

# ICD-10-CM Professional for Hospitals

The complete official code set

Codes valid from October 1, 2020  
through September 30, 2021

# 2021

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## 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* Hemaglobinuria  
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.

**Headache** R51  
allergic NEC G44.89  
associated with sexual activity G44.82  
chronic daily R51

### 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) G96.19  
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 4th-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

## Tabular List of Diseases

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

## Code and Code Descriptions

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

## Boldface

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

## Italics

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

## Deleted Text

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

## Key Word

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

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

✓4 <sup>th</sup>	<b>H55</b>	<b>Nystagmus and other irregular eye movements</b>
✓5 <sup>th</sup>	<b>H55.0</b>	<b>Nystagmus</b>
	<b>H55.00</b>	<b>Unspecified nystagmus</b>
	<b>H55.01</b>	<b>Congenital nystagmus</b>
	<b>H55.02</b>	<b>Latent nystagmus</b>
	<b>H55.03</b>	<b>Visual deprivation nystagmus</b>
	<b>H55.04</b>	<b>Dissociated nystagmus</b>
	<b>H55.09</b>	<b>Other forms of nystagmus</b>

The portion of the code description that appears in **green font** in the tabular list helps the coder quickly identify the key terms and the correct code. This convention is especially useful when the codes describe laterality, such as the following codes from subcategory H40.22:

✓6 <sup>th</sup>	<b>H40.22</b>	<b>Chronic angle-closure glaucoma</b> Chronic primary angle-closure glaucoma
✓7 <sup>th</sup>	<b>H40.221</b>	<b>Chronic angle-closure glaucoma, right eye</b>
✓7 <sup>th</sup>	<b>H40.222</b>	<b>Chronic angle-closure glaucoma, left eye</b>
✓7 <sup>th</sup>	<b>H40.223</b>	<b>Chronic angle-closure glaucoma, bilateral</b>
✓7 <sup>th</sup>	<b>H40.229</b>	<b>Chronic angle-closure glaucoma, unspecified eye</b>

## Tabular Notations

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

## Official Notations

### Includes Notes

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

### Inclusion Terms

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

### Excludes Notes

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

### Excludes 1

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

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

### Excludes 2

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

### Note

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

### Code First/Use additional code

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

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



# 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.

## Admission

**Admission** — *continued*  
 fitting — *continued*  
 device — *continued*  
 prosthetic — *continued*  
 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  
 preoperative 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  
 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

**Admission** — *continued*  
 vision examination — *continued*  
 following failed vision screening Z01.020  
 with abnormal findings Z01.021  
 infant or child (over 28 days old) Z00.129  
 with abnormal findings Z00.121  
 waiting period for admission to other facility Z75.1  
**Adnexitis** (suppurative) — *see* Salpingo-oophoritis  
**Adolescent X-linked adrenoleukodystrophy** E71.521  
**Adrenal** (gland) — *see* condition  
**Adrenalism, tuberculous** A18.7  
**Adrenalitis, adenitis** 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  
**Aerodermatitis**  
 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  
 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  
 explanation 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

**Aftercare** — *continued*  
 following surgery — *continued*  
 organ transplant — *continued*  
 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  
**Agnesis**  
 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  
 appendix Q42.8  
 arm (complete) Q71.0-   
 with hand present Q71.1-   
 artery (peripheral) Q27.9  
 brain Q28.3  
 coronary Q24.5  
 pulmonary Q25.79  
 specified NEC Q27.8  
 umbilical Q27.0  
 auditory (canal) (external) Q16.1  
 auricle (ear) Q16.0  
 bile duct or passage Q44.5  
 bladder Q64.5  
 bone Q79.9  
 brain Q00.0  
 part of Q04.3  
 breast (with nipple present) Q83.8  
 with absent nipple Q83.0  
 bronchus Q32.4  
 canaliculus lacrimalis Q10.4  
 carpus — *see* Agnesis, hand





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

### 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. Hypertension

The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term “with” in the Alphabetic 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.

For hypertension and conditions not specifically linked by relational terms such as “with,” “associated with” or “due to” in the classification, provider documentation must link the conditions in order to code them as related.

##### 1) Hypertension with heart disease

Hypertension with heart conditions classified to I50.- or I51.4–I51.7, I51.89, I51.9, are assigned to a code from category I11, Hypertensive heart disease. Use additional code(s) from category I50, Heart failure, to identify the type(s) of heart failure in those patients with heart failure.

