

ICD-10-CM Expert for Skilled Nursing Facilities and Inpatient Rehabilitation Facilities

The complete official code set

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

2023

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Note

The term “NOTE” appears as an icon and precedes the instructional information. These notes function as alerts to highlight coding instructions within the text.

Code First/Use additional code


These instructional notes provide sequencing instruction. They may appear independently of each other or to designate certain etiology/manifestation paired codes. These instructions signal the coder that an additional code should be reported to provide a more complete picture of that diagnosis.

In etiology/manifestation coding, ICD-10-CM requires the underlying condition to be sequenced first, followed by the manifestation. In these situations, codes with “In diseases classified elsewhere” in the code description are never permitted as a first-listed or principal diagnosis code and must be sequenced following the underlying condition code.

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.

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. They may relate to 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.

RIC Excl

Rehabilitation impairment categories (RIC) may qualify for a payment adjustment when certain conditions, considered comorbid conditions (CC), are assigned as secondary diagnoses. However, there are certain CCs that are excluded from specific RIC categories. This reference identifies those RIC categories to which the CC is excluded. These notations are preceded by the symbol **RIC Excl**: and appear in blue type.

I40.8 Other acute myocarditis
RIC Excl: 14 Cardiac

If no RIC exclusion reference is listed, the CC may qualify a case for payment adjustment regardless of the RIC category assigned. For a comprehensive list of all RIC CCs and the RIC categories from which they may be excluded, please refer to appendix K, “RIC Comorbid Conditions,” at the back of this book.

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.

H60.3 Other infective otitis externa
H60.31 Diffuse otitis externa
H60.311 Diffuse otitis externa, right ear **RP**
H60.312 Diffuse otitis externa, left ear **RP**
H60.313 Diffuse otitis externa, bilateral **RP**
H60.319 Diffuse otitis externa, unspecified ear **RP**

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).

T16.1 Foreign body in right ear **RP**

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

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
 subcapsular — *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

cerebralis 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
 urethrostomy 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 NEC Z30.9
 cosmetic surgery NEC Z41.1
 counseling — *see also* Counseling
 dietary Z71.3
 gestational carrier Z31.7
 HIV Z71.7
 human immunodeficiency virus Z71.8
 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

Chapter 4. Endocrine, Nutritional and Metabolic Diseases (E00–E89)

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. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08–E13 as needed to identify all of the associated conditions that the patient has.

Patient is admitted with reported diagnoses of uncontrolled diabetes, type 2, with diabetic polyneuropathy and diabetic retinopathy with macular edema. Endocrinology clinical notes indicate a current HgA1c of 12.4 and "persistent blood glucose elevations over 300."

E11.65 Type 2 diabetes mellitus with hyperglycemia

E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy

Explanation: Use as many codes to describe the diabetic complications as needed. Many are combination codes that describe more than one condition. "Uncontrolled" may reference hypo- or hyperglycemia, based upon available provider documentation.

1) Type of diabetes

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason, type 1 diabetes mellitus is also referred to as juvenile diabetes.

A 45-year-old patient is diagnosed with type 1 diabetes.

E10.9 Type 1 diabetes mellitus without complications

Explanation: Although most type 1 diabetics are diagnosed in childhood or adolescence, it can also begin in adults.

2) Type of diabetes mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

Patient is referred with new diagnoses reported in provider clinical notes as diabetes and hypertension.

E11.9 Type 2 diabetes mellitus without complications

I10 Essential (primary) hypertension

Explanation: Since the type of diabetes was not documented and no complications were noted, the default code is E11.9.

3) Diabetes mellitus and the use of insulin, oral hypoglycemics, and injectable non-insulin drugs

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11.-, Type 2 diabetes mellitus, should be assigned. **Additional code(s)** should be assigned from category Z79 to identify the long-term (current) use of insulin, oral hypoglycemic drugs, or injectable non-insulin antidiabetic, as follows:

If the patient is treated with both oral medications and insulin, **both code Z79.4, Long term (current) use of insulin, and code Z79.84, Long term (current) use of oral hypoglycemic drugs**, should be assigned.

If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long term (current) use of insulin, and Z79.899, Other long term (current) drug therapy.

If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long term (current) use of oral hypoglycemic drugs, and Z79.899, Other long term (current) drug therapy.

Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.

Patient is referred with documented provider notes reporting 10-year history of diabetes requiring daily insulin use.

E11.9 Type 2 diabetes mellitus without complications

Z79.4 Long term (current) use of insulin

Explanation: Do not assume that a patient requiring insulin use must have type 1 diabetes. The default for diabetes without further specification defaults to type 2. Add the code for long-term use of insulin.

4) Diabetes mellitus in pregnancy and gestational diabetes

See Section I.C.15. Diabetes mellitus in pregnancy.

