ICD-10-CM Expert for Physicians

The complete official code set
Codes valid from October 1, 2022 through September 30, 2023
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Code Also
A “code also” note alerts the coder that more than one code may be required to fully describe the condition. The sequencing depends on the circumstances of the encounter. Factors that may determine sequencing include severity and reason for the encounter.

Revised Text
The revised text “bow ties” alert the user to changes in official notations for the current year. Revised text may include the following:
- A change in a current parenthetical description
- A change in the code(s) associated with a current parenthetical note
- A change in how a current parenthetical note is classified (e.g., an Excludes 1 note that changed to an Excludes 2 note)
- Addition of a new parenthetical note(s) to a code

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

Optum360 Notations
AHA Coding Clinic Citations
Coding Clinics are official American Hospital Association (AHA) publications that provide coding advice specific to ICD-10-CM and ICD-10-PCS. Coding Clinic citations included in this manual are current up to the second quarter of 2021.

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

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.

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.

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

- 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).

- 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).

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.
### Sample Text

**ICD-10-CM 2023**

**How to Use ICD-10-CM Expert for Physicians 2023**

#### Age Edits

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>Newborn: 0; These diagnoses are intended for newborns and neonates and the patient’s age must be 0 years.</td>
</tr>
<tr>
<td>Pediatric</td>
<td>Pediatric: 0-17; These diagnoses are intended for children and the patient’s age must be between 0 and 17 years.</td>
</tr>
<tr>
<td>Maternity</td>
<td>Maternity: 9-64; These diagnoses are intended for childbearing patients between the age of 9 and 64 years.</td>
</tr>
<tr>
<td>Adult</td>
<td>Adult: 15-124; These diagnoses are intended for patients between the age of 15 and 124 years.</td>
</tr>
</tbody>
</table>

#### Sex Edits

<table>
<thead>
<tr>
<th>Gender</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Male diagnosis only</td>
</tr>
<tr>
<td>Female</td>
<td>Female diagnosis only</td>
</tr>
</tbody>
</table>

#### 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.

#### 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.

#### 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.

#### ESRD HCC Condition

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

#### Commercial HCC Condition

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

#### 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.

#### 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 when 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).

#### 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G32.89</td>
<td>Other specified degenerative disorders of nervous system in diseases classified elsewhere (prescription drug) benefit.</td>
</tr>
</tbody>
</table>

**Degenerative encephalopathy in diseases classified elsewhere**
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.

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 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–Z99.0 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 R00.0–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 seven 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.
## Chapter 2. Neoplasms

### C11.2–C20 Malignant Neoplasms of the Respiratory System

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C11.2</td>
<td>Malignant neoplasm of lateral wall of nasopharynx</td>
</tr>
<tr>
<td>C11.3</td>
<td>Malignant neoplasm of anterior wall of nasopharynx</td>
</tr>
<tr>
<td>C11.8</td>
<td>Malignant neoplasm of overlapping sites of nasopharynx</td>
</tr>
<tr>
<td>C12</td>
<td>Malignant neoplasm of pyriform sinus</td>
</tr>
<tr>
<td>C13</td>
<td>Malignant neoplasm of hypopharynx</td>
</tr>
<tr>
<td>C14</td>
<td>Malignant neoplasm of other and ill-defined sites in the larynx, oral cavity, and pharynx</td>
</tr>
<tr>
<td>C15</td>
<td>Malignant neoplasm of esophagus</td>
</tr>
<tr>
<td>C15.5</td>
<td>Malignant neoplasm of lower third of esophagus</td>
</tr>
<tr>
<td>C15.8</td>
<td>Malignant neoplasm of overlapping sites of esophagus</td>
</tr>
</tbody>
</table>

### C16 Malignant Neoplasm of the Stomach

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C16.1</td>
<td>Malignant neoplasm of fundus of stomach</td>
</tr>
<tr>
<td>C16.2</td>
<td>Malignant neoplasm of body of stomach</td>
</tr>
<tr>
<td>C16.3</td>
<td>Malignant neoplasm of pyloric antrum</td>
</tr>
<tr>
<td>C16.4</td>
<td>Malignant neoplasm of pylorus</td>
</tr>
</tbody>
</table>

### C17 Malignant Neoplasm of the Small Intestine

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C17.0</td>
<td>Malignant neoplasm of duodenum</td>
</tr>
<tr>
<td>C17.1</td>
<td>Malignant neoplasm of jejunum</td>
</tr>
<tr>
<td>C17.2</td>
<td>Malignant neoplasm of ileum</td>
</tr>
<tr>
<td>C17.3</td>
<td>Meckel's diverticulum, malignant</td>
</tr>
</tbody>
</table>

