OPTUM360®

2022 CODING GUIDELINES INCLUDED

EXPERT

ICD-10-CM Expert for Home Health and Hospice

The complete official code set

Codes valid from October 1, 2021 through September 30, 2022

2022

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Contents

How to Use ICD-10-CM Expert for Home Health and Hospice 2022

Introduction

ICD-10-CM Expert for Home Health and Hospice: The Complete Official Code Set is your definitive coding resource, combining the work of the National Center for Health Statistics (NCHS), Centers for Medicare and Medicaid Services (CMS), American Hospital Association (AHA), and Optum360 experts to provide the information you need for coding accuracy.

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), is an adaptation of ICD-10, copyrighted by the World Health Organization (WHO). The development and maintenance of this clinical modification (CM) is the responsibility of the NCHS as authorized by WHO. Any new concepts added to ICD-10-CM are based on an established update process through the collaboration of WHO's Update and Revision Committee and the ICD-10-CM Coordination and Maintenance Committee.

In addition to the ICD-10-CM classification, other official government source information has been included in this manual. Depending on the source, updates to information may be annual or quarterly. This manual provides the most current information that was available at the time of publication. For updates to the source documents that may have occurred after this manual was published, please refer to the following:

- **NCHS, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)**

  https://www.cdc.gov/nchs/icd/icd10cm.htm

  https://www.cms.gov/medicare/icd-10/2021-icd-10-cm

- **CMS Integrated Outpatient Code Editor (IOCE), version 21.2**

  https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs.html

- **CMS Home Health Patient-Driven Groupings Model (PDGM)**

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM.html

- **CMS Hospice Quality Reporting Requirements**

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Hospice/Hospice-Regulations-and-Notices

- **AHA Coding Clinics**

  https://www.codingclinicadvisor.com/

- **Additional specialty-specific resources will also be provided on our product updates page at Optum360coding.com, which can be accessed at the following:**

  https://www.optum360coding.com/ProductUpdates/

  Password: Home21

The official NCHS ICD-10-CM classification includes three main sections: the guidelines, the indexes, and the tabular list, all of which make up the bulk of this coding manual. To complement the classification, Optum360's coding experts have incorporated Medicare-related coding edits and proprietary features, such as supplementary notations, coding tools, and appendixes, into a comprehensive and easy-to-use reference. This publication is organized as follows:

What's New for 2022

This section provides a high-level overview of the changes made to the ICD-10-CM official code set for fiscal 2021, identifying codes that have been added and deleted from the classification, codes that had validity changes as a result of these additions and deletions, as well as codes that had revisions to their descriptions. All changes are based on the 2021 official addendum, posted June 30, 2020, by the National Center for Health Statistics (NCHS), the agency charged with maintaining and updating ICD-10-CM. NCHS is part of the Centers for Disease Control and Prevention (CDC).

Conversion Table

The conversion table was developed by National Center for Healthcare Statistics (NCHS) to help facilitate data retrieval as new codes are added to the ICD-10-CM classification. This table provides a crosswalk from each FY 2021 new code to the equivalent code(s) assigned prior to October 1, 2020, for that particular diagnosis or condition. For the full conversion table, including code crosswalks before October 1, 2020, refer to the 2021 Conversion Table zip file at https://www.cms.gov/medicare/icd-10/2021-icd-10-cm.

10 Steps to Correct Coding

This step-by-step tutorial walks the coder through the process of finding the correct code — from locating the code in the official indexes to verifying the code in the tabular section — while following applicable conventions, guidelines, and instructional notes. Specific examples are provided with detailed explanations of each coding step along with advice for proper sequencing.

Official ICD-10-CM Guidelines for Coding and Reporting

This section provides the full official conventions and guidelines regulating the appropriate assignment and reporting of ICD-10-CM codes. These conventions and guidelines are published by the U.S. Department of Health and Human Services (DHHS) and approved by the cooperating parties (American Health Information Management Association [AHIMA], National Center for Health Statistics [NCHS], Centers for Disease Control and Prevention [CDC], and the American Hospital Association [AHA]).

Indexes

Index to Diseases and Injuries

The Index to Diseases and Injuries is arranged in alphabetic order by terms specific to a disease, condition, illness, injury, eponym, or abbreviation as well as terms that describe circumstances other than a disease or injury that may require attention from a health care professional.

Neoplasm Table

The Neoplasm Table is arranged in alphabetic order by anatomical site. Codes are then listed in individual columns based upon the histological behavior (malignant, in situ, benign, uncertain, or unspecified) of the neoplasm.

