

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]

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

Hematoperitoneum — *see* Hemoperitoneum

See Also

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

Hematinuria — see also Hemaglobinuria malarial B5Ø.8

Default Codes

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

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 G44.031 not intractable G44.031 not intractable G44.031 not intractable G44.039 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 W2Ø.1 ✓

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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:

```
H55 Nystagmus and other irregular eye movements
H55.0 Nystagmus
H55.00 Unspecified nystagmus
H55.01 Congenital nystagmus
H55.02 Latent nystagmus
H55.03 Visual deprivation nystagmus
H55.04 Dissociated nystagmus
H55.09 Other forms of nystagmus
```

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

```
H40.22 Chronic angle-closure glaucoma
Chronic primary angle-closure glaucoma
The H40.221 Chronic angle-closure glaucoma, right eye
H40.222 Chronic angle-closure glaucoma, left eye
H40.223 Chronic angle-closure glaucoma, bilateral
H40.229 Chronic angle-closure glaucoma, unspecified eye
```

Tabular Notations

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

Official Notations

Includes Notes

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

Inclusion Terms

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

Excludes Notes

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

Excludes 1

An Excludes 1 note is a "pure" excludes. It means "NOT CODED HERE!" An Excludes 1 note indicates mutually exclusive codes: two conditions that cannot be reported together. An Excludes 1 note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note. An Excludes 1 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.

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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 AØØ.Ø-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 RØØ.—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 ZØØ–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.

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| Admission — continued | Admission — continued | Aftercare — continued |
|---|--|--|
| fitting — continued | vision examination — continued | following surgery — continued |
| device — continued | following failed vision screening ZØ1.Ø2Ø | organ transplant — continued |
| prosthetic — <i>continued</i> dental Z46.3 | with abnormal findings ZØ1.Ø21 | kidney Z48.22 liver Z48.23 |
| eye Z44.2 ✓ | infant or child (over 28 days old) ZØØ.129 with abnormal findings ZØØ.121 | lung Z48.24 |
| substitution | waiting period for admission to other facility Z75.1 | multiple organs NEC Z48.288 |
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| routine follow-up Z39.2 | Aerogenes capsulatus infection A48.0 | Agammaglobulinemia (acquired (secondary) (nonfamil- |
| poststorilization (for rostoration) 731 @ | Aerogenies capsulatus infection A40.0 | ial) D8Ø 1 |
| poststerilization (for restoration) Z31.Ø | Aero-otitis media T7Ø.Ø ☑ | ial) D8Ø.1 with |
| aftercare Z31.42 | Aero-otitis media T70.0 Aerophagy, aerophagia (psychogenic) F45.8 | |
| | Aero-otitis media T70.0 ✓ Aerophagy, aerophagia (psychogenic) F45.8 Aerophobia F40.228 | with immunoglobulin-bearing B-lymphocytes D80.1 lymphopenia D81.9 |
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Sodium ICD-10-CM 2021