The same heart conditions (I50.-, I51.4–I51.7, I51.89, I51.9) with hypertension are coded separately if the provider has documented they are unrelated to the hypertension. Sequence according to the circumstances of the admission/encounter.

Patient is admitted in left heart failure. Patient also has a history of hypertension managed by medication.

**I11.0 Hypertensive heart disease with heart failure**

**I50.1 Left ventricular failure, unspecified**

*Explanation:* Without a diagnostic statement to the contrary, hypertension and heart failure have an assumed causal relationship, and a combination code should be used. An additional code to identify the type of heart failure (I50.-) should also be provided.

##### 2) Hypertensive chronic kidney disease

Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. CKD should not be coded as hypertensive if the provider indicates the CKD is not related to the hypertension.

The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.

See Section I.C.14. Chronic kidney disease.

If a patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.

Patient is admitted with stage IV chronic kidney disease (CKD) due to polycystic kidney disease. Patient also is on lisinopril for hypertension.

**N18.4 Chronic kidney disease, stage 4 (severe)**

**Q61.3 Polycystic kidney, unspecified**

**I10 Essential (primary) hypertension**

*Explanation:* A combination code describing a relationship between hypertension and CKD is not used because the physician documentation identifies the polycystic kidney disease as the cause for the CKD.

##### 3) Hypertensive heart and chronic kidney disease

Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when there is hypertension with both heart and kidney involvement. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

The appropriate code from category N18, Chronic kidney disease, should be used as a secondary code with a code from category I13 to identify the stage of chronic kidney disease.

See Section I.C.14. Chronic kidney disease.

The codes in category I13, Hypertensive heart and chronic kidney disease, are combination codes that include hypertension, heart disease and chronic kidney disease. The Includes note at I13 specifies that the conditions included at I11 and I12 are included together in I13. If a patient has hypertension, heart disease and chronic kidney disease, then a code

from I13 should be used, not individual codes for hypertension, heart disease and chronic kidney disease, or codes from I11 or I12.

For patients with both acute renal failure and chronic kidney disease, an additional code for acute renal failure is required.

Hypertensive heart and kidney disease with congestive heart failure and stage 2 chronic kidney disease

**I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease**

**I50.9 Heart failure, unspecified**

**N18.2 Chronic kidney disease, stage 2 (mild)**

*Explanation:* Combination codes in category I13 are used to report conditions classifiable to both categories I11 and I12. Do not report conditions classifiable to I11 and I12 separately. Use additional codes to report type of heart failure and stage of CKD.

##### 4) Hypertensive cerebrovascular disease

For hypertensive cerebrovascular disease, first assign the appropriate code from categories I60–I69, followed by the appropriate hypertension code.

Rupture of cerebral aneurysm caused by malignant hypertension

**I60.7 Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery**

**I10 Essential (primary) hypertension**

*Explanation:* Hypertensive cerebrovascular disease requires two codes: the appropriate I60–I69 code followed by the appropriate hypertension code.

##### 5) Hypertensive retinopathy

Subcategory H35.0, Background retinopathy and retinal vascular changes, should be used with a code from category I10–I15, Hypertensive disease to include the systemic hypertension. The sequencing is based on the reason for the encounter.

##### 6) Hypertension, secondary

Secondary hypertension is due to an underlying condition. Two codes are required: one to identify the underlying etiology and one from category I15 to identify the hypertension. Sequencing of codes is determined by the reason for admission/encounter.

Renovascular hypertension due to renal artery atherosclerosis

**I15.0 Renovascular hypertension**

**I70.1 Atherosclerosis of renal artery**

*Explanation:* Secondary hypertension requires two codes: a code to identify the etiology and the appropriate I15 code.

##### 7) Hypertension, transient

Assign code R03.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension. Assign code O13.-, Gestational [pregnancy-induced] hypertension without significant proteinuria, or O14.-, Pre-eclampsia, for transient hypertension of pregnancy.

##### 8) Hypertension, controlled

This diagnostic statement usually refers to an existing state of hypertension under control by therapy. Assign the appropriate code from categories I10–I15, Hypertensive diseases.

##### 9) Hypertension, uncontrolled

Uncontrolled hypertension may refer to untreated hypertension or hypertension not responding to current therapeutic regimen. In either case, assign the appropriate code from categories I10–I15, Hypertensive diseases.

##### 10) Hypertensive crisis

Assign a code from category I16, Hypertensive crisis, for documented hypertensive urgency, hypertensive emergency or unspecified hypertensive crisis. Code also any identified hypertensive disease (I10–I15). The sequencing is based on the reason for the encounter.

