

ICD-10-CM Expert for Physicians

The complete official guidelines and code set
Codes valid from October 1, 2025
through September 30, 2026

SAMPLE

Contents

How to Use ICD-10-CM Expert for Physicians 2026	iii	Chapter 12. Diseases of the Skin and Subcutaneous Tissue (L00–L99)	745
Introduction	iii	Chapter 13. Diseases of the Musculoskeletal System and Connective Tissue (M00–M99)	767
What’s New for 2026.....	iii	Chapter 14. Diseases of Genitourinary System (N00–N99).....	857
Conversion Table	iii	Chapter 15. Pregnancy, Childbirth, and the Puerperium (O00–O9A).....	879
10 Steps to Correct Coding.....	iii	Chapter 16. Certain Conditions Originating in the Perinatal Period (P00–P96)	919
Official ICD-10-CM Guidelines for Coding and Reporting	iii	Chapter 17. Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00–Q99)	933
Indexes	iii	Chapter 18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00–R99)	953
Index to Diseases and Injuries	iii	Chapter 19. Injury, Poisoning, and Certain Other Consequences of External Causes (S00–T88)	975
Neoplasm Table.....	iii	Chapter 20. External Causes of Morbidity (V00–Y99)	1175
Table of Drugs and Chemicals	iii	Chapter 21. Factors Influencing Health Status and Contact with Health Services (Z00–Z99)	1241
External Causes Index	iii	Chapter 22. Codes for Special Purposes (U00–U85)	1281
Index Notations	iv		
Tabular List of Diseases	v	Appendixes	Appendixes–1
Code and Code Descriptions.....	v	Appendix A: Valid 3-character ICD-10-CM Codes.....	Appendixes–1
Tabular Notations	v	Appendix B: Pharmacology List 2026.....	Appendixes–3
Official Notations	v	Appendix C: Z Codes for Long-Term Drug Use with Associated Drugs	Appendixes–18
Optum Notations	vi	Appendix D: Z Codes Only as Principal/First-Listed Diagnosis	Appendixes–20
Icons	vi	Appendix E: Centers for Medicare & Medicaid Services Hierarchical Condition Categories (CMS-HCC).....	Appendixes–21
Color Bars	vii	Appendix F: Centers for Medicare & Medicaid Services Quality Payment Program.....	Appendixes–23
Chapter-Level Notations	vii		
Appendixes	viii	Illustrations	Illustrations–1
Illustrations.....	viii	Chapter 3. Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50–D89).....	Illustrations–1
What’s New for 2026	ix	Red Blood Cells.....	Illustrations–1
Official Updates	ix	White Blood Cell.....	Illustrations–1
Proprietary Updates	ix	Platelet	Illustrations–2
Conversion Table of ICD-10-CM Codes	x	Coagulation.....	Illustrations–2
10 Steps to Correct Coding.....	xii	Spleen Anatomical Location and External Structures	Illustrations–3
ICD-10-CM Official Guidelines for Coding and Reporting	Coding Guidelines–1	Spleen Interior Structures.....	Illustrations–3
ICD-10-CM Index to Diseases and Injuries	1	Chapter 4. Endocrine, Nutritional, and Metabolic Diseases (E00–E89).....	Illustrations–4
ICD-10-CM Neoplasm Table	339	Endocrine System	Illustrations–4
ICD-10-CM Table of Drugs and Chemicals	358	Thyroid	Illustrations–5
ICD-10-CM Index to External Causes.....	408	Thyroid and Parathyroid Glands	Illustrations–5
ICD-10-CM Tabular List of Diseases and Injuries	445	Pancreas.....	Illustrations–6
Chapter 1. Certain Infectious and Parasitic Diseases (A00–B99), U07.1, U09.9	445	Anatomy of the Adrenal Gland	Illustrations–6
Chapter 2. Neoplasms (C00–D49)	471	Structure of an Ovary.....	Illustrations–7
Chapter 3. Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50–D89)	513	Testis and Associated Structures	Illustrations–7
Chapter 4. Endocrine, Nutritional, and Metabolic Diseases (E00–E89)	527	Thymus.....	Illustrations–8
Chapter 5. Mental, Behavioral, and Neurodevelopmental Disorders (F01–F99).....	553	Chapter 6. Diseases of the Nervous System (G00–G99)	Illustrations–9
Chapter 6. Diseases of the Nervous System (G00–G99).....	585	Brain	Illustrations–9
Chapter 7. Diseases of the Eye and Adnexa (H00–H59).....	609	Cranial Nerves.....	Illustrations–9
Chapter 8. Diseases of the Ear and Mastoid Process (H60–H95)	645	Peripheral Nervous System	Illustrations–10
Chapter 9. Diseases of the Circulatory System (I00–I99)	657	Spinal Cord and Spinal Nerves	Illustrations–11
Chapter 10. Diseases of the Respiratory System (J00–J99), U07.0	703	Nerve Cell.....	Illustrations–12
Chapter 11. Diseases of the Digestive System (K00–K95)	719	Trigeminal and Facial Nerve Branches	Illustrations–12