| | (E | | | þ | | | | - E | = | | 7 0 | | |
|---|---|---------------------------------------|-----------------------|----------------------------|--------------------|--------------------|---|---|---------------------------------------|-----------------------|----------------------------|--------------------|--------------------|
| | Poisoning, Accidental (unintentional) | ing, onal rm | ng, | Poisoning, Undetermined | a | | | Poisoning, Accidental (unintentional) | ing, onal | ng, | Poisoning, Undetermined | a | |
| | Poisoning, Accidental (unintentio | Poisoning, Intentiona Self-harm | Poisoning, Assault | Poisoning, Undetermi | Adverse Effect | Under- dosing | | Poisoning, Accidental (unintentio | Poisoning, Intentiona Self-harm | Poisoning, Assault | Poisoning, Undetermi | Adverse Effect | Under- dosing |
| Substance | Poi Acc (un) | Poi Inte Seli | Poi Ass | Poi L | Ady | o Pos | Substance | Poi Acc (un) | Poi Inte | Poi Ass | Poi | Advers Effect | <u> </u> |
| Sodium — continued | T50 21/4 | T50 21/2 | T50 21/2 | T=0.0V4 | T=0.0V= | TEG 23/6 | Sporostacin | T49.ØX1 | T49.ØX2 | T49.ØX3 | T49.ØX4 | T49.ØX5 | T49.ØX6 |
| salt NEC selenate | T5Ø.3X1 T6Ø.2X1 | T5Ø.3X2 T6Ø.2X2 | T5Ø.3X3 T6Ø.2X3 | T5Ø.3X4 T6Ø.2X4 | T5Ø.3X5 | T5Ø.3X6 | Spray (aerosol) cosmetic | T65.91 T65.891 | T65.92 T65.892 | T65.93 T65.893 | T65.94 T65.894 | | |
| stibogluconate | T37.3X1 | T37.3X2 | T37.3X3 | T37.3X4 | T37.3X5 | T37.3X6 | medicinal NEC | T50.901 | T50.902 | T50.903 | T50.904 | T50.905 | T5Ø.9Ø6 |
| sulfate | T47.4X1 | T47.4X2 | T47.4X3 | T47.4X4 | T47.4X5 | T47.4X6 | pesticides — see Pesticides | | | | | | |
| sulfoxone | T37.1X1 | T37.1X2 | T37.1X3 | T37.1X4 | T37.1X5 | T37.1X6 | specified content — see specific | | | | | | |
| tetradecyl sulfate thiopental | T46.8X1 T41.1X1 | T46.8X2 T41.1X2 | T46.8X3 T41.1X3 | T46.8X4 T41.1X4 | T46.8X5 T41.1X5 | T46.8X6 T41.1X6 | substance Spurge flax | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | _ | _ |
| thiosalicylate | T39.Ø91 | T39.092 | T39.Ø93 | T39.Ø94 | T39.095 | T39.096 | Spurges | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | _ | _ |
| thiosulfate | T5Ø.6X1 | T5Ø.6X2 | T5Ø.6X3 | T5Ø.6X4 | T5Ø.6X5 | T5Ø.6X6 | Sputum viscosity-lowering | T48.4X1 | T48.4X2 | T48.4X3 | T48.4X4 | T48.4X5 | T48.4X6 |
| tolbutamide | T38.3X1 | T38.3X2 | T38.3X3 | T38.3X4 | T38.3X5 | T38.3X6 | drug | | | | | | |
| (L)-triiodothyronine tyropanoate | T38.1X1 T5Ø.8X1 | T38.1X2 T5Ø.8X2 | T38.1X3 T5Ø.8X3 | T38.1X4 T5Ø.8X4 | T38.1X5 T5Ø.8X5 | T38.1X6 T5Ø.8X6 | Squill rat poison | T46.ØX1 T6Ø.4X1 | T46.ØX2 T6Ø.4X2 | T46.0X3 T60.4X3 | T46.ØX4 T6Ø.4X4 | T46.ØX5 | T46.ØX6 |
| valproate | T42.6X1 | T42.6X2 | T42.6X3 | T42.6X4 | T42.6X5 | T42.6X6 | Squirting cucumber | T47.2X1 | T47.2X2 | T47.2X3 | T47.2X4 | T47.2X5 | T47.2X6 |
| versenate | T5Ø.6X1 | T5Ø.6X2 | T5Ø.6X3 | T5Ø.6X4 | T5Ø.6X5 | T5Ø.6X6 | (cathartic) | | | | | | |
| Sodium-free salt | T50.901 | T50.902 | T50.903 | T50.904 | T50.905 | T50.906 | Stains | T65.6X1 | T65.6X2 | T65.6X3 | T65.6X4 | — T40.7VF | — T40.7V6 |
