

ICD-10-CM Expert for Physicians

The complete official code set

Codes valid from October 1, 2023 through September 30, 2024





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How to Use ICD-10-CM Expert for Physicians 2024

include severity and reason for the encounter.

How to Use ICD-10-CM Expert for Physicians 2024

Revised Text

Code Also

The revised text ►◀ "bow ties" alert the user to changes in official notations for the current year. Revised text may include the following:

A "code also" note alerts the coder that more than one code may be

required to fully describe the condition. The sequencing depends on the

circumstances of the encounter. Factors that may determine sequencing

- A change in a current parenthetical description
- A change in the code(s) associated with a current parenthetical note
- A change in how a current parenthetical note is classified (e.g., an Excludes 1 note that changed to an Excludes 2 note)
- Addition of a new parenthetical note(s) to a code

Deleted Text

Strikethrough on official notations indicate a deletion from the classification for the current year.

Optum Notations

AHA Coding Clinic Citations

Coding Clinics are official American Hospital Association (AHA) publications that provide coding advice specific to ICD-10-CM and ICD-10-PCS.

Coding Clinic citations included in this manual are current up to the second quarter of 2022.

These citations identify the year, quarter, and page number of one or more *Coding Clinic* publications that may have coding advice relevant to a particular code or group of codes. With the most current citation listed first, these notations are preceded by the symbol **AHA**: and appear in purple type.

115.1 Hypertension secondary to other renal disorders AHA: 2016, 3Q, 22

Definitions

Definitions explain a specific term, condition, or disease process in layman's terms. These notations are preceded by the symbol **DEF**: and appear in purple type.

M51.4 Schmorl's nodes

DEF: Irregular bone defect in the margin of the vertebral body that causes herniation into the end plate of the vertebral body.

Coding Tips

The tips in the tabular list offer coding advice that is not readily available within the ICD-10-CM classification. It may relate official coding guidelines, indexing nuances, or advice from *AHA's Coding Clinic for ICD-10-CM/PCS*. These notations are preceded by the symbol **TIP:** and appear in brown type.

B97.2 Coronavirus as the cause of diseases classified elsewhere TIP: Do not report a code from this subcategory for COVID-19, refer to UØ7.1.

lcons

Note: The following icons are placed to the left of the code.

Changes to ICD-10-CM codes, since the last published edition of this manual, are highlighted in two ways:

The following green icons identify new or revised codes effective April 1, 2022:

- New Code Midyear
- Revised Code Midyear

The following black icons identify new or revised codes effective October 1, 2022:

- New Code
- Revised Code
- Additional Characters Required
 - This symbol indicates that the code requires a 4th character.
 - This symbol indicates that the code requires a 5th character.
 - This symbol indicates that the code requires a 6th character.
 - This symbol indicates that the code requires a 7th character.

H60.3 Other infective otitis externa

H6Ø.31 Diffuse otitis externa

- H6Ø.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

Placeholder Alert

This symbol indicates that the code requires a 7th character following the placeholder "X". Codes with fewer than six characters that require a 7th character must contain placeholder "X" to fill in the empty character(s).

77 T16.1 Foreign body in right ear

This manual provides the most current information that was available at the time of publication. Except where otherwise noted, the icons and/or color bars reflect edits provided in the Integrated Outpatient Code Editor (IOCE) quarterly files utilized under the outpatient prospective payment system (OPPS). Because the October 2022 quarterly files were not available at the time this book was printed, the edits in this manual are based on the July 2022 quarterly files.

Note: In an effort to provide the most current edit information, Optum has provided a searchable data file that includes the final edit designations for all ICD-10-CM codes based on the IOCE October 2022 quarterly files. The edits included in the data file are as follows:

- Age
- Sex
- Manifestation
- Unacceptable principal diagnosis

This data file can be accessed at the following:

https://www.optumcoding.com/ProductUpdates/

Title: "2023 ICD-10-CM Outpatient Edits Data File"

Password: Provider23

Color Bars

Manifestation Code

Codes defined as manifestation codes appear in italic type, with a blue color bar over the code description. A manifestation cannot be reported as a first-listed code; it is sequenced as a secondary diagnosis with the underlying disease code listed first.

G32.89 Other specified degenerative disorders of nervous system in diseases classified elsewhere Degenerative encephalopathy in diseases classified elsewhere

Unspecified Diagnosis

Codes that appear with a gray color bar over the alphanumeric code identify unspecified diagnoses. These codes should be used in limited circumstances, when neither the diagnostic statement nor the documentation provides enough information to assign a more specific diagnosis code. The abbreviation NOS, "not otherwise specified," in the tabular list may be interpreted as "unspecified."

GØ3.9 Meningitis, unspecified Arachnoiditis (spinal) NOS

Footnotes

Certain codes in the tabular section have a numerical superscript located to the upper left of the code. This numerical superscript corresponds to a specific footnote description.

For example:

¹ M48.51 Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region

For convenience, the footnote descriptions are provided on the front cover.

The following list also provides the footnote descriptions of all numerical superscripts found in the Tabular List of Diseases:

- 1 These codes are considered an HCC when reported as an initial encounter (7th character A, B, or C).
- 2 These codes are considered an HCC when reported as an initial encounter (7th character A or B) OR sequela (7th character S).
- 3 These codes are considered an HCC when reported as a sequela (7th character S).

Chapter-Level Notations

Chapter-specific Guidelines with Coding Examples

Each chapter begins with the Official Guidelines for Coding and Reporting specific to that chapter, where provided. Coding examples specific to outpatient care settings have been provided to illustrate the coding and/or sequencing guidance in these guidelines.

Muscle and Tendon Table

ICD-10-CM categorizes certain muscles and tendons in the upper and lower extremities by their action (e.g., extension or flexion) as well as their anatomical location. The Muscle/Tendon table is provided at the beginning of chapter 13 and chapter 19 to help users when code selection depends on the action of the muscle and/or tendon.

Note: This table is not all-inclusive, and proper code assignment should be based on the provider's documentation.

Appendixes

The additional resources described below have been included as appendixes for this book. These resources further instruct the professional coder on the appropriate application of the ICD-10-CM code set.

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

The user may consult this table to confirm that no further specificity, such as the use of 4th, 5th, 6th, or 7th characters or placeholders (X), is necessary. All ICD-10-CM codes that are valid at the three-character level are listed.

Appendix B: Pharmacology List 2023

This reference is a comprehensive but not all-inclusive list of pharmacological agents used to treat acute and/or chronic conditions. Drugs are listed in alphabetical order by their brand and/or generic names along with their drug action and indications for which they may commonly be prescribed. Some drugs have also been mapped to their appropriate Z code for long-term drug use.

Appendix C: Z Codes for Long-Term Drug Use with Associated Drugs

This resource correlates Z codes that are used to identify current longterm drug use with a list of drugs that are typically categorized to that class of drug.

Note: These tables are not all-inclusive but list some of the more commonly used drugs.

Appendix D: Z Codes Only as Principal/First-Listed Diagnosis This resource provides a comprehensive list of Z codes that are primarily used as first-listed diagnoses for outpatient encounters.

Appendix E: Centers for Medicare & Medicaid Services Hierarchical Condition Categories (CMS-HCC)

This resource provides the framework behind the Centers for Medicare and Medicaid Services' (CMS) Medicare Advantage (MA) program, a riskadjustment model developed as a means of compensating health care plans with large numbers of Medicare Part C beneficiaries. It includes a brief synopsis of the evolution of the program from its inception; insight into the various elements needed to predict risk, including the principles used to develop the hierarchical condition categories (HCCs), which make up one of the fundamental components of the risk-adjustment model. This appendix also outlines the audit process used to ensure the accuracy of payments made to MA plans.

