

ICD-10-CM Expert for Hospitals

The complete official guidelines and code set
Codes valid from October 1, 2025
through September 30, 2026

SAMPLE

Contents

How to Use ICD-10-CM Expert for Hospitals 2026	iii	Chapter 12. Diseases of the Skin and Subcutaneous Tissue (L00–L99)	747
Introduction	iii	Chapter 13. Diseases of the Musculoskeletal System and Connective Tissue (M00–M99)	769
What’s New for 2026	iii	Chapter 14. Diseases of Genitourinary System (N00–N99).....	857
Conversion Table	iii	Chapter 15. Pregnancy, Childbirth, and the Puerperium (O00–O9A)	879
10 Steps to Correct Coding	iii	Chapter 16. Certain Conditions Originating in the Perinatal Period (P00–P96)	919
Official ICD-10-CM Guidelines for Coding and Reporting	iii	Chapter 17. Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00–Q99)	933
Indexes	iii	Chapter 18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00–R99)	955
Index to Diseases and Injuries	iii	Chapter 19. Injury, Poisoning, and Certain Other Consequences of External Causes (S00–T88)	977
Neoplasm Table	iii	Chapter 20. External Causes of Morbidity (V00–Y99)	1193
Table of Drugs and Chemicals	iii	Chapter 21. Factors Influencing Health Status and Contact with Health Services (Z00–Z99)	1259
External Causes Index	iv	Chapter 22. Codes for Special Purposes (U00–U85).....	1299
Index Notations	iv	Appendixes	Appendixes–1
Tabular List of Diseases	v	Appendix A: Valid 3-character ICD-10-CM Codes.....	Appendixes–1
Code and Code Descriptions	v	Appendix B: Pharmacology List 2026.....	Appendixes–3
Tabular Notations	v	Appendix C: Z Codes for Long-Term Drug Use with Associated Drugs.....	Appendixes–18
Official Notations	v	Appendix D: Major Complication and Comorbidity (MCC) Code List.....	Appendixes–20
Optum Notations	vi	Appendix E: Complication and Comorbidity (CC) Code List	Appendixes–24
Icons	vi	Appendix F: Present on Admission (POA) Tutorial	Appendixes–38
Color Bars	vii	Appendix G: Hospital Acquired Conditions.....	Appendixes–41
Chapter-Level Notations	viii	Appendix H: Centers for Medicare & Medicaid Services Hierarchical Condition Categories (CMS-HCC).....	Appendixes–63
Appendixes	viii	Illustrations	Illustrations–1
Illustrations	viii	Chapter 3. Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50–D89)	Illustrations–1
What’s New for 2026	ix	Red Blood Cells	Illustrations–1
Official Updates	ix	White Blood Cell	Illustrations–1
Proprietary Updates	ix	Platelet	Illustrations–2
Conversion Table of ICD-10-CM Codes	x	Coagulation	Illustrations–2
10 Steps to Correct Coding	xii	Spleen Anatomical Location and External Structures	Illustrations–3
ICD-10-CM Official Guidelines for Coding and Reporting	Coding Guidelines–1	Spleen Interior Structures	Illustrations–3
ICD-10-CM Index to Diseases and Injuries	1	Chapter 4. Endocrine, Nutritional, and Metabolic Diseases (E00–E89)	Illustrations–4
ICD-10-CM Neoplasm Table	339	Endocrine System	Illustrations–4
ICD-10-CM Table of Drugs and Chemicals	358	Thyroid	Illustrations–5
ICD-10-CM Index to External Causes	408	Thyroid and Parathyroid Glands	Illustrations–5
ICD-10-CM Tabular List of Diseases and Injuries	445	Pancreas	Illustrations–6
Chapter 1. Certain Infectious and Parasitic Diseases (A00–B99), U07.1, U09.9	445	Anatomy of the Adrenal Gland	Illustrations–6
Chapter 2. Neoplasms (C00–D49)	471	Structure of an Ovary	Illustrations–7
Chapter 3. Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50–D89)	513	Testis and Associated Structures	Illustrations–7
Chapter 4. Endocrine, Nutritional, and Metabolic Diseases (E00–E89)	527	Thymus	Illustrations–8
Chapter 5. Mental, Behavioral and Neurodevelopmental Disorders (F01–F99)	551		
Chapter 6. Diseases of the Nervous System (G00–G99)	583		
Chapter 7. Diseases of the Eye and Adnexa (H00–H59)	607		
Chapter 8. Diseases of the Ear and Mastoid Process (H60–H95)	645		
Chapter 9. Diseases of the Circulatory System (I00–I99)	657		
Chapter 10. Diseases of the Respiratory System (J00–J99), U07.0	703		
Chapter 11. Diseases of the Digestive System (K00–K95)	721		

