

ICD-10-CM Professional for Physicians

The complete official code set

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

2023

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Deleted Text

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

Optum360 Notations

AHA Coding Clinic Citations

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

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

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

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

Definitions

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

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



Coding Tips

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

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

Icons

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

- **New Code**
Codes that have been added to the classification effective October 1, 2022.
- **New Code – Mid-year**
Codes that have been added to the classification effective April 1, 2022. 
- ▲ **Revised Code**
Codes that have had a change to their description or validity effective October 1, 2022. For additional information on codes with validity changes, see the "What's New" section.
- ▲ **Revised Code – Mid-year**
Codes that have had a change to their description or validity effective April 1, 2022. 

Additional Characters Required

- ✓4th This symbol indicates that the code requires a 4th character.
- ✓5th This symbol indicates that the code requires a 5th character.
- ✓6th This symbol indicates that the code requires a 6th character.
- ✓7th This symbol indicates that the code requires a 7th character.

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

Placeholder Alert

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

✓x7th **T16.1 Foreign body in right ear**

This manual provides the most current information that was available at the time of publication. Except where otherwise noted, the icons and/or color bars reflect edits provided in the Integrated Outpatient Code Editor (IOCE) quarterly files utilized under the outpatient prospective payment system (OPPS). Because the October 2021 quarterly files were not available at the time this book was printed, the edits in this manual are based on the July 2021 quarterly files. The following is a list of IOCE edits specifically identified in this manual:

- Age
- Sex
- Manifestation
- Unacceptable principal diagnosis

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

Age Edits

N Newborn Age: 0

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

N47.0 Adherent prepuce, newborn Nσ

P Pediatric Age: 0-17

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

L21.1 Seborrheic infantile dermatitis P

M Maternity Age: 9-64

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

O02.9 Abnormal product of conception, unspecified Mσ

A Adult Age: 15-124

These diagnoses are intended for patients between the age of 15 and 124 years.

R54 Age-related physical debility U A
 Frailty
 Old age
 Senescence
 Senile asthenia
 Senile debility
EXCLUDES1 age-related cognitive decline (R41.81)
 sarcopenia (M62.84)
 senile psychosis (F03)
 senility NOS (R41.81)

Sex Edits

♂ **Male diagnosis only**

Q98.0 Klinefelter syndrome karyotype 47, XXY ♂

♀ **Female diagnosis only**

N35.12 Postinfective urethral stricture, not elsewhere classified, female ♀

UPD **Unacceptable Principal Diagnosis**

This symbol identifies codes that should not be assigned as the first-listed code for *outpatient* admissions. Codes with an unacceptable principal diagnosis edit are considered supplementary (describing circumstances that influence an individual’s health status or an additional code), identifying conditions that are not specific manifestations but may be due to an underlying cause.

7th **T48.5X5** Adverse effect of other anti-common-cold drugs **UPD**

HCC **CMS-HCC Condition**

This icon identifies conditions that are considered a CMS-HCC (hierarchical condition category) diagnosis.

The HCC codes represented in this manual have been updated to reflect the 2022 Initial ICD-10-CM Mappings for CMS-HCC Model v24. Midyear final mappings were not available at the time this publication went to print; refer to the following CMS website for final mappings: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>.

Y62.2 Failure of sterile precautions during kidney dialysis and other perfusion **HCC**

Rx **Rx-HCC Condition**

This icon identifies conditions that are included in the Rx-HCC risk adjustment model, which covers the Part D (prescription drug) benefit.

New for 2023

ESR **ESRD HCC Condition**

This icon identifies conditions that are included in the End Stage Renal Disease (ESRD) HCC risk adjustment model.

New for 2023

COM **Commercial HCC Condition**

This icon identifies conditions that are included in the commercial HHS-HCC risk adjustment model.

New for 2023

Q **QPP Condition**

This icon identifies conditions recognized as a quality measure for claims-based reporting under CMS’s Merit-based Incentive Payment System (MIPS) Claims Single Source v5.0.

G44.52 New daily persistent headache (NDPH) **Q**

PDx **Z-code as First-Listed Diagnosis**

Identify Z codes that generally are for use as a first-listed diagnosis only but may be used as an additional diagnosis if the patient has more than one encounter on the same day or there is more than one reason for the encounter.

The instructions for Z code use contained in the ICD-10-CM official coding guidelines identify those Z codes that can be used only as a PDx. All other Z codes may either be SDx or PDx, depending upon circumstances of the encounter, by meeting the definition of first-listed or principal diagnosis, and by following any specific Z code guidelines in section I.C.21 a-c. The responsibility of those assigning the Z codes as PDx is to make sure the circumstances of the encounter meet the definition of first-listed or principal diagnosis, follow all coding instructions, and follow the Z code

specific guidelines. Optum360 does not include any SDx edit since there is no official source for it and the Z code use is determined by circumstances of the encounter.

