

# ICD-10-CM Professional for Physicians

The complete official code set

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

# 2021

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## Table of Drugs and Chemicals

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

## External Causes Index

The External Causes Index is arranged in alphabetic order by main terms that describe the cause, the intent, the place of occurrence, the activity, and the status of the patient at the time the injury occurred or health condition arose.

## Index Notations

### With

The word “with” or “in” should be interpreted to mean “associated with” or “due to.” The classification presumes a causal relationship between the two conditions linked by these terms in the index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them unless the documentation clearly states the conditions are unrelated or when another guideline specifically requires a documented linkage between two conditions (e.g., the sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”). For conditions not specifically linked by these relational terms in the classification or when a guideline requires explicit documentation of a linkage between two conditions, provider documentation must link the conditions to code them as related.

The word “with” in the index is sequenced immediately following the main term, not in alphabetical order.

#### Dermatopolymyositis M33.90

with  
myopathy M33.92  
respiratory involvement M33.91  
specified organ involvement NEC M33.99  
in neoplastic disease — *see also* Neoplasm D49.9 [M36.0]

### See

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

**Hematoperitoneum** — *see* Hemoperitoneum

### See Also

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

**Hematuria** — *see also* Hemoglobinuria  
malarial B50.8

### Default Codes

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

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

### Parentheses

Parentheses in the indexes enclose nonessential modifiers, supplementary words that may be present or absent in the statement of a disease without affecting the code.

**Pseudomeningocele** (cerebral) (infective) (post-traumatic) G96.19  
postprocedural (spinal) G97.82

### Brackets

ICD-10-CM has a coding convention addressing code assignment for manifestations that occur as a result of an underlying condition. This convention requires the underlying condition to be sequenced first, followed by the code or codes for the associated manifestation. In the index, italicized codes in brackets identify manifestation codes.

**Polyneuropathy** (peripheral) G62.9  
alcoholic G62.1  
amyloid (Portuguese) E85.1 [G63]  
transthyretin-related (ATTR) familial E85.1[G63]

### Shaded Guides

Exclusive vertical shaded guides in the Index to Diseases and Injuries and External Causes Index help the user easily follow the indent levels for the subentries under a main term. Sequencing rules may apply depending on the level of indent for separate subentries.

#### Hemicrania

congenital malformation Q00.0  
continua G44.51  
meaning migraine — *see also* Migraine G43.909  
paroxysmal G44.039  
chronic G44.049  
intractable G44.041  
not intractable G44.049  
episodic G44.039  
intractable G44.031  
not intractable G44.039  
intractable G44.031  
not intractable G44.039

### Following References

The Index to Diseases and Injuries includes following references to assist in locating out-of-sequence codes in the tabular list. Out-of-sequence codes contain an alphabetic character (letter) in the third- or 4th-character position. These codes are placed according to the classification rules — according to condition — not according to alphabetic or numeric sequencing rules.

**Carcinoma** (malignant) — *see also* Neoplasm, by site, malignant  
neuroendocrine — *see also* Tumor, neuroendocrine  
high grade, any site C7A.1 (*following* C75)  
poorly differentiated, any site C7A.1 (*following* C75)

### Additional Character Required

The Index to Diseases and Injuries, Neoplasm Table, and External Causes Index provide an icon after certain codes to signify to the user that additional characters are required to make the code valid. The tabular list should be consulted for appropriate character selection.

**Fall, falling** (accidental) W19   
building W20.1

## Tabular List of Diseases

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

## Code and Code Descriptions

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

## Boldface

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

## Italics

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

## Deleted Text

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

## Key Word

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

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

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

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

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

## Tabular Notations

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

## Official Notations

### Includes Notes

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

### Inclusion Terms

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

### Excludes Notes

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

### Excludes 1

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

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

### Excludes 2

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

### Note

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

### Code First/Use additional code

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

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

# 10 Steps to Correct Coding

Follow the 10 steps below to correctly code encounters for health care services.

## Step 1: Identify the reason for the visit or encounter (i.e., a sign, symptom, diagnosis and/or condition).

The medical record documentation should accurately reflect the patient's condition, using terminology that includes specific diagnoses and symptoms or clearly states the reasons for the encounter.

Choosing the main term that best describes the reason chiefly responsible for the service provided is the most important step in coding. If symptoms are present and documented but a definitive diagnosis has not yet been determined, code the symptoms. *For outpatient cases, do not code conditions that are referred to as "rule out," "suspected," "probable," or "questionable."* Diagnoses often are not established at the time of the initial encounter/visit and may require two or more visits to be established. Code only what is documented in the available outpatient records and only to the highest degree of certainty known at the time of the patient's visit. For inpatient medical records, uncertain diagnoses may be reported if documented at the time of discharge.

## Step 2: After selecting the reason for the encounter, consult the alphabetic index.

The most critical rule is to begin code selection in the alphabetic index. Never turn first to the tabular list. The index provides cross-references, essential and nonessential modifiers, and other instructional notations that may not be found in the tabular list.

## Step 3: Locate the main term entry.

The alphabetic index lists conditions, which may be expressed as nouns or eponyms, with critical use of adjectives. Some conditions known by several names have multiple main entries. Reasons for encounters may be located under general terms such as admission, encounter, and examination. Other general terms such as history, status (post), or presence (of) can be used to locate other factors influencing health.

## Step 4: Scan subterm entries.

Scan the subterm entries, as appropriate, being sure to review continued lines and additional subterms that may appear in the next column or on the next page. Shaded vertical guidelines in the index indicate the indentation level for each subterm in relation to the main terms.

## Step 5: Pay close attention to index instructions.

- Parentheses ( ) enclose nonessential modifiers, terms that are supplementary words or explanatory information that may or may not appear in the diagnostic statement and do not affect code selection.
- Brackets [ ] enclose manifestation codes that can be used only as secondary codes to the underlying condition code immediately preceding it. If used, manifestation codes must be reported with the appropriate etiology codes.
- Default codes are listed next to the main term and represent the condition most commonly associated with the main term or the unspecified code for the main term.
- "See" cross-references, identified by italicized type and "code by" cross-references indicate that another term *must be referenced* to locate the correct code.
- "See also" cross-references, identified by italicized type, provide alternative terms that may be useful to look up but *are not mandatory*.
- "Omit code" cross-references identify instances when a code is not applicable depending on the condition being coded.
- "With" subterms are listed out of alphabetic order and identify a presumed causal relationship between the two conditions they link.

