

Coders' Desk Reference for ICD-10-CM Diagnoses

Clinical descriptions with answers to your toughest
ICD-10-CM coding questions

2023

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Introduction

Coders' Desk Reference for Diagnoses is an ICD-10-CM coding reference that provides comprehensive lay descriptions of diseases, injuries, poisonings, and other conditions. It has been developed for coders, billers, and other health care professionals in all health care settings, including medical offices, hospitals, post-acute care settings, and health insurance companies. It is also a valuable reference for educators and students who seek to expand their understanding of diagnostic coding. The goal is to enrich the user's clinical understanding of ICD-10-CM so that code selection becomes more accurate.

It should be noted that this diagnostic coding reference is intended to be used with an official ICD-10-CM code book. The *Coders' Desk Reference for Diagnoses* does not include the comprehensive index or guidelines found in the official ICD-10-CM, nor does it include coding instructions from the tabular section. Information related to includes and excludes notes have also been omitted as providing this information would be redundant to what is readily available in an official ICD-10-CM code book. For these reasons, *Coders' Desk Reference for Diagnoses* does not replace an official code book; however, used in conjunction with a code book, this reference provides an unparalleled clinical roadmap to code selection.

Format

The *Coders' Desk Reference for Diagnoses* follows the organization of the tabular section of ICD-10-CM with the same 22 chapters beginning with Chapter 1: Certain Infectious and Parasitic Diseases and ending with Chapter 22: Codes for Special Purposes.

Each chapter is organized using a format similar to the tabular section of ICD-10-CM with chapters subdivided into blocks, alphanumeric categories, subcategories, and codes. Chapters begin with a general overview of diseases and other conditions classified to the chapter. Following the chapter overview, each chapter is divided into the various blocks where information is provided related to categories included in the block. This is followed by the lay descriptions. Lay descriptions may be provided at the category, subcategory, or code level.

Not all categories, subcategories, or codes have been represented in the *Coders' Desk Reference for Diagnoses*. The 2022 edition of *Coders' Desk Reference for Diagnoses* focuses on:

- A subset of the new fiscal year 2022 diagnosis codes released by the National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS)

- Codes regularly encountered in various health care settings
- Codes that require in-depth clinical information in order to differentiate the represented condition from similar conditions that would be captured with other, more specific codes

Additional codes and lay descriptions will gradually be incorporated into future editions. Due to the structure of ICD-10-CM, many categories, subcategories, and codes have been updated with more robust official descriptions. In some cases, official code descriptions supply enough information about the disease process and any associated manifestations that provide additional narrative would be redundant. Also, codes in many categories and subcategories provide information related to site and/or laterality. Although site and laterality are important for valid code selection, they do not need additional explanations beyond the related disease process provided at the category or subcategory level.

ICD-10-CM Codes and Lay Descriptions

The codes in *Coders' Desk Reference for Diagnoses* are based on the official version of the *International Classification of Diseases, 10th Revision, Clinical Modification* effective October 1, 2021.

Coders' Desk Reference for Diagnoses is organized in a hierarchical context, similar to how the ICD-10-CM code book is organized with lay descriptions provided at the three, four, five, and/or six character level. Lay descriptions at the category level provide a broad overview of diseases or other conditions classified to the category. Category-level lay descriptions may be followed by subcategory and/or code level lay descriptions. Lay descriptions at the subcategory and code levels build on the information provided at the category level. The category level will be the most general and provides information relevant to all subcategories and codes in the category. The subcategory is more specific with the code level lay description providing the most detailed information about the disease, injury, or other condition.

Because some lay descriptions are not carried to the code level, the book uses a dash (-) to differentiate invalid codes from valid codes.

Valid Code

A valid code in the *Coders' Desk Reference for Diagnoses* is any code for which a dash (-) is **not** appended to the end of an alphanumeric code. Valid codes may be three characters to seven characters long.

Example: Lay description for valid three-character code

Prefixes and Suffixes

The uniquely efficient language of medicine is possible thanks to the prefixes and suffixes attached to roots. Changing prefixes and suffixes allows subtle and overt changes in meaning of the terms. The following prefixes and suffixes are paired with their meanings.