Note: Please note that the symbols indicating the Z code “principal or first-listed only” designation and the Z codes that may be principal or first-listed diagnoses included in the official coding guidelines [section I.C.21.c.16] are consistent with reporting guidelines for health care encounters *excluding acute care inpatient admissions*. These Z code edits are often in conflict with the inpatient prospective payment system (IPPS) edits. For example, code Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester, may be an appropriate primary reason for an outpatient encounter. However, supervision for a normal pregnancy is not an acceptable principal diagnosis or reason for an inpatient admission and will have an unacceptable principal diagnosis edit under the inpatient prospective payment system (IPPS).

Z51.12 Encounter for antineoplastic immunotherapy **PDx**

Color Bars

Manifestation Code

Codes defined as manifestation codes appear in italic type, with a blue color bar over the code description. A manifestation cannot be reported as a first-listed code; it is sequenced as a secondary diagnosis with the underlying disease code listed first.

G32.89 *Other specified degenerative disorders of nervous system in diseases classified elsewhere*
Degenerative encephalopathy in diseases classified elsewhere

Unspecified Diagnosis

Codes that appear with a gray color bar over the alphanumeric code identify unspecified diagnoses. These codes should be used in limited circumstances, when neither the diagnostic statement nor the documentation provides enough information to assign a more specific diagnosis code. The abbreviation NOS, “not otherwise specified,” in the tabular list may be interpreted as “unspecified.”

G03.9 Meningitis, unspecified
Arachnoiditis (spinal) NOS

Footnotes

Certain codes in the tabular section have a numerical superscript located to the upper left of the code. This numerical superscript corresponds to a specific footnote description.

For example:

1 **7th** **M48.51** Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region **HCC**

For convenience, the footnote descriptions are

The following list also provides the footnote descriptions of all numerical superscripts found in the Tabular List of Diseases:

- 1 These codes are considered an HCC when reported as an initial encounter (7th character A, B, or C).
- 2 These codes are considered an HCC when reported as an initial encounter (7th character A or B) OR sequela (7th character S).
- 3 These codes are considered an HCC when reported as a sequela (7th character S).

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.

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

Adiaspiromycosis B48.8

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

Adiponecrosis neonatorum P83.88

Adiposis — *see also* Obesity
 cerebri E23.6
 dolorosa E88.2

Adiposity — *see also* Obesity
 heart — *see* Degeneration, myocardial
 localized E65

Adiposogenital dystrophy E23.6

Adjustment

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

Administration of tPA (rtPA) in a different facility within
 the last 24 hours prior to admission to current facil-
 ity Z92.82

Admission (for) — *see also* Encounter (for)

adjustment (of)
 artificial
 arm Z44.00-
 complete Z44.01-
 partial Z44.02-
 eye Z44.2
 leg Z44.10-
 complete Z44.11-
 partial Z44.12-
 brain neuropacemaker Z46.2
 implanted Z45.42
 breast
 implant Z45.81
 prosthesis (external) Z44.3
 colostomy belt Z46.89
 contact lenses Z46.0
 cystostomy device Z46.6
 dental prosthesis Z46.3
 device NEC
 abdominal Z46.89
 implanted Z45.89
 cardiac Z45.09
 defibrillator (with synchronous cardiac
 pacemaker) Z45.02
 pacemaker (cardiac resynchronization
 therapy (CRT-P)) Z45.018
 pulse generator Z45.010
 resynchronization therapy defibrillator
 (CRT-D) Z45.02
 hearing device Z45.328
 bone conduction Z45.320
 cochlear Z45.321
 infusion pump Z45.1
 nervous system Z45.49
 CSF drainage Z45.41
 hearing device — *see* Admission, adjust-
 ment, device, implanted, hearing
 device
 neuropacemaker Z45.42
 visual substitution Z45.31
 specified NEC Z45.89
 vascular access Z45.2
 visual substitution Z45.31
 nervous system Z46.2
 implanted — *see* Admission, adjustment,
 device, implanted, nervous system
 orthodontic Z46.4
 prosthetic Z44.9
 arm — *see* Admission, adjustment, artificial,
 arm
 breast Z44.3
 dental Z46.3
 eye Z44.2
 leg — *see* Admission, adjustment, artificial,
 leg
 specified type NEC Z44.8
 substitution
 auditory Z46.2
 implanted — *see* Admission, adjustment,
 device, implanted, hearing device
 nervous system Z46.2
 implanted — *see* Admission, adjustment,
 device, implanted, nervous system
 visual Z46.2
 implanted Z45.31
 urinary Z46.6
 hearing aid Z46.1
 implanted — *see* Admission, adjustment, device,
 implanted, hearing device
 ileostomy device Z46.89
 intestinal appliance or device NEC Z46.89