Appendix F: Centers for Medicare & Medicaid Services Quality Payment Program

This resource provides an overview of the Medicare Access and CHIP Reauthorization Act (MACRA), which replaced Medicare's sustainable growth rate (SGR) methodology with the Quality Payment Program (QPP). It summarizes the Merit-based Incentive Payment System (MIPS) track used by those who opt to participate in traditional Medicare and not an advanced alternative payment model (APM). This includes eligibility requirements and an overview of the four performance categories that combine to make up the MIPS.

Illustrations

This section includes illustrations of normal anatomy with ICD-10-CM-specific terminology.

Neoplasm Table

ICD-10-CM 2024

Neoplasm, abdomen,	abuomm	ai											-CM 2024
	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior		Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
Notes The list he		مامه ممام					Neoplasm, neoplastic						
Note: The list be site. For each site							— continued						
the neoplasm in o							antrum (Highmore)						
or of unspecified		5		,		· · · ·	(maxillary)	C31.Ø	C78.39	DØ2.3	D14.0	D38.5	D49.1
which of the six							pyloric tympanicum	C16.3 C3Ø.1	C78.89 C78.39	DØØ.2 DØ2.3	D13.1 D14.0	D37.1 D38.5	D49.Ø D49.1
benign fibroaden	oma of br	reast, carci	inoma in	situ of cer	vix uteri.	Where	anus, anal	C21.Ø	C78.5	DØ2.3 DØ1.3	D14.0	D38.5 D37.8	D49.1 D49.0
such descriptors							canal	C21.0	C78.5	DØ1.3	D12.9	D37.8	D49.0
consulted where							cloacogenic	C2	0.0	00110	0.20		
morphological (h							zone	C21.2	C78.5	DØ1.3	D12.9	D37.8	D49.Ø
Neoplasm, maligr Disease, Bowen's							margin — see also						
the Index can be							Neoplasm, anus,						
present; e.g., mal							skin	C44.5ØØ	C79.2	DØ4.5	D23.5	D48.5	D49.2
D12.6 as the adje							overlapping lesion with						
see also Neoplasr							rectosigmoid						
the code have a				for lateral	ity. The ta	bular list	junction or						
must be reviewe	d for the	complete	code.				rectum	C21.8	—	_	_	_	_
Neoplasm,					1	1	skin	C44.5ØØ	C79.2	DØ4.5	D23.5	D48.5	D49.2
neoplastic	C8Ø.1	C79.9	DØ9.9	D36.9	D48.9	D49.9	basal cell		1				
abdomen,							carcinoma	C44.51Ø	-	-	-	-	-
abdominal	C76.2	C79.8-	DØ9.8	D36.7	D48.7	D49.89	specified type	CAA 500					
cavity	C76.2	C79.8-	DØ9.8	D36.7	D48.7	D49.89	NEC squamous cell	C44.59Ø	—			-	-
organ	C76.2	C79.8-	DØ9.8	D36.7	D48.7	D49.89	carcinoma	C44.52Ø				_	_
viscera	C76.2	C79.8-🗹	DØ9.8	D36.7	D48.7	D49.89	sphincter	C21.1	C78.5	DØ1.3	D12.9	D37.8	D49.Ø
wall — see also							aorta (thoracic)	C49.3	C79.89		D21.3	D48.1	D49.2
Neoplasm,							abdominal	C49.4	C79.89	—	D21.4	D48.1	D49.2
abdomen, wall, skin	C44.5Ø9	C79.2	DØ4.5	D23.5	D48.5	D49.2	aortic body	C75.5	C79.89		D35.6	D44.7	D49.7
connective	C++.507	C/ J.2	004.5	025.5	0-10.5	049.2	aponeurosis	C49.9	C79.89		D21.9	D48.1	D49.2
tissue	C49.4	C79.8-	_	D21.4	D48.1	D49.2	palmar	C49.1-	C79.89	-	D21.1-	D48.1	D49.2
skin	C44.5Ø9	_	_	_	_	_	plantar	C49.2-	C79.89	-	D21.2-	D48.1	D49.2
basal cell							appendix	C18.1	C78.5	DØ1.Ø	D12.1	D37.3	D49.Ø
carcinoma	C44.519	-	-	-	-	_	arachnoid cerebral	C7Ø.9 C7Ø.Ø	C79.49 C79.32		D32.9 D32.0	D42.9 D42.0	D49.7 D49.7
specified type							spinal	C70.0	C79.32 C79.49		D32.0	D42.0	D49.7 D49.7
NEC	C44.599	-	-	-	-		areola	C5Ø.Ø-▼	C79.81	DØ5-	D24-	D48.6-	D49.3
squamous cell carcinoma	C44.529						arm NEC	C76.4-✓	C79.89	DØ4.6-	D36.7	D48.7	D49.89
abdominopelvic	C76.8	 C79.8- ⊻		D36.7	D48.7	D49.89	artery — see Neoplasm,	c, o <u> </u>	0, 1,00				
accessory sinus — see	C/0.0	C7 9.0-M	-	030.7	040.7	D-19.09	connective tissue						
Neoplasm, sinus							aryepiglottic fold	C13.1	C79.89	DØØ.Ø8	D1Ø.7	D37.Ø5	D49.Ø
acoustic nerve	C72.4-	C79.49	_	D33.3	D43.3	D49.7	hypopharyngeal						
adenoid (pharynx)							aspect	C13.1	C79.89	DØØ.Ø8	D10.7	D37.05	D49.Ø
(tissue)	C11.1	C79.89	DØØ.Ø8	D1Ø.6	D37.05	D49.Ø	laryngeal aspect marginal zone	C32.1 C13.1	C78.39 C79.89	DØ2.Ø DØØ.Ø8	D14.1 D10.7	D38.Ø D37.Ø5	D49.1 D49.0
adipose tissue — see							arytenoid	C15.1	C/9.09	00.000	010.7	057.05	049.0
also Neoplasm,							(cartilage)	C32.3	C78.39	DØ2.Ø	D14.1	D38.Ø	D49.1
connective tissue	C49.4	C79.89		D21.9	D48.1	D49.2	fold — see Neoplasm,						
adnexa (uterine)	C57.4	C79.89	DØ7.39	D28.7	D39.8	D49.59	aryepiglottic						
adrenal	C74.9-	C79.7-	DØ9.3	D35.Ø-	D44.1-	D49.7	associated with						
capsule	C74.9-	C79.7-	DØ9.3	D35.0-	D44.1-		transplanted	C00 2					
cortex	C74.0-	C79.7-	DØ9.3	D35.Ø-	D44.1-	D49.7	organ atlas	C8Ø.2 C41.2	— C79.51	_	 D16.6	 D48.Ø	 D49.2
gland	€74.9-	C79.7-	DØ9.3	D35.Ø-🗹	D44.1-	D49.7	atrium, cardiac	C41.2 C38.Ø	C79.89		D10.0	D48.7	D49.2 D49.89
medulla	€74.1-	C79.7-🗹	DØ9.3	D35.Ø-	D44.1-	D49.7	auditory	C30.0	C/ 7.07		015.1	0 10.7	010.00
ala nasi (external) —							canal (external)						
see also Neoplasm,							(skin)	C44.2Ø-	C79.2	DØ4.2-	D23.2-	D48.5	D49.2
skin, nose	C44.3Ø1	C79.2	DØ4.39	D23.39	D48.5	D49.2	internal	C3Ø.1	C78.39	DØ2.3	D14.Ø	D38.5	D49.1
alimentary canal or tract NEC	C26.9	C78.8Ø	DØ 1.9	D13.9	D37.9	D49.Ø	nerve	C72.4-☑	C79.49		D33.3	D43.3	D49.7
alveolar	C20.9 CØ3.9	C79.89	DØ1.9	D10.39	D37.09	D49.0 D49.0	tube	C3Ø.1	C78.39	DØ2.3	D14.0	D38.5	D49.1
mucosa	CØ3.9	C79.89	D00.03	D10.39	D37.09	D49.0	opening auricle, ear — see also	C11.2	C79.89	DØØ.Ø8	D1Ø.6	D37.Ø5	D49.Ø
lower	CØ3.1	C79.89	DØØ.Ø3	D1Ø.39	D37.Ø9	D49.Ø	Neoplasm, skin,						
upper	CØ3.Ø	C79.89	DØØ.Ø3	D1Ø.39	D37.Ø9	D49.Ø	ear	C44.20-	C79.2	DØ4.2-	D23.2-	D48.5	D49.2
ridge or process	C41.1	C79.51	-	D16.5	D48.Ø	D49.2	auricular canal						
carcinoma	CØ3.9	C79.8-	-	-	-	-	(external) — see						
lower	CØ3.1	C79.8-	-	-	-	-	also Neoplasm, skin,						
upper	CØ3.Ø	C79.8- ✓	-	— D16.5			ear	C44.2Ø-✓		DØ4.2-	D23.2-	D48.5	D49.2
lower	C41.1 CØ3.9	C79.51 C79.89	 DØØ.Ø3	D16.5 D10.39	D48.Ø D37.Ø9	D49.2 D49.0	internal	C3Ø.1	C78.39	DØ2.3	D14.Ø	D38.5	D49.2
mucosa lower	CØ3.9 CØ3.1	C79.89 C79.89	DØØ.Ø3	D10.39 D10.39	D37.09 D37.09	D49.0 D49.0	autonomic nerve or nervous system						
upper	CØ3.Ø	C79.89	DØØ.03	D10.39	D37.09	D49.0 D49.0	NEC (see Neoplasm,						
upper	C41.Ø	C79.51		D16.4	D48.Ø	D49.2	nerve, peripheral)						
sulcus	CØ6.1	C79.89	DØØ.Ø2	D1Ø.39	D37.Ø9	D49.Ø	axilla, axillary	C76.1	C79.89	DØ9.8	D36.7	D48.7	D49.89
alveolus	CØ3.9	C79.89	DØØ.Ø3	D1Ø.39	D37.Ø9	D49.Ø	fold — see also						
lower	CØ3.1	C79.89	DØØ.Ø3	D1Ø.39	D37.Ø9	D49.Ø	Neoplasm, skin,						
upper	CØ3.Ø	C79.89	DØØ.Ø3	D10.39	D37.Ø9	D49.Ø	trunk	C44.5Ø9	C79.2	DØ4.5	D23.5	D48.5	D49.2
ampulla of Vater	C24.1	C78.89	DØ1.5	D13.5	D37.6	D49.Ø	back NEC	C76.8	C79.89	DØ4.5	D36.7	D48.7	D49.89
ankle NEC	C76.5-	C79.89	DØ4.7-	D36.7	D48.7	D49.89	Bartholin's gland	C51.Ø	C79.82	DØ7.1	D28.Ø	D39.8	D49.59
anorectum, anorectal (junction)	C21.8	C78.5	DØ1.3	D12.9	D37.8	D49.Ø	basal ganglia basis pedunculi	C71.Ø C71.7	C79.31 C79.31	_	D33.Ø D33.1	D43.Ø D43.1	D49.6 D49.6
(junction) antecubital fossa or	C21.0	C/0.5	0.100	212.9	057.0	0.57.0	bile or biliary	C/ 1.7	0.5.51		000.1	0.0.1	0.0.0
space	C76.4-	C79.89	DØ4.6-	D36.7	D48.7	D49.89	(tract)	C24.9	C78.89	DØ1.5	D13.5	D37.6	D49.Ø
						1							
							1						