Prefixes

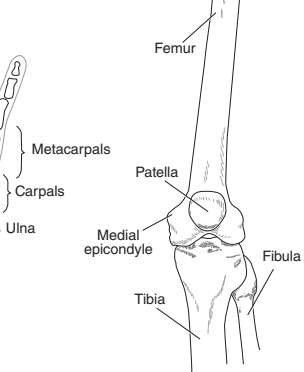
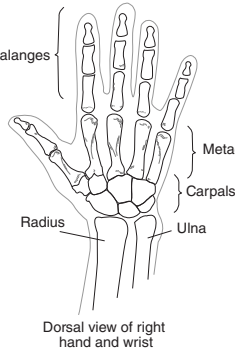
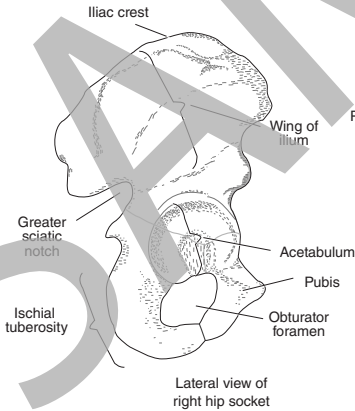
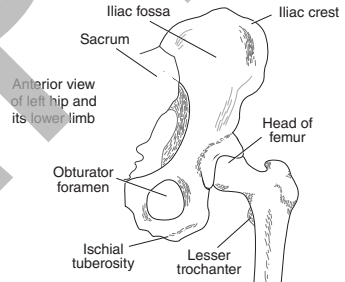
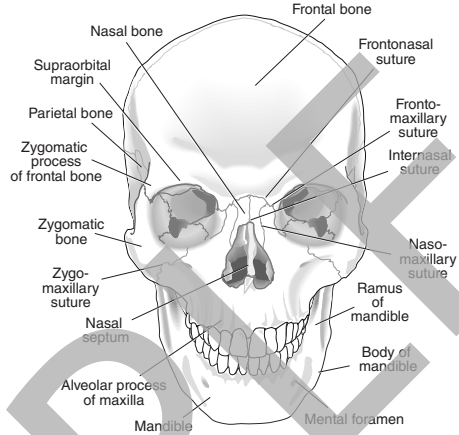
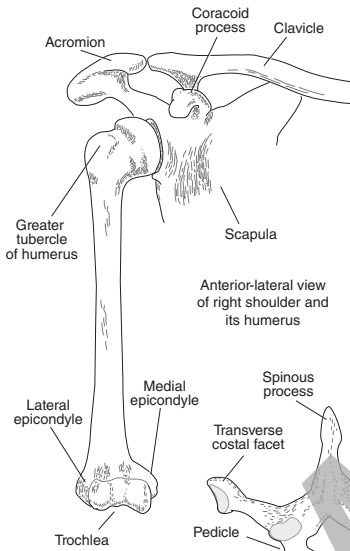
Prefixes are one half of the medical language equation and are attached to the beginning of words. For example, the prefix “eu-,” meaning good or well, combined with the Greek word for death, “thanatos,” produces euthanasia — a good death.

a-, an-	without, away from, not
ab-	from, away from, absent
acanth(o)-	thorny, spine
acro-	extremity, top, highest point
ad-	indicates toward, adherence to, or increase
adeno-	relating to a gland
adip(o)-	relating to fat
aero-	relating to gas or air
agglutin-	stick together, clump
alb-	white in color
alge(si)-	awareness to pain
all(o)-	indicates difference or divergence from the norm
ambi-	both sides; about or around (also amphi-)
ambly-	dull, dimmed
an-	without
andro-	male
angi-	relating to a vessel
aniso-	dissimilar, unequal, or asymmetrical
ankylo-	bent, crooked, or two parts growing together
ante-	in front of, before
antero-	before, front, anterior
anti-	in opposition to, against
antro-	relating to a chamber or cavity
apth(o)-	ulcer
arch-	beginning, first, principal (also arche-, archi-)
archo-	relating to the rectum or anus