D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.835	Cytokine release syndrome, grade 5
D89.839	Cytokine release syndrome, grade unspecified
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	Other disorders of aromatic amino-acid metabolism
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.89	Other specified disorders of carbohydrate metabolism
F10.130	Alcohol abuse with withdrawal, uncomplicated
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.139	Alcohol abuse with withdrawal, unspecified
F10.930	Alcohol use, unspecified with withdrawal, uncomplicated
F10.931	Alcohol use, unspecified with withdrawal delirium
F10.932	Alcohol use, unspecified with withdrawal with perceptual disturbance
F10.939	Alcohol use, unspecified with withdrawal, unspecified
F11.13	Opioid abuse with withdrawal
F12.13	Cannabis abuse with withdrawal
F13.130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
F13.131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13.132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
F13.139	Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified
F14.13	Cocaine abuse, unspecified with withdrawal
F14.93	Cocaine use, unspecified with withdrawal
F15.13	Other stimulant abuse with withdrawal
F19.130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19.131	Other psychoactive substance abuse with withdrawal delirium
F19.132	Other psychoactive substance abuse with withdrawal with perceptual disturbance
F19.139	Other psychoactive substance abuse with withdrawal, unspecified
G11.10	Early-onset cerebellar ataxia, unspecified
G11.11	Friedreich ataxia
G11.19	Other early-onset cerebellar ataxia
G40.42	Cyclin-Dependent Kinase-Like 5 Deficiency Disorder
G40.833	Dravet syndrome, intractable, with status epilepticus
G40.834	Dravet syndrome, intractable, without status epilepticus
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G96.00	Cerebrospinal fluid leak, unspecified
G96.01	Cranial cerebrospinal fluid leak, spontaneous
G96.02	Spinal cerebrospinal fluid leak, spontaneous
G96.08	Other cranial cerebrospinal fluid leak
G96.09	Other spinal cerebrospinal fluid leak
G96.191	Perineural cyst
G96.198	Other disorders of meninges, not elsewhere classified
G96.810	Intracranial hypotension, unspecified
G96.811	Intracranial hypotension, spontaneous
G96.819	Other intracranial hypotension
G96.89	Other specified disorders of central nervous system
G97.83	Intracranial hypotension following lumbar cerebrospinal fluid shunting
G97.84	Intracranial hypotension following other procedure
H18.501	Unspecified hereditary corneal dystrophies, right eye
H18.502	Unspecified hereditary corneal dystrophies, left eye
H18.503	Unspecified hereditary corneal dystrophies, bilateral
H18.509	Unspecified hereditary corneal dystrophies, unspecified eye
H18.511	Endothelial corneal dystrophy, right eye
H18.512	Endothelial corneal dystrophy, left eye
H18.513	Endothelial corneal dystrophy, bilateral
H18.519	Endothelial corneal dystrophy, unspecified eye
H18.521	Epithelial (juvenile) corneal dystrophy, right eye
H18.522	Epithelial (juvenile) corneal dystrophy, left eye
H18.523	Epithelial (juvenile) corneal dystrophy, bilateral
H18.529	Epithelial (juvenile) corneal dystrophy, unspecified eye
H18.531	Granular corneal dystrophy, right eye
H18.532	Granular corneal dystrophy, left eye
H18.533	Granular corneal dystrophy, bilateral
H18.539	Granular corneal dystrophy, unspecified eye
H18.541	Lattice corneal dystrophy, right eye
H18.542	Lattice corneal dystrophy, left eye
H18.543	Lattice corneal dystrophy, bilateral
H18.549	Lattice corneal dystrophy, unspecified eye
H18.551	Macular corneal dystrophy, right eye
H18.552	Macular corneal dystrophy, left eye
H18.553	Macular corneal dystrophy, bilateral
H18.559	Macular corneal dystrophy, unspecified eye
H18.591	Other hereditary corneal dystrophies, right eye
H18.592	Other hereditary corneal dystrophies, left eye
H18.593	Other hereditary corneal dystrophies, bilateral
H18.599	Other hereditary corneal dystrophies, unspecified eye
H55.82	Deficient smooth pursuit eye movements
J82.81	Chronic eosinophilic pneumonia
J82.82	Acute eosinophilic pneumonia
J82.83	Eosinophilic asthma
J82.89	Other pulmonary eosinophilia, not elsewhere classified
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
K20.80	Other esophagitis without bleeding
K20.81	Other esophagitis with bleeding
K20.90	Esophagitis, unspecified without bleeding
K20.91	Esophagitis, unspecified with bleeding
K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding
K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
K59.81	Ogilvie syndrome
K59.89	Other specified functional intestinal disorders
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
M05.7A	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement
M05.8A	Other rheumatoid arthritis with rheumatoid factor of other specified site
M06.0A	Rheumatoid arthritis without rheumatoid factor, other specified site
M06.8A	Other specified rheumatoid arthritis, other specified site
M08.0A	Unspecified juvenile rheumatoid arthritis, other specified site

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.

Step 8: Consult the official ICD-10-CM conventions and guidelines.

The *ICD-10-CM Official Guidelines for Coding and Reporting* govern the use of certain codes. These guidelines provide both general and chapter-specific coding guidance.

Admission — *continued*
- examination at health care facility — *see also* Examination — *continued*
  - vision — *continued*
    - infant or child (over 28 days old) Z00.129
      - with abnormal findings Z00.121
- fitting (of)
  - artificial
    - arm — *see* Admission, adjustment, artificial, arm
    - eye Z44.2 ☑
    - leg — *see* Admission, adjustment, artificial, leg
  - brain neuropacemaker Z46.2
    - implanted Z45.42
  - breast prosthesis (external) Z44.3 ☑
  - colostomy belt Z46.89
  - contact lenses Z46.0
  - cystostomy device Z46.6
  - dental prosthesis Z46.3
  - dentures Z46.3
  - device NEC
    - abdominal Z46.89
    - nervous system Z46.2
      - implanted — *see* Admission, adjustment, device, implanted, nervous system
    - orthodontic Z46.4
    - prosthetic Z44.9
      - breast Z44.3 ☑
      - 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
  - neuropacemaker (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
- procreative 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