See Section I.C.15. Gestational (pregnancy induced) diabetes

5) Complications due to insulin pump malfunction

(a) Underdose of insulin due to insulin pump failure

An underdose of insulin due to an insulin pump failure should be assigned to a code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code, followed by code T38.3X6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs. Additional codes for the type of diabetes mellitus and any associated complications due to the underdosing should also be assigned.

A 76-year-old male with diabetic ESRD is admitted for rehabilitation and develops hyperglycemia. He has had an insulin pump for 14 years and after returning from the ER, is noted to have experienced hyperglycemia due to a pump malfunction that caused too little insulin to be administered. On return, the blood sugars are resolving.

T85.614D Breakdown (mechanical) of insulin pump, subsequent encounter

T38.3X6D Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, subsequent encounter

E11.65 Type 2 diabetes mellitus with hyperglycemia

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease

N18.6 End stage renal disease

Explanation: The complication code for the mechanical breakdown of the pump is sequenced first, followed by the underdosing code and code for the type of diabetes with complication. If other diabetic complications are present, assign all codes needed to capture each complication. The seventh character D is used for a subsequent encounter.

(b) Overdose of insulin due to insulin pump failure

The principal or first-listed code for an encounter due to an insulin pump malfunction resulting in an overdose of insulin, should also be T85.6-, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, followed by code T38.3X1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).

A 70-year-old female with type 2 diabetes is found on the floor and sent to the ER. On her return from the hospital, it is noted that a failure of her insulin pump that caused excess insulin administration was the cause of hypoglycemia, resulting in her condition.

T85.614D Breakdown (mechanical) of insulin pump, subsequent encounter

T38.3X1D Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), subsequent encounter

E11.649 Type 2 diabetes mellitus with hypoglycemia without coma

Explanation: The complication code for the mechanical breakdown of the pump is sequenced first, followed by the code for poisoning and type of diabetes with any associated complications. The seventh character D is used for subsequent encounter.

	182.602	Acute embolism and thrombosis of unspecified veins of left upper extremity RIC	✓ 6 th	182.72	Chronic embolism and thrombosis of deep veins of upper extremity Chronic embolism and thrombosis of brachial vein Chronic embolism and thrombosis of radial vein Chronic embolism and thrombosis of ulnar vein
	182.603	Acute embolism and thrombosis of unspecified veins of upper extremity, bilateral RIC		182.721	Chronic embolism and thrombosis of deep veins of right upper extremity RIC
	182.609	Acute embolism and thrombosis of unspecified veins of unspecified upper extremity RP RIC		182.722	Chronic embolism and thrombosis of deep veins of left upper extremity RIC
✓ 6 th	182.61	Acute embolism and thrombosis of superficial veins of upper extremity Acute embolism and thrombosis of antecubital vein Acute embolism and thrombosis of basilic vein Acute embolism and thrombosis of cephalic vein		182.723	Chronic embolism and thrombosis of deep veins of upper extremity, bilateral RIC
	182.611	Acute embolism and thrombosis of superficial veins of right upper extremity RIC		182.729	Chronic embolism and thrombosis of deep veins of unspecified upper extremity RP RIC
	182.612	Acute embolism and thrombosis of superficial veins of left upper extremity RIC	✓ 5 th	182.A	Embolism and thrombosis of axillary vein
	182.613	Acute embolism and thrombosis of superficial veins of upper extremity, bilateral RIC	✓ 6 th	182.A1	Acute embolism and thrombosis of axillary vein
	182.619	Acute embolism and thrombosis of superficial veins of unspecified upper extremity RP RIC		182.A11	Acute embolism and thrombosis of right axillary vein RIC
✓ 6 th	182.62	Acute embolism and thrombosis of deep veins of upper extremity Acute embolism and thrombosis of brachial vein Acute embolism and thrombosis of radial vein Acute embolism and thrombosis of ulnar vein		182.A12	Acute embolism and thrombosis of left axillary vein RIC
	182.621	Acute embolism and thrombosis of deep veins of right upper extremity RIC		182.A13	Acute embolism and thrombosis of axillary vein, bilateral RIC
	182.622	Acute embolism and thrombosis of deep veins of left upper extremity RIC	✓ 6 th	182.A19	Acute embolism and thrombosis of unspecified axillary vein RP RIC
	182.623	Acute embolism and thrombosis of deep veins of upper extremity, bilateral RIC		182.A2	Chronic embolism and thrombosis of axillary vein
	182.629	Acute embolism and thrombosis of deep veins of unspecified upper extremity RP RIC	✓ 5 th	182.A21	Chronic embolism and thrombosis of right axillary vein RIC
✓ 5 th	182.7	Chronic embolism and thrombosis of veins of upper extremity Use additional code, if applicable, for associated long-term (current) use of anticoagulants (Z79.01) EXCLUDES 1 personal history of venous embolism and thrombosis (Z86.718)	✓ 6 th	182.A22	Chronic embolism and thrombosis of left axillary vein RIC
	182.70	Chronic embolism and thrombosis of unspecified veins of upper extremity		182.A23	Chronic embolism and thrombosis of axillary vein, bilateral RIC
	182.701	Chronic embolism and thrombosis of unspecified veins of right upper extremity RIC	✓ 5 th	182.A29	Chronic embolism and thrombosis of unspecified axillary vein RP RIC
	182.702	Chronic embolism and thrombosis of unspecified veins of left upper extremity RIC		182.B	Embolism and thrombosis of subclavian vein
	182.703	Chronic embolism and thrombosis of unspecified veins of upper extremity, bilateral RIC	✓ 6 th	182.B1	Acute embolism and thrombosis of subclavian vein
	182.709	Chronic embolism and thrombosis of unspecified veins of unspecified upper extremity RP RIC		182.B11	Acute embolism and thrombosis of right subclavian vein RIC
✓ 6 th	182.71	Chronic embolism and thrombosis of superficial veins of upper extremity Chronic embolism and thrombosis of antecubital vein Chronic embolism and thrombosis of basilic vein Chronic embolism and thrombosis of cephalic vein	✓ 6 th	182.B12	Acute embolism and thrombosis of left subclavian vein RIC
	182.711	Chronic embolism and thrombosis of superficial veins of right upper extremity RIC		182.B13	Acute embolism and thrombosis of subclavian vein, bilateral RIC
	182.712	Chronic embolism and thrombosis of superficial veins of left upper extremity RIC	✓ 5 th	182.B19	Acute embolism and thrombosis of unspecified subclavian vein RP RIC
	182.713	Chronic embolism and thrombosis of superficial veins of upper extremity, bilateral RIC	✓ 6 th	182.B2	Chronic embolism and thrombosis of subclavian vein
	182.719	Chronic embolism and thrombosis of superficial veins of unspecified upper extremity RP RIC		182.B21	Chronic embolism and thrombosis of right subclavian vein RIC
				182.B22	Chronic embolism and thrombosis of left subclavian vein RIC
				182.B23	Chronic embolism and thrombosis of subclavian vein, bilateral RIC
				182.B29	Chronic embolism and thrombosis of unspecified subclavian vein RP RIC
			✓ 5 th	182.C	Embolism and thrombosis of internal jugular vein
			✓ 6 th	182.C1	Acute embolism and thrombosis of internal jugular vein
				182.C11	Acute embolism and thrombosis of right internal jugular vein RIC
				182.C12	Acute embolism and thrombosis of left internal jugular vein RIC
				182.C13	Acute embolism and thrombosis of internal jugular vein, bilateral RIC
				182.C19	Acute embolism and thrombosis of unspecified internal jugular vein RP RIC
			✓ 6 th	182.C2	Chronic embolism and thrombosis of internal jugular vein
				182.C21	Chronic embolism and thrombosis of right internal jugular vein RIC
				182.C22	Chronic embolism and thrombosis of left internal jugular vein RIC
				182.C23	Chronic embolism and thrombosis of internal jugular vein, bilateral RIC
				182.C29	Chronic embolism and thrombosis of unspecified internal jugular vein RP RIC