<p>Chapter 6. Diseases of the Nervous System (G00–G99) .. Illustrations–9</p> <ul style="list-style-type: none"> Brain Illustrations–9 Cranial Nerves Illustrations–9 Peripheral Nervous System Illustrations–10 Spinal Cord and Spinal Nerves Illustrations–11 Nerve Cell Illustrations–12 Trigeminal and Facial Nerve Branches Illustrations–12 <p>Chapter 7. Diseases of the Eye and Adnexa (H00–H59) Illustrations–13</p> <ul style="list-style-type: none"> Eye Illustrations–13 Posterior Pole of Globe/Flow of Aqueous Humor Illustrations–13 Lacrimal System Illustrations–14 Eye Musculature Illustrations–14 Eyelid Structures Illustrations–14 <p>Chapter 8. Diseases of the Ear and Mastoid Process (H60–H95) Illustrations–15</p> <ul style="list-style-type: none"> Ear Anatomy Illustrations–15 <p>Chapter 9. Diseases of the Circulatory System (I00–I99) Illustrations–16</p> <ul style="list-style-type: none"> Anatomy of the Heart Illustrations–16 Heart Cross Section Illustrations–16 Heart Valves Illustrations–17 Heart Conduction System Illustrations–17 Coronary Arteries Illustrations–18 Arteries Illustrations–19 Veins Illustrations–20 Internal Carotid and Vertebral Arteries and Branches Illustrations–21 External Carotid Artery and Branches Illustrations–21 Branches of Abdominal Aorta Illustrations–22 Portal Venous Circulation Illustrations–22 Lymphatic System Illustrations–23 Axillary Lymph Nodes Illustrations–24 Lymphatic System of Head and Neck Illustrations–24 Lymphatic Capillaries Illustrations–25 Lymphatic Drainage Illustrations–25 <p>Chapter 10. Diseases of the Respiratory System (J00–J99), U07.0 Illustrations–26</p> <ul style="list-style-type: none"> Respiratory System Illustrations–26 Upper Respiratory System Illustrations–27 Lower Respiratory System Illustrations–27 Paranasal Sinuses Illustrations–27 Lung Segments Illustrations–28 Alveoli Illustrations–28 	<p>Chapter 11. Diseases of the Digestive System (K00–K95) Illustrations–29</p> <ul style="list-style-type: none"> Digestive System Illustrations–29 Omentum and Mesentery Illustrations–30 Peritoneum and Retroperitoneum Illustrations–30 <p>Chapter 12. Diseases of the Skin and Subcutaneous Tissue (L00–L99) Illustrations–31</p> <ul style="list-style-type: none"> Nail Anatomy Illustrations–31 Skin and Subcutaneous Tissue Illustrations–31 <p>Chapter 13. Diseases of the Musculoskeletal System and Connective Tissue (M00–M99) Illustrations–32</p> <ul style="list-style-type: none"> Bones and Joints Illustrations–32 Shoulder Anterior View Illustrations–33 Shoulder Posterior View Illustrations–33 Elbow Anterior View Illustrations–33 Elbow Posterior View Illustrations–33 Hand Illustrations–33 Hip Anterior View Illustrations–34 Hip Posterior View Illustrations–34 Knee Anterior View Illustrations–34 Knee Posterior View Illustrations–34 Foot Illustrations–34 Muscles Illustrations–35 <p>Chapter 14. Diseases of Genitourinary System (N00–N99) Illustrations–36</p> <ul style="list-style-type: none"> Urinary System Illustrations–36 Male Genitourinary System Illustrations–37 Female Internal Genitalia Illustrations–37 Female Genitourinary Tract Lateral View Illustrations–37 <p>Chapter 15. Pregnancy, Childbirth, and the Puerperium (O00–O9A) Illustrations–38</p> <ul style="list-style-type: none"> Term Pregnancy – Single Gestation Illustrations–38 Twin Gestation–Dichorionic– Diamniotic (DI-DI) Illustrations–38 Twin Gestation–Monochorionic– Diamniotic (MO-DI) Illustrations–39 Twin Gestation–Monochorionic– Monoamniotic (MO-MO) Illustrations–39 <p>Chapter 19. Injury, Poisoning, and Certain Other Consequences of External Causes (S00–T88) Illustrations–40</p> <ul style="list-style-type: none"> Types of Fractures Illustrations–40 Salter-Harris Fracture Types Illustrations–40
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A Adult Age: 15-124

These diagnoses are intended for patients between the age of 15 and 124 years.

<p>R54 Age-related physical debility A</p> <p>Frailty Old age Senescence Senile asthenia Senile debility</p> <p>EXCLUDES1 <i>age-related cognitive decline (R41.81)</i> <i>sarcopenia (M62.84)</i> <i>senile psychosis (F03.-)</i> <i>senility NOS (R41.81)</i></p>
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Sex Edits

Effective October 1, 2024, the Medicare Code Editor (MCE), a program used to detect and report errors in coding claims data, has deactivated the sex conflict edit. There is no longer a female or male edit restriction for ICD-10-CM codes.

H1 - H14 Hospital Acquired Condition (HAC)

These icons identify codes that are high-cost and/or high-volume (CC or MCC), that when assigned as a secondary diagnosis result in assignment of a case to a higher-paying MS-DRG. The condition or diagnosis represented by these codes is considered reasonably preventable through the application of evidence-based guidelines. If the condition is not present on admission (meaning it developed during the hospital admission), the case will not group to the higher-paying MS-DRG based solely upon the reporting of the HAC code. Many of these HACs are conditional and are based on reporting the specific diagnosis code(s) in combination with certain procedure codes.

A comprehensive list of all HAC codes that coincide with these icons appears in appendix G, at the back of this book.

Note: Hospital-acquired conditions do not impact MS-LTC-DRG assignment.

<p>N15.1 Renal and perinephric abscess MCC H1</p>

CC Condition

This icon identifies a complication or comorbidity diagnosis that may affect DRG assignment. A complication or comorbidity diagnosis, CC condition, is defined as a significant acute disease, a significant acute manifestation of a chronic disease, an advanced or end-stage chronic disease, or a chronic disease associated with systemic physiological decompensation and debility that have consistently greater impact on hospital resources.

A comprehensive list of ICD-10-CM codes considered a CC appears in appendix E, at the back of this book.

<p>G90.59 Complex regional pain syndrome I of other specified site CC</p>

MCC Condition

This icon identifies a major complication or comorbidity diagnosis that may affect DRG assignment. An MCC condition meets the same criteria as a CC condition but is associated with a higher acuity level and hospital resource consumption is expected to be higher than that for a CC condition. There are fewer conditions that meet the criteria as an MCC than those for a CC condition.

A comprehensive list of ICD-10-CM codes considered an MCC appears in appendix D, at the back of this book.

<p>J04.11 Acute tracheitis with obstruction MCC</p>

Note: The assignment of an MS-DRG or MS-LTC-DRG often depends on the presence or absence of a secondary diagnosis code that is designated as an MCC or CC. However, in some instances the MCC

or CC designation for that secondary diagnosis code is negated due to its relationship with the principal diagnosis; this is referred to as CC exclusion. The ICD-10 MS-DRG Definitions Manual included with the IPPS final rule provides a list of all principal diagnosis codes that would render ineffective the MCC/CC designation for a particular ICD-10-CM code when used as a secondary diagnosis. Optum has provided this CC exclusion list in an easily searchable data file, which can be accessed at the following:

<https://www.optumcoding.com/ProductUpdates/>
Title: "2025 ICD-10-CM for Hospitals CC Excludes Data File"
Password: HOSPITAL25

UNS Unspecified Site

This icon identifies codes that are considered an MCC or CC but lack specificity in regard to their anatomical location. The medical record documentation should be reviewed carefully, to ensure that no other code within the same category or subcategory can be assigned for greater specificity.

<p>G81.00 Flaccid hemiplegia affecting unspecified side CC UNS HCC</p>
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UPD Unacceptable Principal Diagnosis

This icon identifies codes that should not be assigned as principal diagnosis for *inpatient* admissions. Codes with an unacceptable principal diagnosis edit are considered supplementary — describing circumstances that influence an individual's health status or an additional code — identifying conditions that are not specific manifestations but may be due to an underlying cause.

<p>T48.5X5 Adverse effect of other anti-common-cold drugs UPD PE</p>
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HIV HIV-related Condition

This icon identifies codes that are considered a major HIV-related diagnosis. When the condition is coded in combination with a diagnosis of human immunodeficiency virus (HIV), code B20, the case will move from MS-DRG/MS-LTC-DRG 977 to MS-DRGs/MS-LTC-DRGs 974-976.

<p>G96.9 Disorder of central nervous system, unspecified HIV</p>
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PE Present on Admission Exempt

This icon identifies codes that do not require a present on admission (POA) indicator. These codes are considered exempt because they do not represent a current disease or injury or describe conditions that are always present on admission

<p>B90.1 Sequelae of genitourinary tuberculosis PE</p>
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HCC CMS-HCC Condition

This icon identifies codes that are included in the CMS-HCC risk-adjustment model.

