OPTUM360®

EXPERT

# ICD-10-CM Expert for Hospitals

## The complete official code set

Codes valid from October 1, 2021 through September 30, 2022



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# Contents

## 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.

## Index Notations

### With

The word "with" or "in" should be interpreted to mean "associated with" or "due to." The classification presumes a causal relationship between the two conditions linked by these terms in the index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them unless the documentation clearly states the conditions are unrelated or when another guideline specifically requires a documented linkage between two conditions (e.g., the sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis"). For conditions not specifically linked by these relational terms in the classification or when a guideline requires explicit documentation of a linkage between two conditions, provider documentation must link the conditions to code them as related.

The word "with" in the index is sequenced immediately following the main term, not in alphabetical order.

**Dermatopolymyositis** M33.9Ø
with
myopathy M33.92
respiratory involvement M33.91
specified organ involvement NEC M33.99
in neoplastic disease — *see also* Neoplasm D49.9 *[M36.Ø]*

### See

When the instruction "see" follows a term in the index, it indicates that another term must be referenced to locate the correct code.

**Hematoperitoneum** — *see* Hemoperitoneum

### See Also

The instructional note "see also" simply provides alternative terms the coder may reference that may be useful in determining the correct code but are not necessary to follow if the main term supplies the appropriate code.

**Hematinuria** — *see also* Hemaglobinuria
malarial B5Ø.8

### Default Codes

In the index, the default code is the code listed next to the main term and represents the condition most commonly associated with that main term. This code may be assigned when documentation does not support reporting a more specific code. Alternatively, it may provide an unspecified code for the condition.

**Hemiatrophy** R68.89
cerebellar G31.9
face, facial, progressive (Romberg) G51.8
tongue K14.8

### Parentheses

Parentheses in the indexes enclose nonessential modifiers, supplementary words that may be present or absent in the statement of a disease without affecting the code.

**Pseudomeningocele** (cerebral) (infective) (post-traumatic) G96.198
postprocedural (spinal) G97.82

### Brackets

ICD-10-CM has a coding convention addressing code assignment for manifestations that occur as a result of an underlying condition. This convention requires the underlying condition to be sequenced first, followed by the code or codes for the associated manifestation. In the index, italicized codes in brackets identify manifestation codes.

**Polyneuropathy** (peripheral) G62.9
alcoholic G62.1
amyloid (Portuguese) E85.1 *[G63]*
transthyretin-related (ATTR) familial E85.1 *[G63]*

### Shaded Guides

Exclusive vertical shaded guides in the Index to Diseases and Injuries and External Causes Index help the user easily follow the indent levels for the subentries under a main term. Sequencing rules may apply depending on the level of indent for separate subentries.

**Hemicrania**
congenital malformation Q00.Ø
continua G44.51
meaning migraine — *see also* Migraine G43.9Ø9
paroxysmal G44.Ø39
chronic G44.Ø49
intractable G44.Ø41
not intractable G44.Ø49
episodic G44.Ø39
intractable G44.Ø31
not intractable G44.Ø39
intractable G44.Ø31
not intractable G44.Ø39

### *Following* References

The Index to Diseases and Injuries includes following references to assist in locating out-of-sequence codes in the tabular list. Out-of-sequence codes contain an alphabetic character (letter) in the third- or fourth-character position. These codes are placed according to the classification rules — according to condition — not according to alphabetic or numeric sequencing rules.

**Carcinoma** (malignant) — *see also* Neoplasm, by site, malignant
neuroendocrine — *see also* Tumor, neuroendocrine
high grade, any site C7A.1 (*following* C75)
poorly differentiated, any site C7A.1 (*following* C75)

### Additional Character Required

The Index to Diseases and Injuries, Neoplasm Table, and External Causes Index provide an icon after certain codes to signify to the user that additional characters are required to make the code valid. The tabular list should be consulted for appropriate character selection.

**Fall, falling** (accidental) W19 ☑
building W2Ø.1 ☑

# Tabular List of Diseases

ICD-10-CM codes and descriptions are arranged numerically within the tabular list of diseases with 19 separate chapters providing codes associated with a particular body system or nature of injury or disease. There is also a chapter providing codes for external causes of an injury or health conditions, a chapter for codes that address encounters with healthcare facilities for circumstances other than a disease or injury, and finally a chapter for codes that capture special circumstances such as new diseases of uncertain etiology or emergency use codes.

## Code and Code Descriptions

ICD-10-CM is an alphanumeric classification system that contains categories, subcategories, and valid codes. The first character is always a letter with any additional characters represented by either a letter or number. A three-character category without further subclassification is equivalent to a valid three-character code. Valid codes may be three, four, five, six, or seven characters in length, with each level of subdivision after a three-character category representing a subcategory. The final level of subdivision is a valid code.

### Boldface

Boldface type is used for all codes and descriptions in the tabular list.

### Italics

Italicized type is used to identify manifestation codes, those codes that should not be reported as first-listed diagnoses.

### Deleted Text

~~Strikethrough~~ on a code and code description indicates a deletion from the classification for the current year.

### Key Word

Green font is used throughout the Tabular List of Diseases to differentiate the key words that appear in similar code descriptions in a given category or subcategory. The key word convention is used only in those categories in which there are multiple codes with very similar descriptions with only a few words that differentiate them.

For example, refer to the list of codes below from category H55:

✓4th **H55 Nystagmus and other irregular eye movements**
- ✓5th **H55.Ø Nystagmus**
  - **H55.ØØ Unspecified nystagmus**
  - **H55.Ø1 Congenital nystagmus**
  - **H55.Ø2 Latent nystagmus**
  - **H55.Ø3 Visual deprivation nystagmus**
  - **H55.Ø4 Dissociated nystagmus**
  - **H55.Ø9 Other forms of nystagmus**

The portion of the code description that appears in **green font** in the tabular list helps the coder quickly identify the key terms and the correct code. This convention is especially useful when the codes describe laterality, such as the following codes from subcategory H4Ø.22:

✓6th **H4Ø.22 Chronic angle-closure glaucoma**
Chronic primary angle-closure glaucoma
- ✓7th **H4Ø.221 Chronic angle-closure glaucoma, right eye**
- ✓7th **H4Ø.222 Chronic angle-closure glaucoma, left eye**
- ✓7th **H4Ø.223 Chronic angle-closure glaucoma, bilateral**
- ✓7th **H4Ø.229 Chronic angle-closure glaucoma, unspecified eye**

## Tabular Notations

Official parenthetical notes as well as Optum360's supplementary notations are provided at the chapter, code block, category, subcategory, and individual code level to help the user assign proper codes. The information in the notation can apply to one or more codes depending on where the citation is placed.

## Official Notations

### Includes Notes

The word INCLUDES appears immediately under certain categories to further define, clarify, or give examples of the content of a code category.

### Inclusion Terms

Lists of inclusion terms are included under certain codes. These terms indicate some of the conditions for which that code number may be used. Inclusion terms may be synonyms with the code title, or, in the case of "other specified" codes, the terms may also provide a list of various conditions included within a classification code. The inclusion terms are not exhaustive. The index may provide additional terms that may also be assigned to a given code.

### Excludes Notes

ICD-10-CM has two types of excludes notes. Each note has a different definition for use. However, they are similar in that they both indicate that codes excluded from each other are independent of each other.