- "Due to" subterms identify a relationship between the two conditions they link.
- "NEC," abbreviation for "not elsewhere classified," follows some main terms or subterms and indicates that there is no specific code for the condition even though the medical documentation may be very specific.
- "NOS," abbreviation for "not otherwise specified," follows some main terms or subterms and is the equivalent of unspecified; NOS signifies that the information in the medical record is insufficient for assigning a more specific code.
- *Following* references help coders locate alphanumeric codes that are out of sequence in the tabular section.
- Check-additional-character symbols flag codes that require additional characters to make the code valid; the characters available to complete the code should be verified in the tabular section.

## Step 6: Choose a potential code and locate it in the tabular list.

To prevent coding errors, always use both the alphabetic index (to identify a code) and the tabular list (to verify a code), as the index does not include the important instructional notes found in the tabular list. An added benefit of using the tabular list, which groups like things together, is that while looking at one code in the list, a coder might see a more specific one that would have been missed had the coder relied solely on the alphabetic index. Additionally, many of the codes require a fourth, fifth, sixth, or seventh character to be valid, and many of these characters can be found only in the tabular list.

## Step 7: Read all instructional material in the tabular section.

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as "Code first" and "Use additional code," listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A00.0- through T88.9- may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system etc.).

Codes that describe symptoms and signs, as opposed to definitive diagnoses, should be reported when an established diagnosis has not been made (confirmed) by the physician. Chapter 18 of the ICD-10-CM code book, "Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified" (codes R00.-R99), contains many, but not all, codes for symptoms.

ICD-10-CM classifies encounters with health care providers for circumstances other than a disease or injury in chapter 21, "Factors Influencing Health Status and Contact with Health Services" (codes Z00-Z99). Circumstances other than a disease or injury often are recorded as chiefly responsible for the encounter.

A code is invalid if it does not include the full number of characters (greatest level of specificity) required. Codes in ICD-10-CM can contain from three to seven alphanumeric characters. A three-character code is to be used only if the category is not further subdivided into four-, five-, six-, or seven-character codes. Placeholder character X is used as part of an alphanumeric code to allow for future expansion and as a placeholder for empty characters in a code that requires a seventh character but has no fourth, fifth, or sixth character. Note that certain categories require seventh characters that apply to all codes in that category. Always check the category level for applicable seventh characters for that category.

**Admission** — *continued*  
 fitting — *continued*  
 device — *continued*  
 prosthetic — *continued*  
 dental Z46.3  
 eye Z44.2   
 substitution  
 auditory Z46.2  
 implanted — *see* Admission, adjustment, device, implanted, hearing device  
 nervous system Z46.2  
 implanted — *see* Admission, adjustment, device, implanted, nervous system  
 visual Z46.2  
 implanted Z45.31  
 hearing aid Z46.1  
 ileostomy device Z46.89  
 intestinal appliance or device NEC Z46.89  
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2  
 implanted Z45.42  
 orthodontic device Z46.4  
 orthopedic device (brace) (cast) (shoes) Z46.89  
 prosthesis Z44.9  
 arm — *see* Admission, adjustment, artificial, arm  
 breast Z44.3   
 dental Z46.3  
 eye Z44.2   
 leg — *see* Admission, adjustment, artificial, leg  
 specified type NEC Z44.8  
 spectacles Z46.0  
 follow-up examination Z09  
 intrauterine device management Z30.431  
 initial prescription Z30.014  
 mental health evaluation Z00.8  
 requested by authority Z04.6  
 observation — *see* Observation  
 Papanicolaou smear, cervix Z12.4  
 for suspected malignant neoplasm Z12.4  
 plastic and reconstructive surgery following medical procedure or healed injury NEC Z42.8  
 plastic surgery, cosmetic NEC Z41.1  
 postpartum observation  
 immediately after delivery Z39.0  
 routine follow-up Z39.2  
 poststerilization (for restoration) Z31.0  
 aftercare Z31.42  
 preoperative management Z31.9  
 prophylactic (measure) — *see also* Encounter, prophylactic measures  
 organ removal Z40.00  
 breast Z40.01  
 fallopian tube(s) Z40.03  
 with ovary(s) Z40.02  
 ovary(s) Z40.02  
 specified organ NEC Z40.09  
 testes Z40.09  
 vaccination Z23  
 psychiatric examination (general) Z00.8  
 requested by authority Z04.6  
 radiation therapy (antineoplastic) Z51.0  
 reconstructive surgery following medical procedure or healed injury NEC Z42.8  
 removal of  
 cystostomy catheter Z43.5  
 drains Z48.03  
 dressing (nonsurgical) Z48.00  
 implantable subdermal contraceptive Z30.46  
 intrauterine contraceptive device Z30.432  
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2  
 implanted Z45.42  
 staples Z48.02  
 surgical dressing Z48.01  
 sutures Z48.02  
 ureteral stent Z46.6  
 respirator (ventilator) use during power failure Z99.12  
 restoration of organ continuity (poststerilization) Z31.0  
 aftercare Z31.42  
 sensitivity test — *see also* Test, skin  
 allergy NEC Z01.82  
 Mantoux Z11.1  
 tuboplasty following previous sterilization Z31.0  
 aftercare Z31.42  
 vasoplasty following previous sterilization Z31.0  
 aftercare Z31.42  
 vision examination Z01.00  
 with abnormal findings Z01.01