Admission — *continued*

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

- C11.2 Malignant neoplasm of lateral wall of nasopharynx** HCC
Malignant neoplasm of fossa of Rosenmüller
Malignant neoplasm of opening of auditory tube
Malignant neoplasm of pharyngeal recess
- C11.3 Malignant neoplasm of anterior wall of nasopharynx** HCC
Malignant neoplasm of floor of nasopharynx
Malignant neoplasm of nasopharyngeal (anterior) (posterior) surface of soft palate
Malignant neoplasm of posterior margin of nasal choana
Malignant neoplasm of posterior margin of nasal septum
- C11.8 Malignant neoplasm of overlapping sites of nasopharynx** HCC
- C11.9 Malignant neoplasm of nasopharynx, unspecified** HCC
Malignant neoplasm of nasopharyngeal wall NOS
- C12 Malignant neoplasm of pyriform sinus** HCC
Malignant neoplasm of pyriform fossa
Use additional code to identify:
exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)
- ✓4th C13 Malignant neoplasm of hypopharynx**
Use additional code to identify:
exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)
EXCLUDES 2 malignant neoplasm of pyriform sinus (C12)
DEF: Hypopharynx: Lower portion of pharynx (throat); communicates with the oropharynx and the esophagus. **Synonym(s):** laryngopharynx.
- C13.0 Malignant neoplasm of postcricoid region** HCC
- C13.1 Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect** HCC
Malignant neoplasm of aryepiglottic fold, marginal zone
Malignant neoplasm of aryepiglottic fold NOS
Malignant neoplasm of interarytenoid fold, marginal zone
Malignant neoplasm of interarytenoid fold NOS
EXCLUDES 2 malignant neoplasm of aryepiglottic fold or interarytenoid fold, laryngeal aspect (C32.1)
- C13.2 Malignant neoplasm of posterior wall of hypopharynx** HCC
- C13.8 Malignant neoplasm of overlapping sites of hypopharynx** HCC
- C13.9 Malignant neoplasm of hypopharynx, unspecified** HCC
Malignant neoplasm of hypopharyngeal wall NOS
- ✓4th C14 Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx**
Use additional code to identify:
alcohol abuse and dependence (F10.-)
exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)
EXCLUDES 1 malignant neoplasm of oral cavity NOS (C06.9)
- C14.0 Malignant neoplasm of pharynx, unspecified** HCC
- C14.2 Malignant neoplasm of Waldeyer's ring** HCC
DEF: Waldeyer's ring: Ring of lymphoid tissue that is made up of the two palatine tonsils, the pharyngeal tonsil (adenoid), and the lingual tonsil. It functions as the defense against infection and assists with the development of the immune system.
- C14.8 Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx** HCC
Primary malignant neoplasm of two or more contiguous sites of lip, oral cavity and pharynx
EXCLUDES 1 "book leaf" neoplasm [ventral surface of tongue and floor of mouth] (C06.89)
- Malignant neoplasms of digestive organs (C15-C26)**
EXCLUDES 1 Kaposi's sarcoma of gastrointestinal sites (C46.4)
EXCLUDES 2 gastrointestinal stromal tumors (C49.A-)
- ✓4th C15 Malignant neoplasm of esophagus**
Use additional code to identify:
alcohol abuse and dependence (F10.-)
- C15.3 Malignant neoplasm of upper third of esophagus** HCC
- C15.4 Malignant neoplasm of middle third of esophagus** HCC
- C15.5 Malignant neoplasm of lower third of esophagus** HCC
EXCLUDES 1 malignant neoplasm of cardio-esophageal junction (C16.0)
- C15.8 Malignant neoplasm of overlapping sites of esophagus** HCC
- C15.9 Malignant neoplasm of esophagus, unspecified** HCC
- ✓4th C16 Malignant neoplasm of stomach**
Use additional code to identify:
alcohol abuse and dependence (F10.-)
EXCLUDES 2 malignant carcinoid tumor of the stomach (C7A.092)
- C16.0 Malignant neoplasm of cardia** HCC Rx ESR COM
Malignant neoplasm of cardiac orifice
Malignant neoplasm of cardio-esophageal junction
Malignant neoplasm of esophagus and stomach
Malignant neoplasm of gastro-esophageal junction
- C16.1 Malignant neoplasm of fundus of stomach** HCC Rx ESR COM
- C16.2 Malignant neoplasm of body of stomach** HCC Rx ESR COM
- C16.3 Malignant neoplasm of pyloric antrum** HCC Rx ESR COM
Malignant neoplasm of gastric antrum
- C16.4 Malignant neoplasm of pylorus** HCC Rx ESR COM
Malignant neoplasm of prepylorus
Malignant neoplasm of pyloric canal
- C16.5 Malignant neoplasm of lesser curvature of stomach, unspecified** HCC Rx ESR COM
Malignant neoplasm of lesser curvature of stomach, not classifiable to C16.1-C16.4
- C16.6 Malignant neoplasm of greater curvature of stomach, unspecified** HCC Rx ESR COM
Malignant neoplasm of greater curvature of stomach, not classifiable to C16.0-C16.4
- C16.8 Malignant neoplasm of overlapping sites of stomach** HCC Rx ESR COM
- C16.9 Malignant neoplasm of stomach, unspecified** HCC Rx ESR COM
Gastric cancer NOS
- ✓4th C17 Malignant neoplasm of small intestine**
EXCLUDES 1 malignant carcinoid tumors of the small intestine (C7A.01)
AHA: 2016, 1Q, 19
- C17.0 Malignant neoplasm of duodenum** HCC Rx ESR COM
- C17.1 Malignant neoplasm of jejunum** HCC Rx ESR COM
- C17.2 Malignant neoplasm of ileum** HCC Rx ESR COM
EXCLUDES 1 malignant neoplasm of ileocecal valve (C18.0)
- C17.3 Meckel's diverticulum, malignant** HCC Rx ESR COM
EXCLUDES 1 Meckel's diverticulum, congenital (Q43.0)
DEF: Congenital, abnormal remnant of embryonic digestive system development that leaves a sacculcation or outpouching from the wall of the small intestine near the terminal part of the ileum made of acid-secreting tissue as in the stomach.
- C17.8 Malignant neoplasm of overlapping sites of small intestine** HCC Rx ESR COM
- C17.9 Malignant neoplasm of small intestine, unspecified** HCC Rx ESR COM
- ✓4th C18 Malignant neoplasm of colon**
EXCLUDES 1 malignant carcinoid tumors of the colon (C7A.02-)
- C18.0 Malignant neoplasm of cecum** HCC
Malignant neoplasm of ileocecal valve
- C18.1 Malignant neoplasm of appendix** HCC
- C18.2 Malignant neoplasm of ascending colon** HCC
- C18.3 Malignant neoplasm of hepatic flexure** HCC
- C18.4 Malignant neoplasm of transverse colon** HCC
- C18.5 Malignant neoplasm of splenic flexure** HCC
- C18.6 Malignant neoplasm of descending colon** HCC
- C18.7 Malignant neoplasm of sigmoid colon** HCC
Malignant neoplasm of sigmoid (flexure)
EXCLUDES 1 malignant neoplasm of rectosigmoid junction (C19)
- C18.8 Malignant neoplasm of overlapping sites of colon** HCC
- C18.9 Malignant neoplasm of colon, unspecified** HCC
Malignant neoplasm of large intestine NOS
- C19 Malignant neoplasm of rectosigmoid junction** HCC
Malignant neoplasm of colon with rectum
Malignant neoplasm of rectosigmoid (colon)
EXCLUDES 1 malignant carcinoid tumors of the colon (C7A.02-)
- C20 Malignant neoplasm of rectum** HCC
Malignant neoplasm of rectal ampulla
EXCLUDES 1 malignant carcinoid tumor of the rectum (C7A.026)