**Excludes 1**

An EXCLUDES 1 note is a "pure" excludes. It means "NOT CODED HERE!" An Excludes 1 note indicates mutually exclusive codes: two conditions that cannot be reported together. An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

An exception to the Excludes 1 definition is when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider. For example, code F45.8 Other somatoform disorders, has an Excludes 1 note for "sleep related teeth grinding (G47.63)" because "teeth grinding" is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However, psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep-related teeth grinding. In this case, the two conditions are clearly unrelated to each other, so it would be appropriate to report F45.8 and G47.63 together.

**Excludes 2**

An EXCLUDES 2 note means "NOT INCLUDED HERE." An Excludes 2 note indicates that although the excluded condition is not part of the condition it is excluded from, a patient may have both conditions at the same time. Therefore, when an Excludes 2 note appears under a code, it may be acceptable to use both the code and the excluded code together if supported by the medical documentation.

### 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.

| | |
|---|---|
| D72.118 | Other hypereosinophilic syndrome |
| D72.119 | Hypereosinophilic syndrome [HES], unspecified |
| D72.12 | Drug rash with eosinophilia and systemic symptoms syndrome |
| D72.18 | Eosinophilia in diseases classified elsewhere |
| D72.19 | Other eosinophilia |
| D84.81 | Immunodeficiency due to conditions classified elsewhere |
| D84.821 | Immunodeficiency due to drugs |
| D84.822 | Immunodeficiency due to external causes |
| D84.89 | Other immunodeficiencies |
| D89.831 | Cytokine release syndrome, grade 1 |
| D89.832 | Cytokine release syndrome, grade 2 |
| D89.833 | Cytokine release syndrome, grade 3 |
| D89.834 | Cytokine release syndrome, grade 4 |
| D89.835 | Cytokine release syndrome, grade 5 |
| D89.839 | Cytokine release syndrome, grade unspecified |
| E70.81 | Aromatic L-amino acid decarboxylase deficiency |
| E70.89 | Other disorders of aromatic amino-acid metabolism |
| E74.810 | Glucose transporter protein type 1 deficiency |
| E74.818 | Other disorders of glucose transport |
| E74.819 | Disorders of glucose transport, unspecified |
| E74.89 | Other specified disorders of carbohydrate metabolism |
| F10.130 | Alcohol abuse with withdrawal, uncomplicated |
| F10.131 | Alcohol abuse with withdrawal delirium |
| F10.132 | Alcohol abuse with withdrawal with perceptual disturbance |
| F10.139 | Alcohol abuse with withdrawal, unspecified |
| F10.930 | Alcohol use, unspecified with withdrawal, uncomplicated |
| F10.931 | Alcohol use, unspecified with withdrawal delirium |
| F10.932 | Alcohol use, unspecified with withdrawal with perceptual disturbance |
| F10.939 | Alcohol use, unspecified with withdrawal, unspecified |
| F11.13 | Opioid abuse with withdrawal |
| F12.13 | Cannabis abuse with withdrawal |
| F13.130 | Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated |
| F13.131 | Sedative, hypnotic or anxiolytic abuse with withdrawal delirium |
| F13.132 | Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance |
| F13.139 | Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified |
| F14.13 | Cocaine abuse, unspecified with withdrawal |
| F14.93 | Cocaine use, unspecified with withdrawal |
| F15.13 | Other stimulant abuse with withdrawal |
| F19.130 | Other psychoactive substance abuse with withdrawal, uncomplicated |
| F19.131 | Other psychoactive substance abuse with withdrawal delirium |
| F19.132 | Other psychoactive substance abuse with withdrawal with perceptual disturbance |
| F19.139 | Other psychoactive substance abuse with withdrawal, unspecified |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.11 | Friedreich ataxia |
| G11.19 | Other early-onset cerebellar ataxia |
| G40.42 | Cyclin-Dependent Kinase-Like 5 Deficiency Disorder |
| G40.833 | Dravet syndrome, intractable, with status epilepticus |
| G40.834 | Dravet syndrome, intractable, without status epilepticus |
| G71.20 | Congenital myopathy, unspecified |
| G71.21 | Nemaline myopathy |
| G71.220 | X-linked myotubular myopathy |
| G71.228 | Other centronuclear myopathy |
| G71.29 | Other congenital myopathy |
| G96.00 | Cerebrospinal fluid leak, unspecified |
| G96.01 | Cranial cerebrospinal fluid leak, spontaneous |
| G96.02 | Spinal cerebrospinal fluid leak, spontaneous |
| G96.08 | Other cranial cerebrospinal fluid leak |
| G96.09 | Other spinal cerebrospinal fluid leak |
| G96.191 | Perineural cyst |
| G96.198 | Other disorders of meninges, not elsewhere classified |
| G96.810 | Intracranial hypotension, unspecified |
| G96.811 | Intracranial hypotension, spontaneous |
| G96.819 | Other intracranial hypotension |
| G96.89 | Other specified disorders of central nervous system |
| G97.83 | Intracranial hypotension following lumbar cerebrospinal fluid shunting |
| G97.84 | Intracranial hypotension following other procedure |
| H18.501 | Unspecified hereditary corneal dystrophies, right eye |
| H18.502 | Unspecified hereditary corneal dystrophies, left eye |
| H18.503 | Unspecified hereditary corneal dystrophies, bilateral |
| H18.509 | Unspecified hereditary corneal dystrophies, unspecified eye |
| H18.511 | Endothelial corneal dystrophy, right eye |
| H18.512 | Endothelial corneal dystrophy, left eye |
| H18.513 | Endothelial corneal dystrophy, bilateral |
| H18.519 | Endothelial corneal dystrophy, unspecified eye |
| H18.521 | Epithelial (juvenile) corneal dystrophy, right eye |
| H18.522 | Epithelial (juvenile) corneal dystrophy, left eye |
| H18.523 | Epithelial (juvenile) corneal dystrophy, bilateral |
| H18.529 | Epithelial (juvenile) corneal dystrophy, unspecified eye |
| H18.531 | Granular corneal dystrophy, right eye |
| H18.532 | Granular corneal dystrophy, left eye |
| H18.533 | Granular corneal dystrophy, bilateral |
| H18.539 | Granular corneal dystrophy, unspecified eye |
| H18.541 | Lattice corneal dystrophy, right eye |
| H18.542 | Lattice corneal dystrophy, left eye |
| H18.543 | Lattice corneal dystrophy, bilateral |
| H18.549 | Lattice corneal dystrophy, unspecified eye |
| H18.551 | Macular corneal dystrophy, right eye |
| H18.552 | Macular corneal dystrophy, left eye |
| H18.553 | Macular corneal dystrophy, bilateral |
| H18.559 | Macular corneal dystrophy, unspecified eye |
| H18.591 | Other hereditary corneal dystrophies, right eye |
| H18.592 | Other hereditary corneal dystrophies, left eye |
| H18.593 | Other hereditary corneal dystrophies, bilateral |
| H18.599 | Other hereditary corneal dystrophies, unspecified eye |
| H55.82 | Deficient smooth pursuit eye movements |