Chapter 2. Neoplasms

HCC Rx ESR COM

Chapter 2. Neoplasms (CØØ-D49)

NOTE

Functional activity

All neoplasms are classified in this chapter, whether they are functionally active or not. An additional code from Chapter 4 may be used, to identify functional activity associated with any neoplasm.

Morphology [Histology]

Chapter 2 classifies neoplasms primarily by site (topography), with broad groupings for behavior, malignant, in situ, benign, etc. The Table of Neoplasms should be used to identify the correct topography code. In a few cases, such as for malignant melanoma and certain neuroendocrine tumors, the morphology (histologic type) is included in the category and codes.

Primary malignant neoplasms overlapping site boundaries

A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ("overlapping lesion"), unless the combination is specifically indexed elsewhere. For multiple neoplasms of the same site that are not contiguous, such as tumors in different quadrants of the same breast, codes for each site should be assigned.

Malignant neoplasm of ectopic tissue

Malignant neoplasms of ectopic tissue are to be coded to the site mentioned, e.g., ectopic pancreatic malignant neoplasms are coded to pancreas, unspecified (C25.9).

AHA: 2017,4Q,103; 2017,1Q,4,5-6,8

This chapter contains the following blocks:

- CØØ-C14 Malignant neoplasms of lip, oral cavity and pharynx
- C15-C26 Malignant neoplasms of digestive organs
- C3Ø-C39 Malignant neoplasms of respiratory and intrathoracic organs
- C4Ø-C41 Malignant neoplasms of bone and articular cartilage
- C43-C44 Melanoma and other malignant neoplasms of skin
- Malignant neoplasms of mesothelial and soft tissue C45-C49
- Malignant neoplasms of breast C5Ø
- C51-C58 Malignant neoplasms of female genital organs
- C6Ø-C63 Malignant neoplasms of male genital organs Malignant neoplasms of urinary tract
- C64-C68
- C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system
- C73-C75 Malignant neoplasms of thyroid and other endocrine glands C7A Malignant neuroendocrine tumors
- C7B Secondary neuroendocrine tumors
- C76-C8Ø Malignant neoplasms of ill-defined, other secondary and unspecified sites
- C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue DØØ-DØ9 In situ neoplasms
- Benign neoplasms, except benign neuroendocrine tumors D1Ø-D36
- Benign neuroendocrine tumors D3A
- D37-D48 Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes
- D49 Neoplasms of unspecified behavior

MALIGNANT NEOPLASMS (CØØ-C96)

Malignant neoplasms, stated or presumed to be primary (of specified sites), and certain specified histologies, except neuroendocrine, and of lymphoid, hematopoietic and related tissue (CØØ-C75)

AHA: 2022, 1Q, 16

TIP: Codes from this code block can be assigned for outpatient encounters based on the diagnosis listed in a pathology or cytology report when authenticated by a pathologist and available at the time of code assignment.