##### 11) Pulmonary hypertension

Pulmonary hypertension is classified to category I27, Other pulmonary heart diseases. For secondary pulmonary hypertension (I27.1, I27.2-), code also any associated conditions or adverse effects of drugs or toxins.

**J84.9 Interstitial pulmonary disease, unspecified** HCC  
Interstitial pneumonia NOS

### Suppurative and necrotic conditions of the lower respiratory tract (J85–J86)

**√4th J85 Abscess of lung and mediastinum**  
Use additional code (B95–B97) to identify infectious agent  
**CC Excl:** For MCC codes in category J85, unless otherwise noted: PDX collection 749

**J85.0 Gangrene and necrosis of lung** MCC HCC

**J85.1 Abscess of lung with pneumonia** MCC HCC  
Code also the type of pneumonia

**J85.2 Abscess of lung without pneumonia** MCC HCC  
Abscess of lung NOS

**J85.3 Abscess of mediastinum** MCC HCC  
**CC Excl:** PDX collection 750

**√4th J86 Pyothorax**  
Use additional code (B95–B97) to identify infectious agent  
**EXCLUDES 1** abscess of lung (J85.-)  
pyothorax due to tuberculosis (A15.6)

**DEF:** Collection of pus in the pleural space that is commonly caused by an infection that spreads from the lung, such as bacterial pneumonia or a lung abscess.

**J86.0 Pyothorax with fistula** MCC HCC SW  
Bronchocutaneous fistula  
Bronchopleural fistula  
Hepatopleural fistula  
Mediastinal fistula  
Pleural fistula  
Thoracic fistula

Any condition classifiable to J86.9 with fistula  
**DEF:** Purulent infection of the respiratory cavity, with communication from a cavity to another structure.  
**CC Excl:** PDX collection 751

**J86.9 Pyothorax without fistula** MCC HCC  
Abscess of pleura  
Abscess of thorax  
Empyema (chest) (lung) (pleura)  
Fibrinopurulent pleurisy  
Purulent pleurisy  
Pyopneumothorax  
Septic pleurisy  
Seropurulent pleurisy  
Suppurative pleurisy  
**CC Excl:** PDX collection 751

### Other diseases of the pleura (J90–J94)

**J90 Pleural effusion, not elsewhere classified** CC  
Encysted pleurisy  
Pleural effusion NOS  
Pleurisy with effusion (exudative) (serous)  
**EXCLUDES 1** chylous (pleural) effusion (J94.0)  
malignant pleural effusion (J91.0)  
pleurisy NOS (R09.1)  
tuberculous pleural effusion (A15.6)  
**DEF:** Collection of lymph and other fluid within the pleural space.  
**CC Excl:** PDX collection 752

**√4th J91 Pleural effusion in conditions classified elsewhere**  
**EXCLUDES 2** pleural effusion in heart failure (I50.-)  
pleural effusion in systemic lupus erythematosus (M32.13)  
**DEF:** Collection of lymph and other fluid within the pleural space.

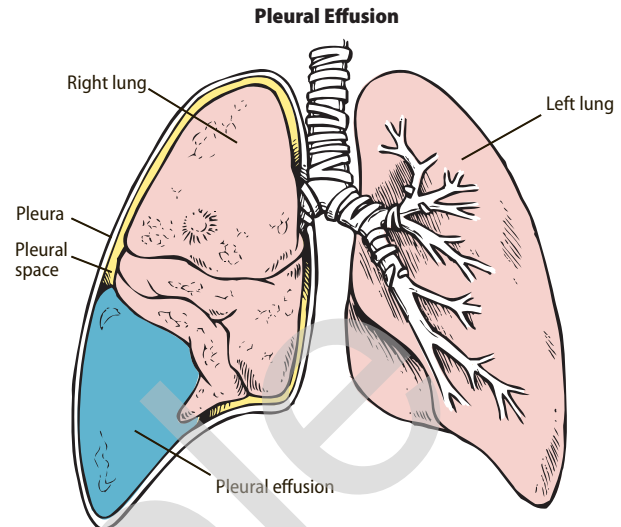
**J91.0 Malignant pleural effusion** CC  
Code first underlying neoplasm  
**CC Excl:** PDX collection 753

**J91.8 Pleural effusion in other conditions classified elsewhere** CC  
Code first underlying disease, such as:  
filariasis (B74.0–B74.9)  
influenza (J09.X2, J10.1, J11.1)

**AHA:** 2015,2Q,15

**TIP:** Assign this code as a secondary diagnosis to congestive heart failure (I50.-) only if pleural effusion is specifically evaluated or treated.

