV-related conditions.

Unstable angina, native coronary artery atherosclerosis, HIV

I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

B20 Human immunodeficiency virus [HIV] disease

Explanation: The arteriosclerotic coronary artery disease and the unstable angina are not related to HIV, so those conditions are reported first using a combination code, and HIV is reported secondarily.

(c) Whether the patient is newly diagnosed

Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions is irrelevant to the sequencing decision.

(d) Asymptomatic human immunodeficiency virus

Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being “HIV positive,” “known HIV,” “HIV test positive,” or similar terminology. Do not use this code if the term “AIDS” is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use B20 in these cases.

Patient admitted with acute appendicitis. Status positive HIV test on Atripla, with no prior symptoms

K35.80 Unspecified acute appendicitis

Z21 Asymptomatic human immunodeficiency virus [HIV] infection status

Explanation: Code Z21 is sequenced second since documentation indicates that the patient has had a positive HIV test but has been asymptomatic. Being on medication for HIV is not an indication that code B20 is used instead of Z21. Unless there has been documentation that the patient has had current or prior symptoms or HIV-related complications, code B20 is not used. The appendicitis is not an AIDS-related complication and is sequenced first.

(e) Patients with inconclusive HIV serology

Patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness, may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].

(f) Previously diagnosed HIV-related illness

Patients with any known prior diagnosis of an HIV-related illness should be coded to B20. Once a patient has developed an HIV-related illness, the patient should always be assigned code B20 on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75 or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

(g) HIV infection in pregnancy, childbirth and the puerperium

During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of an HIV-related illness should receive a principal diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by B20 and the code(s) for the HIV-related illness(es). Codes from Chapter 15 always take sequencing priority.

Patients with asymptomatic HIV infection status admitted (or presenting for a health care encounter) during pregnancy, childbirth, or the puerperium should receive codes of O98.7- and Z21.

(h) Encounters for testing for HIV

If a patient is being seen to determine his/her HIV status, use code Z11.4, Encounter for screening for human immunodeficiency virus [HIV]. Use additional codes for any associated high-risk behavior.

If a patient with signs or symptoms is being seen for HIV testing, code the signs and symptoms. An additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be used if counseling is provided during the encounter for the test.

When a patient returns to be informed of his/her HIV test results and the test result is negative, use code Z71.7, Human immunodeficiency virus [HIV] counseling.

If the results are positive, see previous guidelines and assign codes as appropriate.

b. Infectious agents as the cause of diseases classified to other chapters

Certain infections are classified in chapters other than Chapter 1 and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from Chapter 1 to identify the organism. A code from category B95, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified to other chapters, B96, Other bacterial agents as the cause of diseases classified to other chapters, or B97, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism. An instructional note will be found at the infection code advising that an additional organism code is required.

E. coli UTI

N39.0 Urinary tract infection, site not specified

B96.20 Unspecified Escherichia coli [E.coli] as the cause of diseases classified elsewhere

Explanation: An instructional note under the code for the urinary tract infection indicates to code also the specific organism.

c. Infections resistant to antibiotics

Many bacterial infections are resistant to current antibiotics. It is necessary to identify all infections documented as antibiotic resistant. Assign a code from category Z16, Resistance to antimicrobial drugs, following the infection code only if the infection code does not identify drug resistance.

d. Sepsis, severe sepsis, and septic shock

1) Coding of sepsis and severe sepsis

(a) Sepsis

For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection. If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

A code from subcategory R65.2, Severe sepsis, should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented.

Chapter 9. Diseases of the Circulatory System (I00-I99)

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)
 injury, poisoning and certain other consequences of external causes (S00-T88)
 neoplasms (C00-D49)
 symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)
 systemic connective tissue disorders (M30-M36)
 transient cerebral ischemic attacks and related syndromes (G45.-)

This chapter contains the following blocks:

- I00-I02 Acute rheumatic fever
- I05-I09 Chronic rheumatic heart diseases
- I10-I16 Hypertensive diseases
- I20-I25 Ischemic heart diseases
- I26-I28 Pulmonary heart disease and diseases of pulmonary circulation
- I30-I52 Other forms of heart disease
- I60-I69 Cerebrovascular diseases
- I70-I79 Diseases of arteries, arterioles and capillaries
- I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
- I95-I99 Other and unspecified disorders of the circulatory system

Acute rheumatic fever (I00-I02)

DEF: Inflammatory disease that can follow a throat infection by group A streptococci. Complications can involve the joints (arthritis), subcutaneous tissue (nodules), skin (erythema marginatum), heart (carditis), or brain (chorea).