<p>Chapter 7. Diseases of the Eye and Adnexa (H00–H59)..... Illustrations–13</p> <p style="padding-left: 20px;">Eye..... Illustrations–13</p> <p style="padding-left: 20px;">Posterior Pole of Globe/Flow of Aqueous Humor Illustrations–13</p> <p style="padding-left: 20px;">Lacrimal System..... Illustrations–14</p> <p style="padding-left: 20px;">Eye Musculature Illustrations–14</p> <p style="padding-left: 20px;">Eyelid Structures..... Illustrations–14</p> <p>Chapter 8. Diseases of the Ear and Mastoid Process (H60–H95)..... Illustrations–15</p> <p style="padding-left: 20px;">Ear Anatomy Illustrations–15</p> <p>Chapter 9. Diseases of the Circulatory System (I00–I99)..... Illustrations–16</p> <p style="padding-left: 20px;">Anatomy of the Heart Illustrations–16</p> <p style="padding-left: 20px;">Heart Cross Section..... Illustrations–16</p> <p style="padding-left: 20px;">Heart Valves..... Illustrations–17</p> <p style="padding-left: 20px;">Heart Conduction System Illustrations–17</p> <p style="padding-left: 20px;">Coronary Arteries Illustrations–18</p> <p style="padding-left: 20px;">Arteries..... Illustrations–19</p> <p style="padding-left: 20px;">Veins..... Illustrations–20</p> <p style="padding-left: 20px;">Internal Carotid and Vertebral Arteries and Branches Illustrations–21</p> <p style="padding-left: 20px;">External Carotid Artery and Branches Illustrations–21</p> <p style="padding-left: 20px;">Branches of Abdominal Aorta Illustrations–22</p> <p style="padding-left: 20px;">Portal Venous Circulation..... Illustrations–22</p> <p style="padding-left: 20px;">Lymphatic System..... Illustrations–23</p> <p style="padding-left: 20px;">Axillary Lymph Nodes Illustrations–24</p> <p style="padding-left: 20px;">Lymphatic System of Head and Neck Illustrations–24</p> <p style="padding-left: 20px;">Lymphatic Capillaries..... Illustrations–25</p> <p style="padding-left: 20px;">Lymphatic Drainage Illustrations–25</p> <p>Chapter 10. Diseases of the Respiratory System (J00–J99), U07.0..... Illustrations–26</p> <p style="padding-left: 20px;">Respiratory System Illustrations–26</p> <p style="padding-left: 20px;">Upper Respiratory System Illustrations–27</p> <p style="padding-left: 20px;">Lower Respiratory System Illustrations–27</p> <p style="padding-left: 20px;">Paranasal Sinuses..... Illustrations–27</p> <p style="padding-left: 20px;">Lung Segments..... Illustrations–28</p> <p style="padding-left: 20px;">Alveoli Illustrations–28</p> <p>Chapter 11. Diseases of the Digestive System (K00–K95)..... Illustrations–29</p> <p style="padding-left: 20px;">Digestive System Illustrations–29</p> <p style="padding-left: 20px;">Omentum and Mesentery Illustrations–30</p> <p style="padding-left: 20px;">Peritoneum and Retroperitoneum Illustrations–30</p>	<p>Chapter 12. Diseases of the Skin and Subcutaneous Tissue (L00–L99) Illustrations–31</p> <p style="padding-left: 20px;">Nail Anatomy Illustrations–31</p> <p style="padding-left: 20px;">Skin and Subcutaneous Tissue Illustrations–31</p> <p>Chapter 13. Diseases of the Musculoskeletal System and Connective Tissue (M00–M99)..... Illustrations–32</p> <p style="padding-left: 20px;">Bones and Joints Illustrations–32</p> <p style="padding-left: 20px;">Shoulder Anterior View Illustrations–33</p> <p style="padding-left: 20px;">Shoulder Posterior View Illustrations–33</p> <p style="padding-left: 20px;">Elbow Anterior View Illustrations–33</p> <p style="padding-left: 20px;">Elbow Posterior View..... Illustrations–33</p> <p style="padding-left: 20px;">Hand Illustrations–33</p> <p style="padding-left: 20px;">Hip Anterior View Illustrations–34</p> <p style="padding-left: 20px;">Hip Posterior View Illustrations–34</p> <p style="padding-left: 20px;">Knee Anterior View Illustrations–34</p> <p style="padding-left: 20px;">Knee Posterior View Illustrations–34</p> <p style="padding-left: 20px;">Foot Illustrations–34</p> <p style="padding-left: 20px;">Muscles..... Illustrations–35</p> <p>Chapter 14. Diseases of Genitourinary System (N00–N99) Illustrations–36</p> <p style="padding-left: 20px;">Urinary System Illustrations–36</p> <p style="padding-left: 20px;">Male Genitourinary System..... Illustrations–37</p> <p style="padding-left: 20px;">Female Internal Genitalia Illustrations–37</p> <p style="padding-left: 20px;">Female Genitourinary Tract Lateral View Illustrations–37</p> <p>Chapter 15. Pregnancy, Childbirth, and the Puerperium (O00–O9A) Illustrations–38</p> <p style="padding-left: 20px;">Term Pregnancy – Single Gestation Illustrations–38</p> <p style="padding-left: 20px;">Twin Gestation–Dichorionic–Diamniotic (DI-DI)..... Illustrations–38</p> <p style="padding-left: 20px;">Twin Gestation–Monochorionic–Diamniotic (MO-DI) Illustrations–39</p> <p style="padding-left: 20px;">Twin Gestation–Monochorionic–Monoamniotic (MO-MO) Illustrations–39</p> <p>Chapter 19. Injury, Poisoning, and Certain Other Consequences of External Causes (S00–T88)..... Illustrations–40</p> <p style="padding-left: 20px;">Types of Fractures Illustrations–40</p> <p style="padding-left: 20px;">Salter-Harris Fracture Types..... Illustrations–40</p>
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How to Use ICD-10-CM Expert for Physicians 2026

Introduction

ICD-10-CM Expert for Physicians: The Complete Official Code Set is your definitive coding resource, combining the work of the National Center for Health Statistics (NCHS), Centers for Medicare and Medicaid Services (CMS), American Hospital Association (AHA), and Optum experts to provide the information you need for coding accuracy.

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), is an adaptation of ICD-10, copyrighted by the World Health Organization (WHO). The development and maintenance of this clinical modification (CM) is the responsibility of the NCHS as authorized by WHO. Any new concepts added to ICD-10-CM are based on an established update process through the collaboration of WHO's Update and Revision Committee and the ICD-10-CM Coordination and Maintenance Committee.

In addition to the ICD-10-CM classification, other official government source information has been included in this manual. Depending on the source, updates to information may be annual or quarterly. This manual provides the most current information that was available at the time of publication. For updates to the source documents that may have occurred after this manual was published, please refer to the following:

- **NCHS, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)**
<https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-cm>
- **CMS Integrated Outpatient Code Editor (IOCE), version 25.2**
<https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs.html>
- **CMS-HCC Risk Adjustment Model, version 28**
- **CMS ESRD-HCC Risk Adjustment Model, version 24**
- **CMS RxHCC Risk Adjustment Model, version 08**
<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>
- **HHS-HCC Commercial Risk Adjustment Model, version 07**
<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance>
- **CMS Quality Payment Program (QPP)**
<https://qpp.cms.gov/mips/explore-measures>
- **AHA Coding Clinics**
<https://www.codingclinicadvisor.com/>

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The official NCHS ICD-10-CM classification includes three main sections: the guidelines, the indexes, and the tabular list, all of which make up the bulk of this coding manual. To complement the classification, Optum's coding experts have incorporated Medicare-related coding edits and proprietary features, such as supplementary notations, coding tools, and appendixes, into a comprehensive and easy-to-use reference. This publication is organized as follows:

What's New for 2025

This section provides a high-level overview of the code changes made for fiscal 2025. The list of codes provided identifies new, revised, and deleted codes. Asterisked codes identify prior midyear changes that were made to

the classification, effective April 1, 2024. All changes are based on official addenda, provided by the NCHS.