Malignant neoplasms of lip, oral cavity and pharynx (CØØ-C14)

CØØ Malignant neoplasm of lip

- Use additional code to identify: alcohol abuse and dependence (F1Ø.-) history of tobacco dependence (Z87.891) tobacco dependence (F17.tobacco use (Z72.Ø) **EXCLUDES 1** malignant melanoma of lip (C43.Ø) Merkel cell carcinoma of lip (C4A.Ø) other and unspecified malignant neoplasm of skin of lip (C44.Ø-) CØØ.Ø Malignant neoplasm of external upper lip Malignant neoplasm of lipstick area of upper lip Malignant neoplasm of upper lip NOS Malignant neoplasm of vermilion border of upper lip CØØ.1 Malignant neoplasm of external lower lip
 - Malignant neoplasm of lower lip NOS Malignant neoplasm of lipstick area of lower lip Malignant neoplasm of vermilion border of lower lip
- CØØ.2 Malignant neoplasm of external lip, unspecified Malignant neoplasm of vermilion border of lip NOS

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tobacco dependence (F17.-) obacco use (Z72.Ø)

Malignant Neoplasm of Tongue

CØØ.3 Malignant neoplasm of upper lip, inner aspect

CØØ.4 Malignant neoplasm of lower lip, inner aspect

Malignant neoplasm of buccal aspect of upper lip

Malignant neoplasm of frenulum of upper lip

Malignant neoplasm of oral aspect of upper lip

Malignant neoplasm of frenulum of lower lip

Malignant neoplasm of oral aspect of lower lip

Malignant neoplasm of buccal aspect of lip, unspecified

Malignant neoplasm of frenulum of lip, unspecified

Malignant neoplasm of mucosa of lip, unspecified

CØØ.6 Malignant neoplasm of commissure of lip, unspecified

CØØ.8 Malignant neoplasm of overlapping sites of lip

Malignant neoplasm of dorsal surface of base of tongue

CØØ.9 Malignant neoplasm of lip, unspecified

Malignant neoplasm of fixed part of tongue NOS

Malignant neoplasm of posterior third of tongue

alcohol abuse and dependence (F1Ø.-)

history of tobacco dependence (Z87.891)

CØ1 Malignant neoplasm of base of tongue

Use additional code to identify:

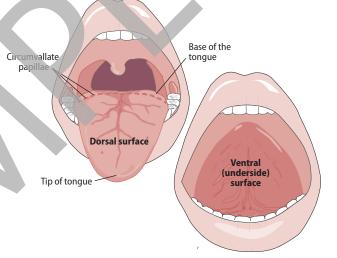
Malignant neoplasm of oral aspect of lip, unspecified

CØØ.5 Malignant neoplasm of lip, unspecified, inner aspect

Malignant neoplasm of mucosa of lower lip

Malignant neoplasm of buccal aspect of lower lip

Malignant neoplasm of mucosa of upper lip



CØ2 Malignant neoplasm of other and unspecified parts of tongue

alcol histo	ditional code to identify: nol abuse and dependence (F1Ø) ry of tobacco dependence (Z87.891)
	cco dependence (F17)
	cco use (Z72.Ø)
	Malignant neoplasm of dorsal surface of congue HCC RX ESR COM Malignant neoplasm of anterior two-thirds of tongue, dorsal surface
	EXCLUDES and a malignant neoplasm of dorsal surface of base of tongue (CØ1)
CØ2.1	Nalignant neoplasm of border of tongue HCC RT ESR COM Malignant neoplasm of tip of tongue
	Malignant neoplasm of ventral surface of congue HCC RX ESR COM Malignant neoplasm of anterior two-thirds of tongue, ventral surface Malignant neoplasm of frenulum linguae
	Malignant neoplasm of anterior two-thirds of tongue, part unspecified Inco Int Com Malignant neoplasm of middle third of tongue NOS Malignant neoplasm of mobile part of tongue NOS

Maternity: 9-64

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

Chapter-specific Guidelines with Coding Examples

The chapter-specific guidelines from the ICD-10-CM Official Guidelines for Coding and Reporting have been provided below. Along with these guidelines are coding examples, contained in the shaded boxes, that have been developed to help illustrate the coding and/or sequencing guidance found in these quidelines.

a. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories EØ8-E13 as needed to identify all of the associated conditions that the patient has.

Patient is seen for uncontrolled diabetes, type 2, with hyperglycemia diabetic nephropathy, and diabetic gastroparesis

- Type 2 diabetes mellitus with hyperglycemia E11.65
- E11.21 Type 2 diabetes mellitus with diabetic nephropathy
- E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy

K31.84 Gastroparesis

Explanation: Use as many codes to describe the diabetic complications as needed. Many are combination codes that describe more than one condition. Code first the reason for the encounter. The term "uncontrolled" can refer to either hyperglycemia or hypoglycemia. In this case, "uncontrolled" is described as "with hyperglycemia."

1) Type of diabetes

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

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

Type 1 diabetes mellitus without complications E10.9

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

2) Type of diabetes mellitus not documented

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

Office visit lists diabetic retinopathy with macular edema and hypertension on patient problem list

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

110 **Essential (primary) hypertension**

Explanation: Since the type of diabetes was not documented, default to category E11.

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

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

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

If the patient is treated with both insulin and an injectable non-insulin antidiabetic drug, assign codes Z79.4, Long term (current) use of insulin, and Z79.85, Long-term (current) use of injectable non-insulin antidiabetic drugs.

If the patient is treated with both oral hypoglycemic drugs and an injectable non-insulin antidiabetic drug, assign codes Z79.84, Long term (current) use of oral hypoglycemic drugs, and Z79.85, Long-term (current) use of injectable non-insulin antidiabetic drugs.

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

Office visit lists chronic diabetes with daily insulin use on patient problem list

E11.9 Type 2 diabetes mellitus without complications

Z79.4 Long term (current) use of insulin

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

4) Diabetes mellitus in pregnancy and gestational diabetes See Section I.C.15. Diabetes mellitus in pregnancy.

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

5) Complications due to insulin pump malfunction (a) Underdose of insulin due to insulin pump failure

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

A 24-year-old type 1 diabetic male treated in for hyperglycemia; insulin pump found to be malfunctioning and underdosing

- T85.614A Breakdown (mechanical) of insulin pump, initial encounter
- Underdosing of insulin and oral hypoglycemic T38.3X6A [antidiabetic] drugs, initial encounter
- Type 1 diabetes mellitus with hyperglycemia E10.65

Explanation: The complication code for the mechanical breakdown of the pump is sequenced first, followed by the underdosing code and type of diabetes with complication. Code all other diabetic complication codes necessary to describe the patient's condition.

(b) Overdose of insulin due to insulin pump failure

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

A 24-year-old type 1 diabetic male found down with diabetic coma, brought into ED and treated for hypoglycemia; insulin pump found to be malfunctioning and overdosing

- T85.614A Breakdown (mechanical) of insulin pump, initial encounter
- T38.3X1A Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter
- E1Ø.641 Type 1 diabetes mellitus with hypoglycemia with coma

Explanation: The complication code for the mechanical breakdown of the pump is sequenced first, followed by the poisoning code and type of diabetes with complication. All the characters in the combination code must be used to form a valid code and to fully describe the type of diabetes, the hypoglycemia, and the coma.

6) Secondary diabetes mellitus

Codes under categories EØ8, Diabetes mellitus due to underlying condition, EØ9, Drug or chemical induced diabetes mellitus, and E13, Other specified diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus. Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis,