I00 Rheumatic fever without heart involvement

INCLUDES arthritis, rheumatic, acute or subacute

EXCLUDES 1 rheumatic fever with heart involvement (I01.0-I01.9)

✓4# I01 Rheumatic fever with heart involvement

EXCLUDES 1 chronic diseases of rheumatic origin (I05-I09) unless rheumatic fever is also present or there is evidence of reactivation or activity of the rheumatic process

I01.0 Acute rheumatic pericarditis

Any condition in I00 with pericarditis

Rheumatic pericarditis (acute)

EXCLUDES 1 acute pericarditis not specified as rheumatic (I30.-)

I01.1 Acute rheumatic endocarditis

Any condition in I00 with endocarditis or valvulitis

Acute rheumatic valvulitis

I01.2 Acute rheumatic myocarditis

Any condition in I00 with myocarditis

I01.8 Other acute rheumatic heart disease

Any condition in I00 with other or multiple types of heart involvement

Acute rheumatic pancarditis

I01.9 Acute rheumatic heart disease, unspecified

Any condition in I00 with unspecified type of heart involvement

Rheumatic carditis, acute

Rheumatic heart disease, active or acute

✓4# I02 Rheumatic chorea

INCLUDES Sydenham's chorea

chorea NOS (G25.5)

EXCLUDES 1 Huntington's chorea (G10)

I02.0 Rheumatic chorea with heart involvement

Chorea NOS with heart involvement

Rheumatic chorea with heart involvement of any type classifiable under I01.-

I02.9 Rheumatic chorea without heart involvement

Rheumatic chorea NOS

Chronic rheumatic heart diseases (I05-I09)

✓4# I05 Rheumatic mitral valve diseases

INCLUDES conditions classifiable to both I05.0 and I05.2-I05.9, whether specified as rheumatic or not

EXCLUDES 1 mitral valve disease specified as nonrheumatic (I34.-)
 mitral valve disease with aortic and/or tricuspid valve involvement (I08.-)

I05.0 Rheumatic mitral stenosis

Mitral (valve) obstruction (rheumatic)

DEF: Narrowing of the mitral valve between the left atrium and left ventricle due to rheumatic fever. Symptoms include shortness of breath during or after exercise, fatigue, palpitations, chest discomfort, and swelling of feet or legs.

I05.1 Rheumatic mitral insufficiency

Rheumatic mitral incompetence

Rheumatic mitral regurgitation

EXCLUDES 1 mitral insufficiency not specified as rheumatic (I34.0)

I05.2 Rheumatic mitral stenosis with insufficiency

Rheumatic mitral stenosis with incompetence or regurgitation

I05.8 Other rheumatic mitral valve diseases

Rheumatic mitral (valve) failure

I05.9 Rheumatic mitral valve disease, unspecified

Rheumatic mitral (valve) disorder (chronic) NOS

✓4# I06 Rheumatic aortic valve diseases

EXCLUDES 1 aortic valve disease not specified as rheumatic (I35.-)
 aortic valve disease with mitral and/or tricuspid valve involvement (I08.-)

I06.0 Rheumatic aortic stenosis

Rheumatic aortic (valve) obstruction

I06.1 Rheumatic aortic insufficiency

Rheumatic aortic incompetence

Rheumatic aortic regurgitation

I06.2 Rheumatic aortic stenosis with insufficiency

Rheumatic aortic stenosis with incompetence or regurgitation

I06.8 Other rheumatic aortic valve diseases

I06.9 Rheumatic aortic valve disease, unspecified

Rheumatic aortic (valve) disease NOS

✓4# I07 Rheumatic tricuspid valve diseases

INCLUDES rheumatic tricuspid valve diseases specified as rheumatic or unspecified

EXCLUDES 1 tricuspid valve disease specified as nonrheumatic (I36.-)
 tricuspid valve disease with aortic and/or mitral valve involvement (I08.-)

I07.0 Rheumatic tricuspid stenosis

Tricuspid (valve) stenosis (rheumatic)

I07.1 Rheumatic tricuspid insufficiency

Tricuspid (valve) insufficiency (rheumatic)