Conversion Table

The conversion table was developed by NCHS to help facilitate data retrieval as new codes are added to the ICD-10-CM classification. This table provides a crosswalk from each fiscal 2025 new code to the equivalent code(s) assigned, prior to October 1, 2024, for that diagnosis or condition. Asterisked codes identify prior midyear additions, effective April 1, 2024. For the full conversion table, refer to the Conversion Table zip file at <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-cm>.

10 Steps to Correct Coding

This step-by-step tutorial walks the coder through the process of finding the correct code — from locating the code in the official indexes to verifying the code in the tabular section — while following applicable conventions, guidelines, and instructional notes. Specific examples are provided with detailed explanations of each coding step along with advice for proper sequencing.

Official ICD-10-CM Guidelines for Coding and Reporting

This section provides the full official conventions and guidelines regulating the appropriate assignment and reporting of ICD-10-CM codes. These conventions and guidelines are published by the U.S. Department of Health and Human Services (DHHS) and approved by the cooperating parties (American Health Information Management Association [AHIMA], NCHS, Centers for Disease Control and Prevention [CDC], and the American Hospital Association [AHA]).

Indexes

Index to Diseases and Injuries

The Index to Diseases and Injuries is arranged in alphabetic order by terms specific to a disease, condition, illness, injury, eponym, or abbreviation as well as terms that describe circumstances other than a disease or injury that may require attention from a health care professional.

Neoplasm Table

The Neoplasm Table is arranged in alphabetic order by anatomical site. Codes are then listed in individual columns based upon the histological behavior (malignant, in situ, benign, uncertain, or unspecified) of the neoplasm.

Table of Drugs and Chemicals

The Table of Drugs and Chemicals is arranged in alphabetic order by the specific drug or chemical name. Codes are listed in individual columns based upon the associated intent (poisoning, adverse effect, or underdosing). Drugs with an asterisk identify substances added to the table by Optum subject matter experts.

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.

ICD-10-CM Index to Diseases and Injuries

A

Aarskog's syndrome Q87.19
Abandonment — see Maltreatment
Abasia (-astasia) (hysterical) F44.4
Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04
Abdomen, abdominal — see also condition
acute R10.0
angina K55.1
muscle deficiency syndrome Q79.4
Abdominalgia — see Pain, abdominal
Abduction contracture, hip or other joint — see Contraction, joint
Aberant (congenital) — see also Malposition, congenital
adrenal gland Q89.1
artery (peripheral) Q27.8
basilar NEC Q28.1
cerebral Q28.3
coronary Q24.5
digestive system Q27.8
eye Q15.8
lower limb Q27.8
precerebral Q28.1
pulmonary Q25.79
renal Q27.2
retina Q14.1
specified site NEC Q27.8
subclavian Q27.8
upper limb Q27.8
vertebral Q28.1
breast Q83.8
endocrine gland NEC Q89.2
hepatic duct Q44.5
pancreas Q45.3
parathyroid gland Q89.2
pituitary gland Q89.2
sebaceous glands, mucous membrane, mouth, congenital Q38.6
spleen Q89.09
subclavian artery Q27.8
thymus (gland) Q89.2
thyroid gland Q89.2
vein (peripheral) NEC Q27.8
cerebral Q28.3
digestive system Q27.8
lower limb Q27.8
precerebral Q28.1
specified site NEC Q27.8
upper limb Q27.8
Aberration
distantal — see Disturbance, visual
mental F99
Abetalipoproteinemia E78.6
Abiotrophy R68.89
Ablatio, ablation
retinae — see Detachment, retina
Ablepharia, ablepharon Q10.3
Abnormal, abnormality, abnormalities — see also Anomaly
acid-base balance (mixed) E87.4
albumin R77.0
alphafetoprotein R77.2
alveolar ridge K08.9
anatomical relationship Q89.9
apertures, congenital, diaphragm Q79.1
atrial septal, specified NEC Q21.19
auditory perception H93.29-
diplacusis — see Diplacusis
hyperacusis — see Hyperacusis
recruitment — see Recruitment, auditory
threshold shift — see Shift, auditory threshold
autosomes Q99.9
fragile site Q95.5
basal metabolic rate R94.8
biosynthesis, testicular androgen E29.1
bleeding time R79.1
blood amino-acid level R79.83
blood level (of)
cobalt R79.0
copper R79.0
iron R79.0

Abnormal, abnormality, abnormalities — continued
blood level — continued
lithium R78.89
magnesium R79.0
mineral NEC R79.0
zinc R79.0
blood pressure
elevated R03.0
low reading (nonspecific) R03.1
blood sugar R73.09
blood-gas level R79.81
bowel sounds R19.15
absent R19.11
hyperactive R19.12
brain scan R94.02
breathing R06.9
caloric test R94.138
cerebrospinal fluid R83.9
cytology R83.6
drug level R83.2
enzyme level R83.0
hormones R83.1
immunology R83.4
microbiology R83.5
nonmedicinal level R83.3
specified type NEC R83.8
chemistry, blood R79.9
C-reactive protein R79.82
drugs — see Findings, abnormal, in blood
gas level R79.81
minerals R79.0
pancytopenia D61.818
PTT R79.1
specified NEC R79.89
toxins — see Findings, abnormal, in blood
chest sounds (friction) (rales) R09.89
chromosome, chromosomal Q99.9
with more than three X chromosomes, female Q97.1
analysis result R89.8
bronchial washings R84.8
cerebrospinal fluid R83.8
cervix uteri NEC R87.89
nasal secretions R84.8
nipple discharge R89.8
peritoneal fluid R85.89
pleural fluid R84.8
prostatic secretions R86.8
saliva R85.89
seminal fluid R86.8
sputum R84.8
synovial fluid R89.8
throat scrapings R84.8
vagina R87.89
vulva R87.89
wound secretions R89.8
dientric replacement Q93.2
ring replacement Q93.2
sex Q99.8
female phenotype Q97.9
specified NEC Q97.8
male phenotype Q98.9
specified NEC Q98.8
structural male Q98.6
specified NEC Q99.8
clinical findings NEC R68.89
coagulation D68.9
newborn, transient P61.6
profile R79.1
time R79.1
communication — see Fistula
conjunctiva, vascular H11.41-
coronary artery Q24.5
cortisol-binding globulin E27.8
course, eustachian tube Q17.8
creatinine clearance R94.4
cytology
anus R85.619
atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H) R85.611
atypical squamous cells of undetermined significance (ASC-US) R85.610
cytologic evidence of malignancy R85.614

