## Table of Contents

**ICD-10-CM Official Guidelines for Coding and Reporting FY 2023**

**Note:** The Official Guidelines are included in the front of the book for quick reference and have a separate Table of Contents to locate specific coding guidelines.

### Guideline Tips
Please visit the publisher’s website for updated Guideline Tips for each Tabular List chapter.

### Preface
1

### List of Features
2

### Practical Steps for Using the ICD-10-CM Book
3

### Symbols and Conventions
4

### Anatomical Illustrations
7

### ICD-10-CM Volume 2 Alphabetic Index to Diseases and Injuries
43

### ICD-10-CM Table of Neoplasms
359

### ICD-10-CM Table of Drugs and Chemicals
371

### ICD-10-CM Volume 1 Tabular List of Diseases and Injuries
419

#### ICD-10-CM Volume 1 Tabular List of Diseases and Injuries

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Certain Infectious and Parasitic Diseases (A00-B99)</td>
<td>453</td>
</tr>
<tr>
<td></td>
<td>Chapter 1 Tabular List</td>
<td>453</td>
</tr>
<tr>
<td>2</td>
<td>Neoplasms (C00-D49)</td>
<td>477</td>
</tr>
<tr>
<td></td>
<td>Chapter 2 Tabular List</td>
<td>477</td>
</tr>
<tr>
<td>3</td>
<td>Diseases of Blood/Blood-Forming Organs &amp; Disorders</td>
<td>515</td>
</tr>
<tr>
<td></td>
<td>Involving Immune Mechanism (D50-D89)</td>
<td>515</td>
</tr>
<tr>
<td></td>
<td>Chapter 3 Tabular List</td>
<td>515</td>
</tr>
<tr>
<td>4</td>
<td>Endocrine, Nutritional and Metabolic Diseases (E00-E89)</td>
<td>527</td>
</tr>
<tr>
<td></td>
<td>Anatomy of the Endocrine System</td>
<td>527</td>
</tr>
<tr>
<td></td>
<td>Chapter 4 Tabular List</td>
<td>529</td>
</tr>
<tr>
<td>5</td>
<td>Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)</td>
<td>551</td>
</tr>
<tr>
<td></td>
<td>Chapter 5 Tabular List</td>
<td>551</td>
</tr>
<tr>
<td>6</td>
<td>Diseases of the Nervous System</td>
<td>581</td>
</tr>
<tr>
<td></td>
<td>Anatomy of the Nervous System</td>
<td>581</td>
</tr>
<tr>
<td></td>
<td>Chapter 6 Tabular List</td>
<td>583</td>
</tr>
<tr>
<td>7</td>
<td>Diseases of the Eye and Adnexa</td>
<td>603</td>
</tr>
<tr>
<td></td>
<td>Anatomy of the Eye</td>
<td>603</td>
</tr>
<tr>
<td></td>
<td>Chapter 7 Tabular List</td>
<td>605</td>
</tr>
<tr>
<td>8</td>
<td>Diseases of the Ear and Mastoid Process (H60-H95)</td>
<td>643</td>
</tr>
<tr>
<td></td>
<td>Anatomy of the Ear</td>
<td>643</td>
</tr>
<tr>
<td></td>
<td>Chapter 8 Tabular List</td>
<td>644</td>
</tr>
</tbody>
</table>

#### Chapter 9

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Circulatory System (I00-I99)</td>
<td>657</td>
</tr>
<tr>
<td>Anatomy of the Cardiovascular System</td>
<td>657</td>
</tr>
<tr>
<td>Anatomy of the Lymphatic System</td>
<td>664</td>
</tr>
</tbody>
</table>

#### Chapter 10

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Respiratory System (J00-J99)</td>
<td>711</td>
</tr>
<tr>
<td>Anatomy of the Respiratory System</td>
<td>711</td>
</tr>
</tbody>
</table>

#### Chapter 11

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Digestive System (K00-K95)</td>
<td>729</td>
</tr>
<tr>
<td>Anatomy of the Digestive System</td>
<td>729</td>
</tr>
</tbody>
</table>

#### Chapter 12

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Skin and Subcutaneous Tissue (L00-L99)</td>
<td>757</td>
</tr>
<tr>
<td>Anatomy of the Integumentary System</td>
<td>757</td>
</tr>
</tbody>
</table>

#### Chapter 13

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Musculoskeletal System and Connective Tissue</td>
<td>781</td>
</tr>
<tr>
<td>(M00-M99)</td>
<td>781</td>
</tr>
</tbody>
</table>

#### Chapter 14

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Genitourinary System (N00-N99)</td>
<td>879</td>
</tr>
<tr>
<td>Anatomy of the Male Reproductive System</td>
<td>879</td>
</tr>
</tbody>
</table>

#### Chapter 15

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy, Childbirth and the Puerperium (O00-O9A)</td>
<td>901</td>
</tr>
</tbody>
</table>

#### Chapter 16

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain Conditions Originating in the Perinatal Period (P00-P96)</td>
<td>941</td>
</tr>
</tbody>
</table>

#### Chapter 17

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital Malformations, Deformations, and Chromosomal Abnormalities</td>
<td>953</td>
</tr>
<tr>
<td>(Q00-Q99)</td>
<td>953</td>
</tr>
</tbody>
</table>

#### Chapter 18

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not</td>
<td>971</td>
</tr>
<tr>
<td>Elsewhere Classified (R00-R99)</td>
<td>971</td>
</tr>
</tbody>
</table>

#### Chapter 19

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury, Poisoning, and Certain Other Consequences of External Causes</td>
<td>991</td>
</tr>
<tr>
<td>(S00-T88)</td>
<td>991</td>
</tr>
</tbody>
</table>

#### Chapter 20

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Causes of Morbidity (V00-Y99)</td>
<td>1205</td>
</tr>
<tr>
<td>Chapter 20 Tabular List</td>
<td>1205</td>
</tr>
</tbody>
</table>

#### Chapter 21

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors Influencing Health Status and Contact with Health Services</td>
<td>1279</td>
</tr>
<tr>
<td>(Z00-Z99)</td>
<td>1279</td>
</tr>
</tbody>
</table>

#### Chapter 22

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codes for Special Purposes (U00-U85)</td>
<td>1315</td>
</tr>
</tbody>
</table>

### Appendix A: Z Codes for Long-term Use of Drugs
1317

### Appendix B: Symbols for 7th-Character Codes
1329

### Appendix C: Summary of 2023 ICD-10-CM Changes
1353
ICD-10-CM Official Guidelines for Coding and Reporting FY 2023

(October 1, 2022 - September 30, 2023)

2023 ICD-10-CM

Find updates, tips, and corrections for this book at www.aapc.com/coderebook_updates.

Narrative changes appear in bold text.
Items underlined have been moved within the guidelines since the FY 2022 version.
Italics are used to indicate revisions to heading changes.

The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). The guidelines, which are a companion document to the official version of the ICD-10-CM as published on the NCHS website. The ICD-10-CM is a morbidity classification published by the United States for classifying diagnoses and reason for visits in all health care settings. The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization (WHO).

These guidelines have been approved by the four organizations that make up the Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), CMS, and NCHS. These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-CM itself. The instructions and conventions of the classification take precedence over guidelines. These guidelines are based on the coding and sequencing instructions in the Tabular List and Alphabetic Index of ICD-10-CM, but provide additional instruction. Adherence to these guidelines when assigning ICD-10-CM diagnosis codes is required under the Health Insurance Portability and Accountability Act (HIPAA). The diagnosis codes (Tabular List and Alphabetic Index) have been adopted under HIPAA for all healthcare settings. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures. These guidelines have been developed to assist both the healthcare provider and the coder in identifying those diagnoses that are reported. The importance of complete, consistent documentation in the medical record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

The term encounter is used for all settings, including hospital admissions. In the context of these guidelines, the term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient’s diagnosis. Only this set of guidelines, approved by the Cooperating Parties, is official.