F51.09 Other insomnia not due to a substance or known physiological condition

✓ 5th F51.1 Hypersomnia not due to a substance or known physiological condition

EXCLUDES 2 alcohol related hypersomnia (F10.182, F10.282, F10.982)
 drug-related hypersomnia (F11.182, F11.282, F11.982, F13.182, F13.282, F13.982, F14.182, F14.282, F14.982, F15.182, F15.282, F15.982, F19.182, F19.282, F19.982)
 hypersomnia NOS (G47.10)
 hypersomnia due to known physiological condition (G47.10)
 idiopathic hypersomnia (G47.11, G47.12)
 narcolepsy (G47.4-)

F51.11 Primary hypersomnia

F51.12 Insufficient sleep syndrome

EXCLUDES 1 sleep deprivation (Z72.820)

F51.13 Hypersomnia due to other mental disorder

Code also associated mental disorder

F51.19 Other hypersomnia not due to a substance or known physiological condition

F51.3 Sleepwalking [somnambulism]

Non-rapid eye movement sleep arousal disorders, sleepwalking type

F51.4 Sleep terrors [night terrors]

Non-rapid eye movement sleep arousal disorders, sleep terror type

F51.5 Nightmare disorder

Dream anxiety disorder

F51.8 Other sleep disorders not due to a substance or known physiological condition

F51.9 Sleep disorder not due to a substance or known physiological condition, unspecified

Emotional sleep disorder NOS

✓ 4th F52 Sexual dysfunction not due to a substance or known physiological condition

EXCLUDES 2 Dhat syndrome (F48.8)

F52.0 Hypoactive sexual desire disorder

Lack or loss of sexual desire
 Male hypoactive sexual desire disorder
 Sexual anhedonia

EXCLUDES 1 decreased libido (R68.82)

F52.1 Sexual aversion disorder

Sexual aversion and lack of sexual enjoyment

✓ 5th F52.2 Sexual arousal disorders

Failure of genital response

F52.21 Male erectile disorder

Erectile disorder
 Psychogenic impotence
EXCLUDES 1 impotence of organic origin (N52.-)
 impotence NOS (N52.-)

F52.22 Female sexual arousal disorder

Female sexual interest/arousal disorder

✓ 5th F52.3 Orgasmic disorder

Inhibited orgasm
 Psychogenic anorgasm

F52.31 Female orgasmic disorder

F52.32 Male orgasmic disorder

Delayed ejaculation

F52.4 Premature ejaculation

F52.5 Vaginismus not due to a substance or known physiological condition

Psychogenic vaginismus
EXCLUDES 2 vaginismus (due to a known physiological condition) (N94.2)

DEF: Psychogenic response resulting in painful contractions of the vaginal canal muscles. This condition can be severe enough to prevent sexual intercourse.