**Admission** — *continued*  
 vision examination — *continued*  
 following failed vision screening Z01.020  
 with abnormal findings Z01.021  
 infant or child (over 28 days old) Z00.129  
 with abnormal findings Z00.121  
 waiting period for admission to other facility Z75.1  
**Adnexitis** (suppurative) — *see* Salpingo-oophoritis  
**Adolescent X-linked adrenoleukodystrophy** E71.521  
**Adrenal** (gland) — *see* condition  
**Adrenalism, tuberculous** A18.7  
**Adrenolitis, adenitis** E27.8  
 autoimmune E27.1  
 meningococcal, hemorrhagic A39.1  
**Adrenarache, premature** E27.0  
**Adrenocortical syndrome** — *see* Cushing's, syndrome  
**Adrenogenital syndrome** E25.9  
 acquired E25.8  
 congenital E25.0  
 salt loss E25.0  
**Adrenogenitalism, congenital** E25.0  
**Adrenoleukodystrophy** E71.529  
 neonatal E71.511  
 X-linked E71.529  
 Addison only phenotype E71.528  
 Addison-Schilder E71.528  
 adolescent E71.521  
 adrenomyeloneuropathy E71.522  
 childhood cerebral E71.520  
 other specified E71.528  
**Adrenomyeloneuropathy** E71.522  
**Adventitious bursa** — *see* Bursopathy, specified type  
 NEC  
**Adverse effect** — *see* Table of Drugs and Chemicals, categories T36-T50, with 6th character 5  
**Advice** — *see* Counseling  
**Adynamia** (episodic) (hereditary) (periodic) G72.3  
**Aeration lung imperfect, newborn** — *see* Atelectasis  
**Aerobullosis** T70.3   
**Aerocele** — *see* Embolism, air  
**Aerodermatitis**  
 subcutaneous (traumatic) T79.7   
**Aerodontalgia** T70.29   
**Aeroembolism** T70.3   
**Aerogenes capsulatus infection** A48.0  
**Aero-otitis media** T70.0   
**Aerophagy, aerophagia** (psychogenic) F45.8  
**Aerophobia** F40.228  
**Aerosinusitis** T70.1   
**Aerotitis** T70.0   
**Affection** — *see* Disease  
**Afibrinogenemia** — *see also* Defect, coagulation D68.8  
 acquired D65  
 congenital D68.2  
 following ectopic or molar pregnancy O08.1  
 in abortion — *see* Abortion, by type, complicated by, afibrinogenemia  
 puerperal O72.3  
**African**  
 sleeping sickness B56.9  
 tick fever A68.1  
 trypanosomiasis B56.9  
 gambian B56.0  
 rhodesian B56.1  
**Aftercare** — *see also* Care Z51.89  
 following surgery (for) (on)  
 amputation Z47.81  
 attention to  
 drains Z48.03  
 dressings (nonsurgical) Z48.00  
 surgical Z48.01  
 sutures Z48.02  
 circulatory system Z48.812  
 delayed (planned) wound closure Z48.1  
 digestive system Z48.815  
 explanation of joint prosthesis (staged procedure)  
 hip Z47.32  
 knee Z47.33  
 shoulder Z47.31  
 genitourinary system Z48.816  
 joint replacement Z47.1  
 neoplasm Z48.3  
 nervous system Z48.811  
 oral cavity Z48.814  
 organ transplant  
 bone marrow Z48.290  
 heart Z48.21  
 heart-lung Z48.280

**Aftercare** — *continued*  
 following surgery — *continued*  
 organ transplant — *continued*  
 kidney Z48.22  
 liver Z48.23  
 lung Z48.24  
 multiple organs NEC Z48.288  
 specified NEC Z48.298  
 orthopedic NEC Z47.89  
 planned wound closure Z48.1  
 removal of internal fixation device Z47.2  
 respiratory system Z48.813  
 scoliosis Z47.82  
 sense organs Z48.810  
 skin and subcutaneous tissue Z48.817  
 specified body system  
 circulatory Z48.812  
 digestive Z48.815  
 genitourinary Z48.816  
 nervous Z48.811  
 oral cavity Z48.814  
 respiratory Z48.813  
 sense organs Z48.810  
 skin and subcutaneous tissue Z48.817  
 teeth Z48.814  
 specified NEC Z48.89  
 spinal Z47.89  
 teeth Z48.814  
 fracture — *code to* fracture with seventh character D  
 involving  
 removal of  
 drains Z48.03  
 dressings (nonsurgical) Z48.00  
 staples Z48.02  
 surgical dressings Z48.01  
 sutures Z48.02  
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2  
 implanted Z45.42  
 orthopedic NEC Z47.89  
 postprocedural — *see* Aftercare, following surgery  
**After-cataract** — *see* Cataract, secondary  
**Agalactia** (primary) O92.3  
 elective, secondary or therapeutic O92.5  
**Agammaglobulinemia** (acquired (secondary) (nonfamilial) D80.1  
 with  
 immunoglobulin-bearing B-lymphocytes D80.1  
 lymphopenia D81.9  
 autosomal recessive (Swiss type) D80.0  
 Bruton's X-linked D80.0  
 common variable (CVAgamma) D80.1  
 congenital sex-linked D80.0  
 hereditary D80.0  
 lymphopenic D81.9  
 Swiss type (autosomal recessive) D80.0  
 X-linked (with growth hormone deficiency) (Bruton) D80.0  
**Aganglionosis** (bowel) (colon) Q43.1  
**Age** (old) — *see* Senility  
**Agnesis**  
 adrenal (gland) Q89.1  
 alimentary tract (complete) (partial) NEC Q45.8  
 upper Q40.8  
 anus, anal (canal) Q42.3  
 with fistula Q42.2  
 aorta Q25.41  
 appendix Q42.8  
 arm (complete) Q71.0-   
 with hand present Q71.1-   
 artery (peripheral) Q27.9  
 brain Q28.3  
 coronary Q24.5  
 pulmonary Q25.79  
 specified NEC Q27.8  
 umbilical Q27.0  
 auditory (canal) (external) Q16.1  
 auricle (ear) Q16.0  
 bile duct or passage Q44.5  
 bladder Q64.5  
 bone Q79.9  
 brain Q00.0  
 part of Q04.3  
 breast (with nipple present) Q83.8  
 with absent nipple Q83.0  
 bronchus Q32.4  
 canaliculus lacrimalis Q10.4  
 carpus — *see* Agnesis, hand