arterio-	relating to an artery
arthro-	relating to a joint
astro-	star-like or shaped
atelo-	incomplete or imperfect
auto-	relating to the self
axio-	relating to an axis (also axo-)
balano-	relating to the glans penis or glans clitoridis
baro-	relating to weight or heaviness
basi(o)-	relating to the base or foundation
bi-	double, twice, two
blasto-	relating to germs
blenn(o)-	relating to mucus
blepharo-	relating to the eyelid
brachi(o)-	relating to the arm
brachy-	short
brady-	meaning slow or prolonged
broncho-	relating to the trachea
bucc(o)-	relating to the cheek
cac-	meaning diseased or bad (also caci-, caco-)
cardio-	relating to the heart
cari(o)-	rot, decay
carpo-	relating to the wrist
cata-	down from, down, according to
cathar(o)-	purging, cleansing
caud(o)-	lower part of body
celo-	indicating a tumor or hernia; cavity
cerebr(o)-	relating to the brain
cervico-	relating to the neck or neck of an organ
chilo-	relating to the lip (also cheilo-)
chole-	relating to the gallbladder
choleodocho-	relating to the common bile duct
chondr(o)-	relating to cartilage
chromo-	color
cirrho-	yellow in color
cleid(o)-	relating to the clavicle
coel-	cavity, ventricle
coen(o)-	common, shared
cole(o)-	sheath

Anatomy Charts

Skeletal System



Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

This chapter covers diseases caused by infectious and parasitic organisms, which include diseases generally recognized as communicable or transmissible. Only a small percentage of organisms in the environment cause disease. Most bacteria, viruses, fungi, and other microorganisms found in the external environment (e.g., air, water, and soil) or the internal environment (e.g., on or within our bodies) are harmless or even beneficial. Disease is caused almost exclusively by microorganisms that are human pathogens, also referred to as pathogenic microorganisms, except in persons or hosts whose immune systems are weakened, which allows normally harmless microorganisms to cause opportunistic infections.

This chapter is organized primarily by the type of infectious organism or parasite, such as infections caused by bacteria, viruses, and mycoses and parasitic diseases caused by protozoa and helminths. There are also some code blocks organized by site of infection, such as intestinal infectious diseases, and other code blocks organized by mode of transmission, such as infections with a predominantly sexual mode of transmission, arthropod-borne viral fevers, and viral hemorrhagic fevers.

The chapter is broken down into the following code blocks:

- A00-A09 Intestinal infectious diseases
- A15-A19 Tuberculosis
- A20-A28 Certain zoonotic bacterial diseases
- A30-A49 Other bacterial diseases
- A50-A64 Infections with a predominantly sexual mode of transmission
- A65-A69 Other spirochetal diseases
- A70-A74 Other diseases caused by chlamydiae
- A75-A79 Rickettsioses
- A80-A89 Viral infections of the central nervous system
- A90-A99 Arthropod-borne viral fevers and viral hemorrhagic fevers
- B00-B09 Viral infections characterized by skin and mucous membrane lesions
- B10 Other human herpesviruses
- B15-B19 Viral hepatitis
- B20 Human immunodeficiency virus [HIV] disease
- B25-B34 Other viral diseases

- B35-B49 Mycoses
- B50-B64 Protozoal diseases
- B65-B83 Helminthiases
- B85-B89 Pediculosis, acariasis and other infestations
- B90-B94 Sequelae of infectious and parasitic diseases
- B95-B97 Bacterial and viral infectious agents
- B99 Other infectious diseases

There are a few infectious conditions that are excluded from this chapter, including certain localized infections that are classified in specific body-system chapters. For example:

- Suppurative otitis media is classified in Chapter 8 Diseases of the Ear and Mastoid Process
- Influenza and other acute respiratory infections are classified in Chapter 10 Diseases of the Respiratory System
- Pyogenic arthritis is classified in Chapter 13 Diseases of the Musculoskeletal System and Connective Tissue

Intestinal Infectious Diseases (A00-A09)

Intestinal infectious diseases are caused primarily by ingestion of contaminated food or water. Less common means of infection include handling contaminated food products or other contaminated items or coming in direct contact with infected animals.

The first symptoms of intestinal infectious diseases usually involve the gastrointestinal tract and may include abdominal pain or cramping, nausea, vomiting, and/or diarrhea, although some microorganisms may produce other initial symptoms. For example, *Clostridium botulinum* causes foodborne botulism poisoning and often produces neurological symptoms initially.