These guidelines are organized into sections. Section I includes the structure and conventions of the classification and general guidelines that apply to the entire classification, and chapter-specific guidelines that correspond to the chapters as they are arranged in the classification. Section II includes guidelines for selection of principal diagnosis for non-outpatient settings. Section II includes guidelines for reporting additional diagnoses in non-outpatient settings. Section IV is for outpatient coding and reporting. It is necessary to review all sections of the guidelines to fully understand all of the rules and instructions needed to code properly.

ICD-10-CM Official Guidelines for Coding and Reporting FY 2023

Section I. Conventions, General Coding Guidelines and Chapter Specific Guidelines

A. Conventions for the ICD-10-CM

1. The Alphabetic Index and Tabular List
2. Format and Structure
3. Use of codes for reporting purposes
4. Placeholder character
5. 7th Characters
6. Abbreviations
   a. Alphabetic Index abbreviations
   b. Tabular List abbreviations
7. Punctuation
8. Use of “and”
9. Other and Unspecified codes (See Fig. IA.9)
   a. “Other” codes
   b. “Unspecified” codes
10. Includes Notes
11. Excludes Notes
   a. Excludes1
   b. Excludes2
12. Etymology/manifestation convention ("code first", "use additional code", and "in diseases classified elsewhere"
13. Coding
d14. "And"
15. "With"
16. "See" and "See Also"
17. "Code also" note
18. Default codes
19. Code assignment and Clinical Criteria

B. General Coding Guidelines
1. Locating a code in the ICD-10-CM
2. Level of Detail in Coding
3. Code or codes from A00.0 through T88.9, Z00-299.8, U00-U85
4. Signs and symptoms
5. Conditions that are an integral part of a disease process
6. Conditions that are not an integral part of a disease process
7. Multiple coding for a single condition
8. Acute and Chronic Conditions
9. Combination Code
10. Sequela (Late Effects)
11. Impending or Threatened Condition (See Fig. IB.11)
12. Reporting Same Diagnosis Code More than Once
13. Lateliness
14. Documentation by Clinicians Other than the Patient’s Provider
15. Syndromes
16. Documentation of Complications of Care
17. Borderline Diagnosis
18. Use of Sign/Symptom/Unspecified Codes
19. Coding for Healthcare Encounters in Hurricane Aftermath
   a. Use of External Cause of Morbidity Codes
   b. Sequencing of External Causes of Morbidity Codes
   c. Other External Causes of Morbidity Code Issues
   d. Use of 2 codes
20. Chapter-Specific Coding Guidelines

1. Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)
   a. Human Immunodeficiency Virus (HIV) Infections
   b. Infectious agents as the cause of diseases classified to other chapters
   c. Infections resistant to antibiotics
   d. Sepsis, Severe Sepsis, and Septic Shock
   e. Methylcellulose Resin
   f. Staphylococcus aureus (MRSA) Conditions
   g. Zika virus infections
   h. Coronavirus infections
2. Chapter 2: Neoplasms (C00-D49)
   a. Treatment directed to the malignancy
   b. Treatment of secondary site
   c. Coding and sequencing of complications (See Table IC.2c.1)
   d. Primary malignancy previously excised
   e. Admissions/Encounters involving chemotherapy, immunotherapy and radiation therapy
   f. Admission/Encounter to determine extent of malignancy
   g. Symptoms, signs, and abnormal findings listed in Chapter 18 associated with neoplasms
   h. Admission/Encounter for pain control management
   i. Malignancy in two or more noncontiguous sites
   j. Disseminated malignant neoplasms, unspecified
   k. Malignant neoplasm without specification of site
   l. Sequencing of neoplasm codes
3. Chapter 3: Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4. Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
   a. Diabetes mellitus (See Fig. IC.4.a)
   b. Adrenal gland diseases
   c. Thyroid gland diseases
5. Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
   a. Pain disorders related to psychological factors
   b. Mental and behavioral disorders due to psychoactive substance use
   c. Factitious Disorder
6. Chapter 6: Diseases of the Nervous System (G00-G99)
   a. Dominant/non-dominant side
   b. Pain - Category G89
7. Chapter 7: Diseases of the Eye and Adnexa (H00-H59)
   a. Glaucoma
   b. Blindness
8. Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)
   a. Hypertension (See Figure IC.9.a)
   b. Atherosclerotic Coronary Artery Disease and Angina
   c. Intravascular and Postprocedural Cerebrovascular Accident
   d. Sequela of cerebrovascular disease
   e. Acute myocardial infarction (AMI)
9. Chapter 10: Diseases of the Respiratory System (J00-J99), U07.0
   a. Chronic Obstructive Pulmonary Disease (COPD) and Asthma
   b. Acute Respiratory Failure (See Fig. IC.10.b)
   c. Influenza due to certain identified influenza viruses
   d. Ventilator associated pneumonia
   e. Vaping-related disorders

2023 ICD-10-CM

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11. Chapter 11: Diseases of the Digestive System (K00-K93)
   Reserved for future guideline expansion ........................................... G18
12. Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)...
   a. Pressure ulcer stage codes (See Fig. I.C.12.a) ............................... G18
   b. Chronic Pressure Ulcers .................................................................. G19
13. Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
   a. Site and laterality ........................................................................... G19
   b. Acute traumatic versus chronic or recurrent musculoskeletal conditions .............................................................. G19
   c. Coding of Pathologic Fractures (See Fig. I.C.13.c) .................... G19
   d. Osteoporosis .................................................................................. G19
   e. Multisystem Inflammatory Syndrome ........................................... G19
14. Chapter 14: Diseases of Genitourinary System (N00-N99) ............ G20
   a. Chronic kidney disease .................................................................. G20
15. Chapter 15: Pregnancy, Childbirth, and the Puerperium (O00-O99) G20
   a. General Rules for Obstetric Cases .................................................. G20
   b. Selection of OB Principal or First-listed Diagnosis ..................... G21
   c. Pre-existing conditions versus conditions due to the pregnancy .... G21
   d. Pre-existing hypertension in pregnancy ....................................... G21
   e. Fetal Conditions Affecting the Management of the Mother ....... G21
   f. Infection in Pregnancy, Childbirth and the Puerperium ............. G21
   g. Diabetes mellitus in pregnancy (See Fig. I.C.15.g) ................. G21
   h. Long term use of insulin and oral hypoglycemics ..................... G21
   i. Gestational (pregnancy induced) diabetes (See Fig. I.C.15.g) ....... G21
   j. Septic and septic shock complicating abortion, pregnancy, childbirth and the puerperium .............................. G21
   k. Puerperal sepsis ............................................................................ G21
   l. Alcohol, tobacco and drug use during pregnancy, childbirth and the puerperium .................................................. G22
   m. Poisoning, toxic effects, adverse effects and underdosing in a pregnant patient .............................................. G22
   n. Normal Delivery, Code O80 ......................................................... G22
   o. The Puerperium and Puerperium Periods ................................... G22
   p. Code O94, Sequence of complication of pregnancy, childbirth, and the puerperium ............................................................... G23
   q. Termination of Pregnancy and Spontaneous abortions ........... G23
   r. Abuse in a pregnant patient .......................................................... G23
   s. COVID-19 infection in pregnancy, childbirth, and the puerperium ........................................................................... G23
16. Chapter 16: Certain Conditions Originating in the Perinatal Period (P00-P96) G23
   a. General Perinatal Rules ................................................................. G23
   b. Observation and Evaluation of Newborns for Suspected Conditions Not Found ...................................................... G23
   c. Coding Additional Perinatal Diagnoses ...................................... G23
   d. Coding of Birth Trauma ............................................................... G23
   e. Low birth weight and immaturity status .................................... G24
   f. Bacterial Sepsis of Newborn ........................................................ G24
   g. Stillbirth ......................................................................................... G24
   h. COVID-19 infection in Newborn .................................................. G24
17. Chapter 17: Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99) ............................................. G24
18. Chapter 18: Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) .................. G24
   a. Use of symptom codes .................................................................. G24
   b. Use of a symptom code with a definitive diagnosis code ........ G24
   c. Combination codes that include symptoms ................................ G24
   d. Repeated falls ................................................................................ G24
   e. Coma .............................................................................................. G24
   f. Functional quadriplegia ................................................................. G24
   g. SIRS due to Non-Infectious Process .......................................... G24
   h. Death NOS .................................................................................... G25
   i. NIHSS Stroke Scale ....................................................................... G25
19. Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88) ................................................................. G25
   a. Application of 7th Characters in Chapter 19 ............................. G25
   b. Coding of Injuries .......................................................................... G25
   c. Coding of Traumatic Fractures (See Fig. I.C.19.c) .................... G25
   d. Coding of Burns and Cuts ............................................................ G25
   e. Adverse Effects, Poisoning, Underdosing and Toxic Effects .... G26
   f. Adult and child abuse, neglect and other maltreatment .......... G27
   g. Complications of care .................................................................. G27
20. Chapter 20: External Causes of Morbidity (V00-Y99) ...................... G28
   a. General External Cause Coding Guidelines ............................... G28
   b. Place of Occurrence Guidelines .................................................. G28
   c. Activity Code ................................................................................ G28
   d. Place of Occurrence, Activity, and Status Codes Used with other External Cause Code ........................................... G28
   e. If the Reporting Format Limits the Number of External Cause Codes ............................................................................. G28
   f. Multiple External Cause Coding Guidelines ............................... G28
   g. Child and Adult Abuse Guidelines ............................................. G29
   h. Unknown or Undetermined Intent Guidelines ......................... G29
   i. Sequelae (Late Effects) of External Cause Guidelines .......... G29
   j. Terrorism Guidelines ................................................................... G29
   k. External Cause Status .................................................................. G29
21. Chapter 21: Factors influencing health status and contact with health services (Z00-Z99) ................................................................. G29
   a. Use of Z Codes in Any Healthcare Setting ................................. G29
   b. Z Codes Indicate a Reason for an Encounter or Provide Additional Information about a Patient Encounter .......................... G29
   c. Categories of Z Codes .................................................................. G29
22. Chapter 22: Codes for Special Purposes (U00-U85) ........................ G33