<p>P29.0 Neonatal cardiac failure HCC <i>Code also associated underlying condition</i></p>
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Color Bars

Manifestation Code

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

<p>G32.89 Other specified degenerative disorders of nervous system in diseases classified elsewhere HCC <i>Degenerative encephalopathy in diseases classified elsewhere</i></p>

ICD-10-CM Index to Diseases and Injuries

A

Aarskog's syndrome Q87.19
Abandonment — see Maltreatment
Abasia (-astasia) (hysterical) F44.4
Abderhalden-Kaufmann-Lignac syndrome (cystinosis) E72.04
Abdomen, abdominal — see also condition
 acute R10.0
 angina K55.1
 muscle deficiency syndrome Q79.4
Abdominalgia — see Pain, abdominal
Abduction contracture, hip or other joint — see Contraction, joint
Aberrant (congenital) — see also Malposition, congenital
 adrenal gland Q89.1
 artery (peripheral) Q27.8
 basilar NEC Q28.1
 cerebral Q28.3
 coronary Q24.5
 digestive system Q27.8
 eye Q15.8
 lower limb Q27.8
 precerebral Q28.1
 pulmonary Q25.79
 renal Q27.2
 retina Q14.1
 specified site NEC Q27.8
 subclavian Q27.8
 upper limb Q27.8
 vertebral Q28.1
 breast Q83.8
 endocrine gland NEC Q89.2
 hepatic duct Q44.5
 pancreas Q45.3
 parathyroid gland Q89.2
 pituitary gland Q89.2
 sebaceous glands, mucous membrane, mouth, congenital Q38.6
 spleen Q89.09
 subclavian artery Q27.8
 thymus (gland) Q89.2
 thyroid gland Q89.2
 vein (peripheral) NEC Q27.8
 cerebral Q28.3
 digestive system Q27.8
 lower limb Q27.8
 precerebral Q28.1
 specified site NEC Q27.8
 upper limb Q27.8
Aberration
 distantal — see Disturbance, visual
 mental F99
Abetalipoproteinemia E78.6
Abiotrophy R68.89
Ablatio, ablation
 retinae — see Detachment, retina
Ablepharia, ablepharon Q10.3
Abnormal, abnormality, abnormalities — see also Anomaly
 acid-base balance (mixed) E87.4
 albumin R77.0
 alphafetoprotein R77.2
 alveolar ridge K08.9
 anatomical relationship Q89.9
 apertures, congenital, diaphragm Q79.1
 atrial septal, specified NEC Q21.19
 auditory perception H93.29-
 diplacusis — see Diplacusis
 hyperacusis — see Hyperacusis
 recruitment — see Recruitment, auditory
 threshold shift — see Shift, auditory threshold
 autosomes Q99.9
 fragile site Q95.5
 basal metabolic rate R94.8
 biosynthesis, testicular androgen E29.1
 bleeding time R79.1
 blood amino-acid level R79.83
 blood level (of)
 cobalt R79.0
 copper R79.0
 iron R79.0

Abnormal, abnormality, abnormalities — continued
 blood level — continued
 lithium R78.89
 magnesium R79.0
 mineral NEC R79.0
 zinc R79.0
 blood pressure
 elevated R03.0
 low reading (nonspecific) R03.1
 blood sugar R73.09
 blood-gas level R79.81
 bowel sounds R19.15
 absent R19.11
 hyperactive R19.12
 brain scan R94.02
 breathing R06.9
 caloric test R94.138
 cerebrospinal fluid R83.9
 cytology R83.6
 drug level R83.2
 enzyme level R83.0
 hormones R83.1
 immunology R83.4
 microbiology R83.5
 nonmedicinal level R83.3
 specified type NEC R83.8
 chemistry, blood R79.9
 C-reactive protein R79.82
 drugs — see Findings, abnormal, in blood
 gas level R79.81
 minerals R79.0
 pancytopenia D61.818
 PTT R79.1
 specified NEC R79.89
 toxins — see Findings, abnormal, in blood
 chest sounds (friction) (rales) R09.89
 chromosome, chromosomal Q99.9
 with more than three X chromosomes, female Q97.1
 analysis result R89.8
 bronchial washings R84.8
 cerebrospinal fluid R83.8
 cervix uteri NEC R87.89
 nasal secretions R84.8
 nipple discharge R89.8
 peritoneal fluid R85.89
 pleural fluid R84.8
 prostatic secretions R86.8
 saliva R85.89
 seminal fluid R86.8
 sputum R84.8
 synovial fluid R89.8
 throat scrapings R84.8
 vagina R87.89
 vulva R87.89
 wound secretions R89.8
 dcentric replacement Q93.2
 ring replacement Q93.2
 sex Q99.8
 female phenotype Q97.9
 specified NEC Q97.8
 male phenotype Q98.9
 specified NEC Q98.8
 structural male Q98.6
 specified NEC Q99.8
 clinical findings NEC R68.89
 coagulation D68.9
 newborn, transient P61.6
 profile R79.1
 time R79.1
 communication — see Fistula
 conjunctiva, vascular H11.41-
 coronary artery Q24.5
 cortisol-binding globulin E27.8
 course, eustachian tube Q17.8
 creatinine clearance R94.4
 cytology
 anus R85.619
 atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H) R85.611
 atypical squamous cells of undetermined significance (ASC-US) R85.610
 cytologic evidence of malignancy R85.614

Abnormal, abnormality, abnormalities — continued
 cytology — continued
 anus — continued
 high grade squamous intraepithelial lesion (HGSIL) R85.613
 human papillomavirus (HPV) DNA test
 high risk positive R85.81
 low risk positive R85.82
 inadequate smear R85.615
 low grade squamous intraepithelial lesion (LGSIL) R85.612
 satisfactory anal smear but lacking transformation zone R85.616
 specified NEC R85.618
 unsatisfactory smear R85.615
 female genital organs — see Abnormal, Papanicolaou (smear)
 dark adaptation curve H53.61
 dentofacial NEC — see Anomaly, dentofacial development, developmental Q89.9
 central nervous system Q07.9
 diagnostic imaging
 abdomen, abdominal region NEC R93.5
 biliary tract R93.2
 bladder R93.41
 breast R92.8
 central nervous system NEC R90.89
 cerebrovascular NEC R90.89
 coronary circulation R93.1
 digestive tract NEC R93.3
 gastrointestinal (tract) R93.3
 genitourinary organs R93.89
 head R93.0
 heart R93.1
 intrathoracic organ NEC R93.89
 kidney R93.42-
 limbs R93.6
 liver R93.2
 lung (field) R91.8
 musculoskeletal system NEC R93.7
 renal pelvis R93.41
 retroperitoneum R93.5
 site specified NEC R93.89
 skin and subcutaneous tissue R93.89
 skull R93.0
 testis R93.81-
 ureter R93.41
 urinary organs specified NEC R93.49
 direction, teeth, fully erupted M26.30
 ear ossicles, acquired NEC H74.39-
 ankylosis — see Ankylosis, ear ossicles
 discontinuity — see Discontinuity, ossicles, ear
 partial loss — see Loss, ossicles, ear (partial)
 Epstein Q22.5
 echocardiogram R93.1
 echoencephalogram R90.81
 echogram — see Abnormal, diagnostic imaging
 electrocardiogram [ECG] [EKG] R94.31
 electroencephalogram [EEG] R94.01
 electrolyte — see Imbalance, electrolyte
 electromyogram [EMG] R94.131
 electro-oculogram [EOG] R94.110
 electrophysiological intracardiac studies R94.39
 electroretinogram [ERG] R94.111
 erythrocytes
 congenital, with perinatal jaundice D58.9
 feces (color) (contents) (mucus) R19.5
 finding — see Findings, abnormal, without diagnosis
 fluid
 amniotic — see Abnormal, specimen, specified
 cerebrospinal — see Abnormal, cerebrospinal fluid
 peritoneal — see Abnormal, specimen, digestive organs
 pleural — see Abnormal, specimen, respiratory organs
 synovial — see Abnormal, specimen, specified
 thorax (bronchial washings) (pleural fluid) — see Abnormal, specimen, respiratory organs
 vaginal — see Abnormal, specimen, female genital organs
 form
 teeth K00.2
 uterus — see Anomaly, uterus