Intestinal infections usually remain localized to the intestinal tract and often resolve without medical treatment. In most cases, infections requiring treatment only need supportive care such as replacement of lost fluids and maintenance of electrolyte balance. In some cases, particularly the very young, the elderly, or individuals with immune system disorders or chronic health conditions, a localized

infection is typically accompanied by fever, body aches, headache, and local lymph node inflammation. While most symptoms resolve within several days to a week, the blisters resolve more slowly over a two- to six-week period.

B00.1 Herpesviral vesicular dermatitis

Herpesviral blisters of the skin, also called cold sores, are the most common manifestation related to the herpes simplex virus, with the lips and face being the most common sites of infection. Most people contract the infection during infancy or childhood from an adult who carries the virus. Carriers most often spread the virus when they are not suffering from a current outbreak. The initial infection is commonly accompanied by flu-like symptoms including fever, headache, body aches, and malaise. After the symptoms of the initial infection resolve, the virus remains dormant in the nervous system and subsequent outbreaks, triggered by stressors, can occur. Common stressors that trigger outbreaks include physical stressors such as sun exposure, extreme cold, illness or surgery, or fever; emotional stressors involving family, relationships, work, or school; and in women, hormone changes related to the menstrual cycle.

B00.2 Herpesviral gingivostomatitis and pharyngotonsillitis

Infection of the mouth and gums (gingivostomatitis) or the throat and tonsils (pharyngotonsillitis) is another manifestation of herpes simplex virus infection. Gingivostomatitis is a common manifestation in children presenting as painful blisters or sores of the mouth or gums, in addition to fever, irritability, and refusal of food and/or liquids. The main symptom of pharyngotonsillitis is sore throat due to the blisters or sores. The symptoms usually resolve over one to two weeks.

B00.3 Herpesviral meningitis

Meningitis is inflammation of the membranes that cover the brain and spinal cord. Symptoms of meningitis include fever, light sensitivity, headache, and a stiff neck.

B00.4 Herpesviral encephalitis

Approximately 10 percent of all encephalitis cases are caused by herpes simplex virus 1 or 2. Encephalitis is an infection or inflammation of the brain. Symptoms include those seen in meningitis—fever, light sensitivity, headache, and a stiff neck—along with other neurological symptoms suggesting brain involvement, such as seizures, confusion, personality and behavior changes, sleepiness, and coma.

B00.5- Herpesviral ocular disease

Both strains of herpes simplex virus, HSV-1 and HSV-2, can cause infections involving the eye and ocular adnexa, but the majority is caused by HSV-1. The infection is spread by direct contact or from the mouth to the eye via the trigeminal nerve. Most symptomatic infections involving the eye are believed to be secondary infections caused by reactivation of the virus in the trigeminal ganglion. The most common manifestations of HSV ocular disease is conjunctivitis.

B00.51 Herpesviral iridocyclitis

Iridocyclitis is an infection or inflammation of the iris and ciliary body, also referred to as anterior uveitis. Iridocyclitis presents with a red painful eye, sensitivity to light (photophobia), and tearing or drainage from the eye.

B00.52 Herpesviral keratitis

Keratitis is an inflammation of the cornea. In herpes simplex virus infections, the inflammation is characterized by dendritic lesions that begin as small raised vesicles in the corneal epithelium and may progress to corneal ulcers. These may eventually penetrate the basement membrane of the corneal epithelium. Further damage, including corneal erosion, persistent corneal epithelial defects, stromal erosion, and necrosis, may occur and may eventually cause corneal blindness. Symptoms of HSV keratitis include pain, sensitivity to bright light, vision changes, redness, and tearing. Aggressive treatment is required to prevent progression of the disease that may result in blindness.

B00.53 Herpesviral conjunctivitis

The most common ocular manifestation of herpesviral infection is conjunctivitis and the most common type of conjunctivitis seen in herpes simplex virus infection (HSV) is follicular. Follicular conjunctivitis is characterized by the development of follicles, which are clumps of lymphocytes that function like miniature lymph nodes in response to the infection. The follicles appear as small yellowish or grayish elevations on the conjunctiva. A less common form is dendritic conjunctivitis, which affects the epithelial cells of the conjunctiva. Both strains of herpes simplex virus, HSV-1 and HSV-2, can cause conjunctivitis, but the majority is caused by HSV-1. The infection is spread by direct contact or from the mouth to the eye via the trigeminal nerve. Most symptomatic infections involving the eye are believed to be secondary infections caused by reactivation of the virus in the trigeminal ganglion.