| Sodium-removing resin Soft soap | T5Ø.3X1 T55.ØX1 | T5Ø.3X2 T55.ØX2 | T5Ø.3X3 T55.ØX3 | T5Ø.3X4 T55.ØX4 | T5Ø.3X5 | T5Ø.3X6 | Stannous fluoride Stanolone | T49.7X1 T38.7X1 | T49.7X2 T38.7X2 | T49.7X3 T38.7X3 | T49.7X4 T38.7X4 | T49.7X5 T38.7X5 | T49.7X6 T38.7X6 |
| Solanine | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | _ | _ | Stanozolol | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| berries | T62.1X1 | T62.1X2 | T62.1X3 | T62.1X4 | _ | _ | Staphisagria or stavesacre | T49.ØX1 | T49.ØX2 | T49.ØX3 | T49.ØX4 | T49.ØX5 | T49.ØX6 |
| Solanum dulcamara | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | _ | _ | (pediculicide) | TF0.001 | TEG 000 | TEG 002 | T50.004 | T50.005 | T50.006 |
| berries Solapsone | T62.1X1 T37.1X1 | T62.1X2 T37.1X2 | T62.1X3 T37.1X3 | T62.1X4 T37.1X4 | — T37.1X5 | — T37.1X6 | Starch Stelazine | T5Ø.9Ø1 T43.3X1 | T5Ø.9Ø2 T43.3X2 | T50.903 T43.3X3 | T5Ø.9Ø4 T43.3X4 | T5Ø.9Ø5 T43.3X5 | T50.906 T43.3X6 |
| Solar lotion | T49.3X1 | T49.3X2 | T49.3X3 | T49.3X4 | T49.3X5 | T49.3X6 | Stemetil | T43.3X1 | T43.3X2 | T43.3X3 | T43.3X4 | T43.3X5 | T43.3X6 |
| Solasulfone | T37.1X1 | T37.1X2 | T37.1X3 | T37.1X4 | T37.1X5 | T37.1X6 | Stepronin | T48.4X1 | T48.4X2 | T48.4X3 | T48.4X4 | T48.4X5 | T48.4X6 |
| Soldering fluid | T65.891 | T65.892 | T65.893 | T65.894 | _ | _ | Sterculia | T47.4X1 | T47.4X2 | T47.4X3 | T47.4X4 | T47.4X5 | T47.4X6 |
| Solid substance specified NEC | T65.91 T65.891 | T65.92 T65.892 | T65.93 T65.893 | T65.94 T65.894 | _ | _ | Sternutator gas Steroid | T59.891 T38.ØX1 | T59.892 T38.ØX2 | T59.893 T38.ØX3 | T59.894 T38.ØX4 | — T38.ØX5 | — T38.ØX6 |
| Solvent, industrial NEC | T52.91 | T52.92 | T52.93 | T52.94 | _ | _ | anabolic | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| naphtha | T52.ØX1 | T52.ØX2 | T52.ØX3 | T52.ØX4 | _ | _ | androgenic | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| petroleum | T52.ØX1 | T52.ØX2 | T52.ØX3 | T52.ØX4 | _ | _ | antineoplastic, hormone | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| specified NEC Soma | T52.8X1 T42.8X1 | T52.8X2 T42.8X2 | T52.8X3 T42.8X3 | T52.8X4 T42.8X4 | T42.8X5 | T42.8X6 | estrogen ENT agent | T38.5X1 T49.6X1 | T38.5X2 T49.6X2 | T38.5X3 T49.6X3 | T38.5X4 T49.6X4 | T38.5X5 T49.6X5 | T38.5X6 T49.6X6 |
| Somatorelin | T38.891 | T38.892 | T38.893 | T38.894 | T38.895 | T38.896 | ophthalmic preparation | T49.5X1 | T49.5X2 | T49.5X3 | T49.5X4 | T49.5X5 | T49.5X6 |
| Somatostatin | T38.991 | T38.992 | T38.993 | T38.994 | T38.995 | T38.996 | topical NEC | T49.ØX1 | T49.ØX2 | T49.ØX3 | T49.ØX4 | T49.ØX5 | T49.ØX6 |
| Somatotropin | T38.811 | T38.812 | T38.813 | T38.814 | T38.815 | T38.816 | Stibine | T56.891 | T56.892 | T56.893 | T56.894 | — T27.2V5 | — T27.2V6 |
| Somatrem Somatropin | T38.811 T38.811 | T38.812 T38.812 | T38.813 T38.813 | T38.814 T38.814 | T38.815 T38.815 | T38.816 T38.816 | Stibogluconate Stibophen | T37.3X1 T37.4X1 | T37.3X2 | T37.3X3 T37.4X3 | T37.3X4 T37.4X4 | T37.3X5 T37.4X5 | T37.3X6 T37.4X6 |