Chapter 2. Neoplasms (C00–D49)

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.

General guidelines

Chapter 2 of the ICD-10-CM contains the codes for most benign and all malignant neoplasms. Certain benign neoplasms, such as prostatic adenomas, may be found in the specific body system chapters. To properly code a neoplasm, it is necessary to determine from the record if the neoplasm is benign, in-situ, malignant, or of uncertain histologic behavior. If malignant, any secondary (metastatic) sites should also be determined.

Primary malignant neoplasms overlapping site boundaries

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

A 73-year-old white female with a large rapidly growing malignant tumor in the left breast extending from the upper outer quadrant into the axillary tail

C50.812 Malignant neoplasm of overlapping sites of left female breast

Explanation: Because this is a single large tumor that overlaps two contiguous sites, a single code for overlapping sites is assigned.

A 52-year old white female with two distinct lesions of the right breast, one (0.5 cm) in the upper outer quadrant and a second (1.5 cm) in the lower outer quadrant; path report indicates both lesions are malignant

C50.411 Malignant neoplasm of upper-outer quadrant of right female breast

C50.511 Malignant neoplasm of lower-outer quadrant of right female breast

Explanation: This patient has two distinct malignant lesions of right breast in adjacent quadrants. Because the lesions are not contiguous, two codes are reported.

Malignant neoplasm of ectopic tissue

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

The neoplasm table in the Alphabetic Index should be referenced first. However, if the histological term is documented, that term should be referenced first, rather than going immediately to the Neoplasm Table, in order to determine which column in the Neoplasm Table is appropriate. For example, if the documentation indicates "adenoma," refer to the term in the Alphabetic Index to review the entries under this term and the instructional note to "see also neoplasm, by site, benign." The table provides the proper code based on the type of neoplasm and the site. It is important to select the proper column in the table that corresponds to the type of neoplasm. The Tabular List should then be referenced to verify that the correct code has been selected from the table and that a more specific site code does not exist.

See Section I.C.21. Factors influencing health status and contact with health services, Status, for information regarding Z15.0, codes for genetic susceptibility to cancer.

a. Admission/Encounter for treatment of primary site

If the malignancy is chiefly responsible for occasioning the patient admission/encounter and treatment is directed at the primary site, designate the primary malignancy as the principal/first-listed diagnosis.

The only exception to this guideline is if the administration of chemotherapy, immunotherapy or external beam radiation therapy is chiefly responsible for occasioning the admission/encounter. In that case, assign the appropriate Z51.-- code as the first-listed or principal diagnosis, and the underlying diagnosis or problem for which the service is being performed as a secondary diagnosis.

b. Admission/Encounter for treatment of secondary site

When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary

neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.

Patient with primary prostate cancer with metastasis to lungs admitted for wedge resection of mass in right lung

C78.01 Secondary malignant neoplasm of right lung

C61 Malignant neoplasm of prostate

Explanation: Since the admission is for treatment of the lung metastasis, the secondary lung metastasis is sequenced before the primary prostate cancer.

c. Coding and sequencing of complications

Coding and sequencing of complications associated with the malignancies or with the therapy thereof are subject to the following guidelines:

1) Anemia associated with malignancy

When admission/encounter is for management of an anemia associated with the malignancy, and the treatment is only for anemia, the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis followed by the appropriate code for the anemia (such as code D63.0, Anemia in neoplastic disease).

Patient is admitted for treatment of anemia in advanced colon cancer

C18.9 Malignant neoplasm of colon, unspecified

D63.0 Anemia in neoplastic disease

Explanation: Even though the admission was solely to treat the anemia, this guideline indicates that the code for the malignancy is sequenced first.

2) Anemia associated with chemotherapy, immunotherapy and radiation therapy

When the admission/encounter is for management of an anemia associated with an adverse effect of the administration of chemotherapy or immunotherapy and the only treatment is for the anemia, the anemia code is sequenced first followed by the appropriate codes for the neoplasm and the adverse effect (T45.1X5, Adverse effect of antineoplastic and immunosuppressive drugs).

A 56-year-old Hispanic male with grade II follicular lymphoma involving multiple lymph node sites referred for blood transfusion to treat anemia due to chemotherapy

D64.81 Anemia due to antineoplastic chemotherapy

C82.18 Follicular lymphoma grade II, lymph nodes of multiple sites

T45.1X5A Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter

Explanation: The code for the anemia is sequenced first followed by the code for the malignant neoplasm and lastly the code for the adverse effect.

When the admission/encounter is for management of an anemia associated with an adverse effect of radiotherapy, the anemia code should be sequenced first, followed by the appropriate neoplasm code and code Y84.2, Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure.

A 55-year-old male with a large malignant rectal tumor has been receiving external radiation therapy to shrink the tumor prior to planned surgery. He is admitted today for a blood transfusion to treat anemia related to radiation therapy.

D64.89 Other specified anemias

C20 Malignant neoplasm of rectum

Y84.2 Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

Explanation: The code for the anemia is sequenced first, followed by the code for the malignancy, and lastly the code for the abnormal reaction due to radiotherapy.