B00.59 Other herpesviral disease of eye

Herpesviral manifestations affecting the eyelid including dermatitis and blepharitis are included here.

Chapter 6: Diseases of the Nervous System (G00-G99)

The nervous system is a complex network of specialized organs, tissues, and cells that coordinate the body's actions and functions. It consists of two main subdivisions: the central nervous system and the peripheral nervous system. The central nervous system includes the brain, the spinal cord, and the membranes that cover these structures. The peripheral nervous system includes the sense organs and the nerves that link the organs, muscles, and glands to the central nervous system.

The central nervous system (CNS) is the control center for almost all functions of the body and comprises two major structures: the brain and the spinal cord. The brain resides in and is protected by the cranial bones and the spinal cord extends from the base of the brain, residing in and protected by the spinal column.

The brain can be subdivided into several regions:

- The cerebral hemispheres form the largest part of the brain, occupying the anterior and middle cranial fossae in the skull.
- The diencephalon includes the thalamus, hypothalamus, epithalamus, and subthalamus, and forms the central core of the brain.
- The midbrain is located at the junction of the middle and posterior cranial fossae.
- The pons is in the anterior part of the posterior cranial fossa; fibers within the pons connect one cerebral hemisphere with its opposite cerebellar hemisphere.
- The medulla oblongata is continuous with the spinal cord and controls the respiratory and cardiovascular systems.
- The cerebellum overlies the pons and medulla and controls motor functions that regulate muscle tone, coordination, and posture.

The spinal column, which encloses the spinal cord, consists of vertebrae linked by intervertebral discs and held together by ligaments. The spinal cord extends from the medulla at the base of the brain to the first lumbar vertebra. The outer layer of the spinal cord consists of nerve fibers enclosed in a myelin-sheath that conduct impulses triggered by pressure, pain, heat, and other sensory stimuli or conduct motor impulses activating muscles and glands. The inner layer, or gray matter, is primarily composed of nerve cell bodies. The central canal, within the gray matter, circulates the cerebrospinal fluid.

The brain and spinal cord are covered by three membranes: the dura mater, arachnoid, and pia mater, collectively defined as the meninges. The dura mater lies closest to the skull and functions as a protective layer and as a collection area for cerebral spinal fluid (CSF) and blood that needs to be returned to general circulation. The arachnoid is the middle layer that is a loose sac surrounding the brain. Arteries and veins of the brain, as well as CSF, can be found in the space below the arachnoid membrane or subarachnoid space. The layer closest to the brain is the pia mater. This layer adheres very closely to the surface of the brain and spinal cord and contains small blood vessels.

There are 31 pairs of spinal nerves that deliver sensory impulses from the peripheral nervous system to the spinal cord, which in turn relays them to the brain. Conversely, motor impulses generated in the brain are relayed by the spinal cord to the spinal nerves, which pass the impulses to peripheral nerves in the muscles and glands.

The chapter is broken down into the following code blocks:

- G00-G09 Inflammatory diseases of the central nervous system
- G10-G14 Systemic atrophies primarily affecting the central nervous system
- G20-G26 Extrapyramidal and movement disorders
- G30-G32 Other degenerative diseases of the nervous system
- G35-G37 Demyelinating diseases of the central nervous system
- G40-G47 Episodic and paroxysmal disorders
- G50-G59 Nerve, nerve root and plexus disorders
- G60-G65 Polyneuropathies and other disorders of the peripheral nervous system
- G70-G73 Diseases of myoneural junction and muscle
- G80-G83 Cerebral palsy and other paralytic syndromes
- G89-G99 Other disorders of the nervous system

Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

This chapter classifies diseases and disorders of the bones, muscles, cartilage, fascia, ligaments, synovia, tendons, and bursa.

Connective tissue disorders classified to Chapter 13 are those primarily affecting the musculoskeletal system. Injuries and certain congenital disorders of the musculoskeletal system are classified elsewhere.

Many codes for the manifestation of musculoskeletal diseases due to specified infections and other diseases and disorders classified elsewhere are included in this chapter. Also included are many codes describing the residuals of previous diseases, disorders, and injuries classified as late effects. These codes often can be identified by the term “acquired” in the description.