Abnormal, abnormality, abnormalities — continued
cytology — continued
anus — continued
high grade squamous intraepithelial lesion (HGSIL) R85.613
human papillomavirus (HPV) DNA test
high risk positive R85.81
low risk positive R85.82
inadequate smear R85.615
low grade squamous intraepithelial lesion (LGSIL) R85.612
satisfactory anal smear but lacking transformation zone R85.616
specified NEC R85.618
unsatisfactory smear R85.615
female genital organs — see Abnormal, Papanicolaou (smear)
dark adaptation curve H53.61
dentofacial NEC — see Anomaly, dentofacial development, developmental Q89.9
central nervous system Q07.9
diagnostic imaging
abdomen, abdominal region NEC R93.5
biliary tract R93.2
bladder R93.41
breast R92.8
central nervous system NEC R90.89
cerebrovascular NEC R90.89
coronary circulation R93.1
digestive tract NEC R93.3
gastrointestinal (tract) R93.3
genitourinary organs R93.89
head R93.0
heart R93.1
intrathoracic organ NEC R93.89
kidney R93.42-
limbs R93.6
liver R93.2
lung (field) R91.8
musculoskeletal system NEC R93.7
renal pelvis R93.41
retroperitoneum R93.5
site specified NEC R93.89
skin and subcutaneous tissue R93.89
skull R93.0
testis R93.81-
ureter R93.41
urinary organs specified NEC R93.49
direction, teeth, fully erupted M26.30
ear ossicles, acquired NEC H74.39-
ankylosis — see Ankylosis, ear ossicles
discontinuity — see Discontinuity, ossicles, ear
partial loss — see Loss, ossicles, ear (partial)
Ebstein Q22.5
echocardiogram R93.1
echoencephalogram R90.81
echogram — see Abnormal, diagnostic imaging
electrocardiogram [ECG] [EKG] R94.31
electroencephalogram [EEG] R94.01
electrolyte — see Imbalance, electrolyte
electromyogram [EMG] R94.131
electro-oculogram [EOG] R94.110
electrophysiological intracardiac studies R94.39
electroretinogram [ERG] R94.111
erythrocytes
congenital, with perinatal jaundice D58.9
feces (color) (contents) (mucus) R19.5
finding — see Findings, abnormal, without diagnosis fluid
amniotic — see Abnormal, specimen, specified
cerebrospinal — see Abnormal, cerebrospinal fluid
peritoneal — see Abnormal, specimen, digestive organs
pleural — see Abnormal, specimen, respiratory organs
synovial — see Abnormal, specimen, specified
thorax (bronchial washings) (pleural fluid) — see Abnormal, specimen, respiratory organs
vaginal — see Abnormal, specimen, female genital organs
form
teeth K00.2
uterus — see Anomaly, uterus

Chapter 1. Certain Infectious and Parasitic Diseases (A00–B99), U07.1, U09.9

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 being seen for hypothyroidism with possible HIV infection
E03.9 Hypothyroidism, unspecified
Explanation: Only the hypothyroidism is coded in this scenario because it has not been confirmed that an HIV infection is present.

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.

An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.

HIV with CMV
B20 Human immunodeficiency virus [HIV] disease
B25.9 Cytomegaloviral disease, unspecified
Explanation: Cytomegaloviral infection is an HIV related condition, so the HIV diagnosis code is reported first, followed by the code for the CMV.

(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.

Sprain of the internal collateral ligament, right ankle; HIV
S93.491A Sprain of other ligament of right ankle, initial encounter
B20 Human immunodeficiency virus [HIV] disease
Explanation: The ankle sprain is not related to HIV, so it is the first-listed diagnosis 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.

Newly diagnosed multiple cutaneous Kaposi’s sarcoma lesions in previously diagnosed HIV disease
B20 Human immunodeficiency virus [HIV] disease
C46.0 Kaposi’s sarcoma of skin
Explanation: Even though the HIV was diagnosed on a previous encounter, it is still sequenced first when coded with an HIV-related condition. Kaposi’s sarcoma is an HIV-related condition.

(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” or “HIV disease” 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.

(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 applicable.

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.

(i) HIV managed by antiretroviral medication

If a patient with documented HIV disease, HIV-related illness or AIDS is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.

(j) Encounter for HIV Prophylaxis Measure

When a patient is seen for administration of pre-exposure prophylaxis medication for HIV, assign code Z29.81, Encounter for HIV pre-exposure prophylaxis. Pre-exposure prophylaxis (PrEP) is intended to prevent infection in people who are at risk for getting HIV through sex or injection drug use. Any risk factors for HIV should also be coded.

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.

Acute *E. coli* cystitis
N30.00 Acute cystitis without hematuria
B96.20 Unspecified Escherichia coli [E.coli] as the cause of diseases classified elsewhere
Explanation: An instructional note under the category for the cystitis indicates to code also the specific organism.

F16.921 Hallucinogen use, unspecified with intoxication with delirium HCC ESR COM
Other hallucinogen intoxication delirium

F16.929 Hallucinogen use, unspecified with intoxication, unspecified HCC ESR COM

F16.94 Hallucinogen use, unspecified with hallucinogen-induced mood disorder HCC ESR COM
Other hallucinogen induced bipolar or related disorder, without use disorder
Other hallucinogen induced depressive disorder, without use disorder
Phencyclidine induced bipolar or related disorder, without use disorder
Phencyclidine induced depressive disorder, without use disorder

√ 6th **F16.95** Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder

F16.950 Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions HCC ESR COM

F16.951 Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations HCC ESR COM

F16.959 Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified HCC ESR COM
Other hallucinogen induced psychotic disorder, without use disorder
Phencyclidine induced psychotic disorder, without use disorder

√ 6th **F16.98** Hallucinogen use, unspecified with other specified hallucinogen-induced disorder

F16.980 Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder HCC ESR COM
Other hallucinogen-induced anxiety disorder, without use disorder
Phencyclidine induced anxiety disorder, without use disorder

F16.983 Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks) HCC ESR COM

F16.988 Hallucinogen use, unspecified with other hallucinogen-induced disorder HCC ESR COM

F16.99 Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder HCC ESR COM

√ 4th **F17 Nicotine dependence**

EXCLUDES 1 history of tobacco dependence (Z87.891)
tobacco use NOS (Z72.0)

EXCLUDES 2 tobacco use (smoking) during pregnancy, childbirth and the puerperium (O99.33-)
toxic effect of nicotine (T65.2-)

AHA: 2013,4Q,108-109

√ 5th **F17.2 Nicotine dependence**

√ 6th **F17.20** Nicotine dependence, unspecified

F17.200 Nicotine dependence, unspecified, uncomplicated

Tobacco use disorder, mild
Tobacco use disorder, moderate
Tobacco use disorder, severe

AHA: 2016,1Q,36

TIP: Assign when provider documentation indicates "smoker" without further specification.

