

ICD-10-CM Expert 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.

Hematooperitoneum — *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.

D72.118	Other hypereosinophilic syndrome	G11.19	Other early-onset cerebellar ataxia
D72.119	Hypereosinophilic syndrome [HES], unspecified	G40.42	Cyclin-Dependent Kinase-Like 5 Deficiency Disorder
D72.12	Drug rash with eosinophilia and systemic symptoms syndrome	G40.833	Dravet syndrome, intractable, with status epilepticus
D72.18	Eosinophilia in diseases classified elsewhere	G40.834	Dravet syndrome, intractable, without status epilepticus
D72.19	Other eosinophilia	G71.20	Congenital myopathy, unspecified
D84.81	Immunodeficiency due to conditions classified elsewhere	G71.21	Nemaline myopathy
D84.821	Immunodeficiency due to drugs	G71.220	X-linked myotubular myopathy
D84.822	Immunodeficiency due to external causes	G71.228	Other centronuclear myopathy
D84.89	Other immunodeficiencies	G71.29	Other congenital myopathy
D89.831	Cytokine release syndrome, grade 1	G96.00	Cerebrospinal fluid leak, unspecified
D89.832	Cytokine release syndrome, grade 2	G96.01	Cranial cerebrospinal fluid leak, spontaneous
D89.833	Cytokine release syndrome, grade 3	G96.02	Spinal cerebrospinal fluid leak, spontaneous
D89.834	Cytokine release syndrome, grade 4	G96.08	Other cranial cerebrospinal fluid leak
D89.835	Cytokine release syndrome, grade 5	G96.09	Other spinal cerebrospinal fluid leak
D89.839	Cytokine release syndrome, grade unspecified	G96.191	Perineural cyst
E70.81	Aromatic L-amino acid decarboxylase deficiency	G96.198	Other disorders of meninges, not elsewhere classified
E70.89	Other disorders of aromatic amino-acid metabolism	G96.810	Intracranial hypotension, unspecified
E74.810	Glucose transporter protein type 1 deficiency	G96.811	Intracranial hypotension, spontaneous
E74.818	Other disorders of glucose transport	G96.819	Other intracranial hypotension
E74.819	Disorders of glucose transport, unspecified	G96.89	Other specified disorders of central nervous system
E74.89	Other specified disorders of carbohydrate metabolism	G97.83	Intracranial hypotension following lumbar cerebrospinal fluid shunting
F10.130	Alcohol abuse with withdrawal, uncomplicated	G97.84	Intracranial hypotension following other procedure
F10.131	Alcohol abuse with withdrawal delirium	H18.501	Unspecified hereditary corneal dystrophies, right eye
F10.132	Alcohol abuse with withdrawal with perceptual disturbance	H18.502	Unspecified hereditary corneal dystrophies, left eye
F10.139	Alcohol abuse with withdrawal, unspecified	H18.503	Unspecified hereditary corneal dystrophies, bilateral
F10.930	Alcohol use, unspecified with withdrawal, uncomplicated	H18.509	Unspecified hereditary corneal dystrophies, unspecified eye
F10.931	Alcohol use, unspecified with withdrawal delirium	H18.511	Endothelial corneal dystrophy, right eye
F10.932	Alcohol use, unspecified with withdrawal with perceptual disturbance	H18.512	Endothelial corneal dystrophy, left eye
F10.939	Alcohol use, unspecified with withdrawal, unspecified	H18.513	Endothelial corneal dystrophy, bilateral
F11.13	Opioid abuse with withdrawal	H18.519	Endothelial corneal dystrophy, unspecified eye
F12.13	Cannabis abuse with withdrawal	H18.521	Epithelial (juvenile) corneal dystrophy, right eye
F13.130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated	H18.522	Epithelial (juvenile) corneal dystrophy, left eye
F13.131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium	H18.523	Epithelial (juvenile) corneal dystrophy, bilateral
F13.132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance	H18.529	Epithelial (juvenile) corneal dystrophy, unspecified eye
F13.139	Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified	H18.531	Granular corneal dystrophy, right eye
F14.13	Cocaine abuse, unspecified with withdrawal	H18.532	Granular corneal dystrophy, left eye
F14.93	Cocaine use, unspecified with withdrawal	H18.533	Granular corneal dystrophy, bilateral
F15.13	Other stimulant abuse with withdrawal	H18.539	Granular corneal dystrophy, unspecified eye
F19.130	Other psychoactive substance abuse with withdrawal, uncomplicated	H18.541	Lattice corneal dystrophy, right eye
F19.131	Other psychoactive substance abuse with withdrawal delirium	H18.542	Lattice corneal dystrophy, left eye
F19.132	Other psychoactive substance abuse with withdrawal with perceptual disturbance	H18.543	Lattice corneal dystrophy, bilateral
F19.139	Other psychoactive substance abuse with withdrawal, unspecified	H18.549	Lattice corneal dystrophy, unspecified eye
G11.10	Early-onset cerebellar ataxia, unspecified	H18.551	Macular corneal dystrophy, right eye
G11.11	Friedreich ataxia	H18.552	Macular corneal dystrophy, left eye
		H18.553	Macular corneal dystrophy, bilateral
		H18.559	Macular corneal dystrophy, unspecified eye
		H18.591	Other hereditary corneal dystrophies, right eye
		H18.592	Other hereditary corneal dystrophies, left eye
		H18.593	Other hereditary corneal dystrophies, bilateral
		H18.599	Other hereditary corneal dystrophies, unspecified eye
		H55.82	Deficient smooth pursuit eye movements