I07.2 Rheumatic tricuspid stenosis and insufficiency

I07.8 Other rheumatic tricuspid valve diseases

I07.9 Rheumatic tricuspid valve disease, unspecified

Rheumatic tricuspid valve disorder NOS

✓4# I08 Multiple valve diseases

INCLUDES multiple valve diseases specified as rheumatic or unspecified

EXCLUDES 1 endocarditis, valve unspecified (I38)
 multiple valve disease specified as nonrheumatic (I34.-, I35.-, I36.-, I37.-, I38.-, Q22.-, Q23.-, Q24.8-)
 rheumatic valve disease NOS (I09.1)

I08.0 Rheumatic disorders of both mitral and aortic valves

Involvement of both mitral and aortic valves specified as rheumatic or unspecified

AHA: 2019, 2Q.5

I08.1 Rheumatic disorders of both mitral and tricuspid valves

I08.2 Rheumatic disorders of both aortic and tricuspid valves

I08.3 Combined rheumatic disorders of mitral, aortic and tricuspid valves

I08.8 Other rheumatic multiple valve diseases

I08.9 Rheumatic multiple valve disease, unspecified

✓4# I09 Other rheumatic heart diseases

I09.0 Rheumatic myocarditis

EXCLUDES 1 myocarditis not specified as rheumatic (I51.4)

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

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)
 injury, poisoning and certain other consequences of external causes (S00–T88)
 neoplasms (C00–D49)
 symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R94)

This chapter contains the following blocks:

- K00–K14 Diseases of oral cavity and salivary glands
- K20–K31 Diseases of esophagus, stomach and duodenum
- K35–K38 Diseases of appendix
- K40–K46 Hernia
- K50–K52 Noninfective enteritis and colitis
- K55–K64 Other diseases of intestines
- K65–K68 Diseases of peritoneum and retroperitoneum
- K70–K77 Diseases of liver
- K80–K87 Disorders of gallbladder, biliary tract and pancreas
- K90–K95 Other diseases of the digestive system

Diseases of oral cavity and salivary glands (K00–K14)

✓4th K00 Disorders of tooth development and eruption

EXCLUDES 2 embedded and impacted teeth (K01.-)

K00.0 Anodontia

- Hypodontia
- Oligodontia

EXCLUDES 1 acquired absence of teeth (K08.1-)

DEF: Partial or complete absence of teeth due to a congenital defect involving the tooth bud.

K00.1 Supernumerary teeth

- Distomolar
- Fourth molar
- Mesiodens
- Paramolar
- Supplementary teeth

EXCLUDES 2 supernumerary roots (K00.2)

K00.2 Abnormalities of size and form of teeth

- Concrescence of teeth
 - Fusion of teeth
 - Gemination of teeth
 - Dens evaginatus
 - Dens in dente
 - Dens invaginatus
 - Enamel pearls
 - Macrodonia
 - Microdonia
 - Peg-shaped [conical] teeth
 - Supernumerary roots
 - Taurodontism
 - Tuberculum paramolare
- EXCLUDES 1** abnormalities of teeth due to congenital syphilis (A50.5)
 tuberculum Carabelli, which is regarded as a normal variation and should not be coded

K00.3 Mottled teeth

- Dental fluorosis
 - Mottling of enamel
 - Nonfluoride enamel opacities
- EXCLUDES 2** deposits [accretions] on teeth (K03.6)

K00.4 Disturbances in tooth formation

- Aplasia and hypoplasia of cementum
 - Dilaceration of tooth
 - Enamel hypoplasia (neonatal) (postnatal) (prenatal)
 - Regional odontodysplasia
 - Turner's tooth
- EXCLUDES 1** Hutchinson's teeth and mulberry molars in congenital syphilis (A50.5)
EXCLUDES 2 mottled teeth (K00.3)

K00.5 Hereditary disturbances in tooth structure, not elsewhere classified

- Amelogenesis imperfecta
- Dentinogenesis imperfecta
- Odontogenesis imperfecta
- Dentinal dysplasia
- Shell teeth

K00.6 Disturbances in tooth eruption

- Dentia praecox
- Natal tooth
- Neonatal tooth
- Premature eruption of tooth
- Premature shedding of primary [deciduous] tooth
- Prenatal teeth
- Retained [persistent] primary tooth

EXCLUDES 2 embedded and impacted teeth (K01.-)