F17.201 Nicotine dependence, unspecified, in remission

Tobacco use disorder, mild, in early remission
Tobacco use disorder, mild, in sustained remission
Tobacco use disorder, moderate, in early remission
Tobacco use disorder, moderate, in sustained remission
Tobacco use disorder, severe, in early remission
Tobacco use disorder, severe, in sustained remission

F17.203 Nicotine dependence unspecified, with withdrawal

Tobacco withdrawal

F17.208 Nicotine dependence, unspecified, with other nicotine-induced disorders

F17.209 Nicotine dependence, unspecified, with unspecified nicotine-induced disorders

√ 6th **F17.21** Nicotine dependence, cigarettes

F17.210 Nicotine dependence, cigarettes, uncomplicated
AHA: 2017,2Q,28-29

F17.211 Nicotine dependence, cigarettes, in remission

Tobacco use disorder, cigarettes, mild, in early remission

Tobacco use disorder, cigarettes, mild, in sustained remission

Tobacco use disorder, cigarettes, moderate, in early remission

Tobacco use disorder, cigarettes, moderate, in sustained remission

Tobacco use disorder, cigarettes, severe, in early remission

Tobacco use disorder, cigarettes, severe, in sustained remission

F17.213 Nicotine dependence, cigarettes, with withdrawal

F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders

F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

√ 6th **F17.22** Nicotine dependence, chewing tobacco

F17.220 Nicotine dependence, chewing tobacco, uncomplicated

F17.221 Nicotine dependence, chewing tobacco, in remission

Tobacco use disorder, chewing tobacco, mild, in early remission

Tobacco use disorder, chewing tobacco, mild, in sustained remission

Tobacco use disorder, chewing tobacco, moderate, in early remission

Tobacco use disorder, chewing tobacco, moderate, in sustained remission

Tobacco use disorder, chewing tobacco, severe, in early remission

Tobacco use disorder, chewing tobacco, severe, in sustained remission

F17.223 Nicotine dependence, chewing tobacco, with withdrawal

F17.228 Nicotine dependence, chewing tobacco, with other nicotine-induced disorders

F17.229 Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders

√ 6th **F17.29** Nicotine dependence, other tobacco product

F17.290 Nicotine dependence, other tobacco product, uncomplicated

AHA: 2017,2Q,28-29

F17.291 Nicotine dependence, other tobacco product, in remission

Tobacco use disorder, other tobacco product, mild, in early remission

Tobacco use disorder, other tobacco product, mild, in sustained remission

Tobacco use disorder, other tobacco product, moderate, in early remission

Tobacco use disorder, other tobacco product, moderate, in sustained remission

Tobacco use disorder, other tobacco product, severe, in early remission

Tobacco use disorder, other tobacco product, severe, in sustained remission

F17.293 Nicotine dependence, other tobacco product, with withdrawal

F17.298 Nicotine dependence, other tobacco product, with other nicotine-induced disorders

F17.299 Nicotine dependence, other tobacco product, with unspecified nicotine-induced disorders

- I22.8 Subsequent ST elevation (STEMI) myocardial infarction of other sites** HCC Rx ESR COM
 Subsequent acute transmural myocardial infarction of other sites
 Subsequent apical-lateral transmural (Q wave) myocardial infarction (acute)
 Subsequent basal-lateral transmural (Q wave) myocardial infarction (acute)
 Subsequent high lateral transmural (Q wave) myocardial infarction (acute)
 Subsequent posterior (true) transmural (Q wave) myocardial infarction (acute)
 Subsequent posterobasal transmural (Q wave) myocardial infarction (acute)
 Subsequent posterolateral transmural (Q wave) myocardial infarction (acute)
 Subsequent posteroseptal transmural (Q wave) myocardial infarction (acute)
 Subsequent septal NOS transmural (Q wave) myocardial infarction (acute)
 Subsequent transmural (Q wave) myocardial infarction (acute)(of lateral (wall) NOS

- I22.9 Subsequent ST elevation (STEMI) myocardial infarction of unspecified site** HCC Rx ESR COM
 Subsequent acute myocardial infarction of unspecified site
 Subsequent myocardial infarction (acute) NOS

- I23 Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)**
 AHA: 2017,2Q,11
 DEF: ST elevation myocardial infarction: Complete obstruction of one or more coronary arteries causing decreased blood flow (ischemia) and necrosis of myocardial muscle cells.
 DEF: Non-ST elevation myocardial infarction: Partial obstruction of one or more coronary arteries that causes decreased blood flow (ischemia) and may cause partial thickness necrosis of myocardial muscle cells.

- I23.0 Hemopericardium as current complication following acute myocardial infarction** HCC Rx ESR COM A
 EXCLUDES 1 hemopericardium not specified as current complication following acute myocardial infarction (I31.2)

- I23.1 Atrial septal defect as current complication following acute myocardial infarction** HCC Rx ESR COM A
 EXCLUDES 1 acquired atrial septal defect not specified as current complication following acute myocardial infarction (I51.0)

- I23.2 Ventricular septal defect as current complication following acute myocardial infarction** HCC Rx ESR COM A
 EXCLUDES 1 acquired ventricular septal defect not specified as current complication following acute myocardial infarction (I51.0)

- I23.3 Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction** HCC Rx ESR COM A

- I23.4 Rupture of chordae tendineae as current complication following acute myocardial infarction** HCC Rx ESR COM
 EXCLUDES 1 rupture of chordae tendineae not specified as current complication following acute myocardial infarction (I51.1)

- I23.5 Rupture of papillary muscle as current complication following acute myocardial infarction** HCC Rx ESR COM
 EXCLUDES 1 rupture of papillary muscle not specified as current complication following acute myocardial infarction (I51.2)

- I23.6 Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction** HCC Rx ESR COM A
 EXCLUDES 1 thrombosis of atrium, auricular appendage, and ventricle not specified as current complication following acute myocardial infarction (I51.3)

- I23.7 Postinfarction angina** HCC Rx ESR COM A
 AHA: 2015,2Q,16
 TIP: When postinfarction angina occurs with atherosclerotic coronary artery disease, code both I23.7 and I25.118 for atherosclerotic disease with other forms of angina pectoris.