### C18 Malignant Neoplasm of the Colon

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C18.0</td>
<td>Malignant neoplasm of cecum</td>
</tr>
<tr>
<td>C18.1</td>
<td>Malignant neoplasm of appendix</td>
</tr>
<tr>
<td>C18.2</td>
<td>Malignant neoplasm of ascending colon</td>
</tr>
<tr>
<td>C18.3</td>
<td>Malignant neoplasm of hepatic flexure</td>
</tr>
<tr>
<td>C18.4</td>
<td>Malignant neoplasm of transverse colon</td>
</tr>
<tr>
<td>C18.5</td>
<td>Malignant neoplasm of splenic flexure</td>
</tr>
<tr>
<td>C18.6</td>
<td>Malignant neoplasm of descending colon</td>
</tr>
<tr>
<td>C18.7</td>
<td>Malignant neoplasm of sigmoid colon</td>
</tr>
<tr>
<td>C18.8</td>
<td>Malignant neoplasm of overlapping sites of colon</td>
</tr>
<tr>
<td>C18.9</td>
<td>Malignant neoplasm of colon, unspecified</td>
</tr>
</tbody>
</table>

### C19 Malignant Neoplasm of the Rectum

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C19.0</td>
<td>Malignant neoplasm of rectum, unspecified</td>
</tr>
</tbody>
</table>

### C20 Malignant Neoplasm of the Rectum

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C20.0</td>
<td>Malignant neoplasm of rectal ampulla</td>
</tr>
<tr>
<td>C20.1</td>
<td>Malignant neoplasm of midline of rectus</td>
</tr>
</tbody>
</table>

---

**ICD-10-CM 2023**

**CMS-HCC**

**Rx HCC**

**ERSD HCC**

**Commercial HCC**

**Newborn Age: 0**

**Pediatric Age: 0-17**

**Maternity Age: 9-64**

**Adult Age: 15-124**

**ICD-10-CM 2023**
Chapter 5. Mental, Behavioral, and Neurodevelopmental Disorders

F51.09–F60.3

ICD-10-CM 2023

F51.89 Other insomnia not due to a substance or known physiological condition

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

F51.11 Primary hypersomnia

F51.12 Insufficient sleep syndrome

F51.13 Sleepwalking [somnambulism]

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

F51.3 Sleepwalking [somnambulism]

F51.4 Sleep terrors [night terrors]

F51.5 Nightmare 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

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

F52.0 Hypoactive sexual desire disorder

F52.2 Sexual arousal disorders

F52.3 Orgasmic disorder

F52.4 Premature ejaculation

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

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

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

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

F53.0 Postpartum depression

F53.1 Puerperal psychosis

F53.2 Puerperal psychosis, NOS

F55 Abuse of non-psychoactive substances

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

F55.5 Abuse of other non-psychoactive substances

F59 Unspecified behavioral syndromes associated with physiological disturbances and physical factors

Disorders of adult personality and behavior (F60–F69)

F60 Specific personality disorders

F60.1 Paranoid personality disorder

F60.2 Antisocial personality disorder

F60.3 Borderline personality disorder
I25.811  Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
Atherosclerosis of native coronary artery of transplanted heart NOS
AHA: 2018, 3Q, 5
DEF: Complete occlusion of 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.

I25.812  Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
Atherosclerosis of bypass graft of transplanted heart NOS
AHA: 2018, 3Q, 5
DEF: Complete occlusion of 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.

I25.82  Chronic total occlusion of coronary artery
Complete occlusion of coronary artery
Code first coronary atherosclerosis (I25.1-, I25.7-, I25.81-)
DEF: Complete occlusion of 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
Code first coronary atherosclerosis (I25.1-, I25.7-, I25.81-)
DEF: Coronary atherosclerosis due to severely calcified coronary lesion

I25.84  Coronary atherosclerosis due to calcified coronary lesion
Coronary atherosclerosis due to severely calcified coronary lesion
Code first coronary atherosclerosis (I25.1-, I25.7-, I25.81-)
DEF: Coronary atherosclerosis due to severely calcified coronary lesion

I25.89  Other forms of chronic ischemic heart disease
Ischemic heart disease (chronic) NOS

Pulmonary heart disease and diseases of pulmonary circulation (I26-128)

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
Code first underlying infection

I26.02  Saddle embolus of pulmonary artery with acute cor pulmonale

I26.09  Other pulmonary embolism with acute cor pulmonale
Acute cor pulmonale NOS
AHA: 2014, 4Q, 21