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
 procreative 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
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 psychiatric examination (general) Z00.8
 requested by authority Z04.6
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 cystostomy catheter Z43.5

Admission — *continued*
 removal of — *continued*
 drains Z48.03
 dressing (nonsurgical) Z48.00
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 intrauterine contraceptive device Z30.432
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 staples Z48.02
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 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
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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 posteruptive 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

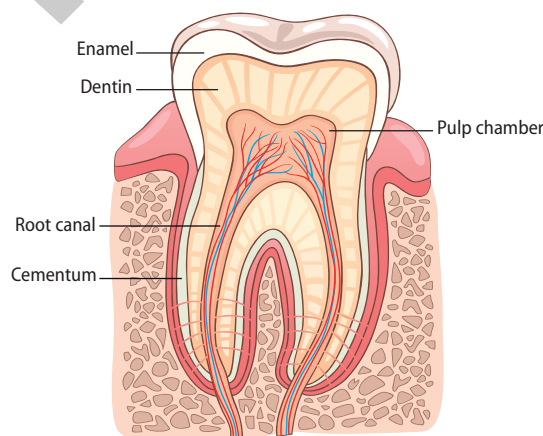
K01.1 Impacted teeth

✓ 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

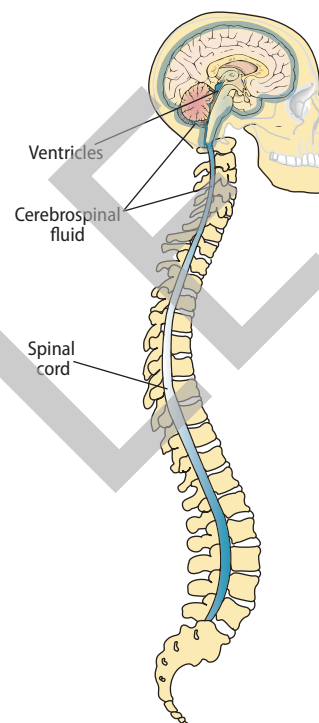
Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis (R83-R89)