Admission — *continued*
- removal of — *continued*
  - drains Z48.03
  - dressing (nonsurgical) Z48.00
  - implantable subdermal contraceptive Z30.46
  - intrauterine contraceptive device Z30.432
  - neuropacemaker (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
  - following failed vision screening Z01.020
    - with abnormal findings Z01.021
  - infant or child (over 28 days old) Z00.129
    - with abnormal findings Z00.121
- waiting period for admission to other facility Z75.1

Adnexitis (suppurative) — *see* Salpingo-oophoritis
Adolescent X-linked adrenoleukodystrophy E71.521
Adrenal (gland) — *see* condition
Adrenalism, tuberculous A18.7
Adrenalitis, adrenitis E27.8
- autoimmune E27.1
- meningococcal, hemorrhagic A39.1

Adrenarche, 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 (episodica) (hereditary) (periodic) G72.3
Aeration lung imperfect, newborn — *see* Atelectasis
Aerobullosis T70.3 ☑
Aerocele — *see* Embolism, air
Aerodermectasia
- 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

Aftercare — *continued*
- 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
  - explantation 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
    - 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
- neuropacemaker (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
Agenesis
- 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

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. Treatment directed at the malignancy

If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis.

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

b. 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 unresolved primary prostate cancer is admitted for respiratory care and rehabilitation related to new diagnosis of right lung metastasis.

C78.01 **Secondary malignant neoplasm of right lung**

C61 **Malignant neoplasm of prostate**

Explanation: The patient was admitted for treatment of the secondary neoplastic disease of the right lung with respiratory care. The code for the secondary lung metastasis is sequenced before the code for 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 52-year-old male with chronic lymphocytic leukemia noted with Richter transformation following acute mononucleosis infection, now resolved, is admitted for assessment and monitoring of labs. The clinical record notes anemia secondary to chemotherapy and weekly lab orders. The patient continues to receive chemotherapy.

D64.81 **Anemia due to antineoplastic chemotherapy**

T45.1X5D **Adverse effect of antineoplastic drugs and immunosuppressive drugs, subsequent encounter**

C91.10 **Chronic lymphocytic leukemia of B-cell type not having achieved remission**

Explanation: The code for anemia is sequenced before the code for the neoplasm and the adverse effect of chemotherapy. The seventh character D is applied to code T45.1X5-, as active treatment of the adverse effect, the anemia, is no longer required.

H70.9 Unspecified mastoiditis

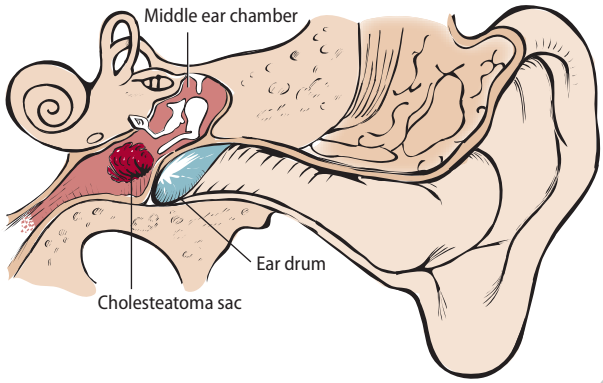
- **H70.90** Unspecified mastoiditis, unspecified ear RP
- **H70.91** Unspecified mastoiditis, right ear
- **H70.92** Unspecified mastoiditis, left ear
- **H70.93** Unspecified mastoiditis, bilateral

H71 Cholesteatoma of middle ear

EXCLUDES 2 *cholesteatoma of external ear (H60.4-)*
recurrent cholesteatoma of postmastoidectomy cavity (H95.0-)

DEF: Cholesteatoma: Noncancerous cyst-like mass of cell debris, including cholesterol and epithelial cells resulting from trauma, repeated or improperly healed infections, and congenital enclosure of epidermal cells.

Cholesteatoma of Middle Ear



H71.0 Cholesteatoma of attic

- **H71.00** Cholesteatoma of attic, unspecified ear RP
- **H71.01** Cholesteatoma of attic, right ear
- **H71.02** Cholesteatoma of attic, left ear
- **H71.03** Cholesteatoma of attic, bilateral

H71.1 Cholesteatoma of tympanum

- **H71.10** Cholesteatoma of tympanum, unspecified ear RP
- **H71.11** Cholesteatoma of tympanum, right ear
- **H71.12** Cholesteatoma of tympanum, left ear
- **H71.13** Cholesteatoma of tympanum, bilateral

H71.2 Cholesteatoma of mastoid

- **H71.20** Cholesteatoma of mastoid, unspecified ear RP
- **H71.21** Cholesteatoma of mastoid, right ear
- **H71.22** Cholesteatoma of mastoid, left ear
- **H71.23** Cholesteatoma of mastoid, bilateral

H71.3 Diffuse cholesteatosis

- **H71.30** Diffuse cholesteatosis, unspecified ear RP
- **H71.31** Diffuse cholesteatosis, right ear
- **H71.32** Diffuse cholesteatosis, left ear
- **H71.33** Diffuse cholesteatosis, bilateral

H71.9 Unspecified cholesteatoma

- **H71.90** Unspecified cholesteatoma, unspecified ear RP
- **H71.91** Unspecified cholesteatoma, right ear
- **H71.92** Unspecified cholesteatoma, left ear
- **H71.93** Unspecified cholesteatoma, bilateral

H72 Perforation of tympanic membrane

INCLUDES persistent post-traumatic perforation of ear drum
postinflammatory perforation of ear drum

Code first any associated otitis media (H65.-, H66.1-, H66.2-, H66.3-, H66.4-, H66.9-, H67.-)

