

ICD-10-CM Professional for Physicians

The complete official code set

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

2022

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How to Use ICD-10-CM Professional for Physicians 2022

Introduction

ICD-10-CM Professional for Physicians: The Complete Official Code Set is your definitive coding resource, combining the work of the National Center for Health Statistics (NCHS), Centers for Medicare and Medicaid Services (CMS), American Hospital Association (AHA), and Optum360 experts to provide the information you need for coding accuracy.

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

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

- **NCHS, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)**

<https://www.cdc.gov/nchs/icd/icd10cm.htm>

<https://www.cms.gov/medicare/icd-10/2021-icd-10-cm>

- **CMS Integrated Outpatient Code Editor (IOCE), version 21.2**

<https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs.html>

- **CMS Risk Adjustment Model, version 24**

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>

- **CMS Quality Payment Program (QPP)**

<https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2020#measures>

- **American Hospital Association (AHA) Coding Clinics**

<https://www.codingclinicadvisor.com/>

- **Additional specialty-specific resources will be provided on our product updates page at [Optum360coding.com](https://www.optum360coding.com), which can be accessed at the following:**

<https://www.optum360coding.com/ProductUpdates/>

Password: Physician21

The official NCHS ICD-10-CM classification includes three main sections: the guidelines, the indexes, and the tabular list, all of which make up the bulk of this coding manual. To complement the classification, Optum360's coding experts have incorporated Medicare-related coding edits and proprietary features, such as supplementary notations, coding tools, and appendixes, into a comprehensive and easy-to-use reference. This publication is organized as follows:

What's New for 2021

This section provides a high-level overview of the changes made to the ICD-10-CM official code set for fiscal 2021, identifying codes that have been added and deleted from the classification, codes that had validity changes as a result of these additions and deletions, as well as codes that had revisions to their descriptions. All changes are based on the 2021 official addendum, posted June 30, 2020, by the National Center for Health Statistics (NCHS), the agency charged with maintaining and updating ICD-10-CM. NCHS is part of the Centers for Disease Control and Prevention (CDC).

Conversion Table

The conversion table was developed by National Center for Healthcare Statistics (NCHS) to help facilitate data retrieval as new codes are added to the ICD-10-CM classification. This table provides a crosswalk from each FY 2021 new code to the equivalent code(s) assigned prior to October 1, 2020, for that particular diagnosis or condition. For the full conversion table, including code crosswalks before October 1, 2020, refer to the 2021 Conversion Table zip file at <https://www.cms.gov/medicare/icd-10/2021-icd-10-cm>.

10 Steps to Correct Coding

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

Official ICD-10-CM Guidelines for Coding and Reporting

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

Indexes

Index to Diseases and Injuries

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

Neoplasm Table

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

Table of Drugs and Chemicals

The Table of Drugs and Chemicals is arranged in alphabetic order by the specific drug or chemical name. Codes are listed in individual columns based upon the associated intent (poisoning, adverse effect, or underdosing).

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 M33.90

with

myopathy M33.92

respiratory involvement M33.91

specified organ involvement NEC M33.99

in neoplastic disease — *see also* Neoplasm D49.9 [M36.0]

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.

Hematuria — *see also* Hemoglobinuria malarial B50.8

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 Q00.0

continua G44.51

meaning migraine — *see also* Migraine G43.909

paroxysmal G44.039

chronic G44.049

intractable G44.041

not intractable G44.049

episodic G44.039

intractable G44.031

not intractable G44.039

intractable G44.031

not intractable G44.039

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 W20.1

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.

Admission

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 neuromodulator 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
 neuromodulator (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
 neuromodulator (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
Adrenitis, adrenitis E27.8
 autoimmune E27.1
 meningococcal, hemorrhagic A39.1
Adrenarache, 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 (episodic) (hereditary) (periodic) G72.3
Aeration lung imperfect, newborn — *see* Atelectasis
Aerobullosis T70.3 ✓
Aerocele — *see* Embolism, air
Aeroderectasia
 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
 neuromodulator (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

ICD-10-CM Tabular List of Diseases and Injuries

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 being seen for hypothyroidism with possible HIV infection

E03.9 Hypothyroidism, unspecified

Explanation: Only the hypothyroidism is coded in this scenario because it has not been confirmed that an HIV infection is present.