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**

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

A09	Infectious gastroenteritis and colitis, unspecified	E46	Unspecified protein-calorie malnutrition
A33	Tetanus neonatorum	E52	Niacin deficiency [pellagra]
A34	Obstetrical tetanus	E54	Ascorbic acid deficiency
A35	Other tetanus	E58	Dietary calcium deficiency
A46	Erysipelas	E59	Dietary selenium deficiency
A55	Chlamydial lymphogranuloma (venereum)	E60	Dietary zinc deficiency
A57	Chancroid	E65	Localized adiposity
A58	Granuloma inguinale	E68	Sequelae of hyperalimentation
A64	Unspecified sexually transmitted disease	F04	Amnesic disorder due to known physiological condition
A65	Nonvenereal syphilis	F05	Delirium due to known physiological condition
A70	Chlamydia psittaci infections	F09	Unspecified mental disorder due to known physiological condition
A78	Q fever	F21	Schizotypal disorder
A86	Unspecified viral encephalitis	F22	Delusional disorders
A89	Unspecified viral infection of central nervous system	F23	Brief psychotic disorder
A90	Dengue fever [classical dengue]	F24	Shared psychotic disorder
A91	Dengue hemorrhagic fever	F28	Other psychotic disorder not due to a substance or known physiological condition
A94	Unspecified arthropod-borne viral fever	F29	Unspecified psychosis not due to a substance or known physiological condition
A99	Unspecified viral hemorrhagic fever	F39	Unspecified mood [affective] disorder
B03	Smallpox	F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
B04	Monkeypox	F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	F66	Other sexual disorders
B20	Human immunodeficiency virus [HIV] disease	F69	Unspecified disorder of adult personality and behavior
B49	Unspecified mycosis	F70	Mild intellectual disabilities
B54	Unspecified malaria	F71	Moderate intellectual disabilities
B59	Pneumocystosis	F72	Severe intellectual disabilities
B64	Unspecified protozoal disease	F73	Profound intellectual disabilities
B72	Dracunculiasis	F78	Other intellectual disabilities
B75	Trichinellosis	F79	Unspecified intellectual disabilities
B79	Trichuriasis	F82	Specific developmental disorder of motor function
B80	Enterobiasis	F88	Other disorders of psychological development
B86	Scabies	F89	Unspecified disorder of psychological development
B89	Unspecified parasitic disease	F99	Mental disorder, not otherwise specified
B91	Sequelae of poliomyelitis	G01	Meningitis in bacterial diseases classified elsewhere
B92	Sequelae of leprosy	G02	Meningitis in other infectious and parasitic diseases classified elsewhere
C01	Malignant neoplasm of base of tongue	G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
C07	Malignant neoplasm of parotid gland	G08	Intracranial and intraspinal phlebitis and thrombophlebitis
C12	Malignant neoplasm of pyriform sinus	G09	Sequelae of inflammatory diseases of central nervous system
C19	Malignant neoplasm of rectosigmoid junction	G10	Huntington's disease
C20	Malignant neoplasm of rectum	G14	Postpolio syndrome
C23	Malignant neoplasm of gallbladder	G20	Parkinson's disease
C33	Malignant neoplasm of trachea	G26	Extrapyramidal and movement disorders in diseases classified elsewhere
C37	Malignant neoplasm of thymus	G35	Multiple sclerosis
C52	Malignant neoplasm of vagina	G53	Cranial nerve disorders in diseases classified elsewhere
C55	Malignant neoplasm of uterus, part unspecified	G55	Nerve root and plexus compressions in diseases classified elsewhere
C58	Malignant neoplasm of placenta	G59	Mononeuropathy in diseases classified elsewhere
C61	Malignant neoplasm of prostate	G63	Polyneuropathy in diseases classified elsewhere
C73	Malignant neoplasm of thyroid gland	G64	Other disorders of peripheral nervous system
D34	Benign neoplasm of thyroid gland	G92	Toxic encephalopathy
D45	Polycythemia vera	G94	Other disorders of brain in diseases classified elsewhere
D62	Acute posthemorrhagic anemia	H22	Disorders of iris and ciliary body in diseases classified elsewhere
D65	Disseminated intravascular coagulation [defibrination A syndrome]	H28	Cataract in diseases classified elsewhere
D66	Hereditary factor VIII deficiency	H32	Chorioretinal disorders in diseases classified elsewhere
D67	Hereditary factor IX deficiency	H36	Retinal disorders in diseases classified elsewhere
D71	Functional disorders of polymorphonuclear neutrophils	H42	Glaucoma in diseases classified elsewhere
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere	I00	Rheumatic fever without heart involvement
E02	Subclinical iodine-deficiency hypothyroidism	I10	Essential (primary) hypertension
E15	Nondiabetic hypoglycemic coma	I32	Pericarditis in diseases classified elsewhere
E35	Disorders of endocrine glands in diseases classified elsewhere	I38	Endocarditis, valve unspecified
E40	Kwashiorkor		
E41	Nutritional marasmus		
E42	Marasmic kwashiorkor		
E43	Unspecified severe protein-calorie malnutrition		
E45	Retarded development following protein-calorie malnutrition		