Section II. Selection of Principal Diagnosis ............................................. G33
A. Codes for symptoms, signs, and ill-defined conditions ................ G33
B. Two or more related conditions, each potentially meeting the definition for principal diagnosis .................................................. G34
C. Two or more diagnoses that equally meet the definition for principal diagnosis ................................................................. G34
D. Two or more comparative or contrasting conditions ................ G34
E. A symptom(s) followed by contrasting/comparative diagnoses .... G34
F. Original treatment plan not carried out ........................................ G34
G. Complications of surgery and other medical care ......................... G34
H. Uncertain Diagnosis ....................................................................... G34
I. Admission from Observation Unit .................................................. G34
J. Admission Following Post-Operative Observation ....................... G34
K. Admission from Outpatient Surgery .............................................. G34
L. Admissions/Encounters for Rehabilitation ..................................... G34

Section III. Reporting Additional Diagnoses (See Fig. Section III) ........ G34
A. Previous conditions ........................................................................ G34
B. Abnormal findings ......................................................................... G34
C. Uncertain Diagnosis ....................................................................... G34

Section IV. Diagnostic Coding and Reporting Guidelines for Outpatient Services .............................................................................. G35
A. Selection of first-listed condition .................................................... G35
1. Outpatient Surgery ........................................................................ G35
2. Observation Stay ........................................................................... G35
B. Coding from C00.00 through T88.9, Z00-Z99, U00-U85 ................ G35
C. Accurate reporting of ICD-10-CM diagnosis codes ..................... G35
D. Codes that describe symptoms and signs ..................................... G35
E. Encounters for circumstances other than a disease or injury ........ G35
F. Level of Detail in Coding ................................................................ G35
   1. ICD-10-CM codes with 3, 4, 5, 6 or 7 characters ....................... G35
   2. Use of full number of characters required for a code .............. G35
   3. Highest level of specificity .......................................................... G35
   G. ICD-10-CM code for the diagnosis, condition, problem, or other reason for encounter/visit ..................................................... G35
H. Uncertain diagnosis (See Fig. IV. H) .............................................. G35
I. Chronic diseases ............................................................................. G36
J. Code all documented conditions that coexist ................................ G36
K. Patients receiving diagnostic services only ................................ G36
L. Patients receiving therapeutic services only ................................ G36
M. Patients receiving preoperative evaluations only (See Fig. IV. M) G36
N. Ambulatory surgery ....................................................................... G36
O. Routine outpatient prenatal visits ................................................ G36
P. Encounters for general medical examinations with abnormal findings ................................................................. G36
Q. Encounters for routine health screenings .................................... G36

Appendix I. Present on Admission Reporting Guidelines (See Fig. Appendix I). G36

List of Figures
Figure I.A.9: Other and Unspecified Codes ........................................ G3
Figure I.B.1: Locating a Code in the ICD-10-CM ................................ G4
Figure I.B.11: Impending or Threatened Condition ........................... G5
Figure I.C.1.a.2.d: Asymptomatic Human Immunodeficiency Virus .. G7
Figure I.C.1.d: Sepsis, Severe Sepsis, and Septic Shock .................. G8
Figure I.C.4.a: Diabetes Mellitus (DM) ............................................. G12
Figure I.C.4.a.2: Type of Diabetes Mellitus Not Documented ........ G13
Figure I.C.5.b.2: Psychoactive Substance Use, Abuse and Dependence G16
Figure I.C.9.a: Hypertension (HTN) ................................................ G16
Figure I.C.10.b: Acute Respiratory Failure ...................................... G18
Figure I.C.12.a: Pressure Ulcer Stage Codes ................................... G19
Figure I.C.13.c: Coding of Pathologic Fractures ............................. G20
Figure I.C.15.a.1: Codes From Chapter 15 and Sequencing Priority (Coding for Pneumonia) ................................................................. G22
Figure I.C.15.g: Conditions Affecting Pregnancy ............................ G22
Figure I.C.19.c: Coding of Traumatic Fractures ............................. G26
Figure I.C.21.c.5: Screening vs. Therapeutic .................................. G31
Figure Section III: Reporting Additional Diagnoses ................. G31
Figure I.D.1: Uncertain Diagnosis ..................................................... G35
Figure I.D.1: Patients Receiving Preoperative Evaluations Only ........ G36
Figure Appendix I: Present on Admission Reporting Guidelines .... G37

List of Tables
Table I.C.2.c.1: Coding and Sequencing of Complications ............. G11
Table I.C.19.e: Adverse Effect, Poisoning, Underdosing, and Toxic Effects G27
4. Signs and symptoms

Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (codes R00.0 - R19) contains many, but not all, codes for symptoms. See Section I.B.18 Use of Signs/Symptom/Unspecified Codes.

5. Conditions that are an integral part of a disease process

Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

6. Conditions that are not an integral part of a disease process

Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.

7. Multiple coding for a single condition

In addition to the etiology/manifestation convention that requires two codes to fully describe a single condition that affects multiple body systems, there are other single conditions that also require more than one code. "Use additional code" notes are found in the Tabular List at codes that are not part of an etiology/manifestation pair where a secondary code is useful to fully describe a condition. The sequencing rule is the same as the etiology/manifestation pair; "use additional code" indicates that a secondary code should be added, if known. For example, for bacterial infections that are not included in chapter 1, a secondary code from category B93, Streptococci, Staphylococci, and Enterococci, as the cause of diseases classified elsewhere, or B96, Other bacterial agents as the cause of diseases classified elsewhere, may be required to identify the bacterial organim causing the infection. A "use additional code" note will normally be found at the infectious disease code, indicating a need for the organism code to be added as a secondary code.