F34.1-	-F43	.12			Chapter 5. Ment	al, Behavioral a	nd Neu	rodev	/elopm	ental Disorders ICD	0-10-CM 2024
		F34.1	Dysthyr	nic disord	er	Rx	1		F4Ø.8	Other phobic anxiety disorders	Rx
			•	sive neuro						Phobic anxiety disorder of childhood	
			•	•	onality disorder				F4Ø.9	Phobic anxiety disorder, unspecified	Rx
			Dysthy	tic depress	ion					Phobia NOS Phobic state NOS	
				•	y depression						
					ssive disorder		√4 th	F41		anxiety disorders	
					ety depression (mild or not p	ersistent) (F41.8)			EXCLU	udes 2 anxiety in:	
					vithout psychosis. It is a less s		t			acute stress reaction (F43.Ø)	
					considered a mild to moder	ate chronic form o	of			neurasthenia (F48.8)	
	_		depres							psychophysiologic disorders (F45)	
	√5 th	F34.8	-		mood [affective] disorde	'S				transient adjustment reaction (F43.2)	
				016,4Q,14					F 4 4 . 0	separation anxiety (F93.Ø)	_
			F34.81	Disruptiv	ve mood dysregulation	HCC RX ESR COM			F41.Ø	Panic disorder [episodic paroxysmal anxiety] Panic attack	Rx
			E3/ 80		ecified persistent mood		1			Panic state	
			134.05	disorder		HCC RX ESR (1			EXCLUDES 1 panic disorder with agoraphobia (F-	40.01)
		F34.9	Persiste	nt mood [[affective] disorder,					DEF: Neurotic disorder characterized by recurrent	
			unspeci	fied		HCC RX ESP	1			apprehension, fear, or terror. Symptoms include	shortness of
	F39	Unspe	cified mo	ood [affec	tive] disorder	HCC Rx ESF	3			breath, palpitations, dizziness, and shakiness; fea	ir of dying may
			tive psych		-				E41 1	persist.	Rx
									F41.1	Generalized anxiety disorder Anxiety neurosis	nx.
	Anx				ess-related, somatofo		r			Anxiety reaction	
			ionpsyc	notic m	ental disorders (F4Ø-	F48)				Anxiety state	
√4 th	F4Ø	Phobi	c anxiety	disorder	S					Overanxious disorder	
			•		anxiety with abnormally inte	nse dread of certai	n			EXCLUDES 2 neurasthenia (F48.8)	
		obje	cts or spec	ific situatio	ons that would not normally	have that effect.			F41.3	Other mixed anxiety disorders	
	$\sqrt{5}^{th}$	F4Ø.Ø	Agorap	nobia					F41.8	Other specified anxiety disorders	
					ixiety or fear of leaving fami					Anxiety depression (mild or not persistent)	
					unfamiliar locations or with s		5.			Anxiety hysteria	
			attacks		y or may not be preceded by	/ recurrent panic				Mixed anxiety and depressive disorder AHA: 2021, 10, 10	
					obia, unspecified	R			F41 0		
			F40.01		iobia, unspecified iobia with panic disorder				F41.9	Anxiety disorder, unspecified Anxiety NOS	
					lisorder with agoraphobia					AHA: 2021,1Q,10	
					s1 panic disorder withou	t agoraphobia	- Ath	E42	Oheae	ssive-compulsive disorder	
					(F41.Ø)			1 74		obsessive-compulsive personality (disorder)	(E6Ø 5)
			F4Ø.Ø2	Agoraph	nobia without panic disor	der 🛛 🖻			ENGLO	obsessive compulsive personanty (usoraci)	
	$\sqrt{5}^{th}$	F4Ø.1	Social p	hobias						(F32-F33)	rucpression
				pophobia						obsessive-compulsive symptoms occurring in	n schizophrenia
				anxiety dis						(F2Ø)	
				anxiety dis neurosis	sorder of childhood				AHA	:2016,4Q,14-15	
					abia desensitied	R			F42.2	Mixed obsessional thoughts and acts	Rx
					nobia, unspecified nobia, generalized	R			F42.3	Hoarding disorder	Rx
	√5 th	F4Ø.2			phobias		•		F42.4	Excoriation (skin-picking) disorder	Rx
	_		•		norphophobia (nondelusion	al) (F45 22)				EXCLUDES 1 factitial dermatitis (L98.1)	
					pphobia (F45.22)					other specified behavioral and emot	
		√6 th	F40.21		sype phobia					with onset usually occurring in and adolescence (F98.8)	early chilanood
		_			Arachnophobia	R			E42.9		Rx
					Fear of spiders				F42.0	Other obsessive-compulsive disorder Anancastic neurosis	
				F4Ø.218	Other animal type phot	pia 🖪	1			Obsessive-compulsive neurosis	
		√6 th	F4Ø.22		environment type phobia				F42.9	Obsessive-compulsive disorder, unspecified	Rx
					Fear of thunderstorms	R		E/13		ion to severe stress, and adjustment disorder	
					Other natural environm		- V4**	F43		· •	3
					phobia	R	1		F43.Ø	Acute stress reaction Acute crisis reaction	
		√6 th	F4Ø.23	Blood, in	njection, injury type phol	pia				Acute reaction to stress	
				F4Ø.23Ø	Fear of blood	R	1			Combat and operational stress reaction	
				F4Ø.231	Fear of injections and t	ransfusions 🖪 🖪	3			Combat fatigue	
					Fear of other medical ca	are 🖪	3			Crisis state	
					Fear of injury	R	3			Psychic shock	
		√6 th	F4Ø.24	Situatio	nal type phobia			√5 th	F43.1	Post-traumatic stress disorder (PTSD)	
				F4Ø.24Ø	Claustrophobia	R	1			Traumatic neurosis	
					Acrophobia	R				DEF: Preoccupation with traumatic events beyon	
					Fear of bridges	R				experience (i.e., rape, personal assault, etc.) that n recurring flashbacks of the trauma. Symptoms in	
					Fear of flying	R)				remembering, sleeping, or concentrating, and g	
		_			Other situational type p	ohobia 🖪 🖪	3			surviving.	-
		√6 th	F4Ø.29	-	ecified phobia					F43.1Ø Post-traumatic stress disorder, unsp	
				F4Ø.29Ø	Androphobia	R	1			F43.11 Post-traumatic stress disorder, acute	
				F 46	Fear of men	_				F43.12 Post-traumatic stress disorder, chro	nic 🛛 🛤
				F40.291	Gynephobia	R	3				
				E40 200	Fear of women						
				1-10.298	Other specified phobia	R	•				

Maternity: 9-64

Chapter 6. Diseases of the Nervous System (GØØ-G99)

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. Dominant/nondominant side

Codes from category G81, Hemiplegia and hemiparesis, and subcategories G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected. Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:

- For ambidextrous patients, the default should be dominant.
- If the left side is affected, the default is non-dominant.
- If the right side is affected, the default is dominant.

Hemiplegia affecting left side of ambidextrous patient

G81.92 Hemiplegia, unspecified affecting left dominant side

Explanation: Documentation states that the left side is affected and dominant is used for ambidextrous persons.

Right spastic hemiplegia, unknown whether patient is right- or left-handed

G81.11 Spastic hemiplegia affecting right dominant side

Explanation: Since it is unknown whether the patient is right- or left-handed, if the right side is affected, the default is dominant.

b. Pain—Category G89

1) General coding information

Codes in category G89, Pain, not elsewhere classified, may be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain. unless otherwise indicated below.

If the pain is not specified as acute or chronic, post-thoracotomy, postprocedural, or neoplasm-related, do not assign codes from category G89.

A code from category G89 should not be assigned if the underlying (definitive) diagnosis is known, unless the reason for the encounter is pain control/management and not management of the underlying condition. When an admission or encounter is for a procedure aimed at treating the underlying condition (e.g., spinal fusion, kyphoplasty), a code for the underlying condition (e.g., vertebral fracture, spinal stenosis) should be assigned as the principal diagnosis. No code from category G89 should be assigned.

Elderly patient with back pain is admitted for outpatient kyphoplasty for age-related osteopathic compression fracture at vertebra T3

M80.08XA Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture

Explanation: No code is assigned for the pain as it is inherent in the underlying condition being treated.

(a) Category G89 codes as principal or first-listed diagnosis Category G89 codes are acceptable as principal diagnosis or the

first-listed code:

• When pain control or pain management is the reason for the admission/encounter (e.g., a patient with displaced intervertebral disc, nerve impingement and severe back pain presents for injection of steroid into the spinal canal). The underlying cause of the pain should be reported as an additional diagnosis, if known.

Patient presents for steroid injection in the right elbow due to chronic pain associated with primary degenerative joint disease.

G89.29 Other chronic pain

M19.021 Primary osteoarthritis, right elbow

Explanation: Since the encounter is for control of pain, not treating the underlying condition, the pain code is sequenced first followed by the underlying condition. The M25 pain code is not necessary as the underlying condition code represents the specific site.