Appendix F: Present on Admission (POA) Tutorial

Present-on-admission (POA) indicators are required on all diagnoses and external cause-of-injury codes for all inpatient acute care hospital discharges, according to the requirement outlined in the Deficit Reduction Act of 2005, section 5001(c). The only exception is for a select group of codes that have been designated as exempt from the POA regulations. Certain facilities are also exempt from this reporting requirement and include the following:

- Critical access hospitals
- Long-term care hospitals
- Cancer hospitals
- Inpatient psychiatric hospitals
- Inpatient rehabilitation facilities
- Veterans Administration/Department of Defense Hospitals
- Children's inpatient facilities

The POA indicator guidelines are not intended to replace the official *ICD-10-CM Official Guidelines for Coding and Reporting*. Nor will the POA guidelines supersede the Uniform Hospital Discharge Data Set (UHDDS) definition of principal diagnosis, defined as the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital. The definition of "additional diagnoses" also remains the same. Coders must report all conditions that coexist at the time of admission, develop subsequently, or that affect the treatment received and/or the length of stay. This significantly affects assignment of the POA indicators. Because the POA indicator should accurately reflect the patient's conditions upon admission, review of POA guidelines as well as the *ICD-10-CM Official Guidelines for Coding and Reporting* is required.

The following is a summary of the POA guidelines:

- A POA condition is defined not only as one that is clearly present at the time of admission, but also one that was clearly present but not diagnosed until after the time of admission.
- Present on admission is defined as present at the time the order for an inpatient admission is made, whether or not the patient's episode of care originated in the emergency department, ambulatory surgery area, or other outpatient area. Conditions that develop during an outpatient encounter are considered present on admission.
- A POA indicator is assigned to the principal diagnosis, secondary diagnoses, and the external cause-of-injury codes.
- The POA guidelines are not intended to replace any of the other *ICD-10-CM Official Guidelines for Coding and Reporting*.
- The intent of the POA guidelines is not to determine whether or not a condition should be coded, but rather how to apply the POA indicator.

The following reporting options, with definitions, should be used to indicate whether a condition was POA:

- Y Yes: Present at the time of inpatient admission
 N No: Not present at the time of inpatient admission
 U Unknown: Documentation is insufficient to determine if condition is present at the time of inpatient admission
 W Clinically undetermined: Provider is unable to clinically determine whether condition was or was not present at the time of inpatient admission

Unreported/not used—(exempt from POA reporting)—Most ICD-10-CM codes require the assignment of a POA indicator. However, there are some diagnoses that are considered exempt from the POA reporting. For these exempt conditions the POA field should be left blank.

Note: A data file of all POA exempt codes can be accessed at the following: <http://www.optum360coding.com/ProductUpdates/>
 Title: "2021 ICD-10-CM for Hospitals POA Exemption Data File"
 Password: Hospital21

Timeframe for POA identification and documentation

There is no timeframe during the encounter in which a condition must be diagnosed to be considered present on admission. In many cases, it is not clinically possible for the provider to determine a definitive diagnosis until well into the admission, after labs, imaging, and other tests have been

performed and results examined. In these cases the condition is still considered to be present on admission, indicated with Y.