- I23.8 Other current complications following acute myocardial infarction** HCC Rx ESR COM A

I24 Other acute ischemic heart diseases

- EXCLUDES 1 angina pectoris (I20.-)
 transient myocardial ischemia in newborn (P29.4)
- EXCLUDES 2 non-ischemic myocardial injury (I5A)

- I24.0 Acute coronary thrombosis not resulting in myocardial infarction** HCC Rx ESR COM
 Acute coronary (artery) (vein) embolism not resulting in myocardial infarction
 Acute coronary (artery) (vein) occlusion not resulting in myocardial infarction
 Acute coronary (artery) (vein) thromboembolism not resulting in myocardial infarction
 EXCLUDES 1 atherosclerotic heart disease (I25.1-)
 AHA: 2013,1Q,24

- I24.1 Dressler's syndrome** HCC Rx ESR COM
 Postmyocardial infarction syndrome
 EXCLUDES 1 postinfarction angina (I23.7)
 DEF: Fever, leukocytosis, chest pain, evidence of pericarditis, pleurisy, and pneumonia occurring days or weeks after a myocardial infarction.

- I24.8 Other forms of acute ischemic heart disease** HCC Rx ESR COM
 EXCLUDES 1 myocardial infarction due to demand ischemia (I21.A1)
 AHA: 2023,4Q,25-26; 2019,4Q,53; 2017,4Q,13

- I24.81 Acute coronary microvascular dysfunction** HCC Rx ESR COM
 Acute (presentation of) coronary microvascular disease

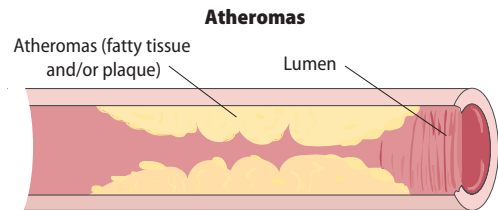
- I24.89 Other forms of acute ischemic heart disease** HCC Rx ESR COM

- I24.9 Acute ischemic heart disease, unspecified** HCC Rx ESR COM
 EXCLUDES 1 ischemic heart disease (chronic) NOS (I25.9)

I25 Chronic ischemic heart disease

- Use additional code to identify:
 chronic total occlusion of coronary artery (I25.82)
 exposure to environmental tobacco smoke (Z77.22)
 history of tobacco dependence (Z87.891)
 occupational exposure to environmental tobacco smoke (Z57.31)
 tobacco dependence (F17.-)
 tobacco use (Z72.0)
- EXCLUDES 2 non-ischemic myocardial injury (I5A)
 AHA: 2022,4Q,20-21

- I25.1 Atherosclerotic heart disease of native coronary artery** HCC Rx ESR COM
 Atherosclerotic cardiovascular disease
 Coronary (artery) atheroma
 Coronary (artery) atherosclerosis
 Coronary (artery) disease
 Coronary (artery) sclerosis
 Use additional code, if applicable, to identify:
 coronary atherosclerosis due to calcified coronary lesion (I25.84)
 coronary atherosclerosis due to lipid rich plaque (I25.83)
 EXCLUDES 2 atheroembolism (I75.-)
 atherosclerosis of coronary artery bypass graft(s) and transplanted heart (I25.7-)



- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris** Rx A
 Atherosclerotic heart disease NOS
 AHA: 2024,1Q,28; 2021,3Q,6-7; 2015,2Q,16; 2012,4Q,92

- I25.11 Atherosclerotic heart disease of native coronary artery with angina pectoris** HCC Rx ESR COM
 AHA: 2024,1Q,28

- I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris** HCC Rx ESR COM A
 EXCLUDES 1 unstable angina without atherosclerotic heart disease (I20.0)

Muscle/Tendon Table

ICD-10-CM categorizes certain muscles and tendons in the upper and lower extremities by their action (e.g., extension, flexion), their anatomical location (e.g., posterior, anterior), and/or whether they are intrinsic or extrinsic to a certain anatomical area. The Muscle/Tendon Table is provided at the beginning of chapters 13 and 19 as a resource to help users when code selection depends on one or more of these characteristics. A **TIP** has been placed at those categories and/or subcategories that relate to this table. Please note that this table is not all-inclusive, and proper code assignment should be based on the provider's documentation.

Body Region	Muscle	Extensor Tendon	Flexor Tendon	Other Tendon
Shoulder				
	Deltoid	Posterior deltoid	Anterior deltoid	
	Rotator cuff			
	Infraspinatus			Infraspinatus
	Subscapularis			Subscapularis
	Supraspinatus			Supraspinatus
	Teres minor			Teres minor
	Teres major	Teres major		
Upper arm				
	Anterior muscles			
	Biceps brachii — long head		Biceps brachii — long head	
	Biceps brachii — short head		Biceps brachii — short head	
	Brachialis		Brachialis	
	Coracobrachialis		Coracobrachialis	
	Posterior muscles			
	Triceps brachii	Triceps brachii		
Forearm				
	Anterior muscles			
	Flexors			
	Deep			
	Flexor digitorum profundus		Flexor digitorum profundus	
	Flexor pollicis longus		Flexor pollicis longus	
	Intermediate			
	Flexor digitorum superficialis		Flexor digitorum superficialis	
	Superficial			
	Flexor carpi radialis		Flexor carpi radialis	
	Flexor carpi ulnaris		Flexor carpi ulnaris	
	Palmaris longus		Palmaris longus	
	Pronators			
	Pronator quadratus			Pronator quadratus
	Pronator teres			Pronator teres
	Posterior muscles			
	Extensors			
	Deep			
	Abductor pollicis longus			Abductor pollicis longus
	Extensor indicis	Extensor indicis		
	Extensor pollicis brevis	Extensor pollicis brevis		
	Extensor pollicis longus	Extensor pollicis longus		
	Superficial			
	Brachioradialis			Brachioradialis
	Extensor carpi radialis brevis	Extensor carpi radialis brevis		
	Extensor carpi radialis longus	Extensor carpi radialis longus		
	Extensor carpi ulnaris	Extensor carpi ulnaris		
	Extensor digiti minimi	Extensor digiti minimi		
	Extensor digitorum	Extensor digitorum		
	Anconeus	Anconeus		
	Supinator			Supinator

Chapter 21. Factors Influencing Health Status and Contact With Health Services (Z00-Z99)

NOTE

Z codes represent reasons for encounters. A corresponding procedure code must accompany a Z code if a procedure is performed. Categories Z00-Z99 are provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00-Y89 are recorded as "diagnoses" or "problems." This can arise in two main ways:

(a) When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination (immunization), or to discuss a problem which is in itself not a disease or injury.