## Sodium

## ICD-10-CM 2021

Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional Self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse Effect	Under-dosing	Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional Self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse Effect	Under-dosing
<b>Sodium — continued</b>							<b>Sporostacin</b>	T49.0X1	T49.0X2	T49.0X3	T49.0X4	T49.0X5	T49.0X6
salt NEC	T50.3X1	T50.3X2	T50.3X3	T50.3X4	T50.3X5	T50.3X6	<b>Spray</b> (aerosol)	T65.91	T65.92	T65.93	T65.94	—	—
selenate	T60.2X1	T60.2X2	T60.2X3	T60.2X4	—	—	cosmetic	T65.891	T65.892	T65.893	T65.894	—	—
stibogluconate	T37.3X1	T37.3X2	T37.3X3	T37.3X4	T37.3X5	T37.3X6	medical NEC	T50.901	T50.902	T50.903	T50.904	T50.905	T50.906
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 substance						
tridecyl sulfate	T46.8X1	T46.8X2	T46.8X3	T46.8X4	T46.8X5	T46.8X6	<b>Spurge flax</b>	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—
thiopental	T41.1X1	T41.1X2	T41.1X3	T41.1X4	T41.1X5	T41.1X6	<b>Spurges</b>	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—
thiosalicylate	T39.091	T39.092	T39.093	T39.094	T39.095	T39.096	<b>Sputum viscosity-lowering drug</b>	T48.4X1	T48.4X2	T48.4X3	T48.4X4	T48.4X5	T48.4X6
thiosulfate	T50.6X1	T50.6X2	T50.6X3	T50.6X4	T50.6X5	T50.6X6	<b>Squill</b>	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
tolbutamide	T38.3X1	T38.3X2	T38.3X3	T38.3X4	T38.3X5	T38.3X6	rat poison	T60.4X1	T60.4X2	T60.4X3	T60.4X4	—	—
(L)-triiodothyronine	T38.1X1	T38.1X2	T38.1X3	T38.1X4	T38.1X5	T38.1X6	<b>Squirting cucumber</b> (cathartic)	T47.2X1	T47.2X2	T47.2X3	T47.2X4	T47.2X5	T47.2X6
tyropanoate	T50.8X1	T50.8X2	T50.8X3	T50.8X4	T50.8X5	T50.8X6	<b>Stains</b>	T65.6X1	T65.6X2	T65.6X3	T65.6X4	—	—
valproate	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6	<b>Stannous fluoride</b>	T49.7X1	T49.7X2	T49.7X3	T49.7X4	T49.7X5	T49.7X6
versenate	T50.6X1	T50.6X2	T50.6X3	T50.6X4	T50.6X5	T50.6X6	<b>Stanolone</b>	T38.7X1	T38.7X2	T38.7X3	T38.7X4	T38.7X5	T38.7X6
<b>Sodium-free salt</b>	T50.901	T50.902	T50.903	T50.904	T50.905	T50.906	<b>Stanozolol</b>	T38.7X1	T38.7X2	T38.7X3	T38.7X4	T38.7X5	T38.7X6
<b>Sodium-removing resin</b>	T50.3X1	T50.3X2	T50.3X3	T50.3X4	T50.3X5	T50.3X6	<b>Staphisagria or stavesacre</b> (pediculicide)	T49.0X1	T49.0X2	T49.0X3	T49.0X4	T49.0X5	T49.0X6
<b>Soft soap</b>	T55.0X1	T55.0X2	T55.0X3	T55.0X4	—	—	<b>Starch</b>	T50.901	T50.902	T50.903	T50.904	T50.905	T50.906
<b>Solanine</b>	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—	<b>Stelazine</b>	T43.3X1	T43.3X2	T43.3X3	T43.3X4	T43.3X5	T43.3X6
berries	T62.1X1	T62.1X2	T62.1X3	T62.1X4	—	—	<b>Stemetil</b>	T43.3X1	T43.3X2	T43.3X3	T43.3X4	T43.3X5	T43.3X6
<b>Solanum dulcamara</b>	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—	<b>Stepronin</b>	T48.4X1	T48.4X2	T48.4X3	T48.4X4	T48.4X5	T48.4X6
berries	T62.1X1	T62.1X2	T62.1X3	T62.1X4	—	—	<b>Sterculia</b>	T47.4X1	T47.4X2	T47.4X3	T47.4X4	T47.4X5	T47.4X6
<b>Solapson</b>	T37.1X1	T37.1X2	T37.1X3	T37.1X4	T37.1X5	T37.1X6	<b>Sternutator gas</b>	T59.891	T59.892	T59.893	T59.894	—	—
<b>Solar lotion</b>	T49.3X1	T49.3X2	T49.3X3	T49.3X4	T49.3X5	T49.3X6	<b>Steroid</b>	T38.0X1	T38.0X2	T38.0X3	T38.0X4	T38.0X5	T38.0X6
<b>Solalsulfone</b>	T37.1X1	T37.1X2	T37.1X3	T37.1X4	T37.1X5	T37.1X6	anabolic	T38.7X1	T38.7X2	T38.7X3	T38.7X4	T38.7X5	T38.7X6
<b>Soldering fluid</b>	T65.891	T65.892	T65.893	T65.894	—	—	androgenic	T38.7X1	T38.7X2	T38.7X3	T38.7X4	T38.7X5	T38.7X6
<b>Solid substance</b>	T65.91	T65.92	T65.93	T65.94	—	—	antineoplastic, hormone	T38.7X1	T38.7X2	T38.7X3	T38.7X4	T38.7X5	T38.7X6
specified NEC	T65.891	T65.892	T65.893	T65.894	—	—	estrogen	T38.5X1	T38.5X2	T38.5X3	T38.5X4	T38.5X5	T38.5X6
<b>Solvent, industrial NEC</b>	T52.91	T52.92	T52.93	T52.94	—	—	ENT agent	T49.6X1	T49.6X2	T49.6X3	T49.6X4	T49.6X5	T49.6X6
naphtha	T52.0X1	T52.0X2	T52.0X3	T52.0X4	—	—	ophthalmic preparation	T49.5X1	T49.5X2	T49.5X3	T49.5X4	T49.5X5	T49.5X6
petroleum	T52.0X1	T52.0X2	T52.0X3	T52.0X4	—	—	topical NEC	T49.0X1	T49.0X2	T49.0X3	T49.0X4	T49.0X5	T49.0X6
specified NEC	T52.8X1	T52.8X2	T52.8X3	T52.8X4	—	—	<b>Stibine</b>	T56.891	T56.892	T56.893	T56.894	—	—
<b>Soma</b>	T42.8X1	T42.8X2	T42.8X3	T42.8X4	T42.8X5	T42.8X6	<b>Stibogluconate</b>	T37.3X1	T37.3X2	T37.3X3	T37.3X4	T37.3X5	T37.3X6
<b>Somatorelin</b>	T38.891	T38.892	T38.893	T38.894	T38.895	T38.896	<b>Stibophen</b>	T37.4X1	T37.4X2	T37.4X3	T37.4X4	T37.4X5	T37.4X6
<b>Somatostatin</b>	T38.991	T38.992	T38.993	T38.994	T38.995	T38.996	<b>Stilbamidine</b> (isetionate)	T37.3X1	T37.3X2	T37.3X3	T37.3X4	T37.3X5	T37.3X6
<b>Somatotropin</b>	T38.811	T38.812	T38.813	T38.814	T38.815	T38.816	<b>Stilbestrol</b>	T38.5X1	T38.5X2	T38.5X3	T38.5X4	T38.5X5	T38.5X6
<b>Somatrem</b>	T38.811	T38.812	T38.813	T38.814	T38.815	T38.816	<b>Stilboestrol</b>	T38.5X1	T38.5X2	T38.5X3	T38.5X4	T38.5X5	T38.5X6
<b>Somatropin</b>	T38.811	T38.812	T38.813	T38.814	T38.815	T38.816	<b>Stimulant</b>						