Examples

- A patient was admitted for diagnostic work-up for cachexia. The final diagnosis was malignant neoplasm of lung with metastasis.
Assign Y in the POA field for the malignant neoplasm, which was clearly present on admission, although it was not diagnosed until after the admission occurred.
- A patient with severe cough and difficulty breathing was diagnosed during his hospitalization to have lung cancer.
Assign Y in the POA field for the lung cancer. Even though the cancer was not diagnosed until after admission, it is a chronic condition that was clearly present before the patient's admission.
- A urine culture was obtained on admission. The provider documented urinary tract infection when the culture results became available a few days later.
Assign Y to the urinary tract infection since the diagnosis is based on test results from a specimen obtained on admission. It may not be possible for a provider to make a definitive diagnosis for a period of time after admission. There is no required timeframe as to when a provider must identify or document a condition for it to be considered present on admission.

Condition is on the "Exempt from Reporting" list

The POA field is left blank for codes excluded from POA reporting.

Examples

- A patient was admitted for inpatient surgery on a burn contracture from scar tissue from a burn five years ago.
Assign Y for the principal condition of the scar; however, the secondary code for the specifics of the burn injury with a seventh character for sequela is left blank since it is excluded from POA reporting.
- A patient was admitted to inpatient for a PEG tube insertion because of residual dysphagia due to a recent CVA.
No POA indicator is assigned for the dysphagia following a CVA. Codes under I69.- are defined as sequela of cerebrovascular disease and are exempt from POA reporting.
- A patient was admitted to inpatient for corrective surgery for a malunion of a closed femur fracture.
No POA indicator is assigned for the malunion of a closed fracture because the seventh character for malunion of fractures is considered a subsequent encounter and is exempt from POA reporting.
- A patient was admitted for breast reconstruction following mastectomy.
The POA indicator field is left blank as this Z code is exempt from POA reporting.
- A patient was admitted for changing the battery in his AICD as it is at the end of its useful life.
The POA indicator field is left blank as this Z code is exempt from POA reporting.

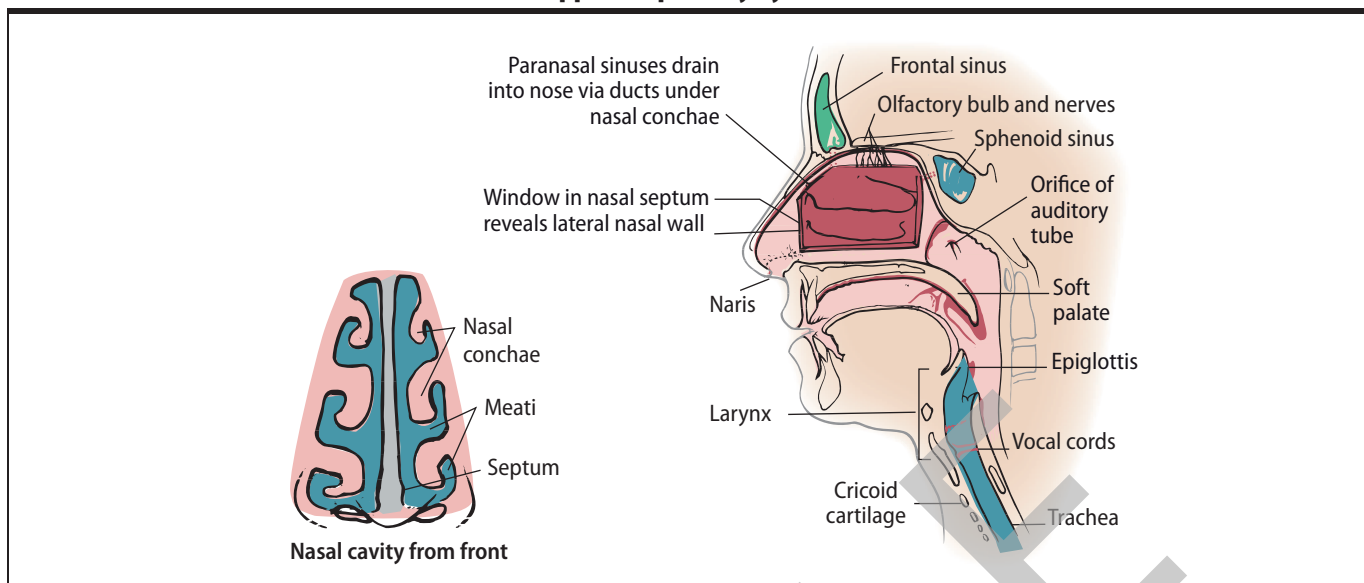
POA explicitly documented

If the provider explicitly documents a condition as being present on admission or not present on admission, assign the appropriate Y or N POA indicator based on that documentation. If there is conflicting documentation by different providers, query the attending physician.