 When a patient is admitted for the insertion of a neurostimulator for pain control, assign the appropriate pain code as the principal or first-listed diagnosis. When an admission or encounter is for a procedure aimed at treating the underlying condition and a neurostimulator is inserted for pain control during the same admission/encounter, a code for the underlying condition should be assigned as the principal diagnosis and the appropriate pain code should be assigned as a secondary diagnosis.

(b) Use of category G89 codes in conjunction with site specific pain codes

(i) Assigning category G89 and site-specific pain codes

Codes from category G89 may be used in conjunction with codes that identify the site of pain (including codes from chapter 18) if the category G89 code provides additional information. For example, if the code describes the site of the pain, but does not fully describe whether the pain is acute or chronic, then both codes should be assigned.

Patient is seen to evaluate chronic right knee pain

M25.561 Pain in right knee

G89.29 Other chronic pain

Explanation: No underlying condition has been determined yet so the pain would be the reason for the visit. The M25 pain code in this instance does not fully describe the condition as it does not represent that the pain is chronic. The G89 chronic pain code is assigned to provide specificity.

(ii) Sequencing of category G89 codes with site-specific pain codes

The sequencing of category G89 codes with site-specific pain codes (including chapter 18 codes), is dependent on the circumstances of the encounter/admission as follows:

 If the encounter is for pain control or pain management, assign the code from category G89 followed by the code identifying the specific site of pain (e.g., encounter for pain management for acute neck pain from trauma is assigned code G89.11, Acute pain due to trauma, followed by code M54.2, Cervicalgia, to identify the site of pain).

Management of acute, traumatic left shoulder pain

G89.11 Acute pain due to trauma

M25.512 Pain in left shoulder

Explanation: The reason for the encounter is to manage or control the pain, not to treat or evaluate an underlying condition. The G89 pain code is assigned as the first-listed diagnosis but in this instance does not fully describe the condition as it does not include the site and laterality. The M25 pain code is added to provide this information.

 If the encounter is for any other reason except pain control or pain management, and a related definitive diagnosis has not been established (confirmed) by the provider, assign the code for the specific site of pain first, followed by the appropriate code from category G89. **Chapter 15. Pregnancy, Childbirth and the Puerperium**

Chapter 15. Pregnancy, Childbirth and the Puerperium

070-073.1	Chapter 15. Pregnancy, Chi	ldbirth and the Pue	erperium	ICD-10-CM 2024
VIII 070 Perin	eal laceration during delivery	071.1	Rupture of uterus during labor	COM M Q
	UDES episiotomy extended by laceration		Rupture of uterus not stated as occurring b	— – – –
	<i>UDES 1</i> obstetric high vaginal laceration alone (071.4)		EXCLUDES 1 disruption of cesarean delivery	
	2016,2Q,34; 2016,1Q,3-4,5		laceration of uterus, NEC (071.	81)
	First degree perineal laceration during delivery	071.2	Postpartum inversion of uterus	сом М 🖓
	Perineal laceration, rupture or tear involving fourchette during		Obstetric laceration of cervix	<u>com</u> M Q
	delivery		Annular detachment of cervix	
	Perineal laceration, rupture or tear involving labia during	071.4	Obstetric high vaginal laceration alone	сом М Q
	delivery		Laceration of vaginal wall without perinea	
	Perineal laceration, rupture or tear involving skin during delivery		EXCLUDES 1 obstetric high vaginal laceration	on with perineal
	Perineal laceration, rupture or tear involving vagina during		laceration (07Ø)	
	delivery Perineal laceration, rupture or tear involving vulva during		AHA: 2016,1Q,5	
	delivery	071.5	Other obstetric injury to pelvic organs Obstetric injury to bladder	сом М 🖓
	Slight perineal laceration, rupture or tear during delivery		Obstetric injury to urethra	
07Ø.1	Second degree perineal laceration during		EXCLUDES 2 obstetric periurethral trauma (071 82)
	delivery COM M Q		AHA: 2014,4Q,18	
	Perineal laceration, rupture or tear during delivery as in O7Ø.Ø,	071.6	Obstetric damage to pelvic joints and liga	aments 🖸 M Q
	also involving pelvic floor		Obstetric avulsion of inner symphyseal car	
	Perineal laceration, rupture or tear during delivery as in O7Ø.Ø, also involving perineal muscles		Obstetric damage to coccyx	5
	Perineal laceration, rupture or tear during delivery as in 070.0,		Obstetric traumatic separation of symphys	sis (pubis)
	also involving vaginal muscles	071.7	Obstetric hematoma of pelvis	<u>сом</u> М Q
	EXCLUDES 1 perineal laceration involving anal sphincter (070.2)		Obstetric hematoma of perineum	
<mark>√5"</mark> 07Ø.2	Third degree perineal laceration during delivery		Obstetric hematoma of vagina	
	Perineal laceration, rupture or tear during delivery as in 070.1,	(F) 0710	Obstetric hematoma of vulva Other specified obstetric trauma	
	also involving anal sphincter	V 3" U/1.0		
	Perineal laceration, rupture or tear during delivery as in O7Ø.1,		071.81 Laceration of uterus, not elsewh classified	ere ∞M M Q
	also involving rectovaginal septum		071.82 Other specified trauma to perin	
	Perineal laceration, rupture or tear during delivery as in O7Ø.1,		vulva	com <u>M</u> ♀
	also involving sphincter NOS EXCLUDES 1 anal sphincter tear during delivery without third		Obstetric periurethral trauma	
	degree perineal laceration (070.4)		AHA: 2016,1Q,4; 2014,4Q,18	
	perineal laceration involving anal or rectal mucosa		071.89 Other specified obstetric trauma	
	(07Ø.3)	071.9	Obstetric trauma, unspecified	<u>сом</u> М Q
	AHA: 2016,4Q,53-54	🛛 🚰 072 Postpa	artum hemorrhage	
	070.20 Third degree perineal laceration during delivery,	INCLU	JDES hemorrhage after delivery of fetus or i	infant
	unspecified	072.0	Third-stage hemorrhage	сом М 🖓
	070.21 Third degree perineal laceration during delivery,		Hemorrhage associated with retained, trap	oped or adherent
	Third degree perineal laceration during delivery with		placenta	
	less than 50% of external anal sphincter (EAS)		Retained placenta NOS Code also type of adherent placenta (O43.	2-)
	thickness torn	Ň	AHA: 2019,3Q,11	Z-)
	070.22 Third degree perineal laceration during delivery,	072.1	Other immediate postpartum hemorrhag	e 🛯 🕅 🖓
	IIIb Third degree perineal laceration during delivery with		Hemorrhage following delivery of placent	
	more than 50% external anal sphincter (EAS)		Postpartum hemorrhage (atonic) NOS	
	thickness torn		Uterine atony with hemorrhage	
	070.23 Third degree perineal laceration during delivery,		EXCLUDES 1 uterine atony NOS (O62.2)	(0(2,2))
	llic		uterine atony without hemorrh	
	Third degree perineal laceration during delivery with		postpartum atony of uterus wit (075.89)	nouthemornage
	both external anal sphincter (EAS) and internal anal sphincter (IAS) torn		AHA: 2016,1Q,4	
070 3	Fourth degree perineal laceration during delivery \bigcirc \square \bigcirc		DEF: Uterine atony: Failure of the uterine m	uscles to contract
070.5	Perineal laceration, rupture or tear during delivery as in 070.2,		after the fetus and placenta are delivered.	
	also involving anal mucosa	072.2	Delayed and secondary postpartum hem	
	Perineal laceration, rupture or tear during delivery as in 070.2,		Hemorrhage associated with retained port	
	also involving rectal mucosa		membranes after the first 24 hours fo placenta	nowing derivery of
07Ø.4	Anal sphincter tear complicating delivery, not associated		Retained products of conception NOS, foll	owina deliverv
	with third degree laceration ■ EXCLUDEST anal sphincter tear with third degree perineal	072.3	Postpartum coagulation defects	com M ♀
	laceration (070.2)		Postpartum afibrinogenemia	
070.9	Perineal laceration during delivery, unspecified $\Box \square Q$		Postpartum fibrinolysis	
	obstetric trauma	🌠 073 Retain	ed placenta and membranes, without he	emorrhage
	UDES obstetric damage from instruments	EXCLU	placenta accreta (O43.21-)	
	Rupture of uterus (spontaneous) before onset of labor		placenta increta (O43.22-)	
071.0	EXCLUDES in disruption of (current) cesarean delivery wound		placenta percreta (043.23-)	
	(O90.0)		Postpartum condition resulting from failure to	
	laceration of uterus, NEC (071.81)		brane tissues due to failed contractions of the	
	071.00 Rupture of uterus before onset of labor, unspecified	0/3.0	Retained placenta without hemorrhage Adherent placenta, without hemorrhage	<u>com</u> M Q
	trimester Com M Q		Trapped placenta without hemorrhage	
	071.02 Rupture of uterus before onset of labor, second	073.1	Retained portions of placenta and memb	ranes, without
	trimester com M ♀		hemorrhage	COM M Q
	O71.Ø3 Rupture of uterus before onset of labor, third trimester □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Retained products of conception following	g delivery, without
	······································		hemorrhage	
		L		