✓ 5 th	M12.1	Kaschin-Beck disease		
		Osteochondroarthrosis deformans endemica		
	M12.10	Kaschin-Beck disease, unspecified site	RP	RIC
✓ 6 th	M12.11	Kaschin-Beck disease, shoulder		
	M12.111	Kaschin-Beck disease, right shoulder		RIC
	M12.112	Kaschin-Beck disease, left shoulder		RIC
	M12.119	Kaschin-Beck disease, unspecified shoulder	RP	RIC
✓ 6 th	M12.12	Kaschin-Beck disease, elbow		
	M12.121	Kaschin-Beck disease, right elbow		RIC
	M12.122	Kaschin-Beck disease, left elbow		RIC
	M12.129	Kaschin-Beck disease, unspecified elbow	RP	RIC
✓ 6 th	M12.13	Kaschin-Beck disease, wrist		
	M12.131	Kaschin-Beck disease, right wrist		RIC
	M12.132	Kaschin-Beck disease, left wrist		RIC
	M12.139	Kaschin-Beck disease, unspecified wrist	RP	RIC
✓ 6 th	M12.14	Kaschin-Beck disease, hand		
	M12.141	Kaschin-Beck disease, right hand		RIC
	M12.142	Kaschin-Beck disease, left hand		RIC
	M12.149	Kaschin-Beck disease, unspecified hand	RP	RIC
✓ 6 th	M12.15	Kaschin-Beck disease, hip		
	M12.151	Kaschin-Beck disease, right hip		RIC
	M12.152	Kaschin-Beck disease, left hip		RIC
	M12.159	Kaschin-Beck disease, unspecified hip	RP	RIC
✓ 6 th	M12.16	Kaschin-Beck disease, knee		
	M12.161	Kaschin-Beck disease, right knee		RIC
	M12.162	Kaschin-Beck disease, left knee		RIC
	M12.169	Kaschin-Beck disease, unspecified knee	RP	RIC
✓ 6 th	M12.17	Kaschin-Beck disease, ankle and foot		
	M12.171	Kaschin-Beck disease, right ankle and foot		RIC
	M12.172	Kaschin-Beck disease, left ankle and foot		RIC
	M12.179	Kaschin-Beck disease, unspecified ankle and foot	RP	RIC
	M12.18	Kaschin-Beck disease, vertebrae		RIC
	M12.19	Kaschin-Beck disease, multiple sites		RIC
✓ 5 th	M12.2	Villonodular synovitis (pigmented)		
	M12.20	Villonodular synovitis (pigmented), unspecified site	RP	RIC
✓ 6 th	M12.21	Villonodular synovitis (pigmented), shoulder		
	M12.211	Villonodular synovitis (pigmented), right shoulder		RIC
	M12.212	Villonodular synovitis (pigmented), left shoulder		RIC
	M12.219	Villonodular synovitis (pigmented), unspecified shoulder	RP	RIC
✓ 6 th	M12.22	Villonodular synovitis (pigmented), elbow		
	M12.221	Villonodular synovitis (pigmented), right elbow		RIC
	M12.222	Villonodular synovitis (pigmented), left elbow		RIC
	M12.229	Villonodular synovitis (pigmented), unspecified elbow	RP	RIC
✓ 6 th	M12.23	Villonodular synovitis (pigmented), wrist		
	M12.231	Villonodular synovitis (pigmented), right wrist		RIC
	M12.232	Villonodular synovitis (pigmented), left wrist		RIC
	M12.239	Villonodular synovitis (pigmented), unspecified wrist	RP	RIC
✓ 6 th	M12.24	Villonodular synovitis (pigmented), hand		
	M12.241	Villonodular synovitis (pigmented), right hand		RIC
	M12.242	Villonodular synovitis (pigmented), left hand		RIC
	M12.249	Villonodular synovitis (pigmented), unspecified hand	RP	RIC