F52.6 Dyspareunia not due to a substance or known physiological condition

Genito-pelvic pain or penetration disorder
 Psychogenic dyspareunia
EXCLUDES 2 dyspareunia (due to a known physiological condition) (N94.1-)

F52.8 Other sexual dysfunction not due to a substance or known physiological condition

Excessive sexual drive
 Nymphomania
 Satyriasis

F52.9 Unspecified sexual dysfunction not due to a substance or known physiological condition

Sexual dysfunction NOS

✓ 4th F53 Mental and behavioral disorders associated with the puerperium, not elsewhere classified

EXCLUDES 1 mood disorders with psychotic features (F30.2, F31.2, F31.5, F31.64, F32.3, F33.3)
 postpartum dysphoria (O90.6)
 psychosis in schizophrenia, schizotypal, delusional, and other psychotic disorders (F20-F29)

AHA: 2018, 4Q, 8

F53.0 Postpartum depression

Postnatal depression, NOS
 Postpartum depression, NOS

F53.1 Puerperal psychosis

Postpartum psychosis
 Puerperal psychosis, NOS

F54 Psychological and behavioral factors associated with disorders or diseases classified elsewhere

Psychological factors affecting physical conditions
 Code first the associated physical disorder, such as:
 asthma (J45.-)
 dermatitis (L23-L25)
 gastric ulcer (K25.-)
 mucous colitis (K58.-)
 ulcerative colitis (K51.-)
 urticaria (L50.-)

EXCLUDES 2 tension-type headache (G44.2)

✓ 4th F55 Abuse of non-psychoactive substances

EXCLUDES 2 abuse of psychoactive substances (F10-F19)

F55.0 Abuse of antacids

F55.1 Abuse of herbal or folk remedies

F55.2 Abuse of laxatives

F55.3 Abuse of steroids or hormones

F55.4 Abuse of vitamins

F55.8 Abuse of other non-psychoactive substances

F59 Unspecified behavioral syndromes associated with physiological disturbances and physical factors

Psychogenic physiological dysfunction NOS

Disorders of adult personality and behavior (F60-F69)

✓ 4th F60 Specific personality disorders

F60.0 Paranoid personality disorder

Expansive paranoid personality (disorder)
 Fanatic personality (disorder)
 Paranoid personality (disorder)
 Querulant personality (disorder)
 Sensitive paranoid personality (disorder)
EXCLUDES 2 paranoia (F22)
 paranoia querulans (F22)
 paranoid psychosis (F22)
 paranoid schizophrenia (F20.0)
 paranoid state (F22)

F60.1 Schizoid personality disorder

EXCLUDES 2 Asperger's syndrome (F84.5)
 delusional disorder (F22)
 schizoid disorder of childhood (F84.5)
 schizophrenia (F20.-)
 schizotypal disorder (F21)

F60.2 Antisocial personality disorder

Amoral personality (disorder)
 Asocial personality (disorder)
 Dissocial personality disorder
 Psychopathic personality (disorder)
 Sociopathic personality (disorder)
EXCLUDES 1 conduct disorders (F91.-)
EXCLUDES 2 borderline personality disorder (F60.3)

F60.3 Borderline personality disorder

Aggressive personality (disorder)
 Emotionally unstable personality disorder
 Explosive personality (disorder)
EXCLUDES 2 antisocial personality disorder (F60.2)

- I25.811 Atherosclerosis of native coronary artery of transplanted heart without angina pectoris**
Atherosclerosis of native coronary artery of transplanted heart NOS
EXCLUDES 1 atherosclerosis of native coronary artery of transplanted heart with angina pectoris (I25.75-)
- I25.812 Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris** **A**
Atherosclerosis of bypass graft of transplanted heart NOS
EXCLUDES 1 atherosclerosis of bypass graft of transplanted heart with angina pectoris (I25.76)
- I25.82 Chronic total occlusion of coronary artery** **UPD**
Complete occlusion of coronary artery
Total occlusion of coronary artery
Code first coronary atherosclerosis (I25.1-, I25.7-, I25.81-)
EXCLUDES 1 acute coronary occlusion with myocardial infarction (I21.0-I21.9, I22.-)
acute coronary occlusion without myocardial infarction (I24.0)
AHA: 2018, 3Q, 5
DEF: Complete blockage of the coronary artery due to plaque accumulation over an extended period of time, resulting in substantial reduction of blood flow. Symptoms include angina or chest pain.
TIP: Report this code in addition to a code from category I21.- or I22.- when the chronic total occlusion and the myocardial infarction are documented as being in different vessels.
- I25.83 Coronary atherosclerosis due to lipid rich plaque** **UPD A**
Code first coronary atherosclerosis (I25.1-, I25.7-, I25.81-)
- I25.84 Coronary atherosclerosis due to calcified coronary lesion** **UPD**
Coronary atherosclerosis due to severely calcified coronary lesion
Code first coronary atherosclerosis (I25.1-, I25.7-, I25.81-)
- I25.89 Other forms of chronic ischemic heart disease**
- I25.9 Chronic ischemic heart disease, unspecified**
Ischemic heart disease (chronic) NOS

Pulmonary heart disease and diseases of pulmonary circulation (I26-I28)