✓4th **I72 Other aneurysm**

- INCLUDES** aneurysm (cirroid) (false) (ruptured)
EXCLUDES 2 acquired aneurysm (I77.0)
 aneurysm (of) aorta (I71.-)
 aneurysm (of) arteriovenous NOS (Q27.3-)
 carotid artery dissection (I77.71)
 cerebral (nonruptured) aneurysm (I67.1)
 coronary aneurysm (I25.4)
 coronary artery dissection (I25.42)
 dissection of artery NEC (I77.79)
 dissection of precerebral artery, congenital (nonruptured) (Q28.1)
 heart aneurysm (I25.3)
 iliac artery dissection (I77.72)
 precerebral artery, congenital (nonruptured) (Q28.1)
 pulmonary artery aneurysm (I28.1)
 renal artery dissection (I77.73)
 retinal aneurysm (H35.0)
 ruptured cerebral aneurysm (I60.7)
 varicose aneurysm (I77.0)
 vertebral artery dissection (I77.74)

AHA: 2016,4Q,28-29

I72.0 Aneurysm of carotid artery

- Aneurysm of common carotid artery
 Aneurysm of external carotid artery
 Aneurysm of internal carotid artery, extracranial portion
EXCLUDES 1 aneurysm of internal carotid artery, intracranial portion (I67.1)
 aneurysm of internal carotid artery NOS (I67.1)

I72.1 Aneurysm of artery of upper extremity

I72.2 Aneurysm of renal artery

I72.3 Aneurysm of iliac artery

I72.4 Aneurysm of artery of lower extremity

AHA: 2019,2Q,21

I72.5 Aneurysm of other precerebral arteries

- Aneurysm of basilar artery (trunk)
EXCLUDES 2 aneurysm of carotid artery (I72.0)
 aneurysm of vertebral artery (I72.6)
 dissection of carotid artery (I77.71)
 dissection of other precerebral arteries (I77.75)
 dissection of vertebral artery (I77.74)

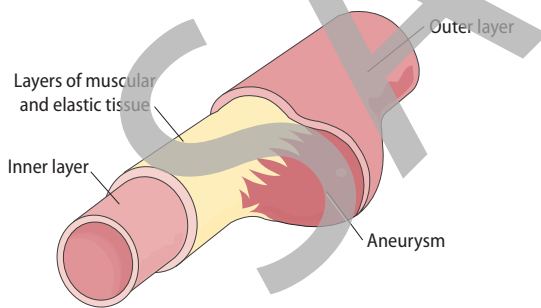
I72.6 Aneurysm of vertebral artery

- EXCLUDES 2** dissection of vertebral artery (I77.74)

I72.8 Aneurysm of other specified arteries

I72.9 Aneurysm of unspecified site

Aneurysm



✓4th **I73 Other peripheral vascular diseases**

- EXCLUDES 2** chilblains (T69.1)
 frostbite (T33-T34)
 immersion hand or foot (T69.0-)
 spasm of cerebral artery (G45.9)

AHA: 2018,4Q,87

✓5th **I73.0 Raynaud's syndrome**

- Raynaud's disease
 Raynaud's phenomenon (secondary)
DEF: Constriction of the arteries of the digits caused by cold or by nerve or arterial damage and can be prompted by stress or emotion. Blood cannot reach the skin and soft tissues and the skin turns white with blue mottling.

I73.00 Raynaud's syndrome without gangrene

I73.01 Raynaud's syndrome with gangrene CC HCC

I73.1 Thromboangiitis obliterans [Buerger's disease]

- DEF:** Inflammatory disease of the extremity blood vessels, mainly the lower blood vessels. This disease is associated with heavy tobacco use. The arteries are more affected than veins. It occurs primarily in young men and leads to tissue ischemia and gangrene.

✓5th **I73.8 Other specified peripheral vascular diseases**

- EXCLUDES 1** diabetic (peripheral) angiopathy (E08-E13 with .51-.52)

I73.81 Erythromelalgia

I73.89 Other specified peripheral vascular diseases

- Acrocyanosis
 Erythrocyanosis
 Simple acroparesthesia [Schultze's type]
 Vasomotor acroparesthesia [Nothnagel's type]

I73.9 Peripheral vascular disease, unspecified

- Intermittent claudication
 Peripheral angiopathy NOS
 Spasm of artery
EXCLUDES 1 atherosclerosis of the extremities (I70.2-I70.7)

AHA: 2018,2Q,7

✓4th **I74 Arterial embolism and thrombosis**

- INCLUDES** embolic infarction
 embolic occlusion
 thrombotic infarction
 thrombotic occlusion

Code first:

- embolism and thrombosis complicating abortion or ectopic or molar pregnancy (O00-O07, O08.2)
 embolism and thrombosis complicating pregnancy, childbirth and the puerperium (O88.-)

EXCLUDES 2 atheroembolism (I75.-)

- basilar embolism and thrombosis (I63.0-I63.2, I65.1)
 carotid embolism and thrombosis (I63.0-I63.2, I65.2)
 cerebral embolism and thrombosis (I63.3-I63.5, I66.-)
 coronary embolism and thrombosis (I21-I25)
 mesenteric embolism and thrombosis (K55.0-)
 ophthalmic embolism and thrombosis (H34.-)
 precerebral embolism and thrombosis NOS (I63.0-I63.2, I65.9)
 pulmonary embolism and thrombosis (I26.-)
 renal embolism and thrombosis (N28.0)
 retinal embolism and thrombosis (H34.-)
 septic embolism and thrombosis (I76)
 vertebral embolism and thrombosis (I63.0-I63.2, I65.0)

AHA: 2023,2Q,7

✓5th **I74.0 Embolism and thrombosis of abdominal aorta**

I74.01 Saddle embolus of abdominal aorta MCC HCC

I74.09 Other arterial embolism and thrombosis of abdominal aorta CC HCC

- Aortic bifurcation syndrome
 Aortoiliac obstruction
 Leriche's syndrome

✓5th **I74.1 Embolism and thrombosis of other and unspecified parts of aorta**

I74.10 Embolism and thrombosis of unspecified parts of aorta CC HCC

I74.11 Embolism and thrombosis of thoracic aorta CC HCC

I74.19 Embolism and thrombosis of other parts of aorta CC HCC

I74.2 Embolism and thrombosis of arteries of the upper extremities CC HCC

I74.3 Embolism and thrombosis of arteries of the lower extremities CC HCC

I74.4 Embolism and thrombosis of arteries of extremities, unspecified CC HCC

- Peripheral arterial embolism NOS

I74.5 Embolism and thrombosis of iliac artery CC HCC

I74.8 Embolism and thrombosis of other arteries CC HCC

I74.9 Embolism and thrombosis of unspecified artery CC HCC

✓4th **I75 Atheroembolism**

- INCLUDES** atherothrombotic microembolism
 cholesterol embolism

✓5th **I75.0 Atheroembolism of extremities**

✓5th **I75.01 Atheroembolism of upper extremity**

I75.011 Atheroembolism of right upper extremity CC HCC

- N07.5 Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis** CC
Hereditary nephropathy, not elsewhere classified with membranoproliferative glomerulonephritis, types 1 and 3, or NOS
EXCLUDES 1 hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis (N07.A)
hereditary nephropathy, not elsewhere classified with C3 glomerulopathy (N07.A)
- N07.6 Hereditary nephropathy, not elsewhere classified with dense deposit disease**
Hereditary nephropathy, not elsewhere classified with C3 glomerulopathy with dense deposit disease
Hereditary nephropathy, not elsewhere classified with membranoproliferative glomerulonephritis, type 2
- N07.7 Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis**
Hereditary nephropathy, not elsewhere classified with extracapillary glomerulonephritis
- N07.8 Hereditary nephropathy, not elsewhere classified with other morphologic lesions**
Hereditary nephropathy, not elsewhere classified with proliferative glomerulonephritis NOS
- N07.9 Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions**
- N07.A Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis** CC
Hereditary nephropathy, not elsewhere classified with C3 glomerulopathy
EXCLUDES 1 hereditary nephropathy, not elsewhere classified (with C3 glomerulopathy) with dense deposit disease (N07.6)