✓ 6 th	M12.25	Villonodular synovitis (pigmented), hip		
	M12.251	Villonodular synovitis (pigmented), right hip		RIC
	M12.252	Villonodular synovitis (pigmented), left hip		RIC
	M12.259	Villonodular synovitis (pigmented), unspecified hip	RP	RIC
✓ 6 th	M12.26	Villonodular synovitis (pigmented), knee		
	M12.261	Villonodular synovitis (pigmented), right knee		RIC
	M12.262	Villonodular synovitis (pigmented), left knee		RIC
	M12.269	Villonodular synovitis (pigmented), unspecified knee	RP	RIC
✓ 6 th	M12.27	Villonodular synovitis (pigmented), ankle and foot		
	M12.271	Villonodular synovitis (pigmented), right ankle and foot		RIC
	M12.272	Villonodular synovitis (pigmented), left ankle and foot		RIC
	M12.279	Villonodular synovitis (pigmented), unspecified ankle and foot	RP	RIC
	M12.28	Villonodular synovitis (pigmented), other specified site		RIC
		Villonodular synovitis (pigmented), vertebrae		
	M12.29	Villonodular synovitis (pigmented), multiple sites		RIC
✓ 5 th	M12.3	Palindromic rheumatism		
		DEF: Sudden and recurring attacks of moderate to severe joint pain and swelling generally occurring in the hands or feet of unknown etiology. After the attack subsides, the joints appear normal again.		
	M12.30	Palindromic rheumatism, unspecified site	RP	RIC
✓ 6 th	M12.31	Palindromic rheumatism, shoulder		
	M12.311	Palindromic rheumatism, right shoulder		RIC
	M12.312	Palindromic rheumatism, left shoulder		RIC
	M12.319	Palindromic rheumatism, unspecified shoulder	RP	RIC
✓ 6 th	M12.32	Palindromic rheumatism, elbow		
	M12.321	Palindromic rheumatism, right elbow		RIC
	M12.322	Palindromic rheumatism, left elbow		RIC
	M12.329	Palindromic rheumatism, unspecified elbow	RP	RIC
✓ 6 th	M12.33	Palindromic rheumatism, wrist		
	M12.331	Palindromic rheumatism, right wrist		RIC
	M12.332	Palindromic rheumatism, left wrist		RIC
	M12.339	Palindromic rheumatism, unspecified wrist	RP	RIC
✓ 6 th	M12.34	Palindromic rheumatism, hand		
	M12.341	Palindromic rheumatism, right hand		RIC
	M12.342	Palindromic rheumatism, left hand		RIC
	M12.349	Palindromic rheumatism, unspecified hand	RP	RIC
✓ 6 th	M12.35	Palindromic rheumatism, hip		
	M12.351	Palindromic rheumatism, right hip		RIC
	M12.352	Palindromic rheumatism, left hip		RIC
	M12.359	Palindromic rheumatism, unspecified hip	RP	RIC
✓ 6 th	M12.36	Palindromic rheumatism, knee		
	M12.361	Palindromic rheumatism, right knee		RIC
	M12.362	Palindromic rheumatism, left knee		RIC
	M12.369	Palindromic rheumatism, unspecified knee	RP	RIC
✓ 6 th	M12.37	Palindromic rheumatism, ankle and foot		
	M12.371	Palindromic rheumatism, right ankle and foot		RIC

✓4th S89 Other and unspecified injuries of lower leg

NOTE A fracture not indicated as open or closed should be coded to closed.