2) Selection and sequencing of HIV codes

(a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions.

HIV with CMV

B20 Human immunodeficiency virus [HIV] disease

B25.9 Cytomegaloviral disease, unspecified

Explanation: Cytomegaloviral infection is an HIV related condition, so the HIV diagnosis code is reported first, followed by the code for the CMV.

(b) Patient with HIV disease admitted for unrelated condition

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Other diagnoses would be B20 followed by additional diagnosis codes for all reported HIV-related conditions.

Sprain of the internal collateral ligament, right ankle; HIV

S93.491A Sprain of other ligament of right ankle, initial encounter

B20 Human immunodeficiency virus [HIV] disease

Explanation: The ankle sprain is not related to HIV, so it is the first-listed diagnosis code, and HIV is reported secondarily.

(c) Whether the patient is newly diagnosed

Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions is irrelevant to the sequencing decision.

Newly diagnosed multiple cutaneous Kaposi’s sarcoma lesions in previously diagnosed HIV disease

B20 Human immunodeficiency virus [HIV] disease

C46.0 Kaposi’s sarcoma of skin

Explanation: Even though the HIV was diagnosed on a previous encounter, it is still sequenced first when coded with an HIV-related condition. Kaposi’s sarcoma is an HIV-related condition.

(d) Asymptomatic human immunodeficiency virus

Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being “HIV positive,” “known HIV,” “HIV test positive,” or similar terminology. Do not use this code if the term “AIDS” 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 is being seen for iron deficiency anemia. Status positive HIV test on Atripla, with no prior symptoms

D50.9 Iron deficiency anemia, unspecified

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 anemia 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.

Acute *E. coli* cystitis

N30.00 Acute cystitis without hematuria

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

Explanation: An instructional note under the category for the cystitis indicates to code also the specific organism.

Chapter 8. Diseases of the Ear and Mastoid Process (H60-H95)

NOTE

Use an external cause code following the code for the ear condition, if applicable, to identify the cause of the ear condition

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:

H60-H62 Diseases of external ear
H65-H75 Diseases of middle ear and mastoid
H80-H83 Diseases of inner ear
H90-H94 Other disorders of ear
H95 Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified

Diseases of external ear (H60-H62)

✓ 4th H60 Otitis externa

TIP: When the specific infectious agent is identified, a code from Chapter 1 is assigned instead of a code from this category.

✓ 5th H60.0 Abscess of external ear

Boil of external ear
Carbuncle of auricle or external auditory canal
Furuncle of external ear

H60.00 Abscess of external ear, unspecified ear

H60.01 Abscess of right external ear

H60.02 Abscess of left external ear

H60.03 Abscess of external ear, bilateral

✓ 5th H60.1 Cellulitis of external ear

Cellulitis of auricle
Cellulitis of external auditory canal

H60.10 Cellulitis of external ear, unspecified ear

H60.11 Cellulitis of right external ear

H60.12 Cellulitis of left external ear

H60.13 Cellulitis of external ear, bilateral

✓ 5th H60.2 Malignant otitis externa

H60.20 Malignant otitis externa, unspecified ear

H60.21 Malignant otitis externa, right ear

H60.22 Malignant otitis externa, left ear

H60.23 Malignant otitis externa, bilateral

✓ 5th H60.3 Other infective otitis externa

✓ 6th H60.31 Diffuse otitis externa

H60.311 Diffuse otitis externa, right ear

H60.312 Diffuse otitis externa, left ear

H60.313 Diffuse otitis externa, bilateral

H60.319 Diffuse otitis externa, unspecified ear

✓ 6th H60.32 Hemorrhagic otitis externa

H60.321 Hemorrhagic otitis externa, right ear

H60.322 Hemorrhagic otitis externa, left ear

H60.323 Hemorrhagic otitis externa, bilateral

H60.329 Hemorrhagic otitis externa, unspecified ear

✓ 6th H60.33 Swimmer's ear

DEF: Commonly occurs when water gets trapped in the ear after swimming.