I26.9  Pulmonary embolism without acute cor pulmonale

I26.90  Septic pulmonary embolism without acute cor pulmonale
Code first underlying infection

I26.92  Saddle embolus of pulmonary artery without acute cor pulmonale

I26.93  Single subsegmental pulmonary embolism without acute cor pulmonale
Subsegmental pulmonary embolus NOS
AHA: 2021, 2Q, 9; 2019, 4Q, 6-7

I26.94  Multiple subsegmental pulmonary embolism without acute cor pulmonale
AHA: 2021, 2Q, 9; 2019, 4Q, 6-7

I26.99  Other pulmonary embolism without acute cor pulmonale
Acute pulmonary embolism NOS
Pulmonary embolism NOS
AHA: 2020, 3Q, 10-11; 2019, 2Q, 22

I27  Other pulmonary heart diseases

I27.0  Primary pulmonary hypertension
Idiopathic pulmonary arterial hypertension
Primary group (I27.01)
Secondary pulmonary arterial hypertension (I27.02)
Group 1 pulmonary hypertension NOS
AHA: 2020, 3Q, 10-11; 2019, 2Q, 22
DEF: Condition that occurs when pressure within the pulmonary artery is elevated and vascular resistance is observed in the lungs.

I27.1  Secondary pulmonary hypertension
Idiopathic (I27.01)
Eisenmenger's syndrome (I27.83)
AHA: 2017, 4Q, 20; 2014, 4Q, 21
DEF: Condition that occurs when pressure within the pulmonary artery is elevated and vascular resistance is observed in the lungs.

I27.2  Other secondary pulmonary hypertension
Code also associated underlying condition
DEF: Persistent pulmonary hypertension of newborn (P29.38)
Group 2 pulmonary hypertension
Group 3 pulmonary hypertension
AHA: 2021, 2Q, 9; 2019, 4Q, 6-7
DEF: Condition that occurs when pressure within the pulmonary artery is elevated and vascular resistance is observed in the lungs.

I27.3  Pulmonary hypertension, unspecified
Pulmonary hypertension NOS

I27.4  Secondary pulmonary arterial hypertension
(Associated) (drug-induced) (toxin-induced)
(Associated) (drug-induced) (toxin-induced)
(secondary) group 1 pulmonary hypertension
Code also associated underlying condition
DEF: Multiple valve disease (I86.7)
Rheumatic mitral valve disease (I85.7)
Rheumatic aortic valve disease (I86.7)

I27.5  Pulmonary hypertension due to left heart disease
Group 2 pulmonary hypertension
Code also associated left heart disease, if known, as: multiple valve disease (I88.7-
Rheumatic mitral valve disease (I85.7-
Rheumatic aortic valve disease (I86.7-

I27.6  Pulmonary hypertension due to lung diseases and hypoxia
Group 3 pulmonary hypertension
Code also associated lung disease, if known, as: bronchiectasis (I11.7-
cystic fibrosis with pulmonary manifestations (E84.8)
Intestinal lung disease (J84.7-
Pleural effusion (J30)
Deep vein thrombosis (I27.3-

I27.7  Chronic thromboembolic pulmonary hypertension
Group 4 pulmonary hypertension
Code also associated pulmonary embolism, if applicable (I26.0, I26.2)
R41.2–R47.01 Chapter 18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings

R41.2 Retrograde amnesia

R41.3 Other amnesia

Amnesia NOS
Memory loss NOS

Amnestic disorder due to known physiologic condition (F00)
Amnestic syndrome due to psychoactive substance use (F10-F19 with fifth character 6)
Mild memory disturbance due to known physiological condition (F86.6)
Transient global amnesia (G45.4)

R41.4 Neurologic neglect syndrome

Asomatognosia
Hemi-akinesia
Hemi-inattention
Hemispatial neglect
Left-sided neglect
Sensory neglect
Visuospatial neglect

R42.18 Other symptoms and signs involving cognitive functions and awareness

R42.181 Age-related cognitive decline

Senility NOS

R42.182 Altered mental status, unspecified

change in mental status NOS

Altered level of consciousness (R48.4)
Altered mental status due to known condition—code to condition delirium NOS (R41.8)

AHA: 2012, 4Q, 97

R42.183 Borderline intellectual functioning

IQ level 71 to 84

AHA: 2012, 4Q, 97

R42.184 Other specified cognitive deficit

Cognitive deficits as sequelae of cerebrovascular disease (I69.01-I69.31)