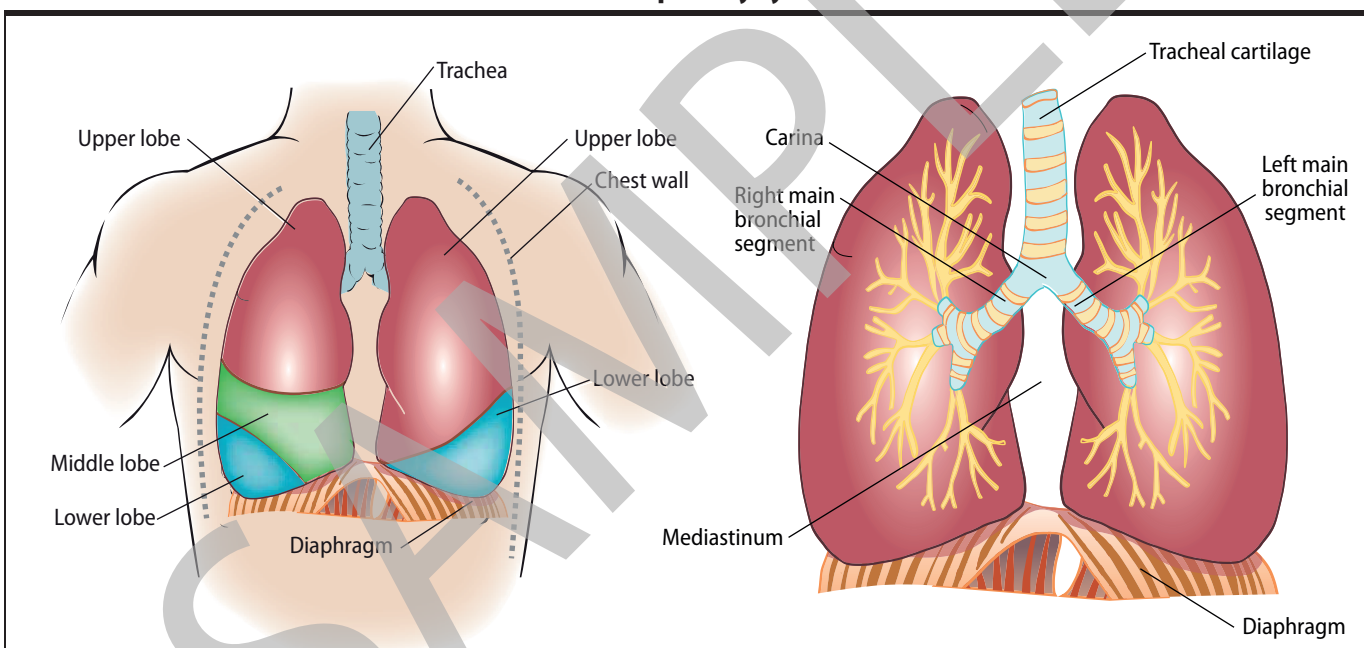
Examples

- Even though sepsis is not diagnosed in the ED, the discharge summary states that the patient presented with sepsis at the time of admission.
The provider explicitly stated that the sepsis was present on admission and therefore the Y POA indicator should be used.
- The patient was admitted with chills and cough and two days later diagnosed with pneumonia. The discharge summary documents that the pneumonia was not present on admission.
Although the patient showed some symptoms of pneumonia on admission, the provider may have clinical evidence (e.g., chest x-rays, cultures) that indicates that pneumonia did not develop until after admission. Since this

Upper Respiratory System



Lower Respiratory System



Paranasal Sinuses