"Code first" notes are also under certain codes that are not specifically manifestation codes but may be due to an underlying cause. When there is a "code first" note and an underlying condition is present, the underlying condition should be sequenced first, if known.

"Code, if applicable, any causal condition first" notes indicate that this code may be assigned as a principal diagnosis when the causal condition is unknown or not applicable. If a causal condition is known, then the code for that condition should be sequenced as the principal or first-listed diagnosis.

Multiple codes may be needed for sequelae, complication codes, and obstetric codes to more fully describe a condition. See the specific guidelines for these conditions for further instruction.

8. Acute and Chronic Conditions

If the same condition is described as both acute (subacute) and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute (subacute) code first.

9. Combination Code

A combination code is a single code used to classify:

Two diagnoses, or
A diagnosis with an associated secondary process (manifestation)
A diagnosis with an associated complication

Combination codes are identified by referring to subterm entries in the Alphabetic Index and by reading the inclusion and exclusion notes in the Tabular List. Assign only the combination code when that code fully identifies the diagnostic conditions involved or when the Alphabetic Index so directs. Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis. When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code.

10. Sequela (Late Effects)

A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury. Examples of sequela include: scar formation resulting from a burn, deviated septum due to a nasal fracture, and infertility due to tubal occlusion from old tuberculosis. Coding of sequela generally requires two codes sequenced in the following order: the condition or nature of the sequela is sequenced first. The sequela code is sequenced second.

An exception to the above guidelines are those instances where the code for the sequela is followed by a manifestation code identified in the Tabular List and title, or the sequela code has been expanded (at the fourth, fifth or sixth character levels) to include the manifestation(s).

The code for the acute phase of an illness or injury that led to the sequela is never used with a code for the late effect.


See Section I.C.15. Sequelae of complication of pregnancy, childbirth and the puerperium.


11. Impending or Threatened Condition (See Fig. I.B.11)

Code any condition described at the time of discharge as "impending" or "threatened" as follows:

If it did occur, code as confirmed diagnosis.
If it did not occur, reference the Alphabetic Index to determine if the condition has a subentry term for "impending" or "threatened" and also reference main term entries for "Impending" and for "Threatened.
If the subterms are listed, assign the given code.
If the subterms are not listed, code the existing underlying condition(s) and not the condition described as impending or threatened.

12. Reporting Same Diagnosis Code More than Once

Each unique ICD-10-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions when there no distinct codes identifying laterality or two different conditions classified to the same ICD-10-CM diagnosis code.

13. Laterality

Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

When a patient has a bilateral condition and each side is treated during separate encounters, assign the “bilateral” code (as the condition still exists on both sides), including for the encounter to treat the first side. For the second encounter for treatment after one side has previously been treated and the
8. Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)
   Reserved for future guideline expansion.
9. Chapter 9: Diseases of the Circulatory System (I00-I99)
   a. Hypertension
      (See Figure I.C.9.a)
      The classification presumes a causal relationship between hypertension and heart involvement and between hypertension and kidney involvement, as the two conditions are linked by the term “with” in the Alphabetic Index. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated.
      For hypertension and conditions not specifically linked by relational terms such as “with”, “associated with” or “due to” in the classification, provider documentation must link the conditions in order to code them as related.
      1) Hypertension with Heart Disease
         Hypertension with heart conditions classified to I50.- or I51.4-I51.7, I51.89, I51.9, are assigned to a code from category I11, Hypertensive heart disease. Use additional codes from category I50, Heart failure, to identify the type(s) of heart failure in those patients with heart failure.
         The same heart conditions (I50.-, I51.4-I51.7, I51.89, I51.9) with hypertension are coded separately if the provider has documented they are unrelated to the hypertension. Sequence according to the circumstances of the admission/encounter.
      2) Hypertensive Chronic Kidney Disease
         Assign codes from category I12, Hypertensive chronic kidney disease, when both hypertension and a condition classifiable to category N18, Chronic kidney disease (CKD), are present. CKD should not be coded as hypertensive if the provider indicates the CKD is not related to the hypertension.
         The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.
         If a patient has hypertensive chronic kidney disease and acute renal failure, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

3) Hypertensive Heart and Chronic Kidney Disease
   Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when there is hypertension with both heart and kidney involvement. If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.
   The appropriate code from category N18, Chronic kidney disease, should be used as a secondary code with a code from category I13 to identify the stage of chronic kidney disease.
   The codes in category I13, Hypertensive heart and chronic kidney disease, are combination codes that include hypertension, heart disease and chronic kidney disease. The includes note at I13 specifies that the conditions included at I11 and I12 are included together in I13. If a patient has hypertension, heart disease and chronic kidney disease, then a code from I13 should be used, not individual codes for hypertension, heart disease and chronic kidney disease, or codes from I11 or I12.
   For patients with both acute renal failure and chronic kidney disease, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

4) Hypertensive Cerebrovascular Disease
   For hypertensive cerebrovascular disease, first assign the appropriate code from categories I60-I69, followed by the appropriate hypertension code.

5) Hypertensive Retinopathy
   Subcategory H35.0, Background retinopathy and retinal vascular changes, should be used along with a code from categories I10-I15, in the Hypertensive diseases section, to include the systemic hypertension. The sequencing is based on the reason for the encounter.

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

Circulatory System — Arteries and Veins

Title: Circulatory System Labels Biology Diagram, License: CC0 Creative Commons (Free for commercial use No attribution required), URL link: https://pixabay.com/en/circulatory-system-labels-biology-41523/

Basilar artery
Internal carotid artery
External carotid artery
External jugular vein
Internal jugular vein
Vertebral arteries
Common carotid arteries

Pulmonary arteries
Pulmonary veins
Heart

Celiac trunk
Hepatic vein
Renal veins
Renal artery
Gonadal vein
Gonadal artery
Common iliac vein
Common iliac artery
Internal iliac artery
Internal iliac vein
External iliac vein
External iliac artery

Great saphenous vein
Femoral artery
Femoral vein

Popliteal artery
Popliteal vein
Small saphenous vein
Anterior tibial artery
Posterior tibial artery
Peroneal artery
Anterior/posterior tibial veins
Dorsal venous arch
Dorsal digital vein

2023 ICD-10-CM
Skeletal System — Skull

Frontal bone
Parietal bone
Temporal bone
Lesser wing of sphenoid bone
Greater wing of sphenoid bone
Orbital process of palatine bone
Orbital lamina of ethmoid bone
Lacrimal bone
Nasal bone
Perpendicular plate of ethmoid bone
Zygomatic bone
Middle nasal concha of ethmoid bone
Maxilla
Inferior nasal concha
Teeth
Vomer
Mandible

Parietal bone
Frontal bone
Superior temporal linea
Greater wing of sphenoid bone
Inferior temporal linea
Orbital lamina of ethmoid bone
Occipital bone
Lacrimal bone
Superior nuchal line
Nasal bone
External occipital protuberance
Zygomatic bone
External occipital crest
Squamous part of temporal bone
Maxilla
Mastoid part of temporal bone
Teeth
External acoustic meatus
Styloid process of temporal bone
Zygomatic arch
Mandible
ICD-10-CM Index to Diseases and Injuries

The vertical yellow line appears at the 2nd and 4th indentations throughout the index.