EXCLUDES 2 other and unspecified injuries of ankle and foot (S99.-)

AHA: 2018,2Q,12; 2018,1Q,3; 2015,3Q,37-39

TIP: The term “improper alignment” is not synonymous with malunion or nonunion of a fracture when noted in provider documentation.

The appropriate 7th character is to be added to each code from subcategories S89.0, S89.1, S89.2, and S89.3.

A initial encounter for closed fracture
D subsequent encounter for fracture with routine healing
G subsequent encounter for fracture with delayed healing
K subsequent encounter for fracture with nonunion
P subsequent encounter for fracture with malunion
S sequela

✓5th S89.0 Physal fracture of upper end of tibia

AHA: 2019,4Q,56

✓6th S89.00 Unspecified physal fracture of upper end of tibia

✓7th S89.001 Unspecified physal fracture of upper end of right tibia **RIC**

✓7th S89.002 Unspecified physal fracture of upper end of left tibia **RIC**

✓7th S89.009 Unspecified physal fracture of upper end of unspecified tibia **RP RIC**

✓6th S89.01 Salter-Harris Type I physal fracture of upper end of tibia

✓7th S89.011 Salter-Harris Type I physal fracture of upper end of right tibia **RIC**

✓7th S89.012 Salter-Harris Type I physal fracture of upper end of left tibia **RIC**

✓7th S89.019 Salter-Harris Type I physal fracture of upper end of unspecified tibia **RP RIC**

✓6th S89.02 Salter-Harris Type II physal fracture of upper end of tibia

✓7th S89.021 Salter-Harris Type II physal fracture of upper end of right tibia **RIC**

✓7th S89.022 Salter-Harris Type II physal fracture of upper end of left tibia **RIC**

✓7th S89.029 Salter-Harris Type II physal fracture of upper end of unspecified tibia **RP RIC**

✓6th S89.03 Salter-Harris Type III physal fracture of upper end of tibia

✓7th S89.031 Salter-Harris Type III physal fracture of upper end of right tibia **RIC**

✓7th S89.032 Salter-Harris Type III physal fracture of upper end of left tibia **RIC**

✓7th S89.039 Salter-Harris Type III physal fracture of upper end of unspecified tibia **RP RIC**

✓6th S89.04 Salter-Harris Type IV physal fracture of upper end of tibia

✓7th S89.041 Salter-Harris Type IV physal fracture of upper end of right tibia **RIC**

✓7th S89.042 Salter-Harris Type IV physal fracture of upper end of left tibia **RIC**

✓7th S89.049 Salter-Harris Type IV physal fracture of upper end of unspecified tibia **RP RIC**

✓6th S89.09 Other physal fracture of upper end of tibia

✓7th S89.091 Other physal fracture of upper end of right tibia **RIC**

✓7th S89.092 Other physal fracture of upper end of left tibia **RIC**

✓7th S89.099 Other physal fracture of upper end of unspecified tibia **RP RIC**

✓5th S89.1 Physal fracture of lower end of tibia

AHA: 2019,4Q,56

✓6th S89.10 Unspecified physal fracture of lower end of tibia

✓7th S89.101 Unspecified physal fracture of lower end of right tibia

✓7th S89.102 Unspecified physal fracture of lower end of left tibia

✓7th S89.109 Unspecified physal fracture of lower end of unspecified tibia **RP**

✓6th S89.11 Salter-Harris Type I physal fracture of lower end of tibia

✓7th S89.111 Salter-Harris Type I physal fracture of lower end of right tibia

✓7th S89.112 Salter-Harris Type I physal fracture of lower end of left tibia

✓7th S89.119 Salter-Harris Type I physal fracture of lower end of unspecified tibia **RP**✓6th S89.12 Salter-Harris Type II physal fracture of lower end of tibia

✓7th S89.121 Salter-Harris Type II physal fracture of lower end of right tibia

✓7th S89.122 Salter-Harris Type II physal fracture of lower end of left tibia

✓7th S89.129 Salter-Harris Type II physal fracture of lower end of unspecified tibia **RP**

✓6th S89.13 Salter-Harris Type III physal fracture of lower end of tibia

EXCLUDES 1 fracture of medial malleolus (adult) (S82.5-)

✓7th S89.131 Salter-Harris Type III physal fracture of lower end of right tibia

✓7th S89.132 Salter-Harris Type III physal fracture of lower end of left tibia

✓7th S89.139 Salter-Harris Type III physal fracture of lower end of unspecified tibia **RP**