H60.331 Swimmer's ear, right ear

H60.332 Swimmer's ear, left ear

H60.333 Swimmer's ear, bilateral

H60.339 Swimmer's ear, unspecified ear

✓ 6th H60.39 Other infective otitis externa

H60.391 Other infective otitis externa, right ear

H60.392 Other infective otitis externa, left ear

H60.393 Other infective otitis externa, bilateral

H60.399 Other infective otitis externa, unspecified ear

✓ 5th H60.4 Cholesteatoma of external ear

Keratosis obturans of external ear (canal)

EXCLUDES 2 cholesteatoma of middle ear (H71.-)

recurrent cholesteatoma of postmastoidectomy cavity (H95.0-)

DEF: Cholesteatoma: Noncancerous cyst-like mass of cell debris, including cholesterol and epithelial cells resulting from trauma, repeated or improperly healed infections, and congenital enclosure of epidermal cells.

H60.40 Cholesteatoma of external ear, unspecified ear

H60.41 Cholesteatoma of right external ear

H60.42 Cholesteatoma of left external ear

H60.43 Cholesteatoma of external ear, bilateral

✓ 5th H60.5 Acute noninfective otitis externa

✓ 6th H60.50 Unspecified acute noninfective otitis externa

Acute otitis externa NOS

H60.501 Unspecified acute noninfective otitis externa, right ear

H60.502 Unspecified acute noninfective otitis externa, left ear

H60.503 Unspecified acute noninfective otitis externa, bilateral

H60.509 Unspecified acute noninfective otitis externa, unspecified ear

✓ 6th H60.51 Acute actinic otitis externa

H60.511 Acute actinic otitis externa, right ear

H60.512 Acute actinic otitis externa, left ear

H60.513 Acute actinic otitis externa, bilateral

H60.519 Acute actinic otitis externa, unspecified ear

✓ 6th H60.52 Acute chemical otitis externa

H60.521 Acute chemical otitis externa, right ear

H60.522 Acute chemical otitis externa, left ear

H60.523 Acute chemical otitis externa, bilateral

H60.529 Acute chemical otitis externa, unspecified ear

✓ 6th H60.53 Acute contact otitis externa

H60.531 Acute contact otitis externa, right ear

H60.532 Acute contact otitis externa, left ear

H60.533 Acute contact otitis externa, bilateral

H60.539 Acute contact otitis externa, unspecified ear

✓ 6th H60.54 Acute eczematoid otitis externa

H60.541 Acute eczematoid otitis externa, right ear

H60.542 Acute eczematoid otitis externa, left ear

H60.543 Acute eczematoid otitis externa, bilateral

H60.549 Acute eczematoid otitis externa, unspecified ear

✓ 6th H60.55 Acute reactive otitis externa

H60.551 Acute reactive otitis externa, right ear

H60.552 Acute reactive otitis externa, left ear

H60.553 Acute reactive otitis externa, bilateral

H60.559 Acute reactive otitis externa, unspecified ear

✓ 6th H60.59 Other noninfective acute otitis externa

H60.591 Other noninfective acute otitis externa, right ear

H60.592 Other noninfective acute otitis externa, left ear

H60.593 Other noninfective acute otitis externa, bilateral

H60.599 Other noninfective acute otitis externa, unspecified ear

J39.3 Upper respiratory tract hypersensitivity reaction, site unspecified

EXCLUDES 1 hypersensitivity reaction of upper respiratory tract, such as:
extrinsic allergic alveolitis (J67.9)
pneumoconiosis (J68-J69.9)

J39.8 Other specified diseases of upper respiratory tract**J39.9 Disease of upper respiratory tract, unspecified****Chronic lower respiratory diseases (J40-J47)**

EXCLUDES 1 bronchitis due to chemicals, gases, fumes and vapors (J68.0)
EXCLUDES 2 cystic fibrosis (E84.-)

J40 Bronchitis, not specified as acute or chronic

Bronchitis NOS
Bronchitis with tracheitis NOS
Catarrhal bronchitis
Tracheobronchitis NOS

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

EXCLUDES 1 acute bronchitis (J20.-)
allergic bronchitis NOS (J45.909-)
asthmatic bronchitis NOS (J45.9-)
bronchitis due to chemicals, gases, fumes and vapors (J68.0)

AHA: 2020,1Q,34-36

TIP: Assign as a secondary code for a patient with bronchitis of unspecified acuity due to COVID-19; assign U07.1 as the principal or first-listed code.