The chapter is broken down into the following code blocks:

- M00-M02 Infectious arthropathies
- M04 Autoinflammatory syndromes
- M05-M14 Inflammatory polyarthropathies
- M15-M19 Osteoarthritis
- M20-M25 Other joint disorders
- M26-M27 Dentofacial anomalies [including malocclusion] and other disorders of jaw
- M30-M36 Systemic connective tissue disorders
- M40-M43 Deforming dorsopathies
- M45-M49 Spondylopathies
- M50-M54 Other dorsopathies
- M60-M63 Disorders of muscles
- M65-M67 Disorders of synovium and tendon
- M70-M79 Other soft tissue disorders
- M80-M85 Disorders of bone density and structure
- M86-M90 Other osteopathies
- M91-M94 Chondropathies
- M95 Other disorders of the musculoskeletal system and connective tissue
- M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified
- M97 Periprosthetic fracture around internal prosthetic joint

M99 Biomechanical lesions, not elsewhere classified

Infectious Arthropathies (M00-M02)

This category includes infections of the articular joints of bones, and must be differentiated from infections of the bones classifiable to osteomyelitis. Direct microbial contamination may cause a primary infection of the articular joints. The routes of infection include open fractures, surgical procedures, diagnostic needle aspirations, and therapeutic drug injections. Infectious arthropathies are due to an acute, destructive bacterial process in a joint following infection, usually occurring as acute monoarticular (single joint) arthritis. The knee and large joints are most often involved.

The categories in this code block are as follows:

- M00 Pyogenic arthritis
- M01 Direct infections of joint in infectious and parasitic diseases classified elsewhere
- M02 Postinfective and reactive arthropathies

M00.- Pyogenic arthritis

This category represents forms of arthritis due to an acute inflammation of the synovial membranes with purulent effusion into the joint specifically caused by a bacterial infection. It may also be referred to in the medical record documentation as suppurative or septic arthritis or suppurative synovitis. Signs and symptoms of pyogenic arthritis include fever, joint pain, decreased range of motion, and swelling and redness over the affected joint. Gross examination of aspirated synovial (joint) fluid confirms the presence of pus (pyarthrosis); a gram stain and culture may detect microorganisms and crystals. Pyogenic or septic arthritis has the potential to progress and become chronic resulting in sinus formation, osteomyelitis, and joint deformity. Septic arthritis is classified by bacterial organism, including staphylococcal, pneumococcal, and streptococcal. All other bacterial causes of arthritis are included in the other bacterial subcategory. Conditions classified here are further specified by site and laterality.

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

The purpose of the “Z” codes is not to identify a specific disease process or injury; instead, these codes are more informational. They identify the reason for an encounter and circumstances related to the patient that may impact current disease processes and help depict a more complete picture of the patient’s overall health.

As a first listed code, Z codes can capture and justify the reason for a visit to a health care entity. Well child visits, cancer screening, aftercare, and admissions solely for chemotherapy are just a few examples where the Z code can be used to identify the reason for the encounter.

As secondary codes, Z codes identify circumstances related to the patient that could influence health care needs during the current admission or in the future. Family history codes, personal history codes, economic circumstances, blood type, and do not resuscitate status are just a few Z codes that help validate certain treatment options and narrate why a patient was or will be managed a certain way.

The chapter is broken down into the following code 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 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)

Codes found in this code block are used to capture general health examinations, follow-up studies, and screenings.

Examinations are used by medical professionals to monitor patients that are currently asymptomatic for precursors to disease, to evaluate the growth and development of children and adolescents, and for administrative purposes for things like sports or military participation.

Follow-up examinations are used to monitor previous disease processes that no longer require treatment. This ensures that the treatment was successful and that the disease itself or a sequela of the disease has not returned.

Screenings are performed as a preemptive strike in the detection of diseases. When caught early, the disease can be managed with typically less intensive treatments and result in better outcomes for the patient. Breast cancer and colon cancer are two conditions that are routinely screened.

The categories in this code block are as follows:

- Z00 Encounter for general examination without complaint, suspected or reported diagnosis
- Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
- Z02 Encounter for administrative examination
- Z03 Encounter for medical observation for suspected diseases and conditions ruled out