**Admission** — *continued*
examination at health care facility — *see also* Examination — *continued*
vision — *continued*
infant or child (over 28 days old) Z00.129
with abnormal findings Z00.121
fitting (of)
artificial
arm — *see* Admission, adjustment, artificial, arm
eye Z44.2 ☑
leg — *see* Admission, adjustment, artificial, leg
brain neuropacemaker Z46.2
implanted Z45.42
breast prosthesis (external) Z44.3 ☑
colostomy belt Z46.89
contact lenses Z46.0
cystostomy device Z46.6
dental prosthesis Z46.3
dentures Z46.3
device NEC
abdominal Z46.89
nervous system Z46.2
implanted — *see* Admission, adjustment, device, implanted, nervous system
orthodontic Z46.4
prosthetic Z44.9
breast Z44.3 ☑
dental Z46.3
eye Z44.2 ☑
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
hearing aid Z46.1
ileostomy device Z46.89
intestinal appliance or device NEC Z46.89
neuropacemaker (brain) (peripheral nerve) (spinal cord) Z46.2
implanted Z45.42
orthodontic device Z46.4
orthopedic device (brace) (cast) (shoes) Z46.89
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 type NEC Z44.8
spectacles Z46.0
follow-up examination Z09
intrauterine device management Z30.431
initial prescription Z30.014
mental health evaluation Z00.8
requested by authority Z04.6
observation — *see* Observation
Papanicolaou smear, cervix Z12.4
for suspected malignant neoplasm Z12.4
plastic and reconstructive surgery following medical procedure or healed injury NEC Z42.8
plastic surgery, cosmetic NEC Z41.1
postpartum observation
immediately after delivery Z39.0
routine follow-up Z39.2
poststerilization (for restoration) Z31.0
aftercare Z31.42
procreative management Z31.9
prophylactic (measure) — *see also* Encounter, prophylactic measures
organ removal Z40.00
breast Z40.01
fallopian tube(s) Z40.03
with ovary(s) Z40.02
ovary(s) Z40.02
specified organ NEC Z40.09
testes Z40.09
vaccination Z23
psychiatric examination (general) Z00.8
requested by authority Z04.6
radiation therapy (antineoplastic) Z51.0
reconstructive surgery following medical procedure or healed injury NEC Z42.8
removal of
cystostomy catheter Z43.5

**Admission** — *continued*
removal of — *continued*
drains Z48.03
dressing (nonsurgical) Z48.00
implantable subdermal contraceptive Z30.46
intrauterine contraceptive device Z30.432
neuropacemaker (brain) (peripheral nerve) (spinal cord) Z46.2
implanted Z45.42
staples Z48.02
surgical dressing Z48.01
sutures Z48.02
ureteral stent Z46.6
respirator [ventilator] use during power failure Z99.12
restoration of organ continuity (poststerilization) Z31.0
aftercare Z31.42
sensitivity test — *see also* Test, skin
allergy NEC Z01.82
Mantoux Z11.1
tuboplasty following previous sterilization Z31.0
aftercare Z31.42
vasoplasty following previous sterilization Z31.0
aftercare Z31.42
vision examination Z01.00
with abnormal findings Z01.01
following failed vision screening Z01.020
with abnormal findings Z01.021
infant or child (over 28 days old) Z00.129
with abnormal findings Z00.121
waiting period for admission to other facility Z75.1
**Adnexitis** (suppurative) — *see* Salpingo-oophoritis
**Adolescent X-linked adrenoleukodystrophy** E71.521
**Adrenal** (gland) — *see* condition
**Adrenalism, tuberculous** A18.7
**Adrenalitis, adrenitis** E27.8
autoimmune E27.1
meningococcal, hemorrhagic A39.1
**Adrenarche, premature** E27.0
**Adrenocortical syndrome** — *see* Cushing's, syndrome
**Adrenogenital syndrome** E25.9
acquired E25.8
congenital E25.0
salt loss E25.0
**Adrenogenitalism, congenital** E25.0
**Adrenoleukodystrophy** E71.529
neonatal E71.511
X-linked E71.529
Addison only phenotype E71.528
Addison-Schilder E71.528
adolescent E71.521
adrenomyeloneuropathy E71.522
childhood cerebral E71.520
other specified E71.528
**Adrenomyeloneuropathy** E71.522
**Adventitious bursa** — *see* Bursopathy, specified type NEC
**Adverse effect** — *see* Table of Drugs and Chemicals, categories T36-T50, with 6th character 5
**Advice** — *see* Counseling
**Adynamia** (episodica) (hereditary) (periodic) G72.3
**Aeration lung imperfect, newborn** — *see* Atelectasis
**Aerobullosis** T70.3 ☑
**Aerocele** — *see* Embolism, air
**Aerodermectasia**
subcutaneous (traumatic) T79.7 ☑
**Aerodontalgia** T70.29 ☑
**Aeroembolism** T70.3 ☑
**Aerogenes capsulatus infection** A48.0
**Aero-otitis media** T70.0 ☑
**Aerophagy, aerophagia** (psychogenic) F45.8
**Aerophobia** F40.228
**Aerosinusitis** T70.1 ☑
**Aerotitis** T70.0 ☑
**Affection** — *see* Disease
**Afibrinogenemia** — *see also* Defect, coagulation D68.8
acquired D65
congenital D68.2
following ectopic or molar pregnancy O08.1
in abortion — *see* Abortion, by type, complicated by, afibrinogenemia
puerperal O72.3
**African**
sleeping sickness B56.9
tick fever A68.1
trypanosomiasis B56.9
gambian B56.0
rhodesian B56.1
**Aftercare** — *see also* Care Z51.89

**Aftercare** — *continued*
following surgery (for) (on)
amputation Z47.81
attention to
drains Z48.03
dressings (nonsurgical) Z48.00
surgical Z48.01
sutures Z48.02
circulatory system Z48.812
delayed (planned) wound closure Z48.1
digestive system Z48.815
explantation of joint prosthesis (staged procedure)
hip Z47.32
knee Z47.33
shoulder Z47.31
genitourinary system Z48.816
joint replacement Z47.1
neoplasm Z48.3
nervous system Z48.811
oral cavity Z48.814
organ transplant
bone marrow Z48.290
heart Z48.21
heart-lung Z48.280
kidney Z48.22
liver Z48.23
lung Z48.24
multiple organs NEC Z48.288
specified NEC Z48.298
orthopedic NEC Z47.89
planned wound closure Z48.1
removal of internal fixation device Z47.2
respiratory system Z48.813
scoliosis Z47.82
sense organs Z48.810
skin and subcutaneous tissue Z48.817
specified body system
circulatory Z48.812
digestive Z48.815
genitourinary Z48.816
nervous Z48.811
oral cavity Z48.814
respiratory Z48.813
sense organs Z48.810
skin and subcutaneous tissue Z48.817
teeth Z48.814
specified NEC Z48.89
spinal Z47.89
teeth Z48.814
fracture — *code to* fracture with seventh character D
involving
removal of
drains Z48.03
dressings (nonsurgical) Z48.00
staples Z48.02
surgical dressings Z48.01
sutures Z48.02
neuropacemaker (brain) (peripheral nerve) (spinal cord) Z46.2
implanted Z45.42
orthopedic NEC Z47.89
postprocedural — *see* Aftercare, following surgery
**After-cataract** — *see* Cataract, secondary
**Agalactia** (primary) O92.3
elective, secondary or therapeutic O92.5
**Agammaglobulinemia** (acquired (secondary) (nonfamilial) D80.1
with
immunoglobulin-bearing B-lymphocytes D80.1
lymphopenia D81.9
autosomal recessive (Swiss type) D80.0
Bruton's X-linked D80.0
common variable (CVAgamma) D80.1
congenital sex-linked D80.0
hereditary D80.0
lymphopenic D81.9
Swiss type (autosomal recessive) D80.0
X-linked (with growth hormone deficiency) (Bruton) D80.0
**Aganglionosis** (bowel) (colon) Q43.1
**Age** (old) — *see* Senility
**Agenesis**
adrenal (gland) Q89.1
alimentary tract (complete) (partial) NEC Q45.8
upper Q40.8
anus, anal (canal) Q42.3
with fistula Q42.2
aorta Q25.41

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

## 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 admitted with anemia with possible HIV infection

**D64.9 Anemia, unspecified**

*Explanation:* Only the anemia is coded in this scenario because it has not been confirmed that an HIV infection is present. This is an exception to the guideline Section II, H for hospital inpatient coding.