EXCLUDES 1 *acute suppurative otitis media with rupture of the tympanic membrane (H66.01-)*
traumatic rupture of ear drum (S09.2-)

H72.0 Central perforation of tympanic membrane

- **H72.00** Central perforation of tympanic membrane, unspecified ear RP
- **H72.01** Central perforation of tympanic membrane, right ear
- **H72.02** Central perforation of tympanic membrane, left ear
- **H72.03** Central perforation of tympanic membrane, bilateral

H72.1 Attic perforation of tympanic membrane

Perforation of pars flaccida

- **H72.10** Attic perforation of tympanic membrane, unspecified ear RP
- **H72.11** Attic perforation of tympanic membrane, right ear
- **H72.12** Attic perforation of tympanic membrane, left ear
- **H72.13** Attic perforation of tympanic membrane, bilateral

H72.2 Other marginal perforations of tympanic membrane

H72.2X Other marginal perforations of tympanic membrane

- **H72.2X1** Other marginal perforations of tympanic membrane, right ear
- **H72.2X2** Other marginal perforations of tympanic membrane, left ear
- **H72.2X3** Other marginal perforations of tympanic membrane, bilateral
- **H72.2X9** Other marginal perforations of tympanic membrane, unspecified ear RP

H72.8 Other perforations of tympanic membrane

H72.81 Multiple perforations of tympanic membrane

- **H72.811** Multiple perforations of tympanic membrane, right ear
- **H72.812** Multiple perforations of tympanic membrane, left ear
- **H72.813** Multiple perforations of tympanic membrane, bilateral
- **H72.819** Multiple perforations of tympanic membrane, unspecified ear RP

H72.82 Total perforations of tympanic membrane

- **H72.821** Total perforations of tympanic membrane, right ear
- **H72.822** Total perforations of tympanic membrane, left ear
- **H72.823** Total perforations of tympanic membrane, bilateral
- **H72.829** Total perforations of tympanic membrane, unspecified ear RP

H72.9 Unspecified perforation of tympanic membrane

- **H72.90** Unspecified perforation of tympanic membrane, unspecified ear RP
- **H72.91** Unspecified perforation of tympanic membrane, right ear
- **H72.92** Unspecified perforation of tympanic membrane, left ear
- **H72.93** Unspecified perforation of tympanic membrane, bilateral

H73 Other disorders of tympanic membrane

H73.0 Acute myringitis

EXCLUDES 1 *acute myringitis with otitis media (H65, H66)*

H73.00 Unspecified acute myringitis

Acute tympanitis NOS

- **H73.001** Acute myringitis, right ear
- **H73.002** Acute myringitis, left ear
- **H73.003** Acute myringitis, bilateral
- **H73.009** Acute myringitis, unspecified ear RP

H73.01 Bullous myringitis

DEF: Bacterial or viral otitis media that is characterized by the appearance of serous or hemorrhagic blebs on the ear drum and sudden onset of severe pain in ear.

- **H73.011** Bullous myringitis, right ear
- **H73.012** Bullous myringitis, left ear
- **H73.013** Bullous myringitis, bilateral
- **H73.019** Bullous myringitis, unspecified ear RP

H73.09 Other acute myringitis

- **H73.091** Other acute myringitis, right ear
- **H73.092** Other acute myringitis, left ear
- **H73.093** Other acute myringitis, bilateral
- **H73.099** Other acute myringitis, unspecified ear RP

H73.1 Chronic myringitis

Chronic tympanitis

EXCLUDES 1 *chronic myringitis with otitis media (H65, H66)*

- **H73.10** Chronic myringitis, unspecified ear RP
- **H73.11** Chronic myringitis, right ear
- **H73.12** Chronic myringitis, left ear
- **H73.13** Chronic myringitis, bilateral

I69.211 Memory deficit following other nontraumatic intracranial hemorrhage CH CL

I69.212 Visuospatial deficit and spatial neglect following other nontraumatic intracranial hemorrhage CH CL

I69.213 Psychomotor deficit following other nontraumatic intracranial hemorrhage CH CL

I69.214 Frontal lobe and executive function deficit following other nontraumatic intracranial hemorrhage CH CL

I69.215 Cognitive social or emotional deficit following other nontraumatic intracranial hemorrhage CH CL

I69.218 Other symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage CH CL

I69.219 Unspecified symptoms and signs involving cognitive functions following other nontraumatic intracranial hemorrhage RP

✓6th I69.22 Speech and language deficits following other nontraumatic intracranial hemorrhage

I69.220 Aphasia following other nontraumatic intracranial hemorrhage CH CL

I69.221 Dysphasia following other nontraumatic intracranial hemorrhage CH CL

I69.222 Dysarthria following other nontraumatic intracranial hemorrhage CH CL

I69.223 Fluency disorder following other nontraumatic intracranial hemorrhage CH CL

Stuttering following other nontraumatic intracranial hemorrhage

I69.228 Other speech and language deficits following other nontraumatic intracranial hemorrhage CH CL

✓6th I69.23 Monoplegia of upper limb following other nontraumatic intracranial hemorrhage

AHA: 2017,1Q,47

I69.231 Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side CH CL

I69.232 Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side CH CL

I69.233 Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side CH CL

I69.234 Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side CH CL

I69.239 Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side RP

✓6th I69.24 Monoplegia of lower limb following other nontraumatic intracranial hemorrhage