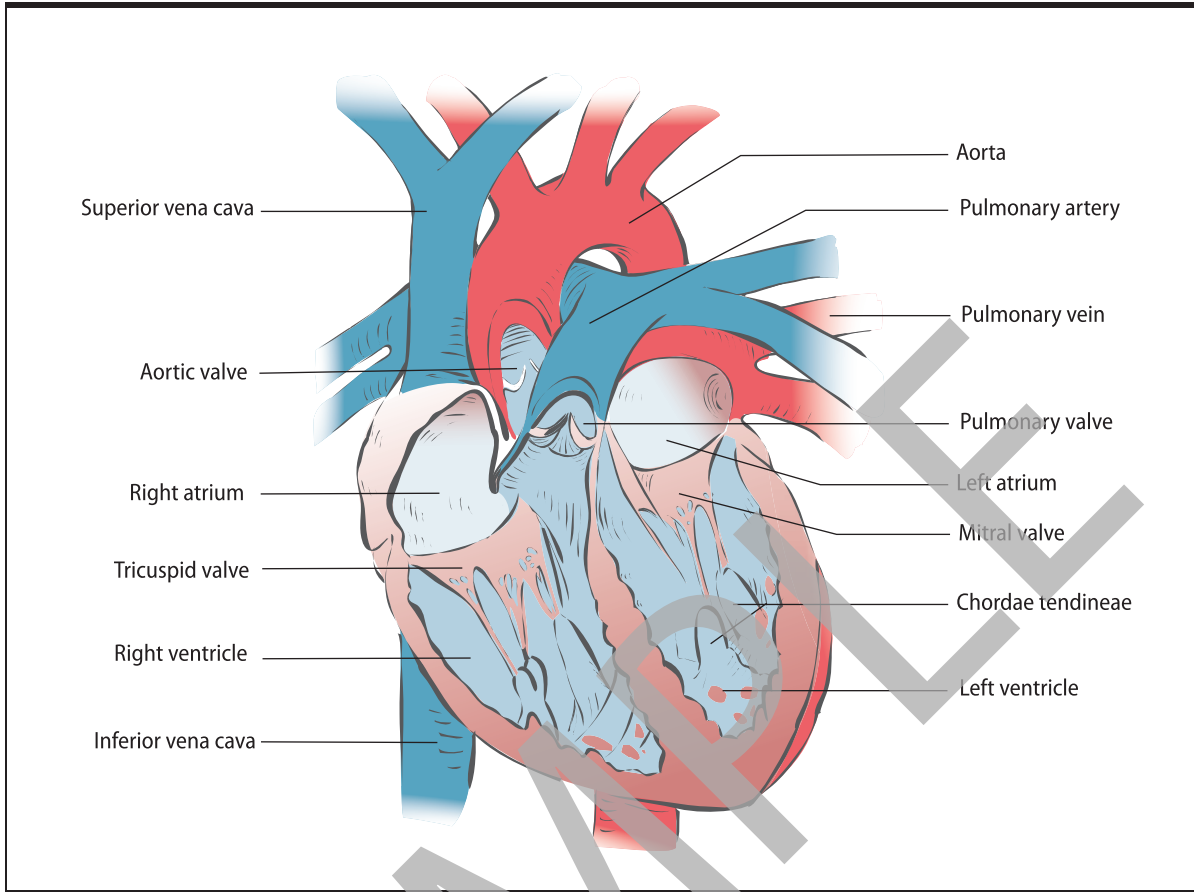
- √4th I26 Pulmonary embolism**
INCLUDES pulmonary (acute) (artery)(vein) infarction
pulmonary (acute) (artery)(vein) thromboembolism
pulmonary (acute) (artery)(vein) thrombosis
EXCLUDES 2 chronic pulmonary embolism (I27.82)
personal history of pulmonary embolism (Z86.711)
pulmonary embolism complicating abortion, ectopic or molar pregnancy (O00-O07, O08.2)
pulmonary embolism complicating pregnancy, childbirth and the puerperium (O88.-)
pulmonary embolism due to complications of surgical and medical care (T80.0, T81.7-, T82.8-)
pulmonary embolism due to trauma (T79.0, T79.1)
septic (non-pulmonary) arterial embolism (I76)
- √5th I26.0 Pulmonary embolism with acute cor pulmonale**
DEF: Cor pulmonale: Heart-lung disease appearing in identifiable forms as chronic or acute. The chronic form of this heart-lung disease is marked by dilation and hypertrophy failure of the right ventricle due to a disease that has affected the function of the lungs, excluding congenital or left heart diseases and is also called chronic cardiopulmonary disease. The acute form is an overload of the right ventricle from a rapid onset of pulmonary hypertension, usually arising from a pulmonary embolism.
- I26.01 Septic pulmonary embolism with acute cor pulmonale** **HCC Rx ESR COM UPD**
Code first underlying infection
- I26.02 Saddle embolus of pulmonary artery with acute cor pulmonale** **HCC Rx ESR COM**
- I26.09 Other pulmonary embolism with acute cor pulmonale** **HCC Rx ESR COM**
Acute cor pulmonale NOS
AHA: 2014, 4Q, 21