✓6th S89.14 Salter-Harris Type IV physal fracture of lower end of tibia

EXCLUDES 1 fracture of medial malleolus (adult) (S82.5-)

✓7th S89.141 Salter-Harris Type IV physal fracture of lower end of right tibia

✓7th S89.142 Salter-Harris Type IV physal fracture of lower end of left tibia

✓7th S89.149 Salter-Harris Type IV physal fracture of lower end of unspecified tibia **RP**

✓6th S89.19 Other physal fracture of lower end of tibia

✓7th S89.191 Other physal fracture of lower end of right tibia

✓7th S89.192 Other physal fracture of lower end of left tibia

✓7th S89.199 Other physal fracture of lower end of unspecified tibia **RP**

✓5th S89.2 Physal fracture of upper end of fibula

AHA: 2019,4Q,56

✓6th S89.20 Unspecified physal fracture of upper end of fibula

✓7th S89.201 Unspecified physal fracture of upper end of right fibula **RIC**

✓7th S89.202 Unspecified physal fracture of upper end of left fibula **RIC**

✓7th S89.209 Unspecified physal fracture of upper end of unspecified fibula **RP RIC**

✓6th S89.21 Salter-Harris Type I physal fracture of upper end of fibula

✓7th S89.211 Salter-Harris Type I physal fracture of upper end of right fibula **RIC**

✓7th S89.212 Salter-Harris Type I physal fracture of upper end of left fibula **RIC**

✓7th S89.219 Salter-Harris Type I physal fracture of upper end of unspecified fibula **RP RIC**

✓6th S89.22 Salter-Harris Type II physal fracture of upper end of fibula

✓7th S89.221 Salter-Harris Type II physal fracture of upper end of right fibula **RIC**

✓7th S89.222 Salter-Harris Type II physal fracture of upper end of left fibula **RIC**

✓7th S89.229 Salter-Harris Type II physal fracture of upper end of unspecified fibula **RP RIC**

✓6th S89.29 Other physal fracture of upper end of fibula

✓7th S89.291 Other physal fracture of upper end of right fibula **RIC**

✓7th S89.292 Other physal fracture of upper end of left fibula **RIC**

✓7th S89.299 Other physal fracture of upper end of unspecified fibula **RP RIC**

✓5th S89.3 Physal fracture of lower end of fibula

AHA: 2019,4Q,56

✓6th S89.30 Unspecified physal fracture of lower end of fibula

✓7th S89.301 Unspecified physal fracture of lower end of right fibula

✓7th S89.302 Unspecified physal fracture of lower end of left fibula

✓7th S89.309 Unspecified physal fracture of lower end of unspecified fibula **RP**