N08 Glomerular disorders in diseases classified elsewhere

- Glomerulonephritis
- Nephritis
- Nephropathy
- Code first underlying disease, such as:
 - amyloidosis (E85.-)
 - congenital syphilis (A50.5)
 - cryoglobulinemia (D89.1)
 - disseminated intravascular coagulation (D65)
 - gout (M1A.-, M10.-)
 - microscopic polyangiitis (M31.7)
 - multiple myeloma (C90.0-)
 - sepsis (A40.0-A41.9)
 - sickle-cell disease (D57.0-D57.8)
- EXCLUDES 1** glomerulonephritis, nephritis and nephropathy (in):
 - antiglomerular basement membrane disease (M31.0)
 - diabetes (E08-E13 with .21)
 - gonococcal (A54.21)
 - Goodpasture's syndrome (M31.0)
 - hemolytic-uremic syndrome (D59.3-)
 - lupus (M32.14)
 - mumps (B26.83)
 - syphilis (A52.75)
 - systemic lupus erythematosus (M32.14)
 - Wegener's granulomatosis (M31.31)
 - pyelonephritis in diseases classified elsewhere (N16)
 - renal tubulo-interstitial disorders classified elsewhere (N16)

Renal tubulo-interstitial diseases (N10-N16)

- INCLUDES** pyelonephritis
- EXCLUDES 1** pyeloureteritis cystica (N28.85)

N10 Acute pyelonephritis CC H6

- Acute infectious interstitial nephritis
- Acute pyelitis
- Acute tubulo-interstitial nephritis
- Hemoglobin nephrosis
- Myoglobin nephrosis
- Use additional code (B95-B97), to identify infectious agent
- AHA: 2020,3Q,25; 2019,3Q,13

N11 Chronic tubulo-interstitial nephritis

- INCLUDES** chronic infectious interstitial nephritis
- chronic pyelitis
- chronic pyelonephritis

Use additional code (B95-B97), to identify infectious agent

- N11.0 Nonobstructive reflux-associated chronic pyelonephritis**
Pyelonephritis (chronic) associated with (vesicoureteral) reflux
EXCLUDES 1 vesicoureteral reflux NOS (N13.70)
- N11.1 Chronic obstructive pyelonephritis** CC
Pyelonephritis (chronic) associated with anomaly of pelviureteric junction
Pyelonephritis (chronic) associated with anomaly of pyeloureteric junction
Pyelonephritis (chronic) associated with crossing of vessel
Pyelonephritis (chronic) associated with kinking of ureter
Pyelonephritis (chronic) associated with obstruction of ureter
Pyelonephritis (chronic) associated with stricture of pelviureteric junction
Pyelonephritis (chronic) associated with stricture of ureter
EXCLUDES 1 calculous pyelonephritis (N20.9)
obstructive uropathy (N13.-)
- N11.8 Other chronic tubulo-interstitial nephritis** CC
Nonobstructive chronic pyelonephritis NOS
- N11.9 Chronic tubulo-interstitial nephritis, unspecified** CC H6
Chronic interstitial nephritis NOS
Chronic pyelitis NOS
Chronic pyelonephritis NOS

N12 Tubulo-interstitial nephritis, not specified as acute or chronic CC H6

- Interstitial nephritis NOS
- Pyelitis NOS
- Pyelonephritis NOS
- EXCLUDES 1** calculous pyelonephritis (N20.9)

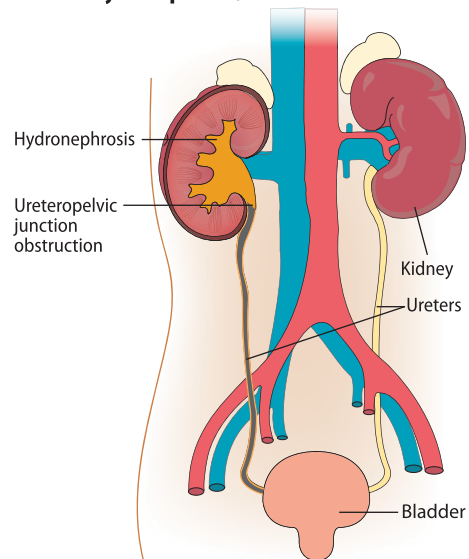
N13 Obstructive and reflux uropathy

- EXCLUDES 2** calculus of kidney and ureter without hydronephrosis (N20.-)
congenital obstructive defects of renal pelvis and ureter (Q62.0-Q62.3)
hydronephrosis with ureteropelvic junction obstruction (Q62.11)
obstructive pyelonephritis (N11.1)

DEF: Hydronephrosis: Distension of the kidney caused by an accumulation of urine that cannot flow out due to an obstruction that may be caused by conditions such as kidney stones or vesicoureteral reflux.

- N13.0 Hydronephrosis with ureteropelvic junction obstruction** CC
Hydronephrosis due to acquired occlusion of ureteropelvic junction
EXCLUDES 2 hydronephrosis with ureteropelvic junction obstruction due to calculus (N13.2)