**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.

**(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.

Unstable angina, native coronary artery atherosclerosis, HIV

**I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris**

**B20 Human immunodeficiency virus [HIV] disease**

*Explanation:* The arteriosclerotic coronary artery disease and the unstable angina are not related to HIV, so those conditions are reported first using a combination 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.

**(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" 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.

Patient admitted with acute appendicitis. Status positive HIV test on Atripla, with no prior symptoms

**K35.80 Unspecified acute appendicitis**

**Z21 Asymptomatic human immunodeficiency virus [HIV] infection status**

*Explanation:* Code Z21 is sequenced second since documentation indicates that the patient has had a positive HIV test but has been asymptomatic. Being on medication for HIV is not an indication that code B20 is used instead of Z21. Unless there has been documentation that the patient has had current or prior symptoms or HIV-related complications, code B20 is not used. The appendicitis is not an AIDS-related complication and is sequenced first.

**(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 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.

**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.

*E. coli* UTI

**N39.0 Urinary tract infection, site not specified**

**B96.20 Unspecified Escherichia coli [E.coli] as the cause of diseases classified elsewhere**

*Explanation:* An instructional note under the code for the urinary tract infection indicates to code also the specific organism.

**c. Infections resistant to antibiotics**

Many bacterial infections are resistant to current antibiotics. It is necessary to identify all infections documented as antibiotic resistant. Assign a code from category Z16, Resistance to antimicrobial drugs, following the infection code only if the infection code does not identify drug resistance.

**d. Sepsis, severe sepsis, and septic shock**

**1) Coding of sepsis and severe sepsis**

**(a) Sepsis**

For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection. If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

A code from subcategory R65.2, Severe sepsis, should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented.

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

EXCLUDES 2 *certain conditions originating in the perinatal period (P04-P96)*
*certain infectious and parasitic diseases (A00-B99)*
*complications of pregnancy, childbirth and the puerperium (O00-O9A)*
*congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)*
*endocrine, nutritional and metabolic diseases (E00-E88)*
*injury, poisoning and certain other consequences of external causes (S00-T88)*
*neoplasms (C00-D49)*
*symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)*
*systemic connective tissue disorders (M30-M36)*
*transient cerebral ischemic attacks and related syndromes (G45.-)*

This chapter contains the following blocks:

| | |
|---|---|
| I00-I02 | Acute rheumatic fever |
| I05-I09 | Chronic rheumatic heart diseases |
| I10-I16 | Hypertensive diseases |
| I20-I25 | Ischemic heart diseases |
| I26-I28 | Pulmonary heart disease and diseases of pulmonary circulation |
| I30-I52 | Other forms of heart disease |
| I60-I69 | Cerebrovascular diseases |
| I70-I79 | Diseases of arteries, arterioles and capillaries |
| I80-I89 | Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified |
| I95-I99 | Other and unspecified disorders of the circulatory system |

## Acute rheumatic fever (I00-I02)

**DEF:** Inflammatory disease that can follow a throat infection by group A streptococci. Complications can involve the joints (arthritis), subcutaneous tissue (nodules), skin (erythema marginatum), heart (carditis), or brain (chorea).

**I00 Rheumatic fever without heart involvement**
INCLUDES arthritis, rheumatic, acute or subacute
EXCLUDES 1 *rheumatic fever with heart involvement (I01.0-I01.9)*

√4th **I01 Rheumatic fever with heart involvement**
EXCLUDES 1 *chronic diseases of rheumatic origin (I05-I09) unless rheumatic fever is also present or there is evidence of reactivation or activity of the rheumatic process*

**I01.0 Acute rheumatic pericarditis** CC
Any condition in I00 with pericarditis
Rheumatic pericarditis (acute)
EXCLUDES 1 *acute pericarditis not specified as rheumatic (I30.-)*

**I01.1 Acute rheumatic endocarditis** CC
Any condition in I00 with endocarditis or valvulitis
Acute rheumatic valvulitis

**I01.2 Acute rheumatic myocarditis** CC
Any condition in I00 with myocarditis

**I01.8 Other acute rheumatic heart disease** CC
Any condition in I00 with other or multiple types of heart involvement
Acute rheumatic pancarditis

**I01.9 Acute rheumatic heart disease, unspecified** CC
Any condition in I00 with unspecified type of heart involvement
Rheumatic carditis, acute
Rheumatic heart disease, active or acute

√4th **I02 Rheumatic chorea**
INCLUDES Sydenham's chorea
EXCLUDES 1 *chorea NOS (G25.5)*
*Huntington's chorea (G10)*

**I02.0 Rheumatic chorea with heart involvement** CC
Chorea NOS with heart involvement
Rheumatic chorea with heart involvement of any type classifiable under I01.-

**I02.9 Rheumatic chorea without heart involvement** CC
Rheumatic chorea NOS

## Chronic rheumatic heart diseases (I05-I09)

√4th **I05 Rheumatic mitral valve diseases**
INCLUDES conditions classifiable to both I05.0 and I05.2-I05.9, whether specified as rheumatic or not
EXCLUDES 1 *mitral valve disease specified as nonrheumatic (I34.-)*
*mitral valve disease with aortic and/or tricuspid valve involvement (I08.-)*

**I05.0 Rheumatic mitral stenosis**
Mitral (valve) obstruction (rheumatic)
**DEF:** Narrowing of the mitral valve between the left atrium and left ventricle due to rheumatic fever. Symptoms include shortness of breath during or after exercise, fatigue, palpitations, chest discomfort, and swelling of feet or legs.