- √5th I26.9 Pulmonary embolism without acute cor pulmonale**
- I26.90 Septic pulmonary embolism without acute cor pulmonale** **HCC Rx ESR COM UPD**
Code first underlying infection
- I26.92 Saddle embolus of pulmonary artery without acute cor pulmonale** **HCC Rx ESR COM**
- I26.93 Single subsegmental pulmonary embolism without acute cor pulmonale** **HCC Rx ESR COM**
Subsegmental pulmonary embolism NOS
AHA: 2021, 2Q, 9; 2019, 4Q, 6-7
- I26.94 Multiple subsegmental pulmonary emboli without acute cor pulmonale** **HCC Rx ESR COM**
AHA: 2021, 2Q, 9; 2019, 4Q, 6-7
- I26.99 Other pulmonary embolism without acute cor pulmonale** **HCC Rx ESR COM**
Acute pulmonary embolism NOS
Pulmonary embolism NOS
AHA: 2020, 3Q, 10-11; 2019, 2Q, 22
- √4th I27 Other pulmonary heart diseases**
- I27.0 Primary pulmonary hypertension** **HCC Rx ESR COM**
Heritable pulmonary arterial hypertension
Idiopathic pulmonary arterial hypertension
Primary group 1 pulmonary hypertension
Primary pulmonary arterial hypertension
EXCLUDES 1 persistent pulmonary hypertension of newborn (P29.30)
pulmonary hypertension NOS (I27.20)
secondary pulmonary arterial hypertension (I27.21)
secondary pulmonary hypertension (I27.29)
DEF: Condition that occurs when pressure within the pulmonary artery is elevated and vascular resistance is observed in the lungs.
- I27.1 Kyphoscoliotic heart disease** **HCC Rx ESR COM**
- √6th I27.2 Other secondary pulmonary hypertension**
Code also associated underlying condition
EXCLUDES 1 Eisenmenger's syndrome (I27.83)
AHA: 2017, 4Q, 14-15; 2014, 4Q, 21
DEF: Condition that occurs when pressure within the pulmonary artery is elevated and vascular resistance is observed in the lungs.
- I27.20 Pulmonary hypertension, unspecified** **HCC Rx ESR COM**
Pulmonary hypertension NOS
- I27.21 Secondary pulmonary arterial hypertension** **HCC Rx ESR COM**
(Associated) (drug-induced) (toxin-induced) pulmonary arterial hypertension NOS
(Associated) (drug-induced) (toxin-induced) (secondary) group 1 pulmonary hypertension
Code also associated conditions if applicable, or adverse effects of drugs or toxins, such as:
adverse effect of appetite depressants (T50.5X5)
congenital heart disease (Q20-Q28)
human immunodeficiency virus [HIV] disease (B20)
polymyositis (M33.2-)
portal hypertension (K76.6)
rheumatoid arthritis (M05.-)
schistosomiasis (B65.-)
Sjögren syndrome (M35.0-)
systemic sclerosis (M34.-)
- I27.22 Pulmonary hypertension due to left heart disease** **HCC Rx ESR COM**
Group 2 pulmonary hypertension
Code also associated left heart disease, if known, such as:
multiple valve disease (I08.-)
rheumatic mitral valve diseases (I05.-)
rheumatic aortic valve diseases (I06.-)
- I27.23 Pulmonary hypertension due to lung diseases and hypoxia** **HCC Rx ESR COM**
Group 3 pulmonary hypertension
Code also associated lung disease, if known, such as:
bronchiectasis (J47.-)
cystic fibrosis with pulmonary manifestations (E84.0)
interstitial lung disease (J84.-)
pleural effusion (J90)
sleep apnea (G47.3-)
- I27.24 Chronic thromboembolic pulmonary hypertension** **HCC Rx ESR COM**
Group 4 pulmonary hypertension
Code also associated pulmonary embolism, if applicable (I26.-, I27.82)