Hydronephrosis/UPJ Obstruction

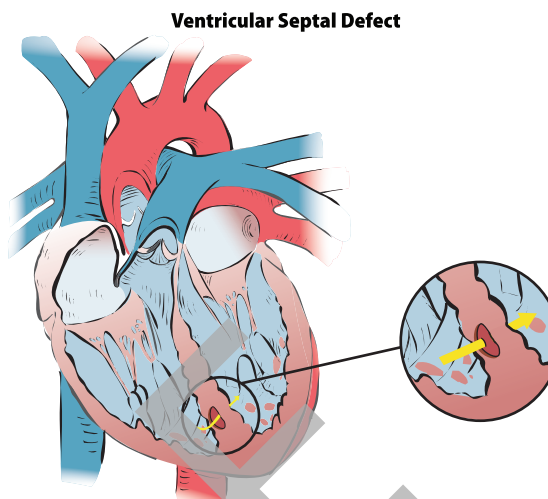


- Q18.2 Other branchial cleft malformations** PE
 Branchial cleft malformation NOS
 Cervical auricle
 Otocephaly
- Q18.3 Webbing of neck** PE
 Pterygium colli
DEF: Congenital malformation characterized by a thick, triangular skinfold that stretches from the lateral side of the neck across the shoulder. It is associated with genetic conditions such as Turner's and Noonan's syndromes.
- Q18.4 Macrostomia** PE
DEF: Rare congenital craniofacial bilateral or unilateral anomaly of the mouth due to malformed maxillary and mandibular processes. It results in an abnormally large mouth extending toward the ear.
- Q18.5 Microstomia** PE
- Q18.6 Macrocheilia** PE
 Hypertrophy of lip, congenital
- Q18.7 Microcheilia** PE
- Q18.8 Other specified congenital malformations of face and neck** PE
 Medial cyst of face and neck
 Medial fistula of face and neck
 Medial sinus of face and neck
- Q18.9 Congenital malformation of face and neck, unspecified** PE
 Congenital anomaly NOS of face and neck

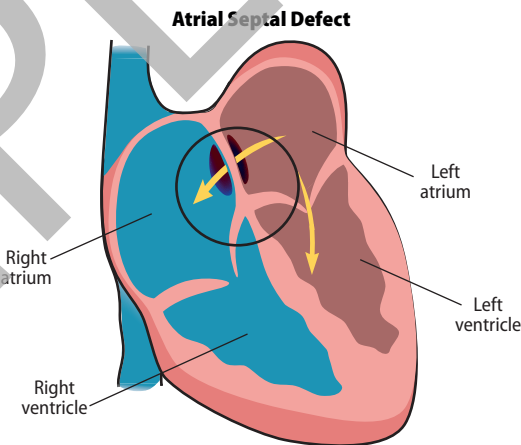
Congenital malformations of the circulatory system (Q20–Q28)

- Q20 Congenital malformations of cardiac chambers and connections** PE
EXCLUDES1 dextrocardia with situs inversus (Q89.3)
 mirror-image atrial arrangement with situs inversus (Q89.3)
- Q20.0 Common arterial trunk** MCC PE
 Persistent truncus arteriosus
EXCLUDES1 aortic septal defect (Q21.4)
- Q20.1 Double outlet right ventricle** MCC PE
 Taussig-Bing syndrome
- Q20.2 Double outlet left ventricle** MCC PE
- Q20.3 Discordant ventriculoarterial connection** MCC PE
 Dextrotransposition of aorta
 Transposition of great vessels (complete)
- Q20.4 Double inlet ventricle** MCC PE
 Common ventricle
 Cor triloculare batriatum
 Single ventricle
- Q20.5 Discordant atrioventricular connection** CC PE
 Corrected transposition
 Levotransposition
 Ventricular inversion
- Q20.6 Isomerism of atrial appendages** PE
 Isomerism of atrial appendages with asplenia or polysplenia
- Q20.8 Other congenital malformations of cardiac chambers and connections** PE
 Cor binoculare
- Q20.9 Congenital malformation of cardiac chambers and connections, unspecified** PE

- Q21 Congenital malformations of cardiac septa** PE
EXCLUDES1 acquired cardiac septal defect (I51.0)
- Q21.0 Ventricular septal defect** CC PE
 Roger's disease



- Q21.1 Atrial septal defect** PE
EXCLUDES2 ostium primum atrial septal defect (type I) (Q21.20)
AHA: 2022,4Q,39-40

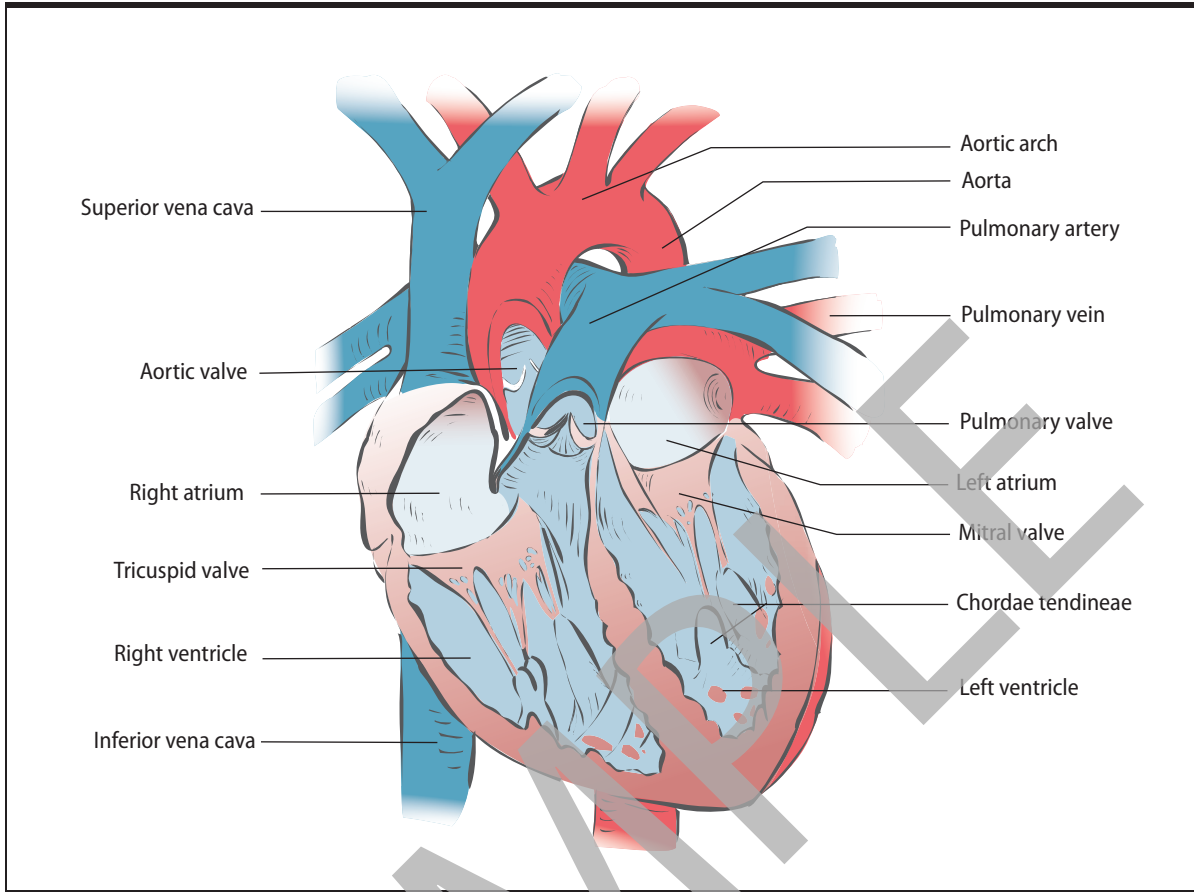


- Q21.10 Atrial septal defect, unspecified** CC PE
- Q21.11 Secundum atrial septal defect** CC PE
 Fenestrated atrial septum
 Patent or persistent ostium secundum defect (type II)
- Q21.12 Patent foramen ovale** CC PE
 Persistent foramen ovale
- Q21.13 Coronary sinus atrial septal defect** CC PE
 Coronary sinus defect
 Unroofed coronary sinus
- Q21.14 Superior sinus venosus atrial septal defect** CC PE
 Superior vena cava type atrial septal defect
- Q21.15 Inferior sinus venosus atrial septal defect** CC PE
 Inferior vena cava type atrial septal defect
- Q21.16 Sinus venosus atrial septal defect, unspecified** CC PE
 Sinus venosus defect, NOS
- Q21.19 Other specified atrial septal defect** CC PE
 Common atrium
 Other specified atrial septal abnormality