**CC Excl:** PDX collection 752



**√4th J92 Pleural plaque**  
**INCLUDES** pleural thickening  
**DEF:** Areas of fibrous thickening that form on the parietal or visceral pleura, the membranes that line the ribs and lungs.

**J92.0 Pleural plaque with presence of asbestos**

**J92.9 Pleural plaque without asbestos**  
Pleural plaque NOS

**√4th J93 Pneumothorax and air leak**  
**EXCLUDES 1** congenital or perinatal pneumothorax (P25.1)  
postprocedural air leak (J95.812)  
postprocedural pneumothorax (J95.811)  
pyopneumothorax (J86.-)  
traumatic pneumothorax (S27.0)  
tuberculous (current disease) pneumothorax (A15.-)

**DEF:** Pneumothorax: Lung displacement due to abnormal leakage of air or gas that is trapped in the pleural space formed by the membrane that encloses the lungs and lines the thoracic cavity.  
**CC Excl:** For CC/MCC codes in category J93: PDX collection 754

**J93.0 Spontaneous tension pneumothorax** MCC  
**DEF:** Leaking air from the lung into the lining, causing collapse.

**√5th J93.1 Other spontaneous pneumothorax**  
**J93.11 Primary spontaneous pneumothorax** CC  
**J93.12 Secondary spontaneous pneumothorax** CC

Code first underlying condition, such as:  
catamenial pneumothorax due to endometriosis (N80.8)  
cystic fibrosis (E84.-)  
eosinophilic pneumonia (J82)  
lymphangioleiomyomatosis (J84.81)  
malignant neoplasm of bronchus and lung (C34.-)  
Marfan's syndrome (Q87.4)  
pneumonia due to *Pneumocystis carinii* (B59)  
secondary malignant neoplasm of lung (C78.0-)  
spontaneous rupture of the esophagus (K22.3)

**√5th J93.8 Other pneumothorax and air leak**  
**J93.81 Chronic pneumothorax** CC  
**J93.82 Other air leak** CC  
Persistent air leak