AHA: 2017,1Q,47

I69.241 Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side CH CL

I69.242 Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side CH CL

I69.243 Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side CH CL

I69.244 Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side CH CL

I69.249 Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side RP

✓6th I69.25 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage

AHA: 2015,1Q,25

I69.251 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side CH CL

I69.252 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side CH CL

I69.253 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side CH CL

I69.254 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side CH CL

I69.259 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side RP

✓6th I69.26 Other paralytic syndrome following other nontraumatic intracranial hemorrhage

Use additional code to identify type of paralytic syndrome, such as:
locked-in state (G83.5)
quadriplegia (G82.5-)

EXCLUDES 1 *hemiplegia/hemiparesis following other nontraumatic intracranial hemorrhage (I69.25-)*
monoplegia of lower limb following other nontraumatic intracranial hemorrhage (I69.24-)
monoplegia of upper limb following other nontraumatic intracranial hemorrhage (I69.23-)

I69.261 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side CH CL

I69.262 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side CH CL

I69.263 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side CH CL

I69.264 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side CH CL

I69.265 Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral CH CL

I69.269 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side RP

✓6th I69.29 Other sequelae of other nontraumatic intracranial hemorrhage

I69.290 Apraxia following other nontraumatic intracranial hemorrhage CH CL

I69.291 Dysphagia following other nontraumatic intracranial hemorrhage CH CL

Use additional code to identify the type of dysphagia, if known (R13.1-)

I69.292 Facial weakness following other nontraumatic intracranial hemorrhage

Facial droop following other nontraumatic intracranial hemorrhage

I69.293 Ataxia following other nontraumatic intracranial hemorrhage CH CL

√6th **K91.84 Postprocedural hemorrhage of a digestive system organ or structure following a procedure**
- **K91.840 Postprocedural hemorrhage of a digestive system organ or structure following a digestive system procedure**
  AHA: 2016,1Q,15
- **K91.841 Postprocedural hemorrhage of a digestive system organ or structure following other procedure**

√6th **K91.85 Complications of intestinal pouch**
- **K91.850 Pouchitis**
  Inflammation of internal ileoanal pouch
  DEF: Inflammatory complication of an existing surgically created ileoanal pouch, resulting in multiple GI complaints, including diarrhea, abdominal pain, rectal bleeding, fecal urgency, or incontinence.
- **K91.858 Other complications of intestinal pouch**
  AHA: 2019,2Q,13

K91.86 Retained cholelithiasis following cholecystectomy

√6th **K91.87 Postprocedural hematoma and seroma of a digestive system organ or structure following a procedure**
- **K91.870 Postprocedural hematoma of a digestive system organ or structure following a digestive system procedure**
- **K91.871 Postprocedural hematoma of a digestive system organ or structure following other procedure**
- **K91.872 Postprocedural seroma of a digestive system organ or structure following a digestive system procedure**
- **K91.873 Postprocedural seroma of a digestive system organ or structure following other procedure**

K91.89 Other postprocedural complications and disorders of digestive system
Use additional code, if applicable, to further specify disorder
EXCLUDES 2 *postprocedural retroperitoneal abscess (K68.11)*
AHA: 2020,2Q,22; 2017,1Q,40

√4th **K92 Other diseases of digestive system**
EXCLUDES 1 *neonatal gastrointestinal hemorrhage (P54.0-P54.3)*
- **K92.0 Hematemesis**
- **K92.1 Melena**
  EXCLUDES 1 *occult blood in feces (R19.5)*
- **K92.2 Gastrointestinal hemorrhage, unspecified**
  Gastric hemorrhage NOS
  Intestinal hemorrhage NOS
  EXCLUDES 1 *acute hemorrhagic gastritis (K29.01)*
  hemorrhage of anus and rectum (K62.5)
  angiodysplasia of stomach with hemorrhage (K31.811)
  diverticular disease with hemorrhage (K57.-)
  gastritis and duodenitis with hemorrhage (K29.-)
  peptic ulcer with hemorrhage (K25-K28)

√5th **K92.8 Other specified diseases of the digestive system**
- **K92.81 Gastrointestinal mucositis (ulcerative)**
  Code also type of associated therapy, such as:
  antineoplastic and immunosuppressive drugs (T45.1X-)
  radiological procedure and radiotherapy (Y84.2)
  EXCLUDES 2 *mucositis (ulcerative) of vagina and vulva (N76.81)*
  nasal mucositis (ulcerative) (J34.81)
  oral mucositis (ulcerative) (K12.3-)
- **K92.89 Other specified diseases of the digestive system**

K92.9 Disease of digestive system, unspecified RP

√4th **K94 Complications of artificial openings of the digestive system**

√5th **K94.0 Colostomy complications**
- **K94.00 Colostomy complication, unspecified** RP
- **K94.01 Colostomy hemorrhage**
- **K94.02 Colostomy infection**
  Use additional code to specify type of infection, such as:
  cellulitis of abdominal wall (L03.311)
  sepsis (A40.-, A41.-)
- **K94.03 Colostomy malfunction**
  Mechanical complication of colostomy
- **K94.09 Other complications of colostomy**

√5th **K94.1 Enterostomy complications**
- **K94.10 Enterostomy complication, unspecified** RP
- **K94.11 Enterostomy hemorrhage**
- **K94.12 Enterostomy infection**
  Use additional code to specify type of infection, such as:
  cellulitis of abdominal wall (L03.311)
  sepsis (A40.-, A41.-)
- **K94.13 Enterostomy malfunction**
  Mechanical complication of enterostomy
- **K94.19 Other complications of enterostomy**