| Sominex | T45.ØX1 | T45.ØX2 | T45.ØX3 | T45.ØX4 | T45.ØX5 | T45.0X6 | Stilbamidine (isetionate) | T37.3X1 | T37.3X2 | T37.3X3 | T37.3X4 | T37.3X5 | T37.3X6 |
| Somnos | T42.6X1 | T42.6X2 | T42.6X3 | T42.6X4 | T42.6X5 | T42.6X6 | Stilbestrol | T38.5X1 | T38.5X2 | T38.5X3 | T38.5X4 | T38.5X5 | T38.5X6 |
| Somonal | T42.3X1 | T42.3X2 | T42.3X3 | T42.3X4 | T42.3X5 | T42.3X6 | Stilboestrol | T38.5X1 | T38.5X2 | T38.5X3 | T38.5X4 | T38.5X5 | T38.5X6 |
| Soneryl Soothing syrup | T42.3X1 T50.901 | T42.3X2 T50.902 | T42.3X3 T50.903 | T42.3X4 T50.904 | T42.3X5 T50.905 | T42.3X6 T50.906 | Stimulant central nervous system — see | T43.6Ø1 | T43.602 | T43.603 | T43.604 | T43.605 | T43.6Ø6 |
| Sopor | T42.6X1 | T42.6X2 | T42.6X3 | T42.6X4 | T42.6X5 | T42.6X6 | also Psychostimulant | 145.001 | 143.002 | 143.003 | 143.004 | 143.003 | 145.000 |
| Soporific | T42.71 | T42.72 | T42.73 | T42.74 | T42.75 | T42.76 | analeptics | T5Ø.7X1 | T5Ø.7X2 | T5Ø.7X3 | T5Ø.7X4 | T5Ø.7X5 | T5Ø.7X6 |
| Soporific drug | T42.71 | T42.72 | T42.73 | T42.74 | T42.75 | T42.76 | opiate antagonist | T50.7X1 | T50.7X2 | T50.7X3 | T50.7X4 | T50.7X5 | T5Ø.7X6 |
| specified type NEC Sorbide nitrate | T42.6X1 T46.3X1 | T42.6X2 T46.3X2 | T42.6X3 T46.3X3 | T42.6X4 T46.3X4 | T42.6X5 | T42.6X6 T46.3X6 | psychotherapeutic NEC — see also Psychotherapeutic | T43.6Ø1 | T43.602 | T43.603 | T43.604 | T43.605 | T43.6Ø6 |
| Sorbitol | T47.4X1 | T47.4X2 | T47.4X3 | T47.4X4 | T47.4X5 | T47.4X6 | drug | | | | | | |
| Sotalol | T44.7X1 | T44.7X2 | T44.7X3 | T44.7X4 | T44.7X5 | T44.7X6 | specified NEC | T43.691 | T43.692 | T43.693 | T43.694 | T43.695 | T43.696 |
| Sotradecol | T46.8X1 | T46,8X2 | T46.8X3 | T46.8X4 | T46.8X5 | T46.8X6 | respiratory | T48.9Ø1 | T48.902 | T48.903 | T48.904 | T48.905 | T48.906 |
| Soysterol Spacoline | T46.6X1 T44.3X1 | T46.6X2 T44.3X2 | T46.6X3 T44.3X3 | T46.6X4 T44.3X4 | T46.6X5 T44.3X5 | T46.6X6 T44.3X6 | Stone-dissolving drug Storage battery (cells) | T5Ø.9Ø1 T54.2X1 | T50.902 T54.2X2 | T50.903 T54.2X3 | T50.904 T54.2X4 | T5Ø.9Ø5 | T5Ø.9Ø6 |
| Spanish fly | T49.8X1 | T49.8X2 | T49.8X3 | T49.8X4 | T49.8X5 | T49.8X6 | (acid) | 134.271 | 134.272 | 134.273 | 134.274 | | |
| Sparine | T43.3X1 | T43.3X2 | T43.3X3 | T43.3X4 | T43.3X5 | T43.3X6 | Stovaine | T41.3X1 | T41.3X2 | | T41.3X4 | T41.3X5 | T41.3X6 |
| Sparteine | T48.ØX1 | T48.ØX2 | T48.ØX3 | T48.ØX4 | T48.ØX5 | T48.ØX6 | infiltration (subcutaneous) | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| Spasmolytic anticholinergics | T44.3X1 | T44.3X2 | T44.3X3 | T44.3X4 | T44.3X5 | T44.3X6 | nerve block (peripheral) (plexus) | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| autonomic | T44.3X1 | T44.3X2 | T44.3X3 | T44.3X4 | T44.3X5 | T44.3X6 | spinal | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| bronchial NEC | T48.6X1 | T48.6X2 | T48.6X3 | T48.6X4 | T48.6X5 | T48.6X6 | topical (surface) | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| quaternary ammonium | T44.3X1 | T44.3X2 | T44.3X3 | T44.3X4 | T44.3X5 | T44.3X6 | Stovarsal | T37.8X1 | T37.8X2 | T37.8X3 | T37.8X4 | T37.8X5 | T37.8X6 |