K00.7 Teething syndrome

K00.8 Other disorders of tooth development

- Color changes during tooth formation
 - Intrinsic staining of teeth NOS
- EXCLUDES 2** post-eruptive color changes (K03.7)

K00.9 Disorder of tooth development, unspecified

- Disorder of odontogenesis NOS

✓4th K01 Embedded and impacted teeth

EXCLUDES 1 abnormal position of fully erupted teeth (M26.3-)

K01.0 Embedded teeth

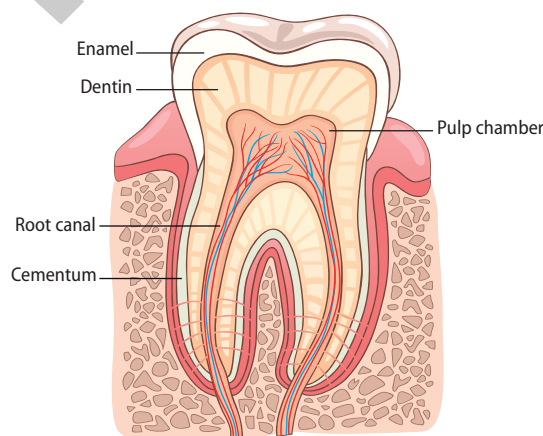
K01.1 Impacted teeth

✓4th K02 Dental caries

- INCLUDES**
- caries of dentine
 - dental cavities
 - early childhood caries
 - pre-eruptive caries
 - recurrent caries (dentino enamel junction) (enamel) (to the pulp)
 - tooth decay

DEF: Localized section of tooth decay that begins on the tooth surface with destruction of the calcified enamel, allowing bacterial destruction to continue and form cavities and may extend to the dentin and pulp.

Tooth Anatomy



K02.3 Arrested dental caries

- Arrested coronal and root caries

✓5th K02.5 Dental caries on pit and fissure surface

- Dental caries on chewing surface of tooth

K02.51 Dental caries on pit and fissure surface limited to enamel

- White spot lesions [initial caries] on pit and fissure surface of tooth

K02.52 Dental caries on pit and fissure surface penetrating into dentin

- Primary dental caries, cervical origin

K02.53 Dental caries on pit and fissure surface penetrating into pulp

R82.2 Biliuria**R82.3 Hemoglobinuria**

EXCLUDES 1 hemoglobinuria due to hemolysis from external causes NEC (D59.6)
 hemoglobinuria due to paroxysmal nocturnal [Marchiafava-Micheli] (D59.5)

DEF: Free hemoglobin in blood due to rapid hemolysis of red blood cells. Causes include burns, crushed injury, sickle cell anemia, thalassemia, parasitic infections, or kidney infections.

R82.4 Acetonuria

Ketonuria

DEF: Excessive excretion of acetone in urine that commonly occurs in diabetic acidosis.

R82.5 Elevated urine levels of drugs, medicaments and biological substances

Elevated urine levels of catecholamines
 Elevated urine levels of indoleacetic acid
 Elevated urine levels of 17-ketosteroids
 Elevated urine levels of steroids

R82.6 Abnormal urine levels of substances chiefly nonmedicinal as to source

Abnormal urine level of heavy metals

✓ 5th R82.7 Abnormal findings on microbiological examination of urine

EXCLUDES 1 colonization status (Z22.-)

AHA: 2016,4Q,65

R82.71 Bacteriuria**R82.79 Other abnormal findings on microbiological examination of urine**

Positive culture findings of urine

✓ 5th R82.8 Abnormal findings on cytological and histological examination of urine

AHA: 2019,4Q,16

R82.81 Pyuria

Sterile pyuria

R82.89 Other abnormal findings on cytological and histological examination of urine**✓ 5th R82.9 Other and unspecified abnormal findings in urine****R82.90 Unspecified abnormal findings in urine****R82.91 Other chromoabnormalities of urine**

Chromoconversion (dipstick)
 Idiopathic dipstick converts positive for blood with no cellular forms in sediment

EXCLUDES 1 hemoglobinuria (R82.3)
 myoglobinuria (R82.1)

✓ 6th R82.99 Other abnormal findings in urine

AHA: 2018,4Q,29-30

R82.991 Hypocitraturia**R82.992 Hyperoxaluria**

EXCLUDES 1 primary hyperoxaluria (E72.53)