√5th **K94.2 Gastrostomy complications**
- **K94.20 Gastrostomy complication, unspecified** RP
- **K94.21 Gastrostomy hemorrhage**
- **K94.22 Gastrostomy infection**
  Use additional code to specify type of infection, such as:
  cellulitis of abdominal wall (L03.311)
  sepsis (A40.-, A41.-)
- **K94.23 Gastrostomy malfunction**
  Mechanical complication of gastrostomy
  AHA: 2019,1Q,26
  TIP: Assign this code for a gastrostomy tube that has become clogged.
- **K94.29 Other complications of gastrostomy**

√5th **K94.3 Esophagostomy complications**
- **K94.30 Esophagostomy complications, unspecified** RP
- **K94.31 Esophagostomy hemorrhage**
- **K94.32 Esophagostomy infection**
  Use additional code to identify the infection
- **K94.33 Esophagostomy malfunction**
  Mechanical complication of esophagostomy
- **K94.39 Other complications of esophagostomy**

√4th **K95 Complications of bariatric procedures**

√5th **K95.0 Complications of gastric band procedure**
- **K95.01 Infection due to gastric band procedure**
  Use additional code to specify type of infection or organism, such as:
  bacterial and viral infectious agents (B95.-, B96.-)
  cellulitis of abdominal wall (L03.311)
  sepsis (A40.-, A41.-)
- **K95.09 Other complications of gastric band procedure**
  Use additional code, if applicable, to further specify complication

√5th **K95.8 Complications of other bariatric procedure**
EXCLUDES 1 *complications of gastric band surgery (K95.0-)*
- **K95.81 Infection due to other bariatric procedure**
  Use additional code to specify type of infection or organism, such as:
  bacterial and viral infectious agents (B95.-, B96.-)
  cellulitis of abdominal wall (L03.311)
  sepsis (A40.-, A41.-)
- **K95.89 Other complications of other bariatric procedure**
  Use additional code, if applicable, to further specify complication

Drug	Z Code	Drug Action/Classification	Indications
Diflucan [fluconazole]		Antifungal	Oropharyngeal and esophageal candidiasis and cryptococcal meningitis in AIDS patients
Digoxin [digoxin]		Cardiotonic glycoside	Heart failure, atrial flutter, atrial fibrillation, and supraventricular tachycardia
Dilantin [phenytoin sodium]		Anticonvulsant	Grand mal and psychomotor seizures
Dilaudid [hydromorphone hydrochloride]	Z79.891	Analgesic, narcotic	Moderate to severe pain
Diovan [valsartan]		Antihypertensive	Hypertension
Diskets [methadone hydrochloride]		Opioid agonist	Treatment of opioid addiction
Divigel [estradiol]	Z79.890	Estrogen therapy – topical	Menopause symptoms
Dolophine HCl [methadone hydrochloride]	Z79.891	Analgesic, narcotic; opioid agonist	Pain; treatment of opioid addiction
Doxycycline [doxycycline]	Z79.2	Antibiotic	Bacterial infections; acne
Duavee [bazedoxifene acetate/conjugated estrogens]	Z79.890	Estrogen therapy	Menopause symptoms; osteoporosis prevention
Duetact [glimepiride/pioglitazone hydrochloride]	Z79.84	Oral hypoglycemic	Diabetes mellitus
Duexis [famotidine/ibuprofen]	Z79.1	Nonsteroidal anti-inflammatory drug (NSAID)	Symptomatic treatment of osteoarthritis and rheumatoid arthritis; reduce risk of ulcers
Dulera [formoterol fumarate/mometasone furoate]	Z79.51	Corticosteroid – inhaled; antiasthmatic	Prophylaxis and treatment of asthma
Duragesic [fentanyl]	Z79.891	Analgesic, narcotic	Chronic pain
Duramorph PF [morphine sulfate]	Z79.891	Analgesic, narcotic	Moderate to severe pain
Durlaza [aspirin]	Z79.82	Aspirin	Prevention of heart attack, stroke, angina
Dynacin [minocycline hydrochloride]	Z79.2	Antibiotic	Severe acne treatment
E.E.S. [erythromycin ethylsuccinate]	Z79.2	Antibiotic	Bacterial infections
Effexor XR [venlafaxine hydrochloride]		Antidepressant, serotonin and norepinephrine reuptake inhibitors (SNRIs)	Major depressive disorder; social anxiety disorder; panic disorder
Effient [prasugrel hydrochloride]	Z79.02	Antiplatelet	Lessening of the chance of heart attack or stroke
Elestrin [estradiol]	Z79.890	Estrogen therapy	Menopause symptoms
Eligard [leuprolide acetate]	Z79.818	Agents affecting estrogen receptors and estrogen levels	Palliative treatment of prostate cancer symptoms
Elinest [norgestrel/ethinyl estradiol]	Z79.3	Contraceptive	Prevention of pregnancy
Eliquis [apixaban]	Z79.01	Anticoagulant	Venous thrombosis
Emoquette [ethinyl estradiol/desogestrel]	Z79.3	Contraceptive	Prevention of pregnancy
Emtriva [emtricitabine]	Z79.899	Antiretroviral	HIV
Enbrel [etanercept]	Z79.899	Antirheumatic	Rheumatoid arthritis; polyarticular juvenile idiopathic arthritis; psoriatic arthritis; ankylosing spondylitis, plaque psoriasis
Enpresse-28 [ethinyl estradiol/levonorgestrel]	Z79.3	Contraceptive	Prevention of pregnancy
Enskyce [desogestrel/ethinyl estradiol]	Z79.3	Contraceptive	Prevention of pregnancy
Entocort EC [budesonide]	Z79.52	Corticosteroid	Crohn's disease; ulcerative colitis
Entresto [sacubitril/valsartan]		Angiotensin II receptor blocker; neprilysin inhibitor	Chronic heart failure
Entyvio [vedolizumab]	Z79.899	Immunosuppressant	Ulcerative colitis; Crohn's disease
Envarsus XR [tacrolimus]	Z79.899	Immunosuppressant	Prophylaxis of organ transplant rejection
Epinephrine [epinephrine]		Bronchodilator, cardiotonic	Most commonly, relief of distress due to bronchospasm and restoration of cardiac rhythm in cardiac arrest
Epivir, Epivir-HBV [lamivudine]	Z79.899	Antiretroviral	HIV, hepatitis B (HBV), asymptomatic HIV
Erelzi [etanercept-szzs]	Z79.899	Antirheumatic	Rheumatoid arthritis; polyarticular juvenile idiopathic arthritis; psoriatic arthritis; ankylosing spondylitis, plaque psoriasis
Errin [norethindrone]	Z79.3	Contraceptive	Prevention of pregnancy
Ertapenem [ertapenem sodium]	Z79.2	Antibiotic	Stomach, urinary tract, pelvis, skin and lung infections
ERYC [erythromycin]	Z79.2	Antibiotic	Respiratory tract infections
Erygel [erythromycin]	Z79.2	Antibiotic, topical	Bacterial skin infections
EryPed [erythromycin ethylsuccinate]	Z79.2	Antibiotic	Bacterial infections; rheumatic fever attacks