<b>Sominex</b>	T45.0X1	T45.0X2	T45.0X3	T45.0X4	T45.0X5	T45.0X6	central nervous system — see	T43.601	T43.602	T43.603	T43.604	T43.605	T43.606
<b>Somnos</b>	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6	also Psychostimulant						
<b>Somonal</b>	T42.3X1	T42.3X2	T42.3X3	T42.3X4	T42.3X5	T42.3X6	analeptics	T50.7X1	T50.7X2	T50.7X3	T50.7X4	T50.7X5	T50.7X6
<b>Soneryl</b>	T42.3X1	T42.3X2	T42.3X3	T42.3X4	T42.3X5	T42.3X6	opiate antagonist	T50.7X1	T50.7X2	T50.7X3	T50.7X4	T50.7X5	T50.7X6
<b>Soothing syrup</b>	T50.901	T50.902	T50.903	T50.904	T50.905	T50.906	psychotherapeutic NEC — see	T43.601	T43.602	T43.603	T43.604	T43.605	T43.606
<b>Soporif</b>	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6	also Psychotherapeutic						
<b>Soporific drug</b>	T42.71	T42.72	T42.73	T42.74	T42.75	T42.76	specified NEC	T43.691	T43.692	T43.693	T43.694	T43.695	T43.696
specified type NEC	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6	respiratory	T48.901	T48.902	T48.903	T48.904	T48.905	T48.906
<b>Sorbide nitrate</b>	T46.3X1	T46.3X2	T46.3X3	T46.3X4	T46.3X5	T46.3X6	<b>Stone-dissolving drug</b>	T50.901	T50.902	T50.903	T50.904	T50.905	T50.906
<b>Sorbitol</b>	T47.4X1	T47.4X2	T47.4X3	T47.4X4	T47.4X5	T47.4X6	<b>Storage battery</b> (cells) (acid)	T54.2X1	T54.2X2	T54.2X3	T54.2X4	—	—
<b>Sotalol</b>	T44.7X1	T44.7X2	T44.7X3	T44.7X4	T44.7X5	T44.7X6	<b>Stovaine</b>	T41.3X1	T41.3X2	T41.3X3	T41.3X4	T41.3X5	T41.3X6
<b>Sotradecol</b>	T46.8X1	T46.8X2	T46.8X3	T46.8X4	T46.8X5	T46.8X6	infiltration (subcutaneous)	T41.3X1	T41.3X2	T41.3X3	T41.3X4	T41.3X5	T41.3X6
<b>Spasterol</b>	T46.6X1	T46.6X2	T46.6X3	T46.6X4	T46.6X5	T46.6X6	nerve block (peripheral) (plexus)	T41.3X1	T41.3X2	T41.3X3	T41.3X4	T41.3X5	T41.3X6
<b>Spocoline</b>	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
<b>Spanish fly</b>	T49.8X1	T49.8X2	T49.8X3	T49.8X4	T49.8X5	T49.8X6	topical (surface)	T41.3X1	T41.3X2	T41.3X3	T41.3X4	T41.3X5	T41.3X6
<b>Sparine</b>	T43.3X1	T43.3X2	T43.3X3	T43.3X4	T43.3X5	T43.3X6	<b>Stovarsal</b>	T37.8X1	T37.8X2	T37.8X3	T37.8X4	T37.8X5	T37.8X6
<b>Sparteine</b>	T48.0X1	T48.0X2	T48.0X3	T48.0X4	T48.0X5	T48.0X6	<b>Stove gas</b> — see Gas, stove						
<b>Spasmolytic</b>							<b>Stoxil</b>	T49.5X1	T49.5X2	T49.5X3	T49.5X4	T49.5X5	T49.5X6
anticholinergics	T44.3X1	T44.3X2	T44.3X3	T44.3X4	T44.3X5	T44.3X6	<b>Stramonium</b>	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6
autonomic	T44.3X1	T44.3X2	T44.3X3	T44.3X4	T44.3X5	T44.3X6	natural state	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—
bronchial NEC	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6	<b>Streptodornase</b>	T45.3X1	T45.3X2	T45.3X3	T45.3X4	T45.3X5	T45.3X6
quaternary ammonium	T44.3X1	T44.3X2	T44.3X3	T44.3X4	T44.3X5	T44.3X6	<b>Streptoduoine</b>	T36.5X1	T36.5X2	T36.5X3	T36.5X4	T36.5X5	T36.5X6
skeletal muscle NEC	T48.1X1	T48.1X2	T48.1X3	T48.1X4	T48.1X5	T48.1X6	<b>Streptokinase</b>	T45.611	T45.612	T45.613	T45.614	T45.615	T45.616
<b>Spectinomycin</b>	T36.5X1	T36.5X2	T36.5X3	T36.5X4	T36.5X5	T36.5X6	<b>Streptomycin</b> (derivative)	T36.5X1	T36.5X2	T36.5X3	T36.5X4	T36.5X5	T36.5X6
<b>Speed</b>	T43.621	T43.622	T43.623	T43.624	T43.625	T43.626	<b>Streptovincin</b>	T36.5X1	T36.5X2	T36.5X3	T36.5X4	T36.5X5	T36.5X6
<b>Spermicide</b>	T49.8X1	T49.8X2	T49.8X3	T49.8X4	T49.8X5	T49.8X6	<b>Streptozocin</b>	T45.1X1	T45.1X2	T45.1X3	T45.1X4	T45.1X5	T45.1X6
<b>Spider</b> (bite) (venom)	T63.391	T63.392	T63.393	T63.394	—	—	<b>Streptozotocin</b>	T45.1X1	T45.1X2	T45.1X3	T45.1X4	T45.1X5	T45.1X6
antivenin	T50.211	T50.212	T50.213	T50.214	T50.215	T50.216	<b>Stripper</b> (paint) (solvent)	T52.8X1	T52.8X2	T52.8X3	T52.8X4	—	—
<b>Spigelia</b> (root)	T37.4X1	T37.4X2	T37.4X3	T37.4X4	T37.4X5	T37.4X6	<b>Strobane</b>	T60.1X1	T60.1X2	T60.1X3	T60.1X4	—	—
<b>Spindle inactivator</b>	T50.4X1	T50.4X2	T50.4X3	T50.4X4	T50.4X5	T50.4X6	<b>Strofantina</b>	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
<b>Spiperone</b>	T43.4X1	T43.4X2	T43.4X3	T43.4X4	T43.4X5	T43.4X6	<b>Strophanthin</b> (g) (k)	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
<b>Spiramycin</b>	T36.3X1	T36.3X2	T36.3X3	T36.3X4	T36.3X5	T36.3X6	<b>Strophanthus</b>	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
<b>Spirapril</b>	T46.4X1	T46.4X2	T46.4X3	T46.4X4	T46.4X5	T46.4X6	<b>Strophantus</b>	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
<b>Spirilene</b>	T43.591	T43.592	T43.593	T43.594	T43.595	T43.596	<b>Strophantin-g</b>	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
<b>Spirit</b> (s) (neutral) NEC	T51.0X1	T51.0X2	T51.0X3	T51.0X4	—	—	<b>Strychnine</b> (nonmedicinal) (pesticide) (salts)	T65.1X1	T65.1X2	T65.1X3	T65.1X4	—	—
beverage	T51.0X1	T51.0X2	T51.0X3	T51.0X4	—	—	medicinal	T48.291	T48.292	T48.293	T48.294	T48.295	T48.296
industrial	T51.0X1	T51.0X2	T51.0X3	T51.0X4	—	—							
mineral	T52.0X1	T52.0X2	T52.0X3	T52.0X4	—	—							
of salt — see Hydrochloric acid													
surgical	T51.0X1	T51.0X2	T51.0X3	T51.0X4	—	—							
<b>Spirolactone</b>	T50.0X1	T50.0X2	T50.0X3	T50.0X4									