**I05.1 Rheumatic mitral insufficiency**
Rheumatic mitral incompetence
Rheumatic mitral regurgitation
EXCLUDES 1 *mitral insufficiency not specified as rheumatic (I34.0)*

**I05.2 Rheumatic mitral stenosis with insufficiency**
Rheumatic mitral stenosis with incompetence or regurgitation

**I05.8 Other rheumatic mitral valve diseases**
Rheumatic mitral (valve) failure

**I05.9 Rheumatic mitral valve disease, unspecified**
Rheumatic mitral (valve) disorder (chronic) NOS

√4th **I06 Rheumatic aortic valve diseases**
EXCLUDES 1 *aortic valve disease not specified as rheumatic (I35.-)*
*aortic valve disease with mitral and/or tricuspid valve involvement (I08.-)*

**I06.0 Rheumatic aortic stenosis**
Rheumatic aortic (valve) obstruction

**I06.1 Rheumatic aortic insufficiency**
Rheumatic aortic incompetence
Rheumatic aortic regurgitation

**I06.2 Rheumatic aortic stenosis with insufficiency**
Rheumatic aortic stenosis with incompetence or regurgitation

**I06.8 Other rheumatic aortic valve diseases**

**I06.9 Rheumatic aortic valve disease, unspecified**
Rheumatic aortic (valve) disease NOS

√4th **I07 Rheumatic tricuspid valve diseases**
INCLUDES rheumatic tricuspid valve diseases specified as rheumatic or unspecified
EXCLUDES 1 *tricuspid valve disease specified as nonrheumatic (I36.-)*
*tricuspid valve disease with aortic and/or mitral valve involvement (I08.-)*

**I07.0 Rheumatic tricuspid stenosis**
Tricuspid (valve) stenosis (rheumatic)

**I07.1 Rheumatic tricuspid insufficiency**
Tricuspid (valve) insufficiency (rheumatic)

**I07.2 Rheumatic tricuspid stenosis and insufficiency**

**I07.8 Other rheumatic tricuspid valve diseases**

**I07.9 Rheumatic tricuspid valve disease, unspecified**
Rheumatic tricuspid valve disorder NOS

√4th **I08 Multiple valve diseases**
INCLUDES multiple valve diseases specified as rheumatic or unspecified
EXCLUDES 1 *endocarditis, valve unspecified (I38)*
*multiple valve disease specified a nonrheumatic (I34.-, I35.-, I36.-, I37.-, I38.-, Q22.-, Q23.-, Q24.8-)*
*rheumatic valve disease NOS (I09.1)*

**I08.0 Rheumatic disorders of both mitral and aortic valves**
Involvement of both mitral and aortic valves specified as rheumatic or unspecified
**AHA:** 2019,2Q,5

**I08.1 Rheumatic disorders of both mitral and tricuspid valves**

**I08.2 Rheumatic disorders of both aortic and tricuspid valves**

**I08.3 Combined rheumatic disorders of mitral, aortic and tricuspid valves**

**I08.8 Other rheumatic multiple valve diseases**

**I08.9 Rheumatic multiple valve disease, unspecified**

√4th **I09 Other rheumatic heart diseases**

**I09.0 Rheumatic myocarditis** CC
EXCLUDES 1 *myocarditis not specified as rheumatic (I51.4)*

# Chapter 11. Diseases of the Digestive System (K00-K95)

EXCLUDES 2 *certain conditions originating in the perinatal period (P04-P96)*
*certain infectious and parasitic diseases (A00-B99)*
*complications of pregnancy, childbirth and the puerperium (O00-O9A)*
*congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)*
*endocrine, nutritional and metabolic diseases (E00-E88)*
*injury, poisoning and certain other consequences of external causes (S00-T88)*
*neoplasms (C00-D49)*
*symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)*

This chapter contains the following blocks:

K00-K14 Diseases of oral cavity and salivary glands
K20-K31 Diseases of esophagus, stomach and duodenum
K35-K38 Diseases of appendix
K40-K46 Hernia
K50-K52 Noninfective enteritis and colitis
K55-K64 Other diseases of intestines
K65-K68 Diseases of peritoneum and retroperitoneum
K70-K77 Diseases of liver
K80-K87 Disorders of gallbladder, biliary tract and pancreas
K90-K95 Other diseases of the digestive system

## Diseases of oral cavity and salivary glands (K00-K14)

✓4th **K00 Disorders of tooth development and eruption**

EXCLUDES 2 *embedded and impacted teeth (K01.-)*

**K00.0 Anodontia**
Hypodontia
Oligodontia
EXCLUDES 1 *acquired absence of teeth (K08.1-)*
**DEF:** Partial or complete absence of teeth due to a congenital defect involving the tooth bud.

**K00.1 Supernumerary teeth**
Distomolar
Fourth molar
Mesiodens
Paramolar
Supplementary teeth
EXCLUDES 2 *supernumerary roots (K00.2)*

**K00.2 Abnormalities of size and form of teeth**
Concrescence of teeth
Fusion of teeth
Gemination of teeth
Dens evaginatus
Dens in dente
Dens invaginatus
Enamel pearls
Macrodontia
Microdontia
Peg-shaped [conical] teeth
Supernumerary roots
Taurodontism
Tuberculum paramolare
EXCLUDES 1 *abnormalities of teeth due to congenital syphilis (A50.5)*
*tuberculum Carabelli, which is regarded as a normal variation and should not be coded*

**K00.3 Mottled teeth**
Dental fluorosis
Mottling of enamel
Nonfluoride enamel opacities
EXCLUDES 2 *deposits [accretions] on teeth (K03.6)*

**K00.4 Disturbances in tooth formation**
Aplasia and hypoplasia of cementum
Dilaceration of tooth
Enamel hypoplasia (neonatal) (postnatal) (prenatal)
Regional odontodysplasia
Turner's tooth
EXCLUDES 1 *Hutchinson's teeth and mulberry molars in congenital syphilis (A50.5)*
EXCLUDES 2 *mottled teeth (K00.3)*

**K00.5 Hereditary disturbances in tooth structure, not elsewhere classified**
Amelogenesis imperfecta
Dentinogenesis imperfecta
Odontogenesis imperfecta
Dentinal dysplasia
Shell teeth

**K00.6 Disturbances in tooth eruption**
Dentia praecox
Natal tooth
Neonatal tooth
Premature eruption of tooth
Premature shedding of primary [deciduous] tooth
Prenatal teeth
Retained [persistent] primary tooth
EXCLUDES 2 *embedded and impacted teeth (K01.-)*

**K00.7 Teething syndrome**

**K00.8 Other disorders of tooth development**
Color changes during tooth formation
Intrinsic staining of teeth NOS
EXCLUDES 2 *posteruptive color changes (K03.7)*

**K00.9 Disorder of tooth development, unspecified**
Disorder of odontogenesis NOS

✓4th **K01 Embedded and impacted teeth**

EXCLUDES 1 *abnormal position of fully erupted teeth (M26.3-)*

**K01.0 Embedded teeth**

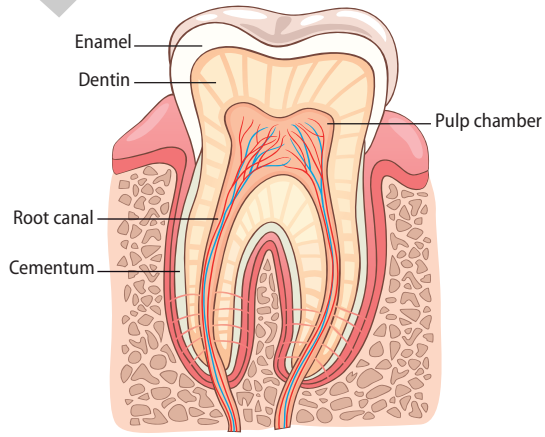
**K01.1 Impacted teeth**

✓4th **K02 Dental caries**

INCLUDES caries of dentine
dental cavities
early childhood caries
pre-eruptive caries
recurrent caries (dentino enamel junction) (enamel) (to the pulp)
tooth decay

**DEF:** Localized section of tooth decay that begins on the tooth surface with destruction of the calcified enamel, allowing bacterial destruction to continue and form cavities and may extend to the dentin and pulp.