Appendix E: Qualifications for Medicare Coverage of Home Health Services

The criteria that must be met by the patient to qualify for Medicare coverage of home health services are specified in the following sections of the Medicare Benefit Policy Manual (Pub. 100-02), Chapter 7 - Home Health Services.

Conditions to be Met for Coverage of Home Health Services

Medicare covers HHA services when the following criteria are met:

1. The person to whom the services are provided is an eligible Medicare beneficiary;
2. The HHA that is providing the services to the beneficiary has in effect a valid agreement to participate in the Medicare program;
3. The beneficiary qualifies for coverage of home health services as described in §30;
4. The services for which payment is claimed are covered as described in §§40 and 50;
5. Medicare is the appropriate payer; and
6. The services for which payment is claimed are not otherwise excluded from payment.

Reasonable and Necessary Services

Background: In enacting the Medicare program, Congress recognized that the physician would play an important role in determining utilization of services. The law requires that payment can be made only if a physician certifies the need for services and establishes a plan of care. The Secretary is responsible for ensuring that Medicare covers the claimed services, including determining whether they are "reasonable and necessary."

Determination of Coverage: The Medicare contractor's decision on whether care is reasonable and necessary is based on information reflected in the home health plan of care, the OASIS as required by 42 CFR 484.55 or a medical record of the individual patient. Medicare does not deny coverage solely on the basis of the reviewer's general inferences about patients with similar diagnoses or on data related to utilization generally, but bases it upon objective clinical evidence regarding the patient's individual need for care.

Coverage of skilled nursing care or therapy to perform a maintenance program does not turn on presence or absence of a patient's potential for improvement from nursing care or therapy, but rather on the patient's need for skilled care. Skilled care may be necessary to improve a patient's current condition, to maintain the patient's current condition, or to prevent or slow further deterioration of the patient's condition.

Impact of Other Available Caregivers and Other Available Coverage on Medicare Coverage of Home Health Services

Where the Medicare criteria for coverage of home health services are met, patients are entitled by law to coverage of reasonable and necessary home health services. Therefore, a patient is entitled to have the costs of reasonable and necessary services reimbursed by Medicare without regard to whether there is someone available to furnish the services. However, where a family member or other person is or will be providing services that adequately meet the patient's needs, it would not be reasonable and necessary for HHA personnel to furnish such services. Ordinarily it can be presumed that there is no able and willing person in the home to provide the services being rendered by the HHA unless the patient or family indicates otherwise and objects to the provision of the services by the HHA, or unless the HHA has first hand knowledge to the contrary.

Similarly, a patient is entitled to reasonable and necessary Medicare home health services even if the patient would qualify for institutional care (e.g., hospital care or skilled nursing facility care) and Medicare payment should be made for reasonable and necessary home health services where the patient is also receiving supplemental services that do not meet Medicare's definition of skilled nursing care or home health aide services.

Example 1: A patient who lives with an adult daughter and otherwise qualifies for Medicare coverage of home health services, requires the assistance of a home health aide for bathing and assistance with an exercise program to improve endurance. The daughter is unwilling to bathe her elderly father and assist him with the exercise program. Home health aide services would be reasonable and necessary.

Example 2: A patient who is being discharged from a hospital with a diagnosis of osteomyelitis and requires continuation of the I.V. antibiotic therapy that was begun in the hospital was found to meet the criteria for Medicare coverage of skilled nursing facility services. If the patient also meets the qualifying criteria for coverage of home health services, payment may be made for the reasonable and necessary home health services the patient needs, notwithstanding the availability of coverage in a skilled nursing facility.

Example 3: A patient who needs skilled nursing care on an intermittent basis also hires a licensed practical (vocational) nurse to provide nighttime assistance while family members sleep. The care provided by the nurse, as respite to the family members, does not require the skills of a licensed nurse (as defined in §40.1) and therefore has no impact on the beneficiary's eligibility for Medicare payment of home health services even though another third party insurer may pay for that nursing care.