A

Aarskog’s syndrome Q87.19
Abandonment — see Maltreatment
Abasia — see Pain, abdominal
cystocele NEC Q90.88
Gardner-Dickson syndrome (cystosis) E72.04
Abdomen, abdominal (also see condition)
blood sugar R73.09
angina K55.1
muscle deficiency syndrome Q79.4
Abdominalgia — see Pain, abdominal
Abduction contracture, hip or other joint — see Contraction, joint
Aberrant (congenital) (also see Malposition, congenital)
adrenal gland Q89.1
artery (peripheral) Q27.8
basilar NEC Q28.1
cerebral Q28.3
coronary Q24.5
digestive system Q27.8
pulmonary Q25.79
renal Q27.2
retina Q14.1
specified site NEC Q27.8
subclavian Q28.7
upper limb Q27.8
vertebral Q28.1
breast Q83.8
endocrine gland NEC Q89.2
hepatic duct Q44.5
pancreas Q45.3
parathyroid gland NEC Q89.2
pituitary gland Q89.2
sebaceous glands, mucous membrane, mouth, congenital Q38.6
spleen Q89.09
subclavian artery Q27.8
thyroid gland Q89.2
ven (periportal) NEC Q27.8
cerebral Q28.3
digestive system Q27.8
lower limb Q27.8
specified NEC Q27.8
upper limb Q27.8
Abrasion
distal — see Disturbance, visual mental F99
Abetalipoproteinemia R77.0
Abiotrophy R68.89
Ablatio, ablation
repair NEC Q10.9
auricular NEC Q28.1
basilar NEC Q28.1
breakthrough NEC Q10.9
congenital NEC Q01.8
recurrence NEC Q10.9
red blood cell NEO R69.8
caloric test R94.138
asthma R06.9
blood sugar R73.09
tooth decay NEC Q01.8
fistula NEC Q10.9
diabetes mellitus R10.0
hypercaloric R19.12
vaginal R87.89
abnormal R19.15
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abnormal R19.15
Abrasion - Abscess

Abrasion — continued

throat S00.11

foot (except toes) (all) S00.81

toe — see Abrasion, toe

ear S00.81

posterior S00.81

genital organs, external female S00.81

male S00.81

groat S00.81

gum S00.512

hand S00.51

head S00.91

eye — see Abrasion, eye

eyelid — see Abrasion, eyelid

lip S00.511

nose S00.31

oral cavity S00.512

scalp S00.1

specified site NEC S00.81

heel S00.21

inguinal region S00.81

intercostal region S00.81

jaw S00.81

knee S00.21

labium (majus) (minus) S00.81

lobe (lower) — see S00.81

nose — see Abrasion, nose

upper — see Abrasion, thigh

lip S00.511

lower back S00.81

umber region S00.81

malar region S00.81

mammary — see Abrasion, breast

mastoid region S00.81

mouth S00.512

nail

finger — see Abrasion, finger

toe — see Abrasion, toe

nape S00.81

neck S00.11

specified site NEC S00.81

throat S00.11

nose S00.31

ocipital region S00.81

oral cavity S00.512

orbital region — see Abrasion, eyelid

palate S00.512

palm — see Abrasion, hand

parietal region S00.81

pelves S00.81

penis S00.81

penis — see Abrasion, penis

periocular area — see Abrasion, eyelid

phalanges

finger — see Abrasion, finger

toe — see Abrasion, toe

pharynx S00.11

pinna — see Abrasion, ear

poliptal space — see Abrasion, knee

prepuce S00.81

pubic region S00.81

pubendum

female S00.81

male S00.81

specified site NEC S00.81

scalp S00.81

scrotum S00.81

sin — see Abrasion, leg

shoulder S00.21

skin NEC T14.8

subclavian region S00.81

submammary region S00.81

submental region S00.81

sublingual

finger(s) — see Abrasion, finger

toe(s) — see Abrasion, toe

submaxillary S00.81

submandibular S00.81

thigh S00.31

thorax, thoracic wall S00.81

back S00.41

front S00.31

Abrasion — continued

throat S00.11

thumb S00.31

toe (less) S00.41

great S00.41

tongue S00.512

tooth, teeth (dentifice) (habitual) (hard tissues) (occupational) (intial) (traditional) K01.3

trachea S00.11

tympanum, tympanic membrane — see Abrasion, ear

uvula S00.512

vagina S00.81

vocal cords S00.11

vulva S00.81

wrist S00.81

Abrisim — see Poisoning, food, noxious, plant

Abruptio placenta — O45.9

with

affibrinogenemia O45.01

coculation defect O45.00

specified NEC O45.09

disseminated intravascular coagulation O45.02

hypofibrinogenemia O45.01

Abruption, placenta — see Abruptio placenta

Abscess (connective tissue) (embolic) (fistulous) (infected) (metastatic) (multiple) (pernicious) (pyogenic) (septic) L02.91

with divertricular disease (intestine) K57.80

with bleeding K57.81

large intestine K57.20

with

bleeding K57.21

small intestine K57.40

with bleeding K57.41

small intestine K57.50

with

bleeding K57.01

large intestine K57.40

with bleeding K57.41

lymphangitis - code by site under Abscess

abdomen, abdominal cavity K65.1

with

wall L02.21

abdominopelvic K65.1

accessory sinus — see Sinusitis

adenal (capsule) (gland) E27.8

alveolar K04.7

with sinus K04.6

amebic/amebic K06.6

brain (and liver or lung abscess) A06.6

genitourinary tract A06.82

liver (without mention of brain or lung abscess) A06.4

lung (and liver) (without mention of brain or lung abscess) A06.5

specified site NEC A06.89

spine A06.89

anaerobic K48.0

ankle — see Abscess, lower limb

anterior K61.2

aneurysmal space — see Abscess, upper limb

artery of (chronic) (Highmore) — see Sinusitis, maxillary

anterior K61.0

anterior (booth) K04.7

with sinus (alveolar) K04.6

appendix K33.33

areola (acute) (chronic) (inoperable) N61.1

purerpel, postpartum or gestational — see Dental

arm (any part) — see Abscess, upper limb

artery (wall) I77.89

atheromatous I77.2

ear, ear, external (region) L02.41

lymph gland or node L04.2

back (any part, except buttock) L02.212

Bartholin's gland N75.1

with

abortion — see Abortion, by type complicated by, sepsis
to expulsive or molar pregnancy O08.0

following expulsive or molar pregnancy O08.0

Bezold's — see Mastoiditis, acute bilharziasis B65.1

bladder (wall) — see Cystitis, specified type NEC

Abscess — continued

bone (subperiosteal) (see also Osteomyelitis, specified type NEC)

accessory sinus (chronic) — see Sinusitis

chronic or old — see Osteomyelitis, chronic

jaw (lower) (upper) M27.2

mastoid — see Mastoiditis, acute, subperiosteal

petrous — see Petroitis

spinal (tuberculous) A18.01

tuberculous — see Osteomyelitis, vertebra

bowel K63.0

brain (any part) (cystic) (toptogenic) G06.0

amebic (with abscess of any other site) A06.6

gonococcal A54.82

pneumocystic (chlamydymotic) B43.1

tuberculosis, acute (chronic) (nonpulmonary) N61.1

newborn P39.0

purerpel, postpartum, gestational — see Mastitis, obstetric, purulent

broad ligament N73.2

acute N73.0

chronic N73.1

Broad's (localized) (chronic) M86.8X

bronchi J86.09

bucal cavity K12.2

bulbourethral gland N34.0

bursa M71.00

ankle M71.07

toe M71.07

head M71.04

knee M71.05

knee M71.06

multiple sites M71.09

pharyngeal J91.1

shoulder M71.10

specified site NEC M71.08

wrist M71.03

buttock L02.31

canthus — see Blepharocconjunctivitis

cartilage — see Disorders, cartilage, specified type NEC

cecum K35.33

cerebellum, cerebellum G06.0

sequelea G09

cerebral (embolic) G06.0

sequelea G09

cervical (meaning neck) L02.11

lymph gland or node N04.0

cervix (stump) (uteri) — see Cervicitis

cheek (external) L02.01

inner K12.2

chest J66.9

with fistula J66.0

wall L02.213

chin L02.01

choroid — see Inflammation, chorioireal

circumactis J36

cold (lung) (tuberculous) (see also Tuberculosis, abscess, lung)