**Tooth Anatomy**




**K02.3 Arrested dental caries**
Arrested coronal and root caries

✓5th **K02.5 Dental caries on pit and fissure surface**
Dental caries on chewing surface of tooth

**K02.51 Dental caries on pit and fissure surface limited to enamel**
White spot lesions [initial caries] on pit and fissure surface of tooth

**K02.52 Dental caries on pit and fissure surface penetrating into dentin**
Primary dental caries, cervical origin

**K02.53 Dental caries on pit and fissure surface penetrating into pulp**

**R82.2 Biliuria**

**R82.3 Hemoglobinuria**

EXCLUDES 1 *hemoglobinuria due to hemolysis from external causes NEC (D59.6)*
*hemoglobinuria due to paroxysmal nocturnal [Marchiafava-Micheli] (D59.5)*

**DEF:** Free hemoglobin in blood due to rapid hemolysis of red blood cells. Causes include burns, crushed injury, sickle cell anemia, thalassemia, parasitic infections, or kidney infections.

**R82.4 Acetonuria**

Ketonuria

**DEF:** Excessive excretion of acetone in urine that commonly occurs in diabetic acidosis.

**R82.5 Elevated urine levels of drugs, medicaments and biological substances**

Elevated urine levels of catecholamines
Elevated urine levels of indoleacetic acid
Elevated urine levels of 17-ketosteroids
Elevated urine levels of steroids

**R82.6 Abnormal urine levels of substances chiefly nonmedicinal as to source**

Abnormal urine level of heavy metals

✓5th **R82.7 Abnormal findings on microbiological examination of urine**

EXCLUDES 1 *colonization status (Z22.-)*

**AHA:** 2016,4Q,65

**R82.71 Bacteriuria**

**R82.79 Other abnormal findings on microbiological examination of urine**

Positive culture findings of urine

✓5th **R82.8 Abnormal findings on cytological and histological examination of urine**

**AHA:** 2019,4Q,16

**R82.81 Pyuria**

Sterile pyuria

**R82.89 Other abnormal findings on cytological and histological examination of urine**

✓5th **R82.9 Other and unspecified abnormal findings in urine**

**R82.90 Unspecified abnormal findings in urine**

**R82.91 Other chromoabnormalities of urine**

Chromoconversion (dipstick)
Idiopathic dipstick converts positive for blood with no cellular forms in sediment

EXCLUDES 1 *hemoglobinuria (R82.3)*
*myoglobinuria (R82.1)*

✓6th **R82.99 Other abnormal findings in urine**

**AHA:** 2018,4Q,29-30

**R82.991 Hypocitraturia**

**R82.992 Hyperoxaluria**

EXCLUDES 1 *primary hyperoxaluria (E72.53)*

**R82.993 Hyperuricosuria**

**R82.994 Hypercalciuria**

Idiopathic hypercalciuria

**R82.998 Other abnormal findings in urine**

Cells and casts in urine
Crystalluria
Melanuria

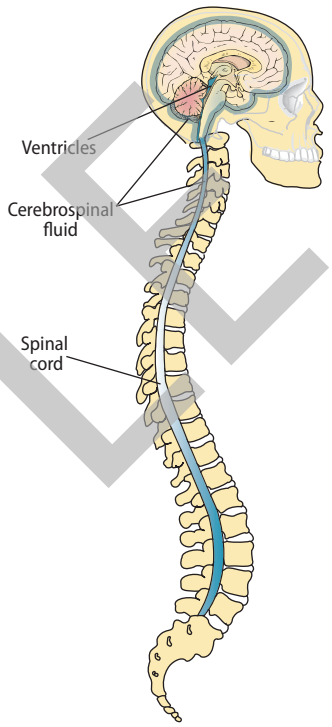
## Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis (R83-R89)

EXCLUDES 1 *abnormal findings on antenatal screening of mother (O28.-)*
*diagnostic abnormal findings classified elsewhere — see Alphabetical Index*

EXCLUDES 2 *abnormal findings on examination of blood, without diagnosis (R70-R79)*
*abnormal findings on examination of urine, without diagnosis (R80-R82)*
*abnormal tumor markers (R97.-)*

✓4th **R83 Abnormal findings in cerebrospinal fluid**

**Cerebrospinal Fluid**




**R83.0 Abnormal level of enzymes in cerebrospinal fluid**

**R83.1 Abnormal level of hormones in cerebrospinal fluid**

**R83.2 Abnormal level of other drugs, medicaments and biological substances in cerebrospinal fluid**

**R83.3 Abnormal level of substances chiefly nonmedicinal as to source in cerebrospinal fluid**

**R83.4 Abnormal immunological findings in cerebrospinal fluid**

**R83.5 Abnormal microbiological findings in cerebrospinal fluid**

Positive culture findings in cerebrospinal fluid

EXCLUDES 1 *colonization status (Z22.-)*

**R83.6 Abnormal cytological findings in cerebrospinal fluid**

**R83.8 Other abnormal findings in cerebrospinal fluid**

Abnormal chromosomal findings in cerebrospinal fluid

**R83.9 Unspecified abnormal finding in cerebrospinal fluid**

✓4th **R84 Abnormal findings in specimens from respiratory organs and thorax**

INCLUDES abnormal findings in bronchial washings
abnormal findings in nasal secretions
abnormal findings in pleural fluid
abnormal findings in sputum
abnormal findings in throat scrapings

EXCLUDES 1 *blood-stained sputum (R04.2)*

**R84.0 Abnormal level of enzymes in specimens from respiratory organs and thorax**

**R84.1 Abnormal level of hormones in specimens from respiratory organs and thorax**

**R84.2 Abnormal level of other drugs, medicaments and biological substances in specimens from respiratory organs and thorax**