- √7th T80.419 Rh incompatibility with hemolytic transfusion reaction, unspecified** CC PE
Rh incompatibility with hemolytic transfusion reaction at unspecified time after transfusion
Hemolytic transfusion reaction (HTR) due to Rh incompatibility NOS
- √x7th T80.49 Other Rh incompatibility reaction due to transfusion of blood or blood products** CC PE
Delayed serologic transfusion reaction (DSTR) from Rh incompatibility
Other reaction to Rh incompatible blood transfusion
- √5th T80.A Non-ABO incompatibility reaction due to transfusion of blood or blood products**
Reaction due to incompatibility of minor antigens (Duffy) (Kell) (Kidd) (Lewis) (M) (N) (P) (S)
- √x7th T80.A0 Non-ABO incompatibility reaction due to transfusion of blood or blood products, unspecified** CC PE
Non-ABO antigen incompatibility reaction from transfusion NOS
- √6th T80.A1 Non-ABO incompatibility with hemolytic transfusion reaction**
- √7th T80.A10 Non-ABO incompatibility with acute hemolytic transfusion reaction** CC PE
Acute hemolytic transfusion reaction (AHTR) due to non-ABO incompatibility
Non-ABO incompatibility with hemolytic transfusion reaction less than 24 hours after transfusion
- √7th T80.A11 Non-ABO incompatibility with delayed hemolytic transfusion reaction** CC PE
Delayed hemolytic transfusion reaction (DHTR) due to non-ABO incompatibility
Non-ABO incompatibility with hemolytic transfusion reaction 24 or more hours after transfusion
- √7th T80.A19 Non-ABO incompatibility with hemolytic transfusion reaction, unspecified** CC PE
Hemolytic transfusion reaction (HTR) due to non-ABO incompatibility NOS
Non-ABO incompatibility with hemolytic transfusion reaction at unspecified time after transfusion
- √x7th T80.A9 Other non-ABO incompatibility reaction due to transfusion of blood or blood products** CC PE
Delayed serologic transfusion reaction (DSTR) from non-ABO incompatibility
Other reaction to non-ABO incompatible blood transfusion
- √5th T80.5 Anaphylactic reaction due to serum**
Allergic shock due to serum
Anaphylactic shock due to serum
Anaphylactoid reaction due to serum
Anaphylaxis due to serum
EXCLUDES 1 ABO incompatibility reaction due to transfusion of blood or blood products (T80.3-) allergic reaction or shock NOS (T78.2) anaphylactic reaction or shock NOS (T78.2) anaphylactic reaction or shock due to adverse effect of correct medicinal substance properly administered (T88.6) other serum reaction (T80.6-)
DEF: Life-threatening hypersensitivity to a foreign serum causing respiratory distress, vascular collapse, and shock.
- √x7th T80.51 Anaphylactic reaction due to administration of blood and blood products** CC PE
- √x7th T80.52 Anaphylactic reaction due to vaccination** CC PE
AHA: 2021,1Q,43
- √x7th T80.59 Anaphylactic reaction due to other serum** CC PE
- √5th T80.6 Other serum reactions**
Intoxication by serum
Protein sickness
Serum rash
Serum sickness
Serum urticaria
EXCLUDES 2 serum hepatitis (B16-B19)
DEF: Serum sickness: Hypersensitivity to a foreign serum that causes fever, hives, swelling, and lymphadenopathy.
- √x7th T80.61 Other serum reaction due to administration of blood and blood products** CC PE
- √x7th T80.62 Other serum reaction due to vaccination** CC PE
AHA: 2021,1Q,42
- √x7th T80.69 Other serum reaction due to other serum** CC PE
Code also, if applicable, arthropathy in hypersensitivity reactions classified elsewhere (M36.4)
- √5th T80.8 Other complications following infusion, transfusion and therapeutic injection**
- √6th T80.81 Extravasation of vesicant agent**
Infiltration of vesicant agent
- √7th T80.810 Extravasation of vesicant antineoplastic chemotherapy** CC PE
Infiltration of vesicant antineoplastic chemotherapy
- √7th T80.818 Extravasation of other vesicant agent** CC PE
Infiltration of other vesicant agent
- √x7th T80.82 Complication of immune effector cellular therapy** PE
Complication of chimeric antigen receptor (CAR-T) cell therapy
Complication of IEC therapy
Use additional code to identify the specific complication, such as:
cytokine release syndrome (D89.83-)
immune effector cell-associated neurotoxicity syndrome (G92.0-)
EXCLUDES 2 ▶ adverse effect of immune checkpoint inhibitors and immunostimulant drugs (T45.AX5) ◀
complication of bone marrow transplant (T86.0)
complication of stem cell transplant (T86.5)
AHA: 2021,4Q,31
- √x7th T80.89 Other complications following infusion, transfusion and therapeutic injection** PE
Delayed serologic transfusion reaction (DSTR), unspecified incompatibility
Use additional code to identify graft-versus-host reaction, if applicable, (D89.81-)
AHA: 2020,4Q,14
- √5th T80.9 Unspecified complication following infusion, transfusion and therapeutic injection**
- √x7th T80.90 Unspecified complication following infusion and therapeutic injection** PE
- √6th T80.91 Hemolytic transfusion reaction, unspecified incompatibility** PE
EXCLUDES 1 ABO incompatibility with hemolytic transfusion reaction (T80.31-) non-ABO incompatibility with hemolytic transfusion reaction (T80.A1-) Rh incompatibility with hemolytic transfusion reaction (T80.41-)
- √7th T80.910 Acute hemolytic transfusion reaction, unspecified incompatibility** CC PE
- √7th T80.911 Delayed hemolytic transfusion reaction, unspecified incompatibility** CC PE
- √7th T80.919 Hemolytic transfusion reaction, unspecified incompatibility, unspecified as acute or delayed** CC PE
Hemolytic transfusion reaction NOS
- √x7th T80.92 Unspecified transfusion reaction** PE
Transfusion reaction NOS

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

Anatomy of the Heart



Heart Cross Section