## Chapter 4. Endocrine, Nutritional, and Metabolic Diseases (E00–E89)

### Chapter-specific Guidelines with Coding Examples

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

#### a. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08–E13 as needed to identify all of the associated conditions that the patient has.

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

**E11.65** Type 2 diabetes mellitus with hyperglycemia

**E11.21** Type 2 diabetes mellitus with diabetic nephropathy

**E11.43** Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy

**K31.84** Gastroparesis

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

#### 1) Type of diabetes

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

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

**E10.9** Type 1 diabetes mellitus without complications

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

#### 2) Type of diabetes mellitus not documented

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

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

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

**I10** Essential (primary) hypertension

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

#### 3) Diabetes mellitus and the use of insulin and oral hypoglycemics

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11-, Type 2 diabetes mellitus, should be assigned. An additional code should be assigned from category Z79 to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.

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

**E11.9** Type 2 diabetes mellitus without complications

**Z79.4** Long term (current) use of insulin

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

#### 4) Diabetes mellitus in pregnancy and gestational diabetes

See Section I.C.15. Diabetes mellitus in pregnancy.

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

#### 5) Complications due to insulin pump malfunction

##### (a) Underdose of insulin due to insulin pump failure

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

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

**T85.614A** Breakdown (mechanical) of insulin pump, initial encounter

**T38.3X6A** Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs, initial encounter

**E10.65** Type 1 diabetes mellitus with hyperglycemia

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

##### (b) Overdose of insulin due to insulin pump failure

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

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

**T85.614A** Breakdown (mechanical) of insulin pump, initial encounter

**T38.3X1A** Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional), initial encounter

**E10.641** Type 1 diabetes mellitus with hypoglycemia with coma

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

#### 6) Secondary diabetes mellitus

Codes under categories E08, Diabetes mellitus due to underlying condition, E09, Drug or chemical induced diabetes mellitus, and E13, Other specified diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus. Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).

##### (a) Secondary diabetes mellitus and the use of insulin or oral hypoglycemic drugs

For patients with secondary diabetes mellitus who routinely use insulin or oral hypoglycemic drugs, an additional code from category Z79 should be assigned to identify the long-term (current) use of insulin or oral hypoglycemic drugs. If the patient is treated with both oral medications and insulin, only the code for long-term (current) use of insulin should be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a secondary diabetic patient's blood sugar under control during an encounter.

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

**EXCLUDES 2** certain conditions originating in the perinatal period (P04-P96)  
 certain infectious and parasitic diseases (A00-B99)  
 complications of pregnancy, childbirth and the puerperium (O00-O9A)  
 congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)  
 endocrine, nutritional and metabolic diseases (E00-E88)  
 injury, poisoning and certain other consequences of external causes (S00-T88)  
 neoplasms (C00-D49)  
 symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R94)  
 systemic connective tissue disorders (M30-M36)  
 transient cerebral ischemic attacks and related syndromes (G45.-)

This chapter contains the following blocks:

I00-I02	Acute rheumatic fever
I05-I09	Chronic rheumatic heart diseases
I10-I16	Hypertensive diseases
I20-I25	Ischemic heart diseases
I26-I28	Pulmonary heart disease and diseases of pulmonary circulation
I30-I52	Other forms of heart disease
I60-I69	Cerebrovascular diseases
I70-I79	Diseases of arteries, arterioles and capillaries
I80-I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
I95-I99	Other and unspecified disorders of the circulatory system

**Acute rheumatic fever (I00-I02)**

**DEF:** Inflammatory disease that can follow a throat infection by group A streptococci. Complications can involve the joints (arthritis), subcutaneous tissue (nodules), skin (erythema marginatum), heart (carditis), or brain (chorea).

**I00 Rheumatic fever without heart involvement**

**INCLUDES** arthritis, rheumatic, acute or subacute

**EXCLUDES 1** rheumatic fever with heart involvement (I01.0-I01.9)

**✓4th I01 Rheumatic fever with heart involvement**

**EXCLUDES 1** chronic diseases of rheumatic origin (I05-I09) unless rheumatic fever is also present or there is evidence of reactivation or activity of the rheumatic process

**I01.0 Acute rheumatic pericarditis**

Any condition in I00 with pericarditis

Rheumatic pericarditis (acute)

**EXCLUDES 1** acute pericarditis not specified as rheumatic (I30.-)

**I01.1 Acute rheumatic endocarditis**

Any condition in I00 with endocarditis or valvulitis

Acute rheumatic valvulitis

**I01.2 Acute rheumatic myocarditis**

Any condition in I00 with myocarditis

**I01.8 Other acute rheumatic heart disease**

Any condition in I00 with other or multiple types of heart involvement

Acute rheumatic pancarditis

**I01.9 Acute rheumatic heart disease, unspecified**

Any condition in I00 with unspecified type of heart involvement

Rheumatic carditis, acute

Rheumatic heart disease, active or acute

**✓4th I02 Rheumatic chorea**

**INCLUDES** Sydenham's chorea

**EXCLUDES 1** chorea NOS (G25.5)

Huntington's chorea (G10)

**I02.0 Rheumatic chorea with heart involvement**

Chorea NOS with heart involvement

Rheumatic chorea with heart involvement of any type classifiable under I01.-

**I02.9 Rheumatic chorea without heart involvement**

Rheumatic chorea NOS

**Chronic rheumatic heart diseases (I05-I09)****✓4th I05 Rheumatic mitral valve diseases**

**INCLUDES** conditions classifiable to both I05.0 and I05.2-I05.9, whether specified as rheumatic or not

**EXCLUDES 1** mitral valve disease specified as nonrheumatic (I34.-)  
 mitral valve disease with aortic and/or tricuspid valve involvement (I08.-)

**I05.0 Rheumatic mitral stenosis**

Mitral (valve) obstruction (rheumatic)

**DEF:** Narrowing of the mitral valve between the left atrium and left ventricle due to rheumatic fever. Symptoms include shortness of breath during or after exercise, fatigue, palpitations, chest discomfort, and swelling of feet or legs.