J41 Simple and mucopurulent chronic bronchitis

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

EXCLUDES 1 chronic bronchitis NOS (J42)
chronic obstructive bronchitis (J44.-)

J41.0 Simple chronic bronchitis**J41.1 Mucopurulent chronic bronchitis****J41.8 Mixed simple and mucopurulent chronic bronchitis****J42 Unspecified chronic bronchitis**

Chronic bronchitis NOS
Chronic tracheitis
Chronic tracheobronchitis

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

EXCLUDES 1 chronic asthmatic bronchitis (J44.-)
chronic bronchitis with airways obstruction (J44.-)
chronic emphysematous bronchitis (J44.-)
chronic obstructive pulmonary disease NOS (J44.9)
simple and mucopurulent chronic bronchitis (J41.-)

J43 Emphysema

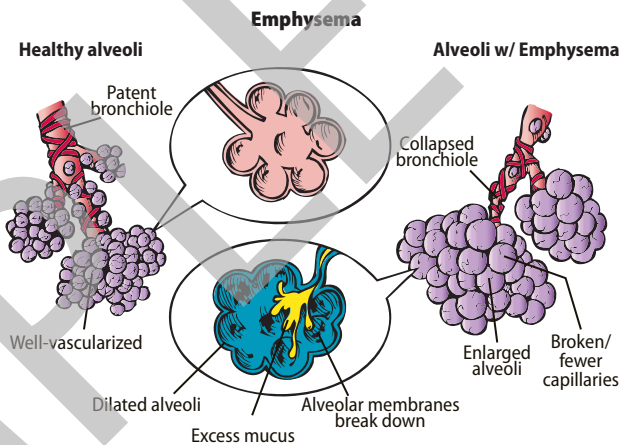
Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)
history of tobacco dependence (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

EXCLUDES 1 compensatory emphysema (J98.3)
emphysema due to inhalation of chemicals, gases, fumes or vapors (J68.4)
emphysema with chronic (obstructive) bronchitis (J44.-)
emphysematous (obstructive) bronchitis (J44.-)
interstitial emphysema (J98.2)
mediastinal emphysema (J98.2)
neonatal interstitial emphysema (P25.0)
surgical (subcutaneous) emphysema (T81.82)
traumatic subcutaneous emphysema (T79.7)

EXCLUDES 2 ▶traumatic subcutaneous emphysema (T79.7)◀

DEF: Pathological condition in which there is destructive enlargement of the air sacs in the lungs resulting in damage and lack of elasticity to the alveolar walls, commonly seen in long-term smokers.

**J43.0 Unilateral pulmonary emphysema [MacLeod's syndrome]**

Swyer-James syndrome
Unilateral emphysema
Unilateral hyperlucent lung
Unilateral pulmonary artery functional hypoplasia
Unilateral transparency of lung

J43.1 Panlobular emphysema

Panacinar emphysema

J43.2 Centrilobular emphysema**J43.8 Other emphysema****J43.9 Emphysema, unspecified**

Bullous emphysema (lung)(pulmonary)
Emphysema (lung)(pulmonary) NOS
Emphysematous bleb
Vesicular emphysema (lung)(pulmonary)

AHA: 2019,1Q,34-36; 2017,4Q,97-98

Chapter 18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00–R99)

NOTE

This chapter includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded. Signs and symptoms that point rather definitely to a given diagnosis have been assigned to a category in other chapters of the classification. In general, categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or to two or more systems of the body. Practically all categories in the chapter could be designated 'not otherwise specified', 'unknown etiology' or 'transient'. The Alphabetical Index should be consulted to determine which symptoms and signs are to be allocated here and which to other chapters. The residual subcategories, numbered .8, are generally provided for other relevant symptoms that cannot be allocated elsewhere in the classification.

The conditions and signs or symptoms included in categories R00–R94 consist of:

- cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;
- signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;
- provisional diagnosis in a patient who failed to return for further investigation or care;
- cases referred elsewhere for investigation or treatment before the diagnosis was made;
- cases in which a more precise diagnosis was not available for any other reason;
- certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.