articulation — see Tuberculosis, joint

colon (wall) K63.0

colostomy K94.02

congenita — see Conjunctivitis, acute

cornea H16.31

corpus cavernosum N48.21

cutis — see Ophthalmitis

cowper's gland N34.0

cranium G06.0

cul-de-sac (Douglas) (posterior) — see Peritonitis, pelvic, female

cutaneous — see Abscess, by site

cutaneous — see Peritonitis, pelvic, female

descensus (prostatic) (penis) (rectum) (vagina) (uterus) — see Hypochondriacal

diaphragm, diaphragmatic K65.1

douglas's cul-de-sac or pouch — see Peritonitis, pelvic, female

duodenum A50.59

ears (middle) (see also Otitis, media, supplicative)

auricle (see also Otitis, media, supplicative, acute

external H60.0

entametabie — see Abscess, amebic

enterostomy K94.12

epididymis N45.4

epidural G06.2

brain G06.0

spinal cord G06.1

Additional character required.
### ICD-10-CM Table of Neoplasms

The list below gives the code numbers for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm is in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri. Where such descriptors are not present, the remainder of the Index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Mesonephroma—see Neoplasm, malignant; Embryoma—see also Neoplasm, uncertain behavior; Disease, Bowen's—see Neoplasm, skin, in situ. In general, the guidance in the Index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to C18.9 and not to D12.6 as the adjective 'malignant' overrides the Index entry 'adenoma—see also Neoplasm, benign.'

Coded lists with a dash (-) following the code have a required additional character for laterality. The Tabular List must be reviewed for the complete code.

**Neoplasm**
- Malignant
- Primary
- Secondary
- In situ
- Benign
- Uncertain
- Behavior

<table>
<thead>
<tr>
<th>Neoplasm, neoplastic</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>In situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>abdomen, abdominal abdominal</td>
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<td>cavity</td>
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<td>viscera</td>
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<tr>
<td>wall (see also Neoplasm, abdomen, wall)</td>
<td>64.509</td>
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<td>skin</td>
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<td>bursa serosa</td>
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<td>squamous cell carcinoma</td>
<td>64.520</td>
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<td>abdomenopelvic</td>
<td>64.201</td>
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<td>accessory sinus — see Neoplasm, sinus</td>
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<td>acoustic nerve</td>
<td>64.20 -</td>
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<td>adnexa (ovary, fallopian tubes, broad ligament)</td>
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<td>adipose tissue (see also Neoplasm, connective tissue)</td>
<td>64.9</td>
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</table>
Abandonment (causing exposure to weather conditions (with intent to injure or kill) NEC X58

Abuse (adult) (child) (mental) (physical) (sexual) X58

Accident (adult) (child) (mental) (physical) (sexual) X58

Abuse

Abuse (adult) (child) (mental) (physical) (sexual) X58

Abuse

Abuse (adult) (child) (mental) (physical) (sexual) X58

Abuse
Accident

Accident — continued

transport — continued

logging car — see Accident, transport, industrial vehicle occupant

motorcycle (traffic) (v29.9)

collision (with)

animal (traffic) V20.9

being ridden (traffic) V26.9

nontraffic V26.2

while boarding or alighting V26.3

nontraffic V20.2

while boarding or alighting V20.3

animal-drawn vehicle (traffic) V26.6

nontraffic V26.2

while boarding or alighting V26.3

bus (traffic) V24.9

car (traffic) V23.9

while boarding or alighting V24.3

motor vehicle (traffic) V29.60

scooter (traffic) V29.20

pedal cycle (traffic) V21.9

nontraffic V21.2

while boarding or alighting V21.3

truck (traffic) V23.9

nontraffic V23.2

while boarding or alighting V23.3

railway vehicle (traffic) V25.9

nontraffic V25.2

while boarding or alighting V25.3

specified type NEC (traffic) V26.9

nontraffic V26.2

while boarding or alighting V26.3

stationary object (traffic) V27.9

nontraffic V27.2

while boarding or alighting V27.3

streetcar (traffic) V26.9

nontraffic V26.2

while boarding or alighting V26.3

three wheeled motor vehicle (traffic) V22.9

nontraffic V22.2

while boarding or alighting V22.3

truck (traffic) V24.9

nontraffic V24.2

while boarding or alighting V24.3

two wheeled motor vehicle (traffic) V22.9

nontraffic V22.2

while boarding or alighting V22.3

van (traffic) V23.9

nontraffic V23.2

while boarding or alighting V23.3

driver

collision (with)

animal (traffic) V20.8

being ridden (traffic) V26.8

nontraffic V26.0

while boarding or alighting V26.1

motor vehicle (traffic) V29.60

scooter (traffic) V29.20

pedal cycle (traffic) V21.9

nontraffic V21.2

while boarding or alighting V21.3

pickup truck (traffic) V23.9

nontraffic V23.2

while boarding or alighting V23.3

specified type NEC (traffic) V25.9

nontraffic V25.2

while boarding or alighting V25.3

specified type NEC (traffic) V26.9

nontraffic V26.2

while boarding or alighting V26.3

specified type NEC (traffic) V27.9

nontraffic V27.2

while boarding or alighting V27.3

streetcar (traffic) V26.9

nontraffic V26.2

while boarding or alighting V26.3

three wheeled motor vehicle (traffic) V22.9

nontraffic V22.2

while boarding or alighting V22.3

specified type NEC (traffic) V24.9

nontraffic V24.0

while boarding or alighting V24.1

motor vehicle (traffic) V29.40

specified type NEC (traffic) V29.00

nontraffic V29.09

while boarding or alighting V29.10

specification NEC accident (traffic) V28.5

nontraffic V28.4

while boarding or alighting V28.5

coaches (traffic) V28.5

nontraffic V28.4

while boarding or alighting V28.5

passenger

specified vehicle NEC (traffic) V26.4

nontraffic V26.0

stationary object (traffic) V27.4

streetcar (traffic) V26.4

nontraffic V26.0

three wheeled motor vehicle (traffic) V22.4

nontraffic V22.0

truck (traffic) V24.4

nontraffic V24.0

two wheeled motor vehicle (traffic) V22.4

nontraffic V22.0

van (traffic) V23.4

nontraffic V23.0

railway vehicle (traffic) V25.4

nontraffic V25.0

Additional character required
Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

Certain infectious and parasitic diseases (A00-B99)

This chapter contains the following blocks:

- Intestinal infectious diseases (A00-A09)
- Other bacterial intestinal infections (A04.9-)
- Other specified bacterial intestinal infections (A04.8-)
- Salmonella infections (A02.0-)

Intestinal infectious diseases (A00-A09)

- Cholera (A00.0)
- Typhoid fever (A01.0)
- Paratyphoid fever (A01.4)
- Other salmonella infections (A02.0)

Other bacterial intestinal infections (A04)

- Enterocolitis due to Clostridium difficile (A04.7)

Other specified bacterial intestinal infections (A04.8)

- Salmonella enteritis (A02.0)
- Salmonella typhi (A01.0)
- Salmonella paratyphi A (A01.1)
- Salmonella paratyphi B (A01.2)
- Salmonella paratyphi C (A01.3)
- Salmonella paratyphi unspecified (A01.4)

Other specified salmonella infections (A02.0)

A02.0 Salmonella enteritis
Salmonellosis
A02.1 Salmonella sepsis
A02.2 Localized salmonella infections
A02.20 Localized salmonella infection, unspecified
A02.21 Salmonella meningitis
A02.22 Salmonella pneumonia
A02.23 Salmonella arthritits
A02.24 Salmonella osteomyelitis
A02.25 Salmonella pylonephritis
Salmonella tubulo-interstitial nephropathy
A02.29 Salmonella with other localized infection
A02.8 Other specified salmonella infections
A02.9 Salmonella infection, unspecified
A03 Shigellosis
DEFINITION: Shigellosis is caused by a group of bacteria called Shigella, leading to diarrhea, fever, and stomach cramps.