R82.993 Hyperuricosuria**R82.994 Hypercalciuria**

Idiopathic hypercalciuria

R82.998 Other abnormal findings in urine

Cells and casts in urine

Crystalluria

Melanuria

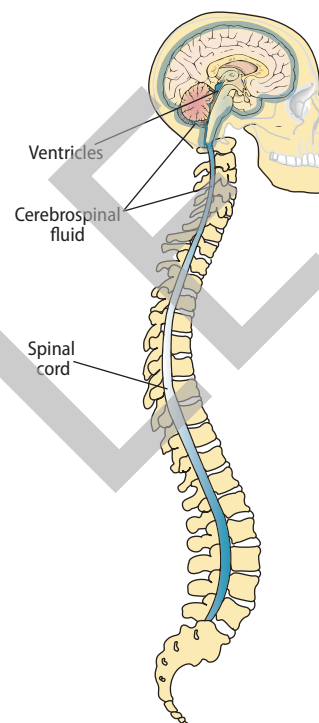
Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis (R83-R89)

EXCLUDES 1 abnormal findings on antenatal screening of mother (O28.-)
 diagnostic abnormal findings classified elsewhere — see Alphabetical Index

EXCLUDES 2 abnormal findings on examination of blood, without diagnosis (R70-R79)

abnormal findings on examination of urine, without diagnosis (R80-R82)

abnormal tumor markers (R97.-)

✓ 4th R83 Abnormal findings in cerebrospinal fluid**Cerebrospinal Fluid****R83.0 Abnormal level of enzymes in cerebrospinal fluid****R83.1 Abnormal level of hormones in cerebrospinal fluid****R83.2 Abnormal level of other drugs, medicaments and biological substances in cerebrospinal fluid****R83.3 Abnormal level of substances chiefly nonmedicinal as to source in cerebrospinal fluid****R83.4 Abnormal immunological findings in cerebrospinal fluid****R83.5 Abnormal microbiological findings in cerebrospinal fluid**

Positive culture findings in cerebrospinal fluid

EXCLUDES 1 colonization status (Z22.-)

R83.6 Abnormal cytological findings in cerebrospinal fluid**R83.8 Other abnormal findings in cerebrospinal fluid**

Abnormal chromosomal findings in cerebrospinal fluid

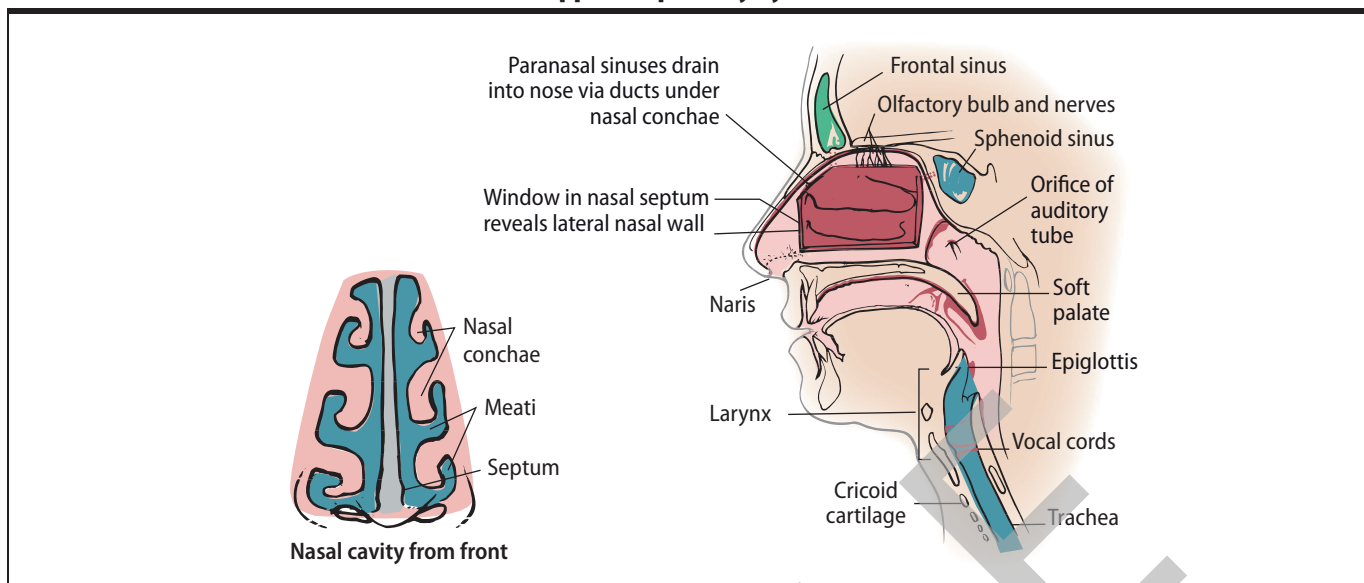
R83.9 Unspecified abnormal finding in cerebrospinal fluid**✓ 4th R84 Abnormal findings in specimens from respiratory organs and thorax**