| skeletal muscle NEC Spectinomycin | T48.1X1 T36.5X1 | T48.1X2 T36.5X2 | T48.1X3 T36.5X3 | T48.1X4 T36.5X4 | T48.1X5 T36.5X5 | T48.1X6 T36.5X6 | Stove gas — see Gas, stove Stoxil | T49.5X1 | T49.5X2 | T49.5X3 | T49.5X4 | T49.5X5 | T49.5X6 |
| Speed | T43.621 | T43.622 | T43.623 | T43.624 | T43.625 | T43.626 | Stramonium | T48.6X1 | T48.6X2 | T48.6X3 | T48.6X4 | T48.6X5 | T48.6X6 |
| Spermicide | T49.8X1 | T49.8X2 | T49.8X3 | T49.8X4 | T49.8X5 | T49.8X6 | natural state | T62.2X1 | | T62.2X3 | T62.2X4 | | |
| Spider (bite) (venom) | T63.391 | T63.392 | T63.393 | T63.394 | T50 715 | — T5Ø 716 | Streptodornase | T45.3X1 | ! | T45.3X3 | T45.3X4 | T45.3X5 | T45.3X6 |
| antivenin Spigelia (root) | T5Ø.Z11 T37.4X1 | T5Ø.Z12 T37.4X2 | T5Ø.Z13 T37.4X3 | T5Ø.Z14 T37.4X4 | T5Ø.Z15 T37.4X5 | T5Ø.Z16 T37.4X6 | Streptoduocin Streptokinase | T36.5X1 T45.611 | T36.5X2 T45.612 | T36.5X3 T45.613 | T36.5X4 T45.614 | T36.5X5 T45.615 | T36.5X6 T45.616 |
| Spindle inactivator | T5Ø.4X1 | T5Ø.4X2 | T5Ø.4X3 | T5Ø.4X4 | T50.4X5 | T5Ø.4X6 | Streptomycin (derivative) | T36.5X1 | | T36.5X3 | T36.5X4 | T36.5X5 | T36.5X6 |
| Spiperone Spiperone | T43.4X1 | T43.4X2 | T43.4X3 | T43.4X4 | T43.4X5 | T43.4X6 | Streptonivicin | T36.5X1 | T36.5X2 | T36.5X3 | T36.5X4 | T36.5X5 | T36.5X6 |
| Spiramycin Spirangil | T36.3X1 | T36.3X2 | T36.3X3 | T36.3X4 | T36.3X5 | T36.3X6 | Streptovarycin | T36.5X1 | | T36.5X3 | T36.5X4 | T36.5X5 | T36.5X6 |
| Spirapril Spirilene | T46.4X1 T43.591 | T46.4X2 T43.592 | T46.4X3 T43.593 | T46.4X4 T43.594 | T46.4X5 T43.595 | T46.4X6 T43.596 | Streptozocin Streptozotocin | T45.1X1 T45.1X1 | T45.1X2 | T45.1X3 T45.1X3 | T45.1X4 T45.1X4 | T45.1X5 T45.1X5 | T45.1X6 |
| Spirit(s) (neutral) NEC | T51.ØX1 | T51.ØX2 | T51.ØX3 | T51.ØX4 | — | — | Stripper (paint) (solvent) | T52.8X1 | | T52.8X3 | T52.8X4 | — | |
| beverage | T51.ØX1 | T51.ØX2 | T51.ØX3 | T51.ØX4 | _ | _ | Strobane | T6Ø.1X1 | T6Ø.1X2 | T6Ø.1X3 | T6Ø.1X4 | | |
| industrial | T51.ØX1 | T51.ØX2 | T51.ØX3 | T51.ØX4 | _ | _ | Strofantina | T46.ØX1 | T46.ØX2 | T46.ØX3 | T46.0X4 | T46.ØX5 | T46.0X6 |
| mineral of salt — <i>see</i> Hydrochloric acid | T52.ØX1 | T52.ØX2 | T52.ØX3 | T52.ØX4 | _ | _ | Strophanthin (g) (k) Strophanthus | T46.ØX1 T46.ØX1 | T46.ØX2 | T46.0X3 | T46.0X4 T46.0X4 | T46.ØX5 | T46.0X6 T46.0X6 |
| surgical | T51.ØX1 | T51.ØX2 | T51.ØX3 | T51.ØX4 | _ | _ | Strophantin | T46.ØX1 | T46.ØX2 | T46.ØX3 | T46.ØX4 | T46.ØX5 | T46.0X6 |
| Spironolactone | T5Ø.ØX1 | T5Ø.ØX2 | T5Ø.ØX3 | T5Ø.ØX4 | T5Ø.ØX5 | T5Ø.ØX6 | Strophantin-g | T46.ØX1 | T46.ØX2 | T46.ØX3 | T46.ØX4 | T46.ØX5 | T46.ØX6 |
| Spiroperidol | T43.4X1 | T43.4X2 | T43.4X3 | T43.4X4 | T43.4X5 | T43.4X6 | Strychnine (nonmedicinal) | T65.1X1 | T65.1X2 | T65.1X3 | T65.1X4 | - | - |
| Sponge, absorbable (gelatin) | T45.7X1 | T45.7X2 | T45.7X3 | T45.7X4 | T45.7X5 | T45.7X6 | (pesticide) (salts) medicinal | T48.291 | T48.292 | T48.293 | T48.294 | T48.295 | T48.296 |
| G9 | • | 1 1 | ' ' | | • | ' | | | | | | | |
| | | | | | | | | | | | | | |