EXCLUDES 2 abnormal findings on antenatal screening of mother (O28.-) certain conditions originating in the perinatal period (P04–P96) signs and symptoms classified in the body system chapters signs and symptoms of breast (N63, N64.5)

AHA: 2017,1Q,6,7

This chapter contains the following blocks:

- R00–R09 Symptoms and signs involving the circulatory and respiratory systems
- R10–R19 Symptoms and signs involving the digestive system and abdomen
- R20–R23 Symptoms and signs involving the skin and subcutaneous tissue
- R25–R29 Symptoms and signs involving the nervous and musculoskeletal systems
- R30–R39 Symptoms and signs involving the genitourinary system
- R40–R46 Symptoms and signs involving cognition, perception, emotional state and behavior
- R47–R49 Symptoms and signs involving speech and voice
- R50–R69 General symptoms and signs
- R70–R79 Abnormal findings on examination of blood, without diagnosis
- R80–R82 Abnormal findings on examination of urine, without diagnosis
- R83–R89 Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
- R90–R94 Abnormal findings on diagnostic imaging and in function studies, without diagnosis
- R97 Abnormal tumor markers
- R99 Ill-defined and unknown cause of mortality

Symptoms and signs involving the circulatory and respiratory systems (R00–R09)

✓4th R00 Abnormalities of heart beat

EXCLUDES 1 abnormalities originating in the perinatal period (P29.1-)

EXCLUDES 2 specified arrhythmias (I47–I49)

R00.0 Tachycardia, unspecified

Rapid heart beat
Sinoauricular tachycardia NOS
Sinus [sinusal] tachycardia NOS

EXCLUDES 1 neonatal tachycardia (P29.11)
paroxysmal tachycardia (I47.-)

DEF: Excessively rapid heart rate of more than 100 beats per minute.

R00.1 Bradycardia, unspecified

Sinoatrial bradycardia
Sinus bradycardia
Slow heart beat
Vagal bradycardia

Use additional code for adverse effect, if applicable, to identify drug (T36–T50 with fifth or sixth character 5)

EXCLUDES 1 neonatal bradycardia (P29.12)

AHA: 2020,2Q,23

DEF: Slowed heartbeat, usually defined as a rate fewer than 60 beats per minute. Heart rhythm may be slow as a result of a congenital defect or an acquired problem.

R00.2 Palpitations

Awareness of heart beat

R00.8 Other abnormalities of heart beat

R00.9 Unspecified abnormalities of heart beat

✓4th R01 Cardiac murmurs and other cardiac sounds

EXCLUDES 1 cardiac murmurs and sounds originating in the perinatal period (P29.8)

R01.0 Benign and innocent cardiac murmurs

Functional cardiac murmur

R01.1 Cardiac murmur, unspecified

Cardiac bruit NOS
Heart murmur NOS
Systolic murmur NOS

R01.2 Other cardiac sounds

Cardiac dullness, increased or decreased
Precordial friction

✓4th R03 Abnormal blood-pressure reading, without diagnosis

R03.0 Elevated blood-pressure reading, without diagnosis of hypertension

NOTE

This category is to be used to record an episode of elevated blood pressure in a patient in whom no formal diagnosis of hypertension has been made, or as an isolated incidental finding.

R03.1 Nonspecific low blood-pressure reading

EXCLUDES 1 hypotension (I95.-)
maternal hypotension syndrome (O26.5-)
neurogenic orthostatic hypotension (G90.3)

✓4th R04 Hemorrhage from respiratory passages

R04.0 Epistaxis

Hemorrhage from nose
Nosebleed

R04.1 Hemorrhage from throat

EXCLUDES 2 hemoptysis (R04.2)

R04.2 Hemoptysis

Blood-stained sputum
Cough with hemorrhage
AHA: 2013,4Q,118

✓5th R04.8 Hemorrhage from other sites in respiratory passages

R04.81 Acute idiopathic pulmonary hemorrhage in infants

AIPH
Acute idiopathic hemorrhage in infants over 28 days old

EXCLUDES 1 perinatal pulmonary hemorrhage (P26.-)
von Willebrand's disease (D68.0)

R04.89 Hemorrhage from other sites in respiratory passages

Pulmonary hemorrhage NOS

R04.9 Hemorrhage from respiratory passages, unspecified

R05 Cough

EXCLUDES 1 cough with hemorrhage (R04.2)
smoker's cough (J41.0)