(b) When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.

AHA: 2018,4Q,60-61

This chapter contains the following blocks:

Z00-Z13	Persons encountering health services for examinations
Z14-Z15	Genetic carrier and genetic susceptibility to disease
Z16	Resistance to antimicrobial drugs
Z17	▶ Estrogen, and other hormones and factors receptor status ◀
Z18	Retained foreign body fragments
Z19	Hormone sensitivity malignancy status
Z20-Z29	Persons with potential health hazards related to communicable diseases
Z30-Z39	Persons encountering health services in circumstances related to reproduction
Z40-Z53	Encounters for other specific health care
Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z66	Do not resuscitate status
Z67	Blood type
Z68	Body mass index (BMI)
Z69-Z76	Persons encountering health services in other circumstances
Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Persons encountering health services for examinations (Z00-Z13)

NOTE

Nonspecific abnormal findings disclosed at the time of these examinations are classified to categories R70-R94.

EXCLUDES 1 examinations related to pregnancy and reproduction (Z30-Z36, Z39.-)

✓4th **Z00** Encounter for general examination without complaint, suspected or reported diagnosis

EXCLUDES 1 encounter for examination for administrative purposes (Z02.-)

EXCLUDES 2 encounter for pre-procedural examinations (Z01.81-) special screening examinations (Z11-Z13)

AHA: 2017,4Q,95

✓5th **Z00.0** Encounter for general adult medical examination

Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations

EXCLUDES 1 encounter for examination of sign or symptom - code to sign or symptom

general health check-up of infant or child (Z00.12.-)

Z00.00 Encounter for general adult medical examination without abnormal findings **PDx A**

Encounter for adult health check-up NOS

AHA: 2016,1Q,36

Z00.01 Encounter for general adult medical examination with abnormal findings **PDx A**

Use additional code to identify abnormal findings

AHA: 2016,1Q,35-36

✓5th **Z00.1** Encounter for newborn, infant and child health examinations

✓6th **Z00.11** Newborn health examination

Health check for child under 29 days old

Use additional code to identify any abnormal findings

EXCLUDES 1 health check for child over 28 days old (Z00.12.-)

Z00.110 Health examination for newborn under 8 days old **PDx N**

Health check for newborn under 8 days old

Z00.111 Health examination for newborn 8 to 28 days old **PDx N**

Health check for newborn 8 to 28 days old

Newborn weight check

✓6th **Z00.12** Encounter for routine child health examination

Health check (routine) for child over 28 days old
Immunizations appropriate for age
Routine developmental screening of infant or child
Routine vision and hearing testing

EXCLUDES 1 health check for child under 29 days old (Z00.11.-)

health supervision of foundling or other

healthy infant or child (Z76.1-Z76.2)

newborn health examination (Z00.11.-)

AHA: 2018,4Q,36

Z00.121 Encounter for routine child health examination with abnormal findings **PDx P**

Use additional code to identify abnormal findings

AHA: 2016,1Q,34-35

Z00.129 Encounter for routine child health examination without abnormal findings **PDx P**

Encounter for routine child health examination NOS

AHA: 2016,1Q,34

Z00.2 Encounter for examination for period of rapid growth in childhood **PDx P**

Z00.3 Encounter for examination for adolescent development state **PDx P**

Encounter for puberty development state

Z00.5 Encounter for examination of potential donor of organ and tissue **PDx**

Z00.6 Encounter for examination for normal comparison and control in clinical research program

Examination of participant or control in clinical research program

✓5th **Z00.7** Encounter for examination for period of delayed growth in childhood

Z00.70 Encounter for examination for period of delayed growth in childhood without abnormal findings **PDx P**

Z00.71 Encounter for examination for period of delayed growth in childhood with abnormal findings **PDx P**

Use additional code to identify abnormal findings

Z00.8 Encounter for other general examination **PDx**

Encounter for health examination in population surveys

✓4th **Z01** Encounter for other special examination without complaint, suspected or reported diagnosis

INCLUDES routine examination of specific system

NOTE Codes from category Z01 represent the reason for the encounter. A separate procedure code is required to identify any examinations or procedures performed

EXCLUDES 1 encounter for examination for administrative purposes (Z02.-) encounter for examination for suspected conditions, proven not to exist (Z03.-)

encounter for laboratory and radiologic examinations as a component of general medical examinations (Z00.0-) encounter for laboratory, radiologic and imaging examinations for sign(s) and symptom(s) - code to the sign(s) or symptom(s)

EXCLUDES 2 screening examinations (Z11-Z13)

✓5th **Z01.0** Encounter for examination of eyes and vision

EXCLUDES 1 examination for driving license (Z02.4)

Z01.00 Encounter for examination of eyes and vision without abnormal findings **PDx**

Encounter for examination of eyes and vision NOS

Z01.01 Encounter for examination of eyes and vision with abnormal findings **PDx**

Use additional code to identify abnormal findings

AHA: 2016,4Q,21

✓6th **Z01.02** Encounter for examination of eyes and vision following failed vision screening

EXCLUDES 1 encounter for examination of eyes and vision with abnormal findings (Z01.01)

encounter for examination of eyes and vision without abnormal findings

(Z01.00)