Chapter 9. Diseases of the Circulatory System (IØØ-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 (150.-, 151.4-151.7, 151.89, 151.9) 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.Ø Hypertensive heart disease with heart failure

150.1 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 (150.-) 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 l12 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.Ø Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

150.9 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 160-169, followed by the appropriate hypertension code.

Rupture of cerebral aneurysm caused by malignant hypertension

160.7 Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery

I10 Essential (primary) hypertension

Explanation: Hypertensive cerebrovascular disease requires two codes: the appropriate 160–169 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 110-115, 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 115 to identify the hypertension. Sequencing of codes is determined by the reason for admission/encounter.

Renovascular hypertension due to renal artery atherosclerosis

115.Ø Renovascular hypertension

170.1 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 RØ3.Ø, 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 127, Other pulmonary heart diseases. For secondary pulmonary hypertension (127.1, 127.2-), code also any associated conditions or adverse effects of drugs or toxins.

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elsewhere

J91.8 Pleural effusion in other conditions classified

Chapter 10. Diseases of the Respiratory System

Interstitial pneumonia NOS Suppurative and necrotic conditions of the lower respiratory tract (J85-J86) 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 J85.Ø Gangrene and necrosis of lung J85.1 Abscess of lung with pneumonia MCC HCC Code also the type of pneumonia J85.2 Abscess of lung without pneumonia Abscess of lung NOS J85.3 Abscess of mediastinum CC Excl: PDX collection 750 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.Ø Pyothorax with fistula 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) J9Ø 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 (RØ9.1) tuberculous pleural effusion (A15.6) **DEF:** Collection of lymph and other fluid within the pleural space. CC Excl: PDX collection 752 J91 Pleural effusion in conditions classified elsewhere **EXCLUDES 2** pleural effusion in heart failure (150.-) pleural effusion in systemic lupus erythematosus (M32.13) **DEF:** Collection of lymph and other fluid within the pleural space. J91.Ø Malignant pleural effusion CC Code first underlying neoplasm CC Excl: PDX collection 753

J84.9 Interstitial pulmonary disease, unspecified

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Code first underlying disease, such as:
                     filariasis (B74.Ø-B74.9)
                     influenza (JØ9.X2, J1Ø.1, J11.1)
                   AHA: 2015,2Q,15
                   TIP: Assign this code as a secondary diagnosis to congestive heart
                   failure (150.-) only if pleural effusion is specifically evaluated or
                   CC Excl: PDX collection 752
                               Pleural Effusion
        Right lung
                                                                  Left lung
  Pleura
 Pleural
 space
                          Pleural effusion

√4 J92 Pleural plaque

                       pleural thickening
           DEF: Areas of fibrous thickening that form on the parietal or visceral pleura,
           the membranes that line the ribs and lungs.
          J92.Ø Pleural plaque with presence of asbestos
          J92.9 Pleural plaque without asbestos
                   Pleural plaque NOS
    J93 Pneumothorax and air leak
                       congenital or perinatal pneumothorax (P25.1)
                       postprocedural air leak (J95.812)
                       postprocedural pneumothorax (J95.811)
                       pyopneumothorax (J86.-)
                       traumatic pneumothorax (S27.Ø)
                       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.Ø Spontaneous tension pneumothorax
                   DEF: Leaking air from the lung into the lining, causing collapse.
     J93.1 Other spontaneous pneumothorax
                 J93.11 Primary spontaneous pneumothorax
                                                                           CC
                          Secondary spontaneous
                                                                           CC
                           pneumothorax
                             Code first underlying condition, such as:
                               catamenial pneumothorax due to endometriosis
                                   (N8Ø.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.Ø-)
                              spontaneous rupture of the esophagus (K22.3)
     J93.8 Other pneumothorax and air leak
                 J93.81 Chronic pneumothorax
                                                                           CC
                 J93.82 Other air leak
                                                                           CC
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Newborn: 0 Pediatric: 0-17