Appendixes

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

A09	Infectious gastroenteritis and colitis, unspecified	E43	Unspecified severe protein-calorie malnutrition
A33	Tetanus neonatorum	E45	Retarded development following protein-calorie malnutrition
A34	Obstetrical tetanus	E46	Unspecified protein-calorie malnutrition
A35	Other tetanus	E52	Niacin deficiency [pellagra]
A46	Erysipelas	E54	Ascorbic acid deficiency
A55	Chlamydial lymphogranuloma (venereum)	E58	Dietary calcium deficiency
A57	Chancroid	E59	Dietary selenium deficiency
A58	Granuloma inguinale	E60	Dietary zinc deficiency
A64	Unspecified sexually transmitted disease	E65	Localized adiposity
A65	Nonvenereal syphilis	E68	Sequelae of hyperalimentation
A70	Chlamydia psittaci infections	F04	Amnesic disorder due to known physiological condition
A78	Q fever	F05	Delirium due to known physiological condition
A86	Unspecified viral encephalitis	F09	Unspecified mental disorder due to known physiological condition
A89	Unspecified viral infection of central nervous system	F21	Schizotypal disorder
A90	Dengue fever [classical dengue]	F22	Delusional disorders
A91	Dengue hemorrhagic fever	F23	Brief psychotic disorder
A94	Unspecified arthropod-borne viral fever	F24	Shared psychotic disorder
A99	Unspecified viral hemorrhagic fever	F28	Other psychotic disorder not due to a substance or known physiological condition
B03	Smallpox	F29	Unspecified psychosis not due to a substance or known physiological condition
B04	Monkeypox	F39	Unspecified mood [affective] disorder
B09	Unspecified viral infection characterized by skin and mucous membrane lesions	F42	Obsessive-compulsive disorder
B20	Human immunodeficiency virus [HIV] disease	F54	Psychological and behavioral factors associated with disorders or diseases classified elsewhere
B49	Unspecified mycosis	F59	Unspecified behavioral syndromes associated with physiological disturbances and physical factors
B54	Unspecified malaria	F66	Other sexual disorders
B59	Pneumocystosis	F69	Unspecified disorder of adult personality and behavior
B64	Unspecified protozoal disease	F70	Mild intellectual disabilities
B72	Dracunculiasis	F71	Moderate intellectual disabilities
B75	Trichinellosis	F72	Severe intellectual disabilities
B79	Trichuriasis	F73	Profound intellectual disabilities
B80	Enterobiasis	F79	Unspecified intellectual disabilities
B86	Scabies	F82	Specific developmental disorder of motor function
B89	Unspecified parasitic disease	F88	Other disorders of psychological development
B91	Sequelae of poliomyelitis	F89	Unspecified disorder of psychological development
B92	Sequelae of leprosy	F99	Mental disorder, not otherwise specified
C01	Malignant neoplasm of base of tongue	G01	Meningitis in bacterial diseases classified elsewhere
C07	Malignant neoplasm of parotid gland	G02	Meningitis in other infectious and parasitic diseases classified elsewhere
C12	Malignant neoplasm of pyriform sinus	G07	Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere
C19	Malignant neoplasm of rectosigmoid junction	G08	Intracranial and intraspinal phlebitis and thrombophlebitis
C20	Malignant neoplasm of rectum	G09	Sequelae of inflammatory diseases of central nervous system
C23	Malignant neoplasm of gallbladder	G10	Huntington's disease
C33	Malignant neoplasm of trachea	G14	Postpolio syndrome
C37	Malignant neoplasm of thymus	G20	Parkinson's disease
C52	Malignant neoplasm of vagina	G26	Extrapyramidal and movement disorders in diseases classified elsewhere
C55	Malignant neoplasm of uterus, part unspecified	G35	Multiple sclerosis
C58	Malignant neoplasm of placenta	G53	Cranial nerve disorders in diseases classified elsewhere
C61	Malignant neoplasm of prostate	G55	Nerve root and plexus compressions in diseases classified elsewhere
C73	Malignant neoplasm of thyroid gland	G59	Mononeuropathy in diseases classified elsewhere
D34	Benign neoplasm of thyroid gland	G63	Polyneuropathy in diseases classified elsewhere
D45	Polycythemia vera	G64	Other disorders of peripheral nervous system
D62	Acute posthemorrhagic anemia	G94	Other disorders of brain in diseases classified elsewhere
D65	Disseminated intravascular coagulation [defibrination A syndrome]	H22	Disorders of iris and ciliary body in diseases classified elsewhere
D66	Hereditary factor VIII deficiency	H28	Cataract in diseases classified elsewhere
D67	Hereditary factor IX deficiency	H32	Chorioretinal disorders in diseases classified elsewhere
D71	Functional disorders of polymorphonuclear neutrophils	H36	Retinal disorders in diseases classified elsewhere
D77	Other disorders of blood and blood-forming organs in diseases classified elsewhere	H42	Glaucoma in diseases classified elsewhere
E02	Subclinical iodine-deficiency hypothyroidism	I00	Rheumatic fever without heart involvement
E15	Nondiabetic hypoglycemic coma	I10	Essential (primary) hypertension
E35	Disorders of endocrine glands in diseases classified elsewhere	I32	Pericarditis in diseases classified elsewhere
E40	Kwashiorkor		
E41	Nutritional marasmus		
E42	Marasmic kwashiorkor		

Code	Title	Tier	RIC Excl
B18.2	Chr viral hep C	3	03
B19.0	Unsp viral hep w hep coma	3	03
B19.11	Unsp viral hep B w hep coma	3	03
B19.21	Unsp viral hep C w hep coma	3	03
B20	HIV	3	
B25.0	Cytomegaloviral pneumonitis	3	15
B26.1	Mumps meningitis	3	03, 05
B26.2	Mumps encephalitis	3	03
B26.3	Mumps pancreatitis	3	
B33.3	Retrovirus infections, nec	3	
B37.1	Pulmonary candidiasis	3	15
B37.5	Candidal meningitis	3	03, 05
B37.6	Candidal endocarditis	3	14
B37.7	Candidal sepsis	3	
B37.81	Candidal esophagitis	3	
B38.4	Coccidioidomycosis meningitis	3	03, 05
B39.0	Ac pulmonary histoplasma capsulati	3	15
B39.1	Chr pulmonary histoplasma capsulati	3	15
B39.2	Pulm histoplasma capsulati, unsp	3	15
B39.3	Disseminated histoplasma capsulati	3	15
B39.4	Histoplasma capsulati, unsp	3	15
B39.5	Histoplasma duboisii	3	
B39.9	Histoplasma, unsp	3	15
B44.0	Invasive pulm aspergillosis	3	15
B45.1	Cerebral cryptococcosis	3	03, 05
B58.2	Toxoplasma meningoencephalitis	3	03, 05
B58.3	Pulmonary toxoplasmosis	3	15
B58.81	Toxoplasma myocarditis	3	14
B59	Pneumocystosis	3	15
B77.81	Ascariasis pneumonia	3	15
B94.1	Sequelae of viral encephalitis	3	03
B96.5	Pseudomonas as the cause of dis class elwh	2	
B97.30	Unsp retrovirus as the cause of dis class elwh	3	
B97.31	Lentivirus as the cause of dis class elwh	3	
B97.32	Oncovirus as the cause of dis class elwh	3	
B97.33	HTLV-I as the cause of dis class elwh	3	06
B97.34	HTLV-II as the cause of dis class elwh	3	06
B97.35	HIV 2 as the cause of dis class elwh	3	
B97.39	Oth retrovirus as cause of dis class elwh	3	
C91.00	Ac lymphoblastic leuk no remis	3	
C91.02	Ac lymphoblastic leuk, in relapse	3	
C92.00	Ac myeloblastic leuk, no remis	3	
C92.02	Ac myeloblastic leuk, in relapse	3	
C92.40	Ac promyelocytic leuk, no remis	3	
C92.42	Ac promyelocytic leuk, in relapse	3	
C92.50	Ac myelomonocytic leuk, no remis	3	
C92.52	Ac myelomonocytic leuk, in relapse	3	
C92.60	Ac myeloid leuk w 11q23-abnormality no remis	3	
C92.62	Ac myeloid leuk w 11q23-abnormality in relapse	3	
C92.A0	Ac myeloid leuk w multilineage dysplasia, no remis	3	
C92.A2	Ac myeloid leuk w multilineage dysplasia, in relapse	3	
C93.00	Ac monoblastic/monocytic leuk, no remis	3	
C93.02	Ac monoblastic/monocytic leuk, in relapse	3	
C94.00	Ac erythroid leuk, no remis	3	
C94.02	Ac erythroid leuk, in relapse	3	
C95.00	Ac leuk of unsp cell type no remis	3	