A03.0 Shigellosis due to Shigella dysenteriae
Group A shigellosis (Shiga-Kruse dysentery)
A03.1 Shigellosis due to Shigella flexneri
Group B shigellosis
A03.2 Shigellosis due to Shigella boydii
Group C shigellosis
A03.3 Shigellosis due to Shigella sonnei
Group D shigellosis
A03.8 Other shigellosis
A03.9 Shigellosis, unspecified
Bacillary dysentery NOS

A04 Other bacterial intestinal infections

A04.0 Enteropathogenic Escherichia coli infection
A04.1 Enterotoxicogenic Escherichia coli infection
A04.2 Enteroinvasive Escherichia coli infection
A04.3 Enterohemorrhagic Escherichia coli infection
A04.4 Other intestinal Escherichia coli infections

A04.5 Campylobacter enteritis
A04.6 Enteritis due to Yersinia enterocolitica
A04.7 Enteroxolitis due to Clostridium difficile

A04.8 Enterocolitis due to Clostridium difficile, recurrent
AHA: Q1 2020, Q4 2017
A04.71 Enterocolitis due to Clostridium difficile, recurrent
AHA: Q1 2020, Q4 2017
A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent
AHA: Q4 2017

A04.9 Enterocolitis due to Clostridium difficile, not specified as recurrent

A05 Other bacterial foodborne intoxications, not elsewhere classified

A05.0 Foodborne staphylococcal intoxication
A05.1 Botulism food poisoning

Botulism NOS

A05.2 Clostridium difficile foodborne intoxication and infection

A05.3 Escherichia coli infection

A05.4 Listeriosis (A32.9)

A05.5 Salmonella foodborne intoxication and infection

A05.6 Toxin foodstuff (T61-T62)

A05.7 Infant botulism (A48.51)

A05.8 Wound botulism (A48.52)
### Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

#### A05.2 - A15.0

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Tabular List</th>
</tr>
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<tbody>
<tr>
<td>A06</td>
<td>Amebiasis</td>
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</tr>
<tr>
<td>A06.1</td>
<td>Amebic cystitis</td>
<td> </td>
</tr>
<tr>
<td>A06.2</td>
<td>Other amebic genitourinary infections</td>
<td> </td>
</tr>
<tr>
<td>A06.8</td>
<td>Amebic infection of other sites</td>
<td> </td>
</tr>
<tr>
<td>A06.9</td>
<td>Amebiasis, unspecified</td>
<td> </td>
</tr>
<tr>
<td>A07</td>
<td>Other protozoal intestinal diseases</td>
<td> </td>
</tr>
<tr>
<td>A07.0</td>
<td>Balantidiasis</td>
<td> </td>
</tr>
<tr>
<td>A07.1</td>
<td>Giardiasis (lambliasis)</td>
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</tr>
<tr>
<td>A07.2</td>
<td>Cryptosporidiosis</td>
<td> </td>
</tr>
<tr>
<td>A07.3</td>
<td>Isosporiasis</td>
<td> </td>
</tr>
<tr>
<td>A07.4</td>
<td>Cyclosporiasis</td>
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</tr>
<tr>
<td>A07.8</td>
<td>Other specified protozoal intestinal diseases</td>
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<td>A07.9</td>
<td>Protozoal intestinal disease, unspecified</td>
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<tr>
<td>A08</td>
<td>Viral and other specified intestinal infections</td>
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<td>A08.0</td>
<td>Rotaviral enteritis</td>
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<tr>
<td>A08.1</td>
<td>Acute gastroenteropathy due to Norwalk agent and other small round viruses</td>
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<td>A08.11</td>
<td>Acute gastroenteropathy due to Norwalk agent</td>
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<td>A08.12</td>
<td>Acute gastroenteropathy due to Norwalk-like agent</td>
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<tr>
<td>A08.13</td>
<td>Acute gastroenteropathy due to other small round viruses</td>
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<tr>
<td>A08.19</td>
<td>Acute gastroenteropathy due to small round virus (SRV)</td>
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<tr>
<td>A08.2</td>
<td>Adenoviral enteritis</td>
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<td>A08.3</td>
<td>Other viral enteritis</td>
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<td>A08.31</td>
<td>Calicivirus enteritis</td>
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<td>A08.32</td>
<td>Astrovirus enteritis</td>
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<td>A08.39</td>
<td>Other viral enteritis</td>
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<tr>
<td>A08.4</td>
<td>Viral intestinal infection, unspecified</td>
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<tr>
<td>A08.5</td>
<td>Reactive enteritis</td>
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<tr>
<td>A08.51</td>
<td>Enteritis due to small round viruses</td>
<td> </td>
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<tr>
<td>A08.52</td>
<td>Enteritis due to adenovirus</td>
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<td>A08.53</td>
<td>Enteritis due to enterovirus</td>
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<td>Enteritis due to rotavirus</td>
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<td>Enteritis due to astrovirus</td>
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<td>A08.56</td>
<td>Enteritis due to calicivirus</td>
<td> </td>
</tr>
<tr>
<td>A08.57</td>
<td>Enteritis due to picornavirus</td>
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<td>A08.58</td>
<td>Enteritis due to coronavirus</td>
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<tr>
<td>A08.59</td>
<td>Enteritis due to adenovirus, unspecified</td>
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</tr>
<tr>
<td>A08.6</td>
<td>Viral gastroenteritis NOS</td>
<td> </td>
</tr>
<tr>
<td>A08.7</td>
<td>Viral gastroenteritis, unspecified</td>
<td> </td>
</tr>
<tr>
<td>A08.8</td>
<td>Other specified intestinal infections</td>
<td> </td>
</tr>
<tr>
<td>A08.9</td>
<td>Infectious gastroenteritis and colitis, unspecified</td>
<td> </td>
</tr>
<tr>
<td>A09</td>
<td>Infectious colitis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.0</td>
<td>Infectious enteritis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.1</td>
<td>Infectious gastroenteritis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.2</td>
<td>Infectious colitis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.3</td>
<td>Infectious enteritis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.4</td>
<td>Infectious gastroenteritis and colitis, unspecified</td>
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</tr>
<tr>
<td>A09.5</td>
<td>Infectious colitis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.6</td>
<td>Infectious enteritis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.7</td>
<td>Infectious gastroenteritis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.8</td>
<td>Infectious enteritis NOS</td>
<td> </td>
</tr>
<tr>
<td>A09.9</td>
<td>Infectious gastroenteritis and colitis, unspecified</td>
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</tr>
<tr>
<td>A10</td>
<td>Tuberculosis (A15-A19) (Figure 1.1)</td>
<td> </td>
</tr>
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</table>

#### Tuberculosis (A15-A19) (Figure 1.1)

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<th>Code</th>
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<tbody>
<tr>
<td>A15</td>
<td>Respiratory tuberculosis</td>
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<tr>
<td>A15.0</td>
<td>Tuberculosis of lung</td>
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<tr>
<td>A15.1</td>
<td>Tuberculosis bronchietasis</td>
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<tr>
<td>A15.2</td>
<td>Tuberculosis fibrosis of lung</td>
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<tr>
<td>A15.3</td>
<td>Tuberculous pneumonia</td>
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<tr>
<td>A15.4</td>
<td>Tuberculous pneumothorax</td>
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</table>
Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)
Tabular List