Maternity: 9-64

Adult: 15-124

Major Complication/Comorbidity

Complication/Comorbidity

Persistent air leak

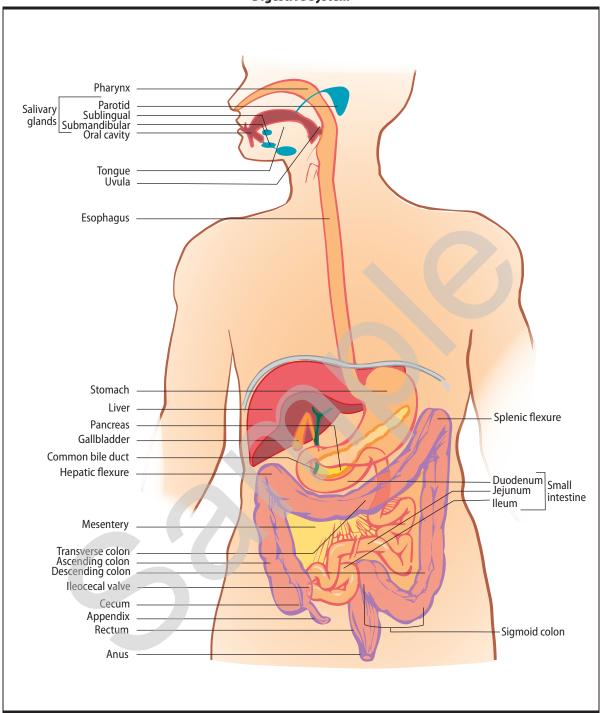
Severe Wound Dx ICD-10-CM 2021

| 11100:07 III | 0 | | | chapter 15. Discuses of t | inc mascalosi | keretai System and | Connect | 1100 113340 | | 10 CM 2021 |
|------------------------|------------------|------------------------|--|--|--------------------|--------------------|---------|-----------------------|---|-----------------|
| | $\sqrt{6}^{th}$ | M86.67 | Other ch | ronic osteomyelitis, ankle and | d foot | | | M87.Ø33 | Idiopathic aseptic necrosis | CC HCC |
| | | | M86.671 | Other chronic osteomyelitis, right ankle and foot | CC HCC | | | M87.Ø34 | of unspecified radius Idiopathic aseptic necrosis of right ulna | СС НСС |
| | | | | AHA: 2016,1Q,13 | | | | M87.Ø35 | Idiopathic aseptic necrosis of left ulna | CC HCC |
| | | | M86.672 | Other chronic osteomyelitis, left ankle | CC HCC | | | M87.Ø36 | Idiopathic aseptic necrosis of unspecified ulna | CC HCC |
| | | | M86.679 | and foot Other chronic | CC HCC | | | M87.Ø37 | Idiopathic aseptic necrosis of right carpus | CC HCC |
| | | M06 60 | Oth an ab | osteomyelitis, unspecified ankle and foot | | | | M87.Ø38 | Idiopathic aseptic necrosis of left carpus | CC HCC |
| | | | site | ronic osteomyelitis, other | CC HCC | | | M87.Ø39 | Idiopathic aseptic necrosis of unspecified carpus | CC HCC |
| | | M86.69 | otner cn multiple | ronic osteomyelitis, sites | CC HCC | √6 th | M87.Ø4 | Idiopathi | c aseptic necrosis of hand ar | nd fingers |
| $\sqrt{5}^{\text{th}}$ | M86.8 | Other os | teomyeli | tis | | | | • | nic aseptic necrosis of metacar | pals and |
| | | CC Excl | 's abscess I: For CC co PDX collec | des in subcategory M86.8, unle | ess otherwise | | | | alanges of hands Idiopathic aseptic necrosis of right hand | СС НСС |
| | √6th | | | teomyelitis | | | | M87.Ø42 | Idiopathic aseptic necrosis | CC HCC |
| | | | | Other osteomyelitis, | CC HCC | | | M87.Ø43 | of left hand Idiopathic aseptic necrosis | CC HCC |
| | | | M86.8X1 | multiple sites Other osteomyelitis, | CC HCC | | | M87 Ø44 | of unspecified hand Idiopathic aseptic necrosis | CC HCC |
| | | | MQ6 QV2 | shoulder Other osteomyelitis, | | | | | of right finger(s) | <u> </u> |
| | | | | upper arm | CC HCC | | | M87.045 | Idiopathic aseptic necrosis of left finger(s) | CC HCC |
| | | | M86.8X3 | Other osteomyelitis, forearm | CC HCC | | | M87.Ø46 | Idiopathic aseptic necrosis of unspecified finger(s) | CC HCC |
| | | | M86.8X4 | Other osteomyelitis, hand | CC HCC | √6 th | M87.Ø5 | Idiopathi | c aseptic necrosis of pelvis a | nd femur |
| | | | M86.8X5 | Other osteomyelitis, thigh | CC HCC | | | M87.Ø5Ø | Idiopathic aseptic necrosis | CC HCC |
| | | | M86.8X6 | Other osteomyelitis, lower leg | CC HCC | | | Moz get | of pelvis Idiopathic aseptic necrosis | |
| | | | M86.8X7 | Other osteomyelitis, ankle and foot | СС НСС | | | WIO7.951 | of right femur CC Excl: PDX collection 909 | CC HCC |
| | | | | Other osteomyelitis, other site | CC HCC | | | M87.Ø52 | Idiopathic aseptic necrosis of left femur | CC HCC |
| | | | M86.8X9 | Other osteomyelitis, unspecified sites | CC HCC | | | M87.Ø59 | CC Excl: PDX collection 909 Idiopathic aseptic necrosis | CC HCC |