**R84.3 Abnormal level of substances chiefly nonmedicinal as to source in specimens from respiratory organs and thorax**

**R84.4 Abnormal immunological findings in specimens from respiratory organs and thorax**

# Appendix A: Valid 3-Character ICD-10-CM Codes



| | |
|---|---|
| A09 | Infectious gastroenteritis and colitis, unspecified |
| A33 | Tetanus neonatorum |
| A34 | Obstetrical tetanus |
| A35 | Other tetanus |
| A46 | Erysipelas |
| A55 | Chlamydial lymphogranuloma (venereum) |
| A57 | Chancroid |
| A58 | Granuloma inguinale |
| A64 | Unspecified sexually transmitted disease |
| A65 | Nonvenereal syphilis |
| A70 | Chlamydia psittaci infections |
| A78 | Q fever |
| A86 | Unspecified viral encephalitis |
| A89 | Unspecified viral infection of central nervous system |
| A90 | Dengue fever [classical dengue] |
| A91 | Dengue hemorrhagic fever |
| A94 | Unspecified arthropod-borne viral fever |
| A99 | Unspecified viral hemorrhagic fever |
| B03 | Smallpox |
| B04 | Monkeypox |
| B09 | Unspecified viral infection characterized by skin and mucous membrane lesions |
| B20 | Human immunodeficiency virus [HIV] disease |
| B49 | Unspecified mycosis |
| B54 | Unspecified malaria |
| B59 | Pneumocystosis |
| B64 | Unspecified protozoal disease |
| B72 | Dracunculiasis |
| B75 | Trichinellosis |
| B79 | Trichuriasis |
| B80 | Enterobiasis |
| B86 | Scabies |
| B89 | Unspecified parasitic disease |
| B91 | Sequelae of poliomyelitis |
| B92 | Sequelae of leprosy |
| C01 | Malignant neoplasm of base of tongue |
| C07 | Malignant neoplasm of parotid gland |
| C12 | Malignant neoplasm of pyriform sinus |
| C19 | Malignant neoplasm of rectosigmoid junction |
| C20 | Malignant neoplasm of rectum |
| C23 | Malignant neoplasm of gallbladder |
| C33 | Malignant neoplasm of trachea |
| C37 | Malignant neoplasm of thymus |
| C52 | Malignant neoplasm of vagina |
| C55 | Malignant neoplasm of uterus, part unspecified |
| C58 | Malignant neoplasm of placenta |
| C61 | Malignant neoplasm of prostate |
| C73 | Malignant neoplasm of thyroid gland |
| D34 | Benign neoplasm of thyroid gland |
| D45 | Polycythemia vera |
| D62 | Acute posthemorrhagic anemia |
| D65 | Disseminated intravascular coagulation [defibrination A syndrome] |
| D66 | Hereditary factor VIII deficiency |
| D67 | Hereditary factor IX deficiency |
| D71 | Functional disorders of polymorphonuclear neutrophils |
| D77 | Other disorders of blood and blood-forming organs in diseases classified elsewhere |
| E02 | Subclinical iodine-deficiency hypothyroidism |
| E15 | Nondiabetic hypoglycemic coma |
| E35 | Disorders of endocrine glands in diseases classified elsewhere |
| E40 | Kwashiorkor |
| E41 | Nutritional marasmus |
| E42 | Marasmic kwashiorkor |
| E43 | Unspecified severe protein-calorie malnutrition |
| E45 | Retarded development following protein-calorie malnutrition |
| E46 | Unspecified protein-calorie malnutrition |
| E52 | Niacin deficiency [pellagra] |
| E54 | Ascorbic acid deficiency |
| E58 | Dietary calcium deficiency |
| E59 | Dietary selenium deficiency |
| E60 | Dietary zinc deficiency |
| E65 | Localized adiposity |
| E68 | Sequelae of hyperalimentation |
| F04 | Amnestic disorder due to known physiological condition |
| F05 | Delirium due to known physiological condition |
| F09 | Unspecified mental disorder due to known physiological condition |
| F21 | Schizotypal disorder |
| F22 | Delusional disorders |
| F23 | Brief psychotic disorder |
| F24 | Shared psychotic disorder |
| F28 | Other psychotic disorder not due to a substance or known physiological condition |
| F29 | Unspecified psychosis not due to a substance or known physiological condition |
| F39 | Unspecified mood [affective] disorder |
| F54 | Psychological and behavioral factors associated with disorders or diseases classified elsewhere |
| F59 | Unspecified behavioral syndromes associated with physiological disturbances and physical factors |
| F66 | Other sexual disorders |
| F69 | Unspecified disorder of adult personality and behavior |
| F70 | Mild intellectual disabilities |
| F71 | Moderate intellectual disabilities |
| F72 | Severe intellectual disabilities |
| F73 | Profound intellectual disabilities |
| F78 | Other intellectual disabilities |
| F79 | Unspecified intellectual disabilities |
| F82 | Specific developmental disorder of motor function |
| F88 | Other disorders of psychological development |
| F89 | Unspecified disorder of psychological development |
| F99 | Mental disorder, not otherwise specified |
| G01 | Meningitis in bacterial diseases classified elsewhere |
| G02 | Meningitis in other infectious and parasitic diseases classified elsewhere |
| G07 | Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere |
| G08 | Intracranial and intraspinal phlebitis and thrombophlebitis |
| G09 | Sequelae of inflammatory diseases of central nervous system |
| G10 | Huntington's disease |
| G14 | Postpolio syndrome |
| G20 | Parkinson's disease |
| G26 | Extrapyramidal and movement disorders in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G53 | Cranial nerve disorders in diseases classified elsewhere |
| G55 | Nerve root and plexus compressions in diseases classified elsewhere |
| G59 | Mononeuropathy in diseases classified elsewhere |
| G63 | Polyneuropathy in diseases classified elsewhere |
| G64 | Other disorders of peripheral nervous system |
| G92 | Toxic encephalopathy |
| G94 | Other disorders of brain in diseases classified elsewhere |
| H22 | Disorders of iris and ciliary body in diseases classified elsewhere |
| H28 | Cataract in diseases classified elsewhere |
| H32 | Chorioretinal disorders in diseases classified elsewhere |
| H36 | Retinal disorders in diseases classified elsewhere |
| H42 | Glaucoma in diseases classified elsewhere |
| I00 | Rheumatic fever without heart involvement |
| I10 | Essential (primary) hypertension |
| I32 | Pericarditis in diseases classified elsewhere |
| I38 | Endocarditis, valve unspecified |

# Appendix F: Present on Admission (POA) Tutorial



Present-on-admission (POA) indicators are required on all diagnoses and external cause-of-injury codes for all inpatient acute care hospital discharges, according to the requirement outlined in the Deficit Reduction Act of 2005, section 5001(c). The only exception is for a select group of codes that have been designated as exempt from the POA regulations. Certain facilities are also exempt from this reporting requirement and include the following:

- Critical access hospitals
- Long-term care hospitals
- Cancer hospitals
- Inpatient psychiatric hospitals
- Inpatient rehabilitation facilities
- Veterans Administration/Department of Defense Hospitals
- Children's inpatient facilities

The POA indicator guidelines are not intended to replace the official *ICD-10-CM Official Guidelines for Coding and Reporting*. Nor will the POA guidelines supersede the Uniform Hospital Discharge Data Set (UHDDS) definition of principal diagnosis, defined as the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital. The definition of "additional diagnoses" also remains the same. Coders must report all conditions that coexist at the time of admission, develop subsequently, or that affect the treatment received and/or the length of stay. This significantly affects assignment of the POA indicators. Because the POA indicator should accurately reflect the patient's conditions upon admission, review of POA guidelines as well as the *ICD-10-CM Official Guidelines for Coding and Reporting* is required.

The following is a summary of the POA guidelines:

- A POA condition is defined not only as one that is clearly present at the time of admission, but also one that was clearly present but not diagnosed until after the time of admission.
- Present on admission is defined as present at the time the order for an inpatient admission is made, whether or not the patient's episode of care originated in the emergency department, ambulatory surgery area, or other outpatient area. Conditions that develop during an outpatient encounter are considered present on admission.
- A POA indicator is assigned to the principal diagnosis, secondary diagnoses, and the external cause-of-injury codes.
- The POA guidelines are not intended to replace any of the other *ICD-10-CM Official Guidelines for Coding and Reporting.*
- The intent of the POA guidelines is not to determine whether or not a condition should be coded, but rather how to apply the POA indicator.

The following reporting options, with definitions, should be used to indicate whether a condition was POA:

*Y Yes: Present at the time of inpatient admission*
*N No: Not present at the time of inpatient admission*
*U Unknown: Documentation is insufficient to determine if condition is present at the time of inpatient admission*
*W Clinically undetermined: Provider is unable to clinically determine whether condition was or was not present at the time of inpatient admission*

*Unreported/not used—(exempt from POA reporting)—Most ICD-10-CM codes require the assignment of a POA indicator. However, there are some diagnoses that are considered exempt from the POA reporting. For these exempt conditions the POA field should be left blank.*

**Note:** *A data file of all POA exempt codes can be accessed at the following:*
*http://www.optum360coding.com/ProductUpdates/*
*Title: "2021 ICD-10-CM for Hospitals POA Exemption Data File"*
*Password: Hospital21*

## Timeframe for POA identification and documentation

There is no timeframe during the encounter in which a condition must be diagnosed to be considered present on admission. In many cases, it is not clinically possible for the provider to determine a definitive diagnosis until well into the admission, after labs, imaging, and other tests have been performed and results examined. In these cases the condition is still considered to be present on admission, indicated with Y.