Attention and concentration deficit

Attention-deficit hyperactivity disorder (F90.1)

R42.1841 Attention and concentration deficit

R42.1842 Visuospatial deficit

R42.1843 Psychomotor deficit

R42.1844 Frontal lobe and executive function deficit

Anosognosia

R42.19 Unspecified symptoms and signs involving cognitive functions and awareness

Unspecified neurocognitive disorder

R42.2 Dizziness and giddiness

AHA: 2012, 4Q, 97

Vertigo NOS

Vertigo from frostbite (T55.3)

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

Mixe disturbance of smell and taste

R43.9 Unspecified disturbances of smell and taste

R44 Other symptoms and signs involving general sensations and perceptions

Alcoholic hallucinations (F10.151, F10.251, F10.951)
Hallucinations in drug psychosis (F11-F19 with fifth character 5)
Hallucinations in mood disorders with psychotic symptoms (F38.2, F31.5, F32.3, F33.3)
Hallucinations in schizophrenia, schizotypal and delusional disorders (F20-F29)
Disturbances of skin sensation (R28.0)

R44.4 Disturbances of skin sensation

R44.8 Auditory hallucinations

R44.9 Visual hallucinations

R44.82 Other hallucinations

R44.83 Hallucinations, unspecified

R44.84 Other symptoms and signs involving general sensations and perceptions

R44.9 Unspecified symptoms and signs involving general sensations and perceptions

R45 Symptoms and signs involving emotional state

R45.0 Nervousness

R45.1 Restlessness and agitation

R45.2 Unhappiness

R45.3 Demoralization and apathy

Anhedonia (R45.84)

R45.4 Irritability and anger

R45.5 Hostility

R45.6 Violent behavior

R45.7 State of emotional shock and stress, unspecified

R45.8 Other symptoms and signs involving emotional state

Low self-esteem

Worries

Excessive crying of child, adolescent or adult

Excessive crying of infant (baby) (R68.11)

Anhedonia (R45.84)

R45.85 Homicidal and suicidal ideations

R45.850 Homicidal ideations

R45.851 Suicidal ideations

Suicide attempt (T14.91)

Thoughts of committing suicide but no actual attempt of suicide has been made

R45.86 Emotional liability

R45.87 Impulsiveness

R45.88 Non-suicidal self-harm

R45.89 Other symptoms and signs involving emotional state

Obsessive-compulsive behavior

Obsessive-compulsive disorder (F42.-)

R46 Symptoms and signs involving appearance and behavior

R46.0 Low self-esteem

R46.1 Bizarre personal appearance

R46.2 Strange and inexplicable behavior

R46.3 Overactivity

R46.4 Slowness and poor responsiveness

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

R46.8 Other symptoms and signs involving appearance and behavior

Obsessive-compulsive behavior

Obsessive-compulsive disorder (F42.-)

R46.89 Other symptoms and signs involving appearance and behavior

R47 Speech disturbances, not elsewhere classified

Autism (F84.8)

Cluttering (F80.81)

Specific developmental disorders of speech and language (F85.)

Stuttering (F88.81)

R47.0 Aphasia

R47.01 Aphasia

Aphasia following cerebrovascular disease (I69.11, with final characters -28)

Progressive isolated aphasia (G31.81)
Appendix A: Valid 3-character ICD-10-CM Codes