AHA: 2016,2Q,33

- Z62.6** Inappropriate (excessive) parental pressure
- ✓ 5th** **Z62.8** Other specified problems related to upbringing
- ✓ 6th** **Z62.81** Personal history of abuse in childhood
- Z62.810** Personal history of physical and sexual abuse in childhood
- EXCLUDES 1** current child physical abuse (T74.12, T76.12)
current child sexual abuse (T74.22, T76.22)
- Z62.811** Personal history of psychological abuse in childhood
- EXCLUDES 1** current child psychological abuse (T74.32, T76.32)
- Z62.812** Personal history of neglect in childhood
- EXCLUDES 1** current child neglect (T74.02, T76.02)
- Z62.813** Personal history of forced labor or sexual exploitation in childhood
- AHA: 2018,4Q,32,35**
- Z62.819** Personal history of unspecified abuse in childhood
- EXCLUDES 1** current child abuse NOS (T74.92, T76.92)
- ✓ 6th** **Z62.82** Parent-child conflict
- Z62.820** Parent-biological child conflict
Parent-child problem NOS
- Z62.821** Parent-adopted child conflict
- Z62.822** Parent-foster child conflict
- ✓ 6th** **Z62.89** Other specified problems related to upbringing
- Z62.890** Parent-child estrangement NEC
- Z62.891** Sibling rivalry
- Z62.898** Other specified problems related to upbringing
- Z62.9** Problem related to upbringing, unspecified
- ✓ 4th** **Z63** Other problems related to primary support group, including family circumstances
- EXCLUDES 2** maltreatment syndrome (T74.-, T76)
parent-child problems (Z62.-)
problems related to negative life events in childhood (Z62.-)
problems related to upbringing (Z62.-)
- Z63.0** Problems in relationship with spouse or partner
Relationship distress with spouse or intimate partner
- EXCLUDES 1** counseling for spousal or partner abuse problems (Z69.1)
counseling related to sexual attitude, behavior, and orientation (Z70.-)
- Z63.1** Problems in relationship with in-laws
- ✓ 5th** **Z63.3** Absence of family member
- EXCLUDES 1** absence of family member due to disappearance and death (Z63.4)
absence of family member due to separation and divorce (Z63.5)
- Z63.31** Absence of family member due to military deployment
Individual or family affected by other family member being on military deployment
- EXCLUDES 1** family disruption due to return of family member from military deployment (Z63.71)
- Z63.32** Other absence of family member
- Z63.4** Disappearance and death of family member
Assumed death of family member
Bereavement
AHA: 2014,1Q,25
- Z63.5** Disruption of family by separation and divorce
Marital estrangement
- Z63.6** Dependent relative needing care at home
- ✓ 5th** **Z63.7** Other stressful life events affecting family and household
- Z63.71** Stress on family due to return of family member from military deployment
Individual or family affected by family member having returned from military deployment (current or past conflict)
- Z63.72** Alcoholism and drug addiction in family

Z63.79 Other stressful life events affecting family and household

Anxiety (normal) about sick person in family
Health problems within family
Ill or disturbed family member
Isolated family

- Z63.8** Other specified problems related to primary support group
Family discord NOS
Family estrangement NOS
High expressed emotional level within family
Inadequate family support NOS
Inadequate or distorted communication within family

- Z63.9** Problem related to primary support group, unspecified
Relationship disorder NOS

✓ 4th Z64 Problems related to certain psychosocial circumstances

- Z64.0** Problems related to unwanted pregnancy

- Z64.1** Problems related to multiparity

- Z64.4** Discord with counselors

Discord with probation officer
Discord with social worker

✓ 4th Z65 Problems related to other psychosocial circumstances

- Z65.0** Conviction in civil and criminal proceedings without imprisonment

- Z65.1** Imprisonment and other incarceration

- Z65.2** Problems related to release from prison

- Z65.3** Problems related to other legal circumstances

Arrest
Child custody or support proceedings
Litigation
Prosecution

- Z65.4** Victim of crime and terrorism

Victim of torture

- Z65.5** Exposure to disaster, war and other hostilities

EXCLUDES 1 target of perceived discrimination or persecution (Z60.5)

- Z65.8** Other specified problems related to psychosocial circumstances
Religious or spiritual problem

- Z65.9** Problem related to unspecified psychosocial circumstances

Do not resuscitate status (Z66)