AHA: 2019,4Q,20

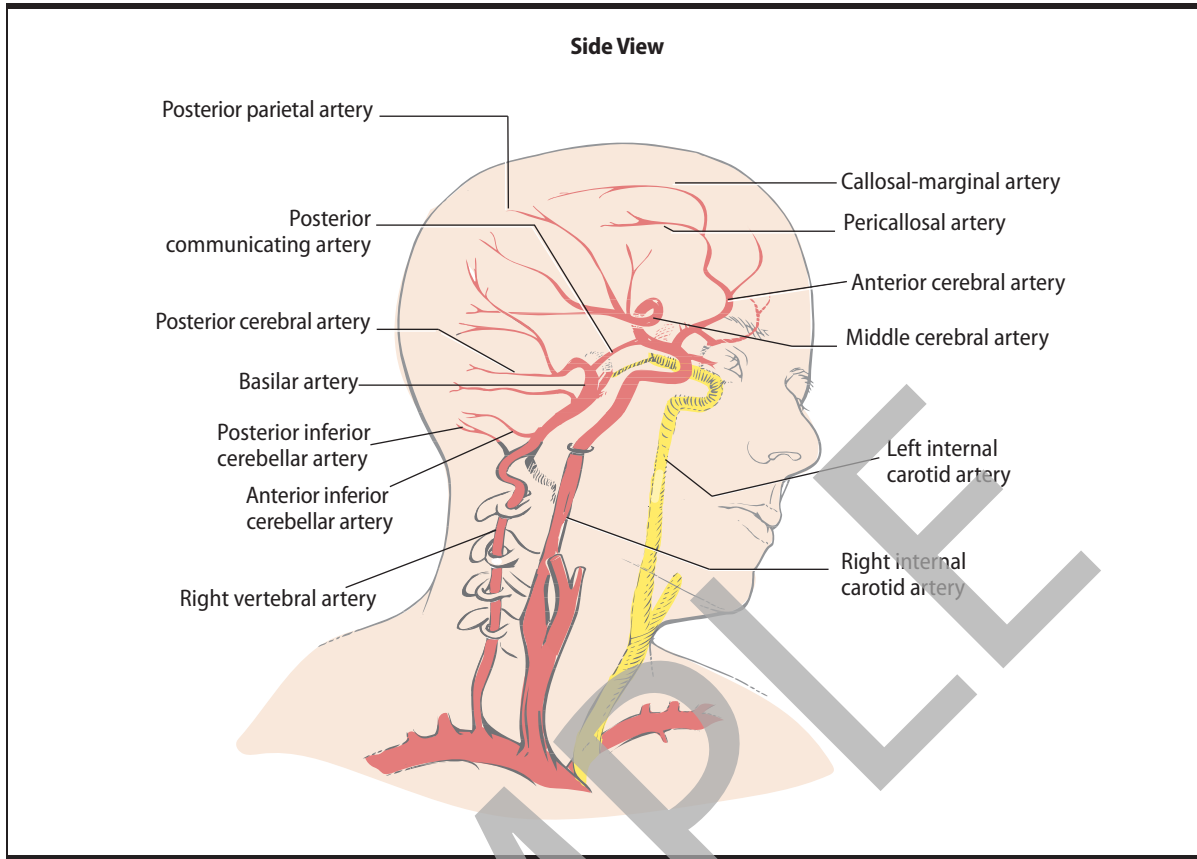
Z01.020 Encounter for examination of eyes and vision following failed vision screening without abnormal findings **PDx**

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.

<p>Z79.01 Long term (current) use of anticoagulants</p> <ul style="list-style-type: none"> Arixtra Defencath Eliquis Fragmin Heparin Jantoven Lovenox Pradaxa Savaysa Warfarin Xarelto 	<p>Z79.02 Long term (current) use of antithrombotics/antiplatelets</p> <ul style="list-style-type: none"> Aggrastat Angiomax Argatroban Brilinta Clopidogrel bisulfate Effient Eptifibatide Persantine Plavix Prasugrel 	<p>Z79.1 Long term (current) use of non-steroidal anti-inflammatory (NSAID)</p> <ul style="list-style-type: none"> Advil Aleve Anaprox DS Arthrotec Caldolor Cambia Celebrex Daypro Duexis Feldene Ibuprofen Indocin Mobic Motrin IB Nabumetone Nalfon Naprelan Naprosyn NeoProfen Ponstel Voltaren Arthritis Pain Zipor 	<p>Z79.2 Long term (current) use of antibiotics</p> <ul style="list-style-type: none"> Altabax Amikacin Amoxicillin Ampicillin Augmentin Avelox Azactam Azithromycin Bactrim Biaxin XL Cefazolin sodium Cefepime hydrochloride Cefprozil Ceftriaxone Cefuroxime sodium Centany Cephalexin Cipro Ciprofloxacin Clarithromycin 	<p>Z79.3 Long term (current) use of hormonal contraceptives</p> <ul style="list-style-type: none"> Aranelle Aviane-28 Beyaz Briellyn Camila Daysee Depo-Provera Depo-SubQ Provera Desogestrel/ethinyl estradiol Enpresse-28 Femhrt Gildagia Gildess 24 FE Junel Levonest Liletta Lo Loestrin Fe Loryna LoSeasonique Low-Ogestrel-28 Mirena Mono-Linyah Natazia Nexplanon NuvaRing Plan B One-Step Provera Seasonale Seasonique Skyla Sprintec Tri-Lo-Estarylla Tri-Lo-Sprintec Tri-Sprintec Velivet Xulane Yasmin Yaz Zovia 1/50E-28 	<p>Z79.4 Long term (current) use of insulin</p> <ul style="list-style-type: none"> Admelog Apidra Basaglar Fiasp Humalog Humulin R Lantus Levemir Novolin Novolog Soliqua Toujeo Solostar Tresiba Xultophy 100/3.6 	<p>Z79.51 Long term (current) use of inhaled steroids</p> <ul style="list-style-type: none"> Advair AirDuo RespiClick Alvesco Arnuity Ellipta Asmanex Breo Ellipta Dulera Flovent HFA Pulmicort Qvar Redihaler Symbicort Trelegy Ellipta 	<p>Z79.52 Long term (current) use of systemic steroids</p> <ul style="list-style-type: none"> Agamree Celestone Soluspan Colocort Cortef Cortenema Cortifoam Depo-Medrol Dexamethasone Intensol Entocort EC Hydrocortisone Kenalog-10 Kenalog-40 Locoid Medrol Methylprednisolone Orapred ODT PediaPred Prednisolone Prednisone Ravos Solu-Cortef Solu-Medrol 	<p>Z79.61 Long term (current) use of immunomodulator</p> <ul style="list-style-type: none"> Otezla Pomalyst Revlimid Thalomid 	<p>Z79.620 Long term (current) use of immunosuppressive biologic</p> <ul style="list-style-type: none"> Actemra Aimovig Beyfortus Briumvi Columvi Cosentyx Cyltezo Dupixent Elrexfio Enbrel Entyvio Epkinly Humira Hyrimoz Imjudo Keytruda Loqtorzi Monoclonal antibodies Omvo Prolia Remicade Rituxan Simulect Skyrizi Stelara Taltz Tremfya Xgeva 	<p>Z79.621 Long term (current) use of calcineurin inhibitor</p> <ul style="list-style-type: none"> Astagraf XL Cyclosporine Envarsus XR Gengraf Lupkynis Neoral Prograf Protopic Restasis Sandimmune Tacrolimus
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Internal Carotid and Vertebral Arteries and Branches



External Carotid Artery and Branches