**I05.1 Rheumatic mitral insufficiency**

Rheumatic mitral incompetence

Rheumatic mitral regurgitation

**EXCLUDES 1** mitral insufficiency not specified as rheumatic (I34.0)

**I05.2 Rheumatic mitral stenosis with insufficiency**

Rheumatic mitral stenosis with incompetence or regurgitation

**I05.8 Other rheumatic mitral valve diseases**

Rheumatic mitral (valve) failure

**I05.9 Rheumatic mitral valve disease, unspecified**

Rheumatic mitral (valve) disorder (chronic) NOS

**✓4th I06 Rheumatic aortic valve diseases**

**EXCLUDES 1** aortic valve disease not specified as rheumatic (I35.-)  
 aortic valve disease with mitral and/or tricuspid valve involvement (I08.-)

**I06.0 Rheumatic aortic stenosis**

Rheumatic aortic (valve) obstruction

**I06.1 Rheumatic aortic insufficiency**

Rheumatic aortic incompetence

Rheumatic aortic regurgitation

**I06.2 Rheumatic aortic stenosis with insufficiency**

Rheumatic aortic stenosis with incompetence or regurgitation

**I06.8 Other rheumatic aortic valve diseases****I06.9 Rheumatic aortic valve disease, unspecified**

Rheumatic aortic (valve) disease NOS

**✓4th I07 Rheumatic tricuspid valve diseases**

**INCLUDES** rheumatic tricuspid valve diseases specified as rheumatic or unspecified

**EXCLUDES 1** tricuspid valve disease specified as nonrheumatic (I36.-)  
 tricuspid valve disease with aortic and/or mitral valve involvement (I08.-)

**I07.0 Rheumatic tricuspid stenosis**

Tricuspid (valve) stenosis (rheumatic)

**I07.1 Rheumatic tricuspid insufficiency**

Tricuspid (valve) insufficiency (rheumatic)

**I07.2 Rheumatic tricuspid stenosis and insufficiency****I07.8 Other rheumatic tricuspid valve diseases****I07.9 Rheumatic tricuspid valve disease, unspecified**

Rheumatic tricuspid valve disorder NOS

**✓4th I08 Multiple valve diseases**

**INCLUDES** multiple valve diseases specified as rheumatic or unspecified

**EXCLUDES 1** endocarditis, valve unspecified (I38)  
 multiple valve disease specified a nonrheumatic (I34.-, I35.-, I36.-, I37.-, I38.-, Q22.-, Q23.-, Q24.8-)  
 rheumatic valve disease NOS (I09.1)

**I08.0 Rheumatic disorders of both mitral and aortic valves**

Involvement of both mitral and aortic valves specified as rheumatic or unspecified

**AHA: 2019,2Q,5**

**I08.1 Rheumatic disorders of both mitral and tricuspid valves****I08.2 Rheumatic disorders of both aortic and tricuspid valves****I08.3 Combined rheumatic disorders of mitral, aortic and tricuspid valves****I08.8 Other rheumatic multiple valve diseases****I08.9 Rheumatic multiple valve disease, unspecified****✓4th I09 Other rheumatic heart diseases****I09.0 Rheumatic myocarditis**

**EXCLUDES 1** myocarditis not specified as rheumatic (I51.4)

**L86 Keratoderma in diseases classified elsewhere**

Code first underlying disease, such as:  
Reiter's disease (M02.3-)

- EXCLUDES 1** gonococcal keratoderma (A54.89)
- gonococcal keratosis (A54.89)
- keratoderma due to vitamin A deficiency (E50.8)
- keratosis due to vitamin A deficiency (E50.8)
- xeroderma due to vitamin A deficiency (E50.8)

**√4# L87 Transepidermal elimination disorders**

- EXCLUDES 1** granuloma annulare (perforating) (L92.0)
- L87.0 Keratosis follicularis et parafollicularis in cutem penetrans**  
Hyperkeratosis follicularis penetrans  
Kyrle disease
- L87.1 Reactive perforating collagenosis**
- L87.2 Elastosis perforans serpiginosa**
- L87.8 Other transepidermal elimination disorders**
- L87.9 Transepidermal elimination disorder, unspecified**

**L88 Pyoderma gangrenosum**

- Phagedenic pyoderma
- EXCLUDES 1** dermatitis gangrenosa (L08.0)
- DEF:** Persistent debilitating skin disease characterized by irregular, boggy, blue-red ulcerations, with central healing and undermined edges.

**√4# L89 Pressure ulcer**

- INCLUDES** bed sore
- decubitus ulcer
- plaster ulcer
- pressure area
- pressure sore

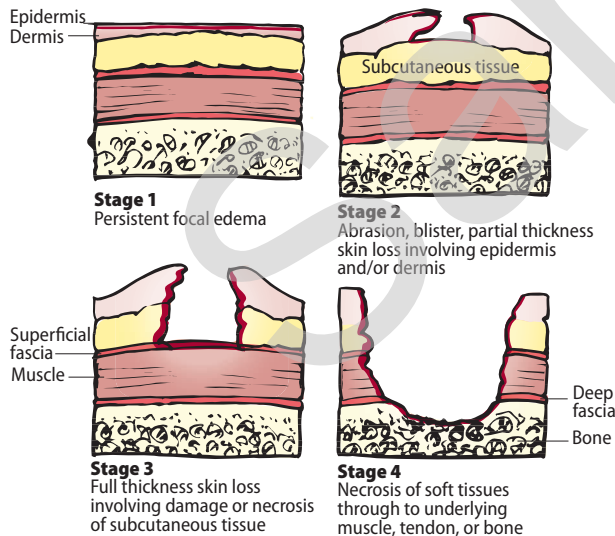
Code first any associated gangrene (I96)

- EXCLUDES 2** decubitus (trophic) ulcer of cervix (uteri) (N86)
- diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
- non-pressure chronic ulcer of skin (L97.-)
- skin infections (L00-L08)
- varicose ulcer (I83.0, I83.2)

**AHA:** 2018,4Q,69; 2018,3Q,3; 2018,2Q,21; 2017,4Q,109; 2017,1Q,49; 2016,4Q,143

**TIP:** The stage of a diagnosed pressure ulcer can be based on documentation from clinicians who are not the patient's provider.