A09 Infectious gastroenteritis and colitis, unspecified
A33 Tetanus neonatorum
A34 Obstetrical tetanus
A35 Other tetanus
A46 Erysipelas
A55 Chlamydia lymphogranuloma (venereum)
A57 Chancroid
A58 Granuloma inguinale
A64 Unspecified sexually transmitted disease
A65 Nonvenereal syphilis
A70 Chlamydia psitacii infections
A78 Q fever
A86 Unspecified viral encephalitis
A89 Unspecified viral infection of central nervous system
A90 Dengue fever (classical dengue)
A91 Dengue hemorrhagic fever
A94 Unspecified arthropod-borne viral fever
A99 Unspecified viral hemorrhagic fever
B03 Smallpox
B04 Monkeypox
B09 Unspecified viral infection characterized by skin and mucous membrane lesions
B20 Human immunodeficiency virus (HIV) disease
B49 Unspecified mycosis
B54 Unspecified malaria
B59 Pneumocystosis
B64 Unspecified protozoal disease
B72 Dracunculiasis
B75 Trichinellosis
B79 Trichuriasis
B80 Enterobiasis
B86 Scabies
B89 Unspecified parasitic disease
B91 Sequelae of poliomylitis
B92 Sequelae of leprosy
C01 Malignant neoplasm of base of tongue
C07 Malignant neoplasm of parotid gland
C12 Malignant neoplasm of pyriform sinus
C19 Malignant neoplasm of rectal/rectosigmoid junction
C20 Malignant neoplasm of rectum
C23 Malignant neoplasm of gallbladder
C33 Malignant neoplasm of trachea
C37 Malignant neoplasm of thymus
C52 Malignant neoplasm of vagina
C55 Malignant neoplasm of uterus, part unspecified
C58 Malignant neoplasm of placenta
C61 Malignant neoplasm of prostate
C73 Malignant neoplasm of thyroid gland
D34 Benign neoplasm of thyroid gland
D45 Polycythemia vera
D62 Acute posthemorrhagic anemia
D65 Disseminated intravascular coagulation [defibrination syndrome]
D66 Hereditary factor VIII deficiency
D67 Hereditary factor IX deficiency
D71 Functional disorders of polymorphonuclear neutrophils
D77 Other disorders of blood and blood-forming organs in diseases classified elsewhere
E02 Subclinical iodine-deficiency hypothyroidism
E15 Nondiabetic hypoglycemic coma
E35 Disorders of endocrine glands in diseases classified elsewhere
E40 Kwashiorkor
E41 Nutritional marasmus
E42 Marasmic kwashiorkor
E43 Unspecified severe protein-calorie malnutrition
E45 Retarded development following protein-calorie malnutrition
# Appendix C: Z Codes for Long-Term Drug Use with Associated Drugs

This resource correlates the Z codes that are used to identify current long-term drug use with a list of drugs that are typically categorized to that class of drug. These lists are not all-inclusive, providing only the more commonly used drugs.

## Z79.01 Long term (current) use of anticoagulants
- Angiomax
- Argatroban
- Arixtra
- Bevyxxa
- Coumadin
- Eliquis
- Fragmin
- Heparin
- Lovenox
- Pradaxa
- Savaysa
- Warfarin
- Xarelto

## Z79.02 Long term (current) use of antithrombotics/antiplatelets
- Aggrastat
- Aggrenox
- Brilinta
- Clopidogrel bisulfate
- Effient
- Integrilin
- Persantine
- Plavix
- Prasugrel

## Z79.1 Long term (current) use of non-steroidal anti-inflammatories (NSAID)
- Advil
- Aleve
- Anaprox DS
- Arthrotec
- Caldolor
- Cambia
- Celebrex
- Colazal
- Daypro
- Duexis
- Feldene
- Ibuprofen
- Indocin
- Mobic
- Motrin IB
- Nabumetone
- Nalfon
- Naprelan
- Naprosyn
- NeoProfen
- Pentasa
- Ponstel
- Tovрrекс
- Voltaren
- Zipser
- Zorvolex

## Z79.2 Long term (current) use of antibiotics
- Altabax
- Amikacin
- Amoxicillin
- Ampicillin
- Augmentin
- Avelox

## Z79.3 Long term (current) use of hormonal contraceptives
- Altavera
- Alyacen
- Aranelle
- Ashlyna
- Aviane-28
- Balziva-28
- Bekyree
- Beyaz
- Brevicon 28-day
- Briellyn
- Camila
- Cryselle
- Cyflafem
- Cyclessa
- Dasetta
- Daysee
- Depo-Provera
- Depo-SubQ Provera
- Desogestrel:
  - Ethiny1
  - Elinest
- Enoquetter
- Enprese-28
- Enskyce
- Errin
- Estarylla
- Estrostep Fe
- Falmina
- Femhrt
- Gildagia
- Gildess
- Introvale
Chapter 9. Diseases of the Circulatory System (I00–I99)

Anatomy of the Heart

- Aorta
- Pulmonary artery
- Pulmonary vein
- Pulmonary valve
- Mitral valve
- Chordae tendineae
- Left atrium
- Left ventricle
- Right atrium
- Tricuspid valve
- Right ventricle
- Inferior vena cava
- Superior vena cava

Heart Cross Section

- Pleura
- Fibrous pleura
- Parietal pleura
- Epicardium
- Serous (fluid)
- Pericardial cavity
- Endocardium
- Myocardium (muscular)
- Septum
- Pericardial sinus

Pericardial layers:
- Epicardium
- Endocardium
- Pericardial cavity
- Endocardial cavity
- Septum
- Pericardial sinus

Sectional schematic

- Pericardial sac
- Pericardial reflection (layers fused)