INCLUDES abnormal findings in bronchial washings
 abnormal findings in nasal secretions
 abnormal findings in pleural fluid
 abnormal findings in sputum
 abnormal findings in throat scrapings

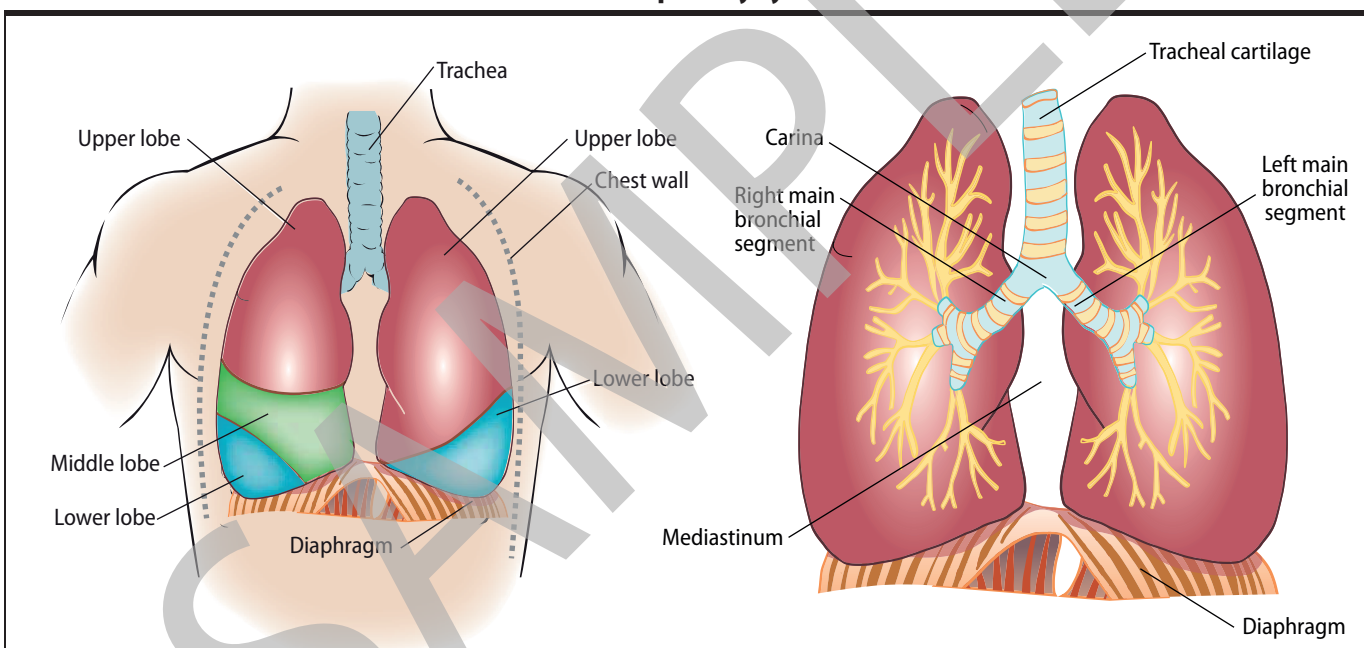
EXCLUDES 1 blood-stained sputum (R04.2)

R84.0 Abnormal level of enzymes in specimens from respiratory organs and thorax**R84.1 Abnormal level of hormones in specimens from respiratory organs and thorax****R84.2 Abnormal level of other drugs, medicaments and biological substances in specimens from respiratory organs and thorax****R84.3 Abnormal level of substances chiefly nonmedicinal as to source in specimens from respiratory organs and thorax****R84.4 Abnormal immunological findings in specimens from respiratory organs and thorax**

Upper Respiratory System



Lower Respiratory System



Paranasal Sinuses