Table 4.1: Type 2 diabetes mellitus codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E11.43</td>
<td>Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy</td>
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<tr>
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<td>AHA: Q2 2016</td>
</tr>
<tr>
<td>E11.44</td>
<td>Type 2 diabetes mellitus with diabetic amyotrophy</td>
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<tr>
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<td>AHA: Q2 2016</td>
</tr>
<tr>
<td>E11.49</td>
<td>Type 2 diabetes mellitus with other diabetic neurological complication</td>
</tr>
<tr>
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<td>AHA: Q2 2016</td>
</tr>
<tr>
<td>E11.5</td>
<td>Type 2 diabetes mellitus with circulatory complications</td>
</tr>
<tr>
<td>E11.51</td>
<td>Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene</td>
</tr>
<tr>
<td></td>
<td>AHA: Q3 2018</td>
</tr>
<tr>
<td>E11.52</td>
<td>Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene</td>
</tr>
<tr>
<td></td>
<td>AHA: Q2 2020, Q4 2017</td>
</tr>
<tr>
<td>E11.59</td>
<td>Type 2 diabetes mellitus with other circulatory complications</td>
</tr>
<tr>
<td></td>
<td>E11.61</td>
</tr>
<tr>
<td></td>
<td>E11.610</td>
</tr>
<tr>
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<td>AHA: Q2 2016</td>
</tr>
<tr>
<td>E11.618</td>
<td>Type 2 diabetes mellitus with Charcot's joints</td>
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<tr>
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<td>AHA: Q2 2018, Q2 2016</td>
</tr>
<tr>
<td>E11.62</td>
<td>Type 2 diabetes mellitus with skin complications</td>
</tr>
<tr>
<td>E11.620</td>
<td>Type 2 diabetes mellitus with diabetic dermatitis</td>
</tr>
<tr>
<td></td>
<td>Type 2 diabetes mellitus with diabetic neurocirrosis lipodica</td>
</tr>
<tr>
<td>E11.621</td>
<td>Type 2 diabetes mellitus with foot ulcer</td>
</tr>
<tr>
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<td>AHA: Q1 2020, Q2 2020, Q1 2016</td>
</tr>
<tr>
<td>E11.622</td>
<td>Type 2 diabetes mellitus with other skin ulcer</td>
</tr>
<tr>
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<td>AHA: Q1 2021</td>
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<tr>
<td></td>
<td>Use additional code to identify site of ulcer (L97.4-, L97.5-)</td>
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<tr>
<td>E11.628</td>
<td>Type 2 diabetes mellitus with other skin complications</td>
</tr>
<tr>
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<td>AHA: Q1 2021</td>
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<tr>
<td></td>
<td>Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)</td>
</tr>
<tr>
<td>E11.63</td>
<td>Type 2 diabetes mellitus with oral complications</td>
</tr>
<tr>
<td>E11.630</td>
<td>Type 2 diabetes mellitus with periodontal disease</td>
</tr>
<tr>
<td>E11.638</td>
<td>Type 2 diabetes mellitus with other oral complications</td>
</tr>
<tr>
<td>E11.64</td>
<td>Type 2 diabetes mellitus with hypoglycemia</td>
</tr>
<tr>
<td>E11.641</td>
<td>Type 2 diabetes mellitus with hypoglycemia with coma</td>
</tr>
<tr>
<td>E11.649</td>
<td>Type 2 diabetes mellitus with hypoglycemia without coma</td>
</tr>
<tr>
<td>E11.65</td>
<td>Type 2 diabetes mellitus with hyperglycemia</td>
</tr>
<tr>
<td>E11.69</td>
<td>Type 2 diabetes mellitus with other specified complication</td>
</tr>
<tr>
<td></td>
<td>AHA: Q1 2020, Q4 2016</td>
</tr>
<tr>
<td></td>
<td>Use additional code to identify complication</td>
</tr>
<tr>
<td>E11.8</td>
<td>Type 2 diabetes mellitus with unspecified complications</td>
</tr>
<tr>
<td>E11.9</td>
<td>Type 2 diabetes mellitus without complications</td>
</tr>
<tr>
<td></td>
<td>AHA: Q2 2020, Q2 2016, Q4 2016</td>
</tr>
</tbody>
</table>

Use additional code to identify control using:
- insulin (Z79.4)
- oral antidiabetic drugs (Z79.84)
- oral hypoglycemic drugs (Z79.84)

EXCLUDES
- diabetes (mellitus) due to autoimmune process (E10-)
- diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction (E10-)
- diabetes mellitus due to underlying condition (E08-)
- drug or chemical induced diabetes mellitus (E09-)
- gestational diabetes (O24.4-)
- neonatal diabetes mellitus (P70.2)
- type 1 diabetes mellitus (E10-)

- E11.3 | Other specified diabetes mellitus with hyperosmolality                        |

AHA: Q2 2016
E13.00 | Other specified diabetes mellitus with hyperosmolality without nonketotic hyperglycemic hyperosmolality (NKHC) |
E13.01 | Other specified diabetes mellitus with hyperosmolality with coma               |
E13.1  | Other specified diabetes mellitus with ketoacidosis                             |
E13.10 | Other specified diabetes mellitus with ketoacidosis without coma               |
E13.11 | Other specified diabetes mellitus with ketoacidosis with coma                  |
E13.2  | Other specified diabetes mellitus with kidney complications                     |
E13.21 | Other specified diabetes mellitus with diabetic nephropathy                     |
E13.22 | Other specified diabetes mellitus with diabetic chronic kidney disease         |
E13.29 | Other specified diabetes mellitus with other diabetic kidney complication       |
E13.3  | Other specified diabetes mellitus with ophthalmic complications                 |
E13.31 | Other specified diabetes mellitus with unspecified diabetic retinopathy        |
E13.32 | Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy |
E13.33 | Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema |
E13.34 | Other specified diabetes mellitus with unspecified diabetic retinopathy without headaches |

Note: When symbols appear on a code that requires a 7th character extension, refer to Appendix B to identify applicable 7th character codes.
Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)

E23.2 Diabetes insipidus

E23.3 Hypothalamic dysfunction, not elsewhere classified

E23.4 Pituitary-dependent Cushing’s disease

E23.5 Drug-induced Cushing’s syndrome

E23.6 Other disorders of pituitary gland

E23.7 Disorder of pituitary gland, unspecified

E24 Cushing’s syndrome

E24.0 Pituitary-dependent Cushing’s disease

E24.1 Nelson’s syndrome

E24.2 Drug-induced Cushing’s syndrome

E24.3 Ectopic ACTH syndrome

E24.4 Alcohol-induced pseudo-Cushing’s syndrome

E24.5 Other Cushing’s syndrome

E24.6 Cushing’s syndrome, unspecified

E25 Adrenogenital disorders

E25.0 Congenital adrenogenital disorders associated with enzyme deficiency

E25.1 Primary adrenogenital syndrome NOS

E25.2 Other adrenogenital disorders

E26 Hyperaldosteronism

E26.0 Primary hyperaldosteronism

E26.1 Secondary hyperaldosteronism

E26.2 Glucocorticoid-remediable aldosteronism

E26.3 Idiopathic hyperaldosteronism

E26.4 Hyperaldosteronism NOS

E27 Other disorders of adrenal gland

E27.0 Other adrenocortical overactivity

E27.1 Primary adrenocortical insufficiency

E27.2 Adrenocortical crisis

E27.3 Drug-induced adrenocortical insufficiency

E27.4 Other and unspecified adrenocortical insufficiency

E27.5 Adrenomedullary hyperfunction

E27.6 Adrenal crisis

E27.7 Addisonian crisis

E27.8 Other specified disorders of adrenal gland

E27.9 Disorder of adrenal gland, unspecified

E28 Ovarian dysfunction

E28.0 Estrogen excess

E28.1 Androgen excess

E28.2 Polycystic ovarian syndrome

E28.3 Primary ovarian failure

E28.4 Polymenorrhea

E28.5 Menorrhagia

E28.6 Dysmenorrhea

E28.7 Ovarian cyst

E28.8 Other ovarian dysfunction

E28.9 Ovarian dysfunction, unspecified

---

Source: 2023 ICD-10-CM
### Chapter 11: Diseases of the Digestive System (K00-K95)

#### Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>K75.3</td>
<td>Granulomatous hepatitis, not elsewhere classified</td>
</tr>
<tr>
<td>K76</td>
<td>Other diseases of liver</td>
</tr>
<tr>
<td>K76.0</td>
<td>Fatty (change of) liver, not elsewhere classified</td>
</tr>
<tr>
<td>K76.1</td>
<td>Chronic passive congestion of liver</td>
</tr>
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<td>K76.2</td>
<td>Central hemorrhagic necrosis of liver