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ICD-10-CM 2024

Chanter 21	Chapter 21. Factors Influencing Health	Status and Cont	acti	with ne	alth Services ICD-10-CM 2024
	. Factors Influencing Health Status and	V	6 th	ZØØ.12	Encounter for routine child health examination
	-	-			Health check (routine) for child over 28 days old
Contact Wi	th Health Services (ZØØ-Z99)				Immunizations appropriate for age
NOTE	Z codes represent reasons for encounters. A corresponding				Routine developmental screening of infant or child
NOTE	procedure code must accompany a Z code if a procedure is				Routine vison and hearing testing
	performed. Categories ZØØ-Z99 are provided for occasions when				EXCLUDES 1 health check for child under 29 days old
	circumstances other than a disease, injury or external cause				
	classifiable to categories AØØ-Y89 are recorded as "diagnoses" or				(ZØØ.11-)
	"problems." This can arise in two main ways:				health supervision of foundling or other
	(a) When a person who may or may not be sick encounters the				healthy infant or child (Z76.1-Z76.2)
	health services for some specific purpose, such as to receive limited				newborn health examination (ZØØ.11-)
	care or service for a current condition, to donate an organ or tissue,				AHA: 2018,4Q,36
	to receive prophylactic vaccination (immunization), or to discuss a				ZØØ.121 Encounter for routine child health
	problem which is in itself not a disease or injury.				examination with abnormal
	(b) When some circumstance or problem is present which influences				findings 🛛 🖻
	the person's health status but is not in itself a current illness or injury.				Use additional code to identify abnormal
AHA: 2018,	4Q,60-61				findings
This chapte	er contains the following blocks:				AHA: 2016,1Q,34-35
ZØØ-Z13	Persons encountering health services for examinations				ZØØ.129 Encounter for routine child health
Z14-Z15	Genetic carrier and genetic susceptibility to disease				examination without abnormal
	Resistance to antimicrobial drugs				findings PDX P
	Estrogen receptor status				Encounter for routine child health
	Retained foreign body fragments				examination NOS
	Hormone sensitivity malignancy status				AHA: 2016, 1Q, 34
Z2Ø-Z29	Persons with potential health hazards related to communicable diseases	ZØØ			ter for examination for period of rapid growth in
730-730	Persons encountering health services in circumstances related to			childho	
230-239	reproduction	ZØØ	J.3	Encount	ter for examination for adolescent development
Z4Ø-753	Encounters for other specific health care			state	PDx P
	Persons with potential health hazards related to socioeconomic and			Encou	nter for puberty development state
	psychosocial circumstances	ZØØ	5.5	Encount	ter for examination of potential donor of organ and
Z66	Do not resuscitate status		1	tissue	PDx
	Blood type	ZØØ	1.6	Encount	ter for examination for normal comparison and
	Body mass index (BMI)			control	in clinical research program
	Persons encountering health services in other circumstances			Exami	nation of participant or control in clinical research
277-299	Persons with potential health hazards related to family and personal			р	rogram
	history and certain conditions influencing health status	200 ZØØ	5.7 J	Encount	ter for examination for period of delayed growth in
Perso	ns encountering health services for examinations			childho	od
T CI SU	(ZØØ-Z13)		:	ZØØ.7Ø	Encounter for examination for period of delayed
	(200 213)				growth in childhood without abnormal
NOTE	Nonspecific abnormal findings disclosed at the time of these				findings 🛛 🗠 🖻
	examinations are classified to categories R7Ø-R94.			ZØØ.71	Encounter for examination for period of delayed
EXCLUDES 1	examinations related to pregnancy and reproduction (Z30-Z36, Z39, -)				growth in childhood with abnormal findings
🜠 ZØØ Enco	ounter for general examination without complaint, suspected				findings P Use additional code to identify abnormal findings
or re	eported diagnosis	760		F	
EX	CLUDES 1 encounter for examination for administrative purposes (Z02)	200			ter for other general examination Pox nter for health examination in population surveys
EX	CLUDES 2 encounter for pre-procedural examinations (ZØ1.81-)				
					other special examination without complaint,
	special screening examinations (Z11-Z13)				
AH	special screening examinations (211-213) IA: 2017,4Q,95	sus	pect	ted or re	eported diagnosis
		sus	pect NCLUD	ted or re	eported diagnosis outine examination of specific system
	IA: 2017,4Q,95	sus	pect NCLUD	ted or re DES ro Co	eported diagnosis outine examination of specific system odes from category ZØ1 represent the reason for the
	 IA: 2017,4Q,95 Encounter for general adult medical examination Encounter for adult periodic examination (annual) (physical) 	sus	pect NCLUD	ted or re DES ro Co en	eported diagnosis outine examination of specific system odes from category ZØ1 represent the reason for the ocounter. A separate procedure code is required to identify
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	 IA: 2017,4Q,95 Encounter for general acult medical examination Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations EXCLUDEST: encounter for examination of sign or symptom - code to sign or symptom general health check-up of infant or child (Z00.12) 	sus III	Pect	ted or re DES ro Co en an DEST er	eported diagnosis outine examination of specific system odes from category ZØ1 represent the reason for the occunter. A separate procedure code is required to identify by examinations or procedures performed
	 IA: 2017,4Q,95 Encounter for general acult medical examination Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations EXCUTOST encounter for examination of sign or symptom - code to sign or symptom general health check-up of infant or child (Z00.12) Z00.00 Encounter for general adult medical examination 	sus III	Pect	ted or re DES ro Co en an DES 1 er er	eported diagnosis outine examination of specific system odes from category ZØ1 represent the reason for the acounter. A separate procedure code is required to identify by examinations or procedures performed acounter for examination for administrative purposes (ZØ2) acounter for examination for suspected conditions, proven not to exist (ZØ3)
	 IA: 2017,4Q,95 Encounter for general acult medical examination Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations EXCRUDEST encounter for examination of sign or symptom - code to sign or symptom general health check-up of infant or child (ZØ0.12) Encounter for general adult medical examination without abnormal findings Image: Acuto AcutoA	sus III	Pect	ted or re DES ro Co en an DES 1 er er	eported diagnosis outine examination of specific system odes from category ZØ1 represent the reason for the acounter. A separate procedure code is required to identify by examinations or procedures performed acounter for examination for administrative purposes (ZØ2) acounter for examination for suspected conditions, proven not to exist (ZØ3) acounter for laboratory and radiologic examinations as a
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	 IA: 2017,4Q,95 Encounter for general adult medical examination Encounter for adult periodic examination (annual) (physical) and any associated laboratory and radiologic examinations Example: A statement of the examination of sign or symptom general health check-up of infant or child (Z00.12) Encounter for general adult medical examination without abnormal findings Encounter for adult health check-up NOS AHA: 2016,1Q,36 	sus III	Pect	ted or re DES ro Co en an TEST er er er	eported diagnosis putine examination of specific system odes from category ZØ1 represent the reason for the acounter. A separate procedure code is required to identify by examinations or procedures performed acounter for examination for administrative purposes (ZØ2) acounter for examination for suspected conditions, proven not to exist (ZØ3) acounter for laboratory and radiologic examinations as a component of general medical examinations (ZØØ.0-) acounter for laboratory, radiologic and imaging examinations for sign(s) and symptom(s) - code to the
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Appendix F: Centers for Medicare & Medicaid Services Quality Payment Program