Use of Utilization Screens and "Rules of Thumb"

Medicare recognizes that determinations of whether home health services are reasonable and necessary must be based on an assessment of each beneficiary's individual care needs. Therefore, denial of services based on numerical utilization screens, diagnostic screens, diagnosis or specific treatment norms is not appropriate.

Conditions Patient Must Meet to Qualify for Coverage of Home Health Services

To qualify for the Medicare home health benefit a Medicare beneficiary must meet the following requirements:

- Be confined to the home;
- Under the care of a physician;
- Receiving services under a plan of care established and periodically reviewed by a physician;
- Be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology; or
- Have a continuing need for occupational therapy.

For purposes of benefit eligibility, "intermittent" means skilled nursing care that is either provided or needed on fewer than seven days each week or less than eight hours of each day for periods of 21 days or less (with extensions in exceptional circumstances when the need for additional care is finite and predictable).

A patient must meet each of the criteria specified in this section. Patients who meet each of these criteria are eligible to have payment made on their behalf for services discussed in §§40 and 50.

Confined to the Home

For a patient to be eligible to receive covered home health services under both Part A and Part B, the law requires that a physician certify in all cases that the patient is confined to his/her home. For purposes of the statute, an individual shall be considered "confined to the home" (homebound) if the following two criteria are met:

1. Criterion-One:

   The patient must either:

   - Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence

   OR

   - Have a condition such that leaving his or her home is medically contraindicated.

If the patient meets one of the criterion-one conditions, then the patient must *also* meet two additional requirements defined in criterion two below.

2. Criterion-Two:

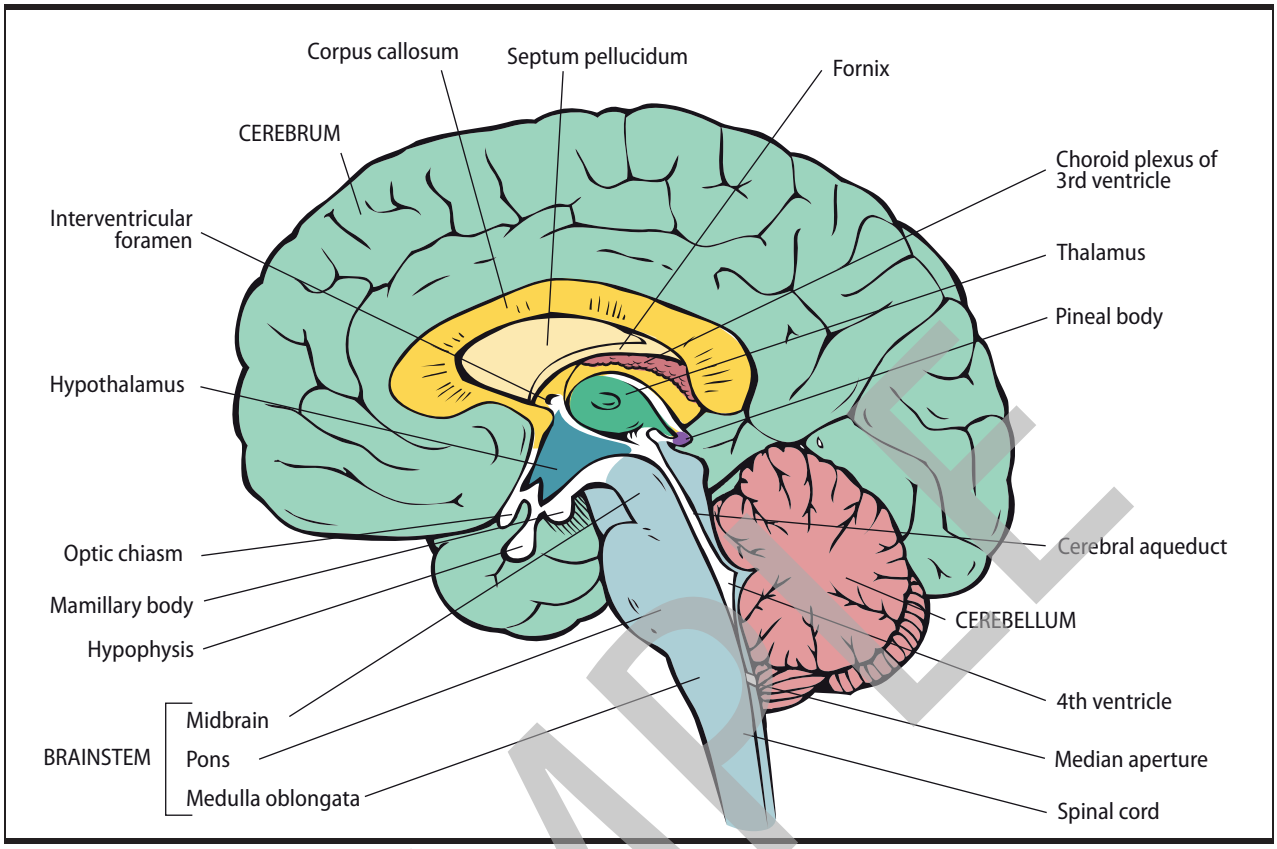
   - There must exist a normal inability to leave home;

   AND

   - Leaving home must require a considerable and taxing effort.

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

Brain



Cranial Nerves