✓6th	M86.67	Other chronic osteomyelitis, ankle and foot		M87.033	Idiopathic aseptic necrosis of unspecified radius	CC HCC
	M86.671	Other chronic osteomyelitis, right ankle and foot AHA: 2016,1Q,13	CC HCC	M87.034	Idiopathic aseptic necrosis of right ulna	CC HCC
	M86.672	Other chronic osteomyelitis, left ankle and foot	CC HCC	M87.035	Idiopathic aseptic necrosis of left ulna	CC HCC
	M86.679	Other chronic osteomyelitis, unspecified ankle and foot	CC HCC	M87.036	Idiopathic aseptic necrosis of unspecified ulna	CC HCC
	M86.68	Other chronic osteomyelitis, other site	CC HCC	M87.037	Idiopathic aseptic necrosis of right carpus	CC HCC
	M86.69	Other chronic osteomyelitis, multiple sites	CC HCC	M87.038	Idiopathic aseptic necrosis of left carpus	CC HCC
✓5th	M86.8	Other osteomyelitis Brodie's abscess CC Excl: For CC codes in subcategory M86.8, unless otherwise noted: PDX collection 881		M87.039	Idiopathic aseptic necrosis of unspecified carpus	CC HCC
✓6th	M86.8X	Other osteomyelitis		✓6th M87.04	Idiopathic aseptic necrosis of hand and fingers Idiopathic aseptic necrosis of metacarpals and phalanges of hands	
	M86.8X0	Other osteomyelitis, multiple sites	CC HCC	M87.041	Idiopathic aseptic necrosis of right hand	CC HCC
	M86.8X1	Other osteomyelitis, shoulder	CC HCC	M87.042	Idiopathic aseptic necrosis of left hand	CC HCC
	M86.8X2	Other osteomyelitis, upper arm	CC HCC	M87.043	Idiopathic aseptic necrosis of unspecified hand	CC HCC
	M86.8X3	Other osteomyelitis, forearm	CC HCC	M87.044	Idiopathic aseptic necrosis of right finger(s)	CC HCC
	M86.8X4	Other osteomyelitis, hand	CC HCC	M87.045	Idiopathic aseptic necrosis of left finger(s)	CC HCC
	M86.8X5	Other osteomyelitis, thigh	CC HCC	M87.046	Idiopathic aseptic necrosis of unspecified finger(s)	CC HCC
	M86.8X6	Other osteomyelitis, lower leg	CC HCC	✓6th M87.05	Idiopathic aseptic necrosis of pelvis and femur	
	M86.8X7	Other osteomyelitis, ankle and foot	CC HCC	M87.050	Idiopathic aseptic necrosis of pelvis	CC HCC
	M86.8X8	Other osteomyelitis, other site	CC HCC	M87.051	Idiopathic aseptic necrosis of right femur CC Excl: PDX collection 909	CC HCC
	M86.8X9	Other osteomyelitis, unspecified sites CC Excl: PDX collection 906	CC HCC	M87.052	Idiopathic aseptic necrosis of left femur CC Excl: PDX collection 909	CC HCC
	M86.9	Osteomyelitis, unspecified Infection of bone NOS Periostitis without osteomyelitis CC Excl: PDX collection 906	CC HCC	M87.059	Idiopathic aseptic necrosis of unspecified femur CC Excl: PDX collection 909	CC HCC
✓4th	M87	Osteonecrosis INCLUDES avascular necrosis of bone Use additional code to identify major osseous defect, if applicable (M89.7-) EXCLUDES juvenile osteonecrosis (M91-M92) osteochondropathies (M90-M93) CC Excl: For CC codes in category M87, unless otherwise noted: PDX collection 907		✓6th M87.06	Idiopathic aseptic necrosis of tibia and fibula	
✓5th	M87.0	Idiopathic aseptic necrosis of bone		M87.061	Idiopathic aseptic necrosis of right tibia	CC HCC
	M87.00	Idiopathic aseptic necrosis of unspecified bone	CC HCC	M87.062	Idiopathic aseptic necrosis of left tibia	CC HCC
✓6th	M87.01	Idiopathic aseptic necrosis of shoulder Idiopathic aseptic necrosis of clavicle and scapula CC Excl: For CC codes in subcategory M87.01: PDX collection 908		M87.063	Idiopathic aseptic necrosis of unspecified tibia	CC HCC
	M87.011	Idiopathic aseptic necrosis of right shoulder	CC HCC	M87.064	Idiopathic aseptic necrosis of right fibula	CC HCC
	M87.012	Idiopathic aseptic necrosis of left shoulder	CC HCC	M87.065	Idiopathic aseptic necrosis of left fibula	CC HCC
	M87.019	Idiopathic aseptic necrosis of unspecified shoulder	CC HCC	M87.066	Idiopathic aseptic necrosis of unspecified fibula	CC HCC
✓6th	M87.02	Idiopathic aseptic necrosis of humerus CC Excl: For CC codes in subcategory M87.02: PDX collection 908		✓6th M87.07	Idiopathic aseptic necrosis of ankle, foot and toes Idiopathic aseptic necrosis of metatarsus, tarsus, and phalanges of toes	
	M87.021	Idiopathic aseptic necrosis of right humerus	CC HCC	M87.071	Idiopathic aseptic necrosis of right ankle	CC HCC
	M87.022	Idiopathic aseptic necrosis of left humerus	CC HCC	M87.072	Idiopathic aseptic necrosis of left ankle	CC HCC
	M87.029	Idiopathic aseptic necrosis of unspecified humerus	CC HCC	M87.073	Idiopathic aseptic necrosis of unspecified ankle	CC HCC
✓6th	M87.03	Idiopathic aseptic necrosis of radius, ulna and carpus		M87.074	Idiopathic aseptic necrosis of right foot CC Excl: PDX collection 910	CC HCC
	M87.031	Idiopathic aseptic necrosis of right radius	CC HCC	M87.075	Idiopathic aseptic necrosis of left foot CC Excl: PDX collection 910	CC HCC
	M87.032	Idiopathic aseptic necrosis of left radius	CC HCC	M87.076	Idiopathic aseptic necrosis of unspecified foot CC Excl: PDX collection 910	CC HCC
				M87.077	Idiopathic aseptic necrosis of right toe(s)	CC HCC
				M87.078	Idiopathic aseptic necrosis of left toe(s)	CC HCC
				M87.079	Idiopathic aseptic necrosis of unspecified toe(s)	CC HCC
				M87.08	Idiopathic aseptic necrosis of bone, other site	CC HCC
				M87.09	Idiopathic aseptic necrosis of bone, multiple sites	CC HCC

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

Digestive System