Code	Title	Tier	RIC Excl
C95.02	Ac leuk of unsp cell type, in relapse	3	
D57.0-	Hb-SS w crisis	3	
D57.1	Sickle-cell wo crisis	3	
D57.20	Sickle-cell/Hb-C wo crisis	3	
D57.21-	Sickle-cell/Hb-C w crisis	3	
D57.411	Sickle-cell thal unsp w ac chest synd	3	
D57.80	Oth sickle-cell d/o wo crisis	3	
D57.81-	Oth sickle-cell d/o w crisis	3	
D60.-	Acq pure red cell aplasia	3	
D61.-	Oth aplastic anemia/oth bone marrow fail syndr	3	
D64.81	Anemia d/t antineo chemo	3	
D65	DIC	3	
D66	Hereditary factor VIII deficiency	3	
D67	Hereditary factor IX deficiency	3	
E08.2-	DM d/t underlying condition w kidney complications	3	
E08.31-	DM d/t underlying condition w unsp diabetic retinopathy	3	
E08.32-	DM d/t underlying condition w mild nonprolif diabetic retinopathy	3	
E08.33-	DM d/t underlying condition w mod nonprolif diabetic retinopathy	3	
E08.34-	DM d/t underlying condition w severe nonprolif diabetic retinopathy	3	
E08.351-	DM d/t underlying condition w prolif diabetic retinopathy w macular edema	3	
E08.359-	DM d/t underlying condition w prolif diabetic retinopathy w/o macular edema	3	
E08.36	DM d/t underlying condition w cataract	3	
E08.39	DM d/t underlying condition w other ophthalmic compl	3	
E08.40	DM d/t underlying condition w diabetic neuro, unsp	3	06
E08.41	DM d/t underlying condition w diabetic mononeuro	3	
E08.42	DM d/t underlying condition w diabetic polyneuro	3	06
E08.43	DM d/t underlying condition w diabetic autonomic (poly)neuro	3	
E08.44	DM d/t underlying condition w diabetic amyotrophy	3	
E08.49	DM d/t underlying condition w oth diabetic neuro complication	3	
E08.5-	DM d/t underlying condition w circulatory complications	3	
E08.61-	DM d/t underlying condition w diabetic arthropathy	3	
E08.62-	DM d/t underlying condition w skin complications	3	
E08.63-	DM d/t underlying condition w oral complications	3	
E08.649	DM d/t underlying condition w hypoglycemia wo coma	3	
E08.65	DM d/t underlying condition w hyperglycemia	3	
E08.69	DM d/t underlying condition w oth spec complication	3	
E09.2-	Drug/chem induced DM w kidney complications	3	
E09.31-	Drug/chem induced DM w unsp diabetic retinopathy	3	
E09.32-	Drug/chem induced DM w mild nonprolif diabetic retinopathy	3	
E09.33-	Drug/chem induced DM w mod nonprolif diabetic retinopathy	3	
E09.34-	Drug/chem induced DM w severe nonprolif diabetic retinopathy	3	
E09.351-	Drug/chem induced DM w prolif diabetic retinopathy w macular edema	3	
E09.359-	Drug/chem induced DM w prolif diabetic retinopathy w/o macular edema	3	

Arteries