In 2015, in an effort to repeal the faulty Medicare sustainable growth rate (SGR), focus on quality of patient outcomes, and control Medicare spending, Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA), which included sweeping changes for practitioners who provide services reimbursed under the Medicare physician fee schedule (MPFS). MACRA repealed the Medicare SGR methodology used for updating the MPFS and replaced it with the Quality Payment Program (QPP).

Under the QPP, providers who demonstrate success at controlling costs while providing high-quality care to their patients are eligible to earn increased payments. Clinicians who successfully report on determined criteria receive a larger payment. Those who do not participate at all or do not fulfill the defined requirements receive a negative payment adjustment of 9 percent of Medicare Part B reimbursements based on 2020 performance to be applied in 2022, negative payment adjustment of up to 9 percent of Medicare Part B reimbursements based on 2021 performance to be applied in 2023.

Passage of the Medicare Access and CHIP Reauthorization Act of 2015

The final rule for implementing MACRA was published November 4, 2016. The final rule primarily provided details on how the QPP was to be implemented, including requiring the secretary of Health and Human Services (HHS) to sunset the value-based (VM) modifier incentive program, the Medicare electronic health record (EHR) incentive program, and the Physician Quality Reporting System (PQRS), and incorporated these incentive programs into the QPP.

Replacement of the Sustainable Growth Rate

Under the SGR, if overall physician costs were higher than a targeted Medicare expenditure, payments were reduced across the board. With the SGR method, payments to clinicians would have resulted in substantial cuts.

Because the QPP replaces the SGR methodology, the following revisions were detailed in MACRA:

- Established conversion factor updates:
 - a Medicare physician fee schedule conversion factor adjustment of 0.5 percent in 2016–2019 and a conversion factor adjustment of 0.00 percent for 2020–2025
 - the qualifying participant (QP) alternative payment models (APM) conversion factor of 0.75 percent and a nonqualifying provider APM conversion factor of 0.25 percent for 2026 and each subsequent year

Under the QPP, the Centers for Medicare and Medicaid Services (CMS) aims to:

- Support quality of patient care improvement by focusing on better outcomes for patients, decreasing provider burden, and preserving the independent clinical practice
- Promote the adoption of APMs, which align incentives across healthcare stakeholders
- Advance existing efforts of delivery system reform, including ensuring a smooth transition to a new system that promotes high-quality, efficient care through unification of CMS legacy programs such as the EHR incentive program

Quality Payment Program Established

The MACRA final rule established the Quality Payment Program (QPP) effective January 1, 2017. Within the QPP there are two interrelated pathways: Advanced Alternative Payment Models (APM) and the Merit-based Incentive Payment System (MIPS).

Eligible clinicians (EC) select the track/pathway—MIPS or advanced APMs—they wish to participate in based on the practice size, specialty, location, and patient population. Unlike previous quality initiatives, a provider does not have to enroll in the QPP. However, groups wishing to participate in the MIPS program via the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey measures or CMS Web Interface (WI) must register by June 30 each year. Note that beginning with the 2022 performance period, the CMS WI will no longer be available as a submission or collection type. The CAHPS for MIPS survey is an optional quality measure that groups participating in MIPS can elect to administer.

In the 2020 Physician Fee Schedule Final Rule, CMS finalized a new participation framework to begin in 2021 known as MIPS Value Pathways (MVPs). The MVPs allow for a more cohesive participation experience by connecting activities and

measures that are relevant to a specialty, medical condition, or a particular population. Due to the 2019 Coronavirus public health emergency (PHE), CMS postponed the implementation of MVPs as a reporting option for MIPS measures and activities through at least 2021. CMS finalized proposed updates for the criteria, process and MVP implementation, and anticipate the first MVP candidates to be proposed in the CY2022 notice of proposed rule making (NPRM). For additional and updated information on MVPs, see https://qpp.cms.gov/mips/mips-value-pathways.

Merit-based Incentive Payment System

MIPS is the track for clinicians who opt to participate in traditional Medicare as opposed to participating through an advanced APM. In doing so, clinicians may earn a payment adjustment related to evidence-based and practice-specific quality data. As a result, depending on the degree and success of performance in all four categories for CY 2021, clinicians receive one of the following:

- Positive payment adjustment in which additional compensation is received; bonuses are also available for meeting the exceptional performance threshold
- Neutral payment adjustment that neither increases nor reduces Medicare payments
- Negative payment adjustment of up to 9 percent of Medicare payment furnished in calendar year (CY) 2023

Participation in the MIPS track is determined based on the amount billed to Medicare and the number of beneficiaries seen per year. The following provider types are eligible for participation if they meet or exceed at least one of the following criteria:

- Medicare billings are greater than \$90,000
 - Care is provided for more than 200 covered services
 - Care is provided to 200 or more Medicare patients each year

For 2021, the following clinician types are considered ECs:

- Physicians (MD, DO, DDS, DMD, DPM, OD)
- Physician assistants (PA)
- Nurse practitioners (NP)
- Clinical nurse specialists (CNS)
- Certified registered nurse anesthetists (CRNA)
- Physical therapists (PT)
- Occupational therapists (OT)
- Qualified speech-language pathologists
- Qualified audiologists
- Clinical psychologists
- Osteopathic practitioners
- Chiropractor
- Registered dieticians or nutrition professionals
- Any clinician group that includes one of the professionals listed above

Anatomy of MIPS

A measurement-based regime creates a single reporting framework for physicians that comprise four performance categories:

- Quality
- Improvement Activities (IA)—implemented in 2017
 - Promoting Interoperability
- Cost

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MIPS eligible clinicians may participate in the program as an individual clinician, group, virtual group, or APM entity (applicable for 2021). Each of the four performance categories has been weighted, with greatest emphasis placed on the Quality category. Performance category weights for individuals, groups, and virtual groups placed the Quality category at 40 percent, Promoting Interoperability is second at 25 percent, IA at 15 percent, and Cost at 20 percent. Performance category weights for APM entities reporting traditional MIPS for the 2021 performance period are weighted differently than these participation levels. The emphasis is still on the Quality category at 50 percent, Promoting Interoperability is second at 30 percent, Improvement Activities is third at 20 percent, and Cost is at 0 percent. Beginning with the 2022 performance period regardless of participation level (e.g., individual, group, etc.) the quality and cost performance categories will be equally weighted at 30%.

Chapter 10. Diseases of the Respiratory System (JØØ–J99)