**Four Stages of Pressure Ulcer**



**√5# L89.0 Pressure ulcer of elbow**

- √6# L89.00 Pressure ulcer of unspecified elbow**
- L89.000 Pressure ulcer of unspecified elbow, unstageable** **HCC**

**L89.001 Pressure ulcer of unspecified elbow, stage 1**

- Healing pressure ulcer of unspecified elbow, stage 1
- Pressure pre-ulcer skin changes limited to persistent focal edema, unspecified elbow

**L89.002 Pressure ulcer of unspecified elbow, stage 2** **HCC**

- Healing pressure ulcer of unspecified elbow, stage 2
- Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, unspecified elbow

**L89.003 Pressure ulcer of unspecified elbow, stage 3** **HCC**

- Healing pressure ulcer of unspecified elbow, stage 3
- Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, unspecified elbow

**L89.004 Pressure ulcer of unspecified elbow, stage 4** **HCC**

- Healing pressure ulcer of unspecified elbow, stage 4
- Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, unspecified elbow

**L89.006 Pressure-induced deep tissue damage of unspecified elbow**

**L89.009 Pressure ulcer of unspecified elbow, unspecified stage**

- Healing pressure ulcer of elbow NOS
- Healing pressure ulcer of unspecified elbow, unspecified stage

**√6# L89.01 Pressure ulcer of right elbow**

**L89.010 Pressure ulcer of right elbow, unstageable** **HCC**

**L89.011 Pressure ulcer of right elbow, stage 1**

- Healing pressure ulcer of right elbow, stage 1
- Pressure pre-ulcer skin changes limited to persistent focal edema, right elbow

**L89.012 Pressure ulcer of right elbow, stage 2** **HCC**

- Healing pressure ulcer of right elbow, stage 2
- Pressure ulcer with abrasion, blister, partial thickness skin loss involving epidermis and/or dermis, right elbow

**L89.013 Pressure ulcer of right elbow, stage 3** **HCC**

- Healing pressure ulcer of right elbow, stage 3
- Pressure ulcer with full thickness skin loss involving damage or necrosis of subcutaneous tissue, right elbow

**L89.014 Pressure ulcer of right elbow, stage 4** **HCC**

- Healing pressure ulcer of right elbow, stage 4
- Pressure ulcer with necrosis of soft tissues through to underlying muscle, tendon, or bone, right elbow

**L89.016 Pressure-induced deep tissue damage of right elbow**

**L89.019 Pressure ulcer of right elbow, unspecified stage**

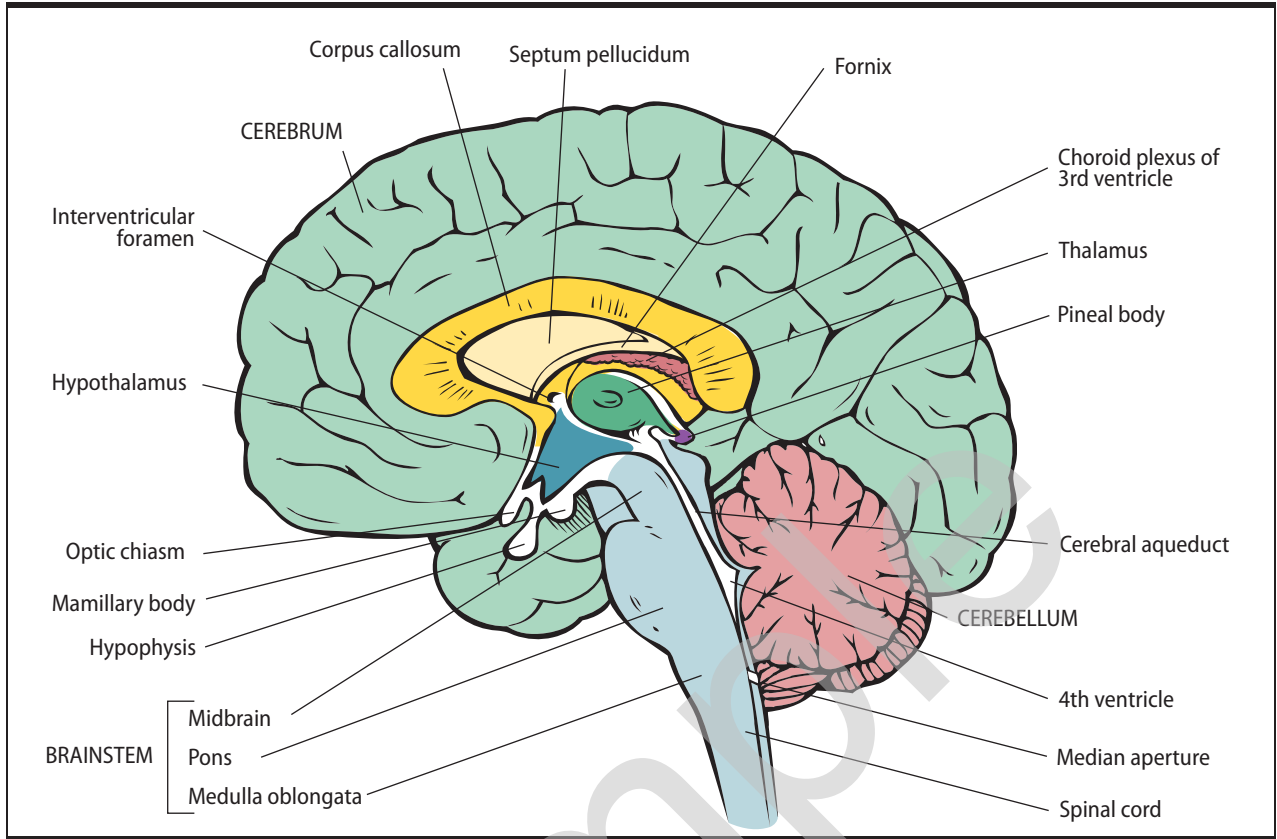
- Healing pressure right of elbow NOS
- Healing pressure ulcer of right elbow, unspecified stage

**√6# L89.02 Pressure ulcer of left elbow**

**L89.020 Pressure ulcer of left elbow, unstageable** **HCC**

## Chapter 6. Diseases of the Nervous System (G00–G99)

### Brain



### Cranial Nerves