Z66 Do not resuscitate

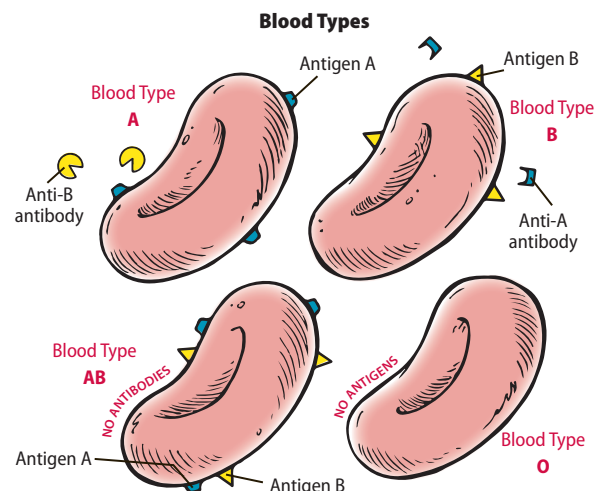
DNR status

DEF: Medical order written by a physician that instructs others not to perform cardiopulmonary resuscitation (CPR), intubation, or advanced life support (ACLS). It prevents unnecessary invasive treatment to prolong life should breathing stop or cardiac arrest occur.

Blood type (Z67)

✓ 4th Z67 Blood type

AHA: 2015,3Q,40

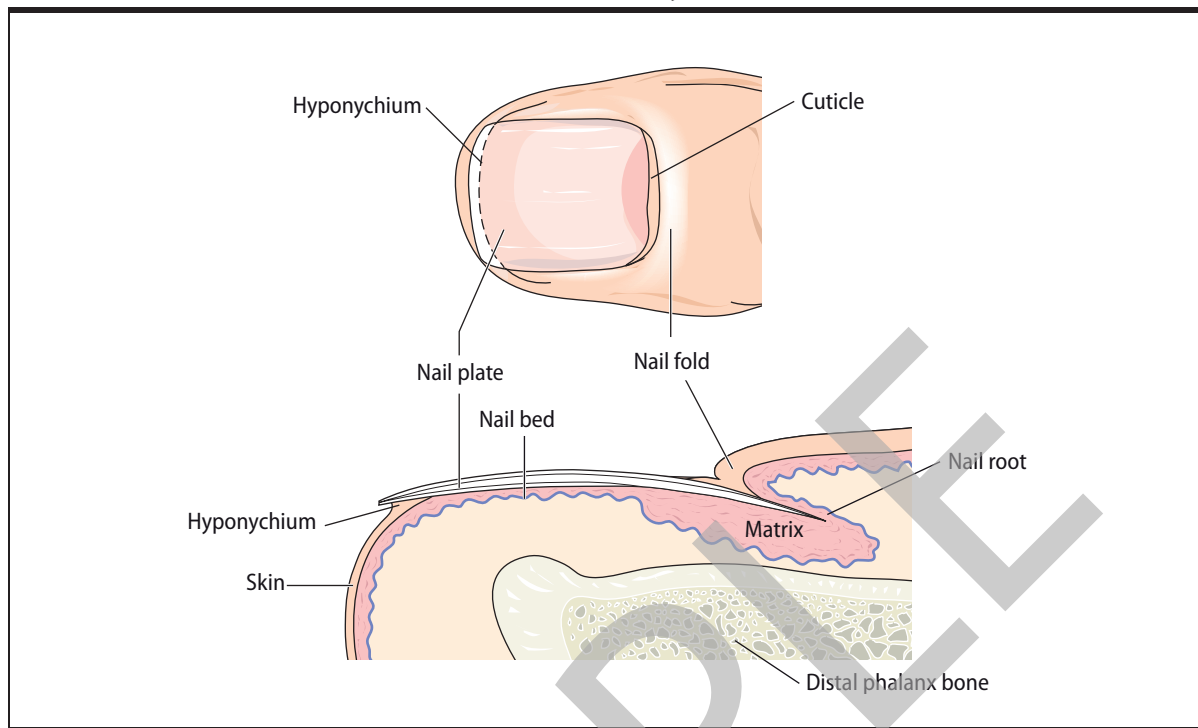


✓ 5th Z67.1 Type A blood

Z67.10 Type A blood, Rh positive

Chapter 12. Diseases of the Skin and Subcutaneous Tissue (L00–L99)

Nail Anatomy



Skin and Subcutaneous Tissue