| | M86.9 | Osteomy | yelitis, un | CC Excl: PDX collection 906 specified | CC HCC | | | | of unspecified femur CC Excl: PDX collection 909 | |
| | | | on of bone | • | | √6 th | M87.06 | Idiopathi | c aseptic necrosis of tibia an | d fibula |
| | | Periost | | ıt osteomyelitis | | | | M87.Ø61 | Idiopathic aseptic necrosis of right tibia | CC HCC |
| √4 th M87 | | necrosis | | | | | | M87.Ø62 | Idiopathic aseptic necrosis of left tibia | CC HCC |
| | Use a | | | crosis of bone entify major osseous defect, if a | pplicable | | | M87.Ø63 | Idiopathic aseptic necrosis of unspecified tibia | CC HCC |
| | | (M89.7-) IDES 1 juv | venile osted | onecrosis (M91-M92) | | | | M87.Ø64 | Idiopathic aseptic necrosis of right fibula | CC HCC |
| | CC E | | | opathies (M90-M93) category M87, unless otherwis | e noted: PDX | | | M87.Ø65 | Idiopathic aseptic necrosis of left fibula | CC HCC |
| | colle | ction 907 | | | | | | M87.Ø66 | Idiopathic aseptic necrosis of unspecified fibula | CC HCC |
| √ 9 | | • | • | necrosis of bone | | √6 th | M87.Ø7 | Idiopathi | c aseptic necrosis of ankle, f | oot and toes |
| | | | unspecif | | CC HCC | | | • | nic aseptic necrosis of metatars alanges of toes | us, tarsus, and |
| | √6 th | M87.Ø1 | • | ic aseptic necrosis of shoulde hic aseptic necrosis of clavicle a | | | | | Idiopathic aseptic necrosis of right ankle | CC HCC |
| | | | CC Excl | : For CC codes in subcategory I on 908 | M87.Ø1: PDX | | | M87.Ø72 | Idiopathic aseptic necrosis of left ankle | CC HCC |
| | | | M87.Ø11 | Idiopathic aseptic necrosis of right shoulder | CC HCC | | | M87.Ø73 | Idiopathic aseptic necrosis of unspecified ankle | CC HCC |
| | | | | Idiopathic aseptic necrosis of left shoulder | CC HCC | | | M87.Ø74 | Idiopathic aseptic necrosis of right foot | CC HCC |
| | | | | Idiopathic aseptic necrosis of unspecified shoulder | CC HCC | | | M87.Ø75 | CC Excl: PDX collection 910 Idiopathic aseptic necrosis | CC HCC |
| | √6 th | M87.Ø2 | | ic aseptic necrosis of humeru : For CC codes in subcategory I | | | | | of left foot CC Excl: PDX collection 910 | |
| | | | collection | | cc Hcc | | | M87.Ø76 | Idiopathic aseptic necrosis of unspecified foot | CC HCC |
| | | | | of right humerus Idiopathic aseptic necrosis | | | | M87.Ø77 | CC Excl: PDX collection 910 Idiopathic aseptic necrosis | CC HCC |
| | | | | of left humerus | CC HCC | | | M87.Ø78 | of right toe(s) Idiopathic aseptic necrosis | CC HCC |
| | | | M87.Ø29 | Idiopathic aseptic necrosis of unspecified humerus | CC HCC | | | | of left toe(s) Idiopathic aseptic necrosis | <u> </u> |
| | √6 th | M87.Ø3 | Idiopath carpus | ic aseptic necrosis of radius, u | ulna and | | | | of unspecified toe(s) | CC HCC |
| | | | | Idiopathic aseptic necrosis of right radius | CC HCC | | M87.Ø8 | other site | | CC HCC |
| | | | M87.Ø32 | Idiopathic aseptic necrosis of left radius | CC HCC | | M87.Ø9 | Idiopathi multiple | c aseptic necrosis of bone, sites | CC HCC |
| | | | . 17 | | 124 NCC M | | | CC Com | uliantian (Camandaidh) | |

ICD-10-CM 2021 Illustrations

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

Digestive System



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