- R41.2 Retrograde amnesia**
- R41.3 Other amnesia**
Amnesia NOS
Memory loss NOS
EXCLUDES 1 *amnesic disorder due to known physiologic condition (F04)*
amnesic syndrome due to psychoactive substance use (F10-F19 with 5th character .6)
mild memory disturbance due to known physiological condition (F06.8)
transient global amnesia (G45.4)
- R41.4 Neurologic neglect syndrome**
Asomatognosia
Hemi-akinesia
Hemi-inattention
Hemispatial neglect
Left-sided neglect
Sensory neglect
Visuospatial neglect
EXCLUDES 1 *visuospatial deficit (R41.842)*
- ✓ 5th R41.8 Other symptoms and signs involving cognitive functions and awareness**
- R41.81 Age-related cognitive decline** **Q A**
Senility NOS
- R41.82 Altered mental status, unspecified**
Change in mental status NOS
EXCLUDES 1 *altered level of consciousness (R40.-)*
altered mental status due to known condition—code to condition
delirium NOS (R41.0)
AHA: 2012, 4Q, 97
- R41.83 Borderline intellectual functioning**
IQ level 71 to 84
EXCLUDES 1 *intellectual disabilities (F70-F79)*
- ✓ 6th R41.84 Other specified cognitive deficit**
EXCLUDES 1 *cognitive deficits as sequelae of cerebrovascular disease (I69.01-169.11-, 169.21-, 169.31-, 169.81-, 169.91-)*
- R41.840 Attention and concentration deficit**
EXCLUDES 1 *attention-deficit hyperactivity disorders (F90.-)*
- R41.841 Cognitive communication deficit**
- R41.842 Visuospatial deficit**
- R41.843 Psychomotor deficit**
- R41.844 Frontal lobe and executive function deficit**
- R41.89 Other symptoms and signs involving cognitive functions and awareness**
Anosognosia
- R41.9 Unspecified symptoms and signs involving cognitive functions and awareness**
Unspecified neurocognitive disorder
- R42 Dizziness and giddiness** **Q**
Light-headedness
Vertigo NOS
EXCLUDES 1 *vertiginous syndromes (H81.-)*
vertigo from infrasound (T75.23)
- ✓ 4th R43 Disturbances of smell and taste**
- R43.0 Anosmia**
DEF: Permanent or transient absence of smell that may be congenital or acquired.
- R43.1 Parosmia**
DEF: Abnormal perception of smell usually triggered by environmental odors.
- R43.2 Parageusia**
DEF: Abnormal perception of taste.
- R43.8 Other disturbances of smell and taste**
Mixed disturbance of smell and taste
- R43.9 Unspecified disturbances of smell and taste**
- ✓ 4th R44 Other symptoms and signs involving general sensations and perceptions**
EXCLUDES 1 *alcoholic hallucinations (F10.151, F10.251, F10.951)*
hallucinations in drug psychosis (F11-F19 with fifth to sixth characters 51)
hallucinations in mood disorders with psychotic symptoms (F30.2, F31.5, F32.3, F33.3)
hallucinations in schizophrenia, schizotypal and delusional disorders (F20-F29)
EXCLUDES 2 *disturbances of skin sensation (R20.-)*
- R44.0 Auditory hallucinations**
- R44.1 Visual hallucinations**
- R44.2 Other hallucinations**
- R44.3 Hallucinations, unspecified**
- R44.8 Other symptoms and signs involving general sensations and perceptions**
- R44.9 Unspecified symptoms and signs involving general sensations and perceptions**
- ✓ 4th R45 Symptoms and signs involving emotional state**
- R45.0 Nervousness**
Nervous tension
- R45.1 Restlessness and agitation**
- R45.2 Unhappiness**
- R45.3 Demoralization and apathy**
EXCLUDES 1 *anhedonia (R45.84)*
- R45.4 Irritability and anger**
- R45.5 Hostility**
- R45.6 Violent behavior**
- R45.7 State of emotional shock and stress, unspecified**
- ✓ 5th R45.8 Other symptoms and signs involving emotional state**
- R45.81 Low self-esteem**
- R45.82 Worries**
- R45.83 Excessive crying of child, adolescent or adult**
EXCLUDES 1 *excessive crying of infant (baby) R68.11*
- R45.84 Anhedonia**
- ✓ 6th R45.85 Homicidal and suicidal ideations**
EXCLUDES 1 *suicide attempt (T14.91)*
- R45.850 Homicidal ideations**
- R45.851 Suicidal ideations**
DEF: Thoughts of committing suicide but no actual attempt of suicide has been made.
- R45.86 Emotional lability**
- R45.87 Impulsiveness**
- R45.88 Nonsuicidal self-harm**
Nonsuicidal self-injury
Nonsuicidal self-mutilation
Self-inflicted injury without suicidal intent
Code also injury, if known
- R45.89 Other symptoms and signs involving emotional state**
- ✓ 4th R46 Symptoms and signs involving appearance and behavior**
EXCLUDES 1 *appearance and behavior in schizophrenia, schizotypal and delusional disorders (F20-F29)*
mental and behavioral disorders (F01-F99)
- R46.0 Very low level of personal hygiene**
- R46.1 Bizarre personal appearance**
- R46.2 Strange and inexplicable behavior**
- R46.3 Overactivity**
- R46.4 Slowness and poor responsiveness**
EXCLUDES 1 *stupor (R40.1)*
- R46.5 Suspiciousness and marked evasiveness**
- R46.6 Undue concern and preoccupation with stressful events**
- R46.7 Verbosity and circumstantial detail obscuring reason for contact**
- ✓ 5th R46.8 Other symptoms and signs involving appearance and behavior**
- R46.81 Obsessive-compulsive behavior**
EXCLUDES 1 *obsessive-compulsive disorder (F42.-)*
- R46.89 Other symptoms and signs involving appearance and behavior**
- Symptoms and signs involving speech and voice (R47-R49)**
- ✓ 4th R47 Speech disturbances, not elsewhere classified**
EXCLUDES 1 *autism (F84.0)*
cluttering (F80.81)
specific developmental disorders of speech and language (F80.-)
stuttering (F80.81)
- ✓ 5th R47.0 Dysphasia and aphasia**
- R47.01 Aphasia**
EXCLUDES 1 *aphasia following cerebrovascular disease (I69, with final characters -20)*
progressive isolated aphasia (G31.01)

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

Anatomy of the Heart



Heart Cross Section