***Examples***

- A patient was admitted for diagnostic work-up for cachexia. The final diagnosis was malignant neoplasm of lung with metastasis.

  *Assign Y in the POA field for the malignant neoplasm, which was clearly present on admission, although it was not diagnosed until after the admission occurred.*
- A patient with severe cough and difficulty breathing was diagnosed during his hospitalization to have lung cancer.

  *Assign Y in the POA field for the lung cancer. Even though the cancer was not diagnosed until after admission, it is a chronic condition that was clearly present before the patient's admission.*
- A urine culture was obtained on admission. The provider documented urinary tract infection when the culture results became available a few days later.

  *Assign Y to the urinary tract infection since the diagnosis is based on test results from a specimen obtained on admission. It may not be possible for a provider to make a definitive diagnosis for a period of time after admission. There is no required timeframe as to when a provider must identify or document a condition for it to be considered present on admission.*

## Condition is on the "Exempt from Reporting" list

The POA field is left blank for codes excluded from POA reporting.

***Examples***

- A patient was admitted for inpatient surgery on a burn contracture from scar tissue from a burn five years ago.

  *Assign Y for the principal condition of the scar; however, the secondary code for the specifics of the burn injury with a seventh character for sequela is left blank since it is excluded from POA reporting.*
- A patient was admitted to inpatient for a PEG tube insertion because of residual dysphagia due to a recent CVA.

  *No POA indicator is assigned for the dysphagia following a CVA. Codes under I69.- are defined as sequela of cerebrovascular disease and are exempt from POA reporting.*
- A patient was admitted to inpatient for corrective surgery for a malunion of a closed femur fracture.

  *No POA indicator is assigned for the malunion of a closed fracture because the seventh character for malunion of fractures is considered a subsequent encounter and is exempt from POA reporting.*
- A patient was admitted for breast reconstruction following mastectomy.

  *The POA indicator field is left blank as this Z code is exempt from POA reporting.*
- A patient was admitted for changing the battery in his AICD as it is at the end of its useful life.

  *The POA indicator field is left blank as this Z code is exempt from POA reporting.*

## POA explicitly documented

If the provider explicitly documents a condition as being present on admission or not present on admission, assign the appropriate Y or N POA indicator based on that documentation. If there is conflicting documentation by different providers, query the attending physician.

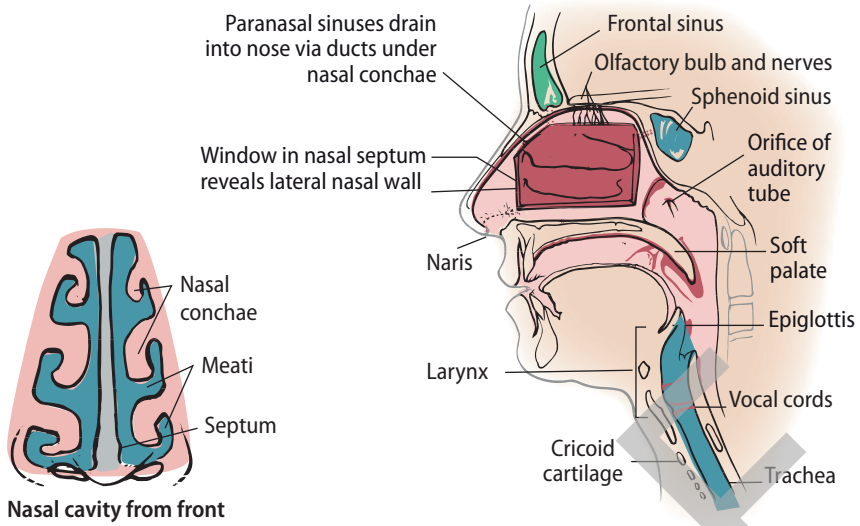
***Examples***

- Even though sepsis is not diagnosed in the ED, the discharge summary states that the patient presented with sepsis at the time of admission.

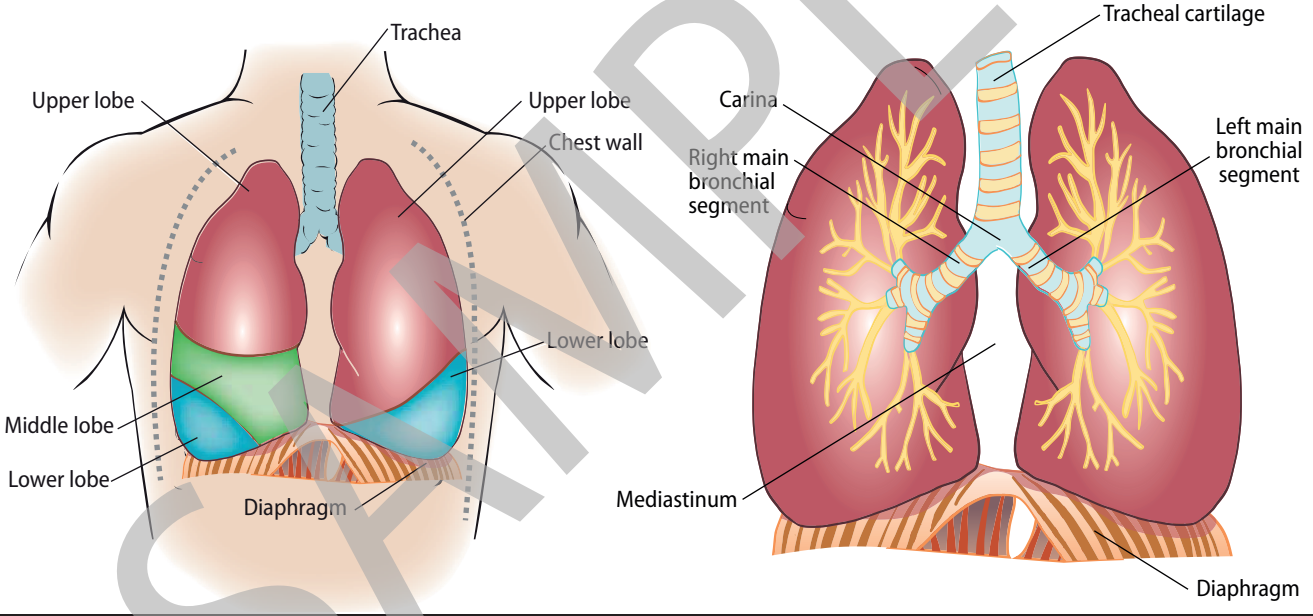
  *The provider explicitly stated that the sepsis was present on admission and therefore the Y POA indicator should be used.*
- The patient was admitted with chills and cough and two days later diagnosed with pneumonia. The discharge summary documents that the pneumonia was not present on admission.

  *Although the patient showed some symptoms of pneumonia on admission, the provider may have clinical evidence (e.g., chest x-rays, cultures) that indicates that pneumonia did not develop until after admission. Since this*

## Upper Respiratory System




## Lower Respiratory System




## Paranasal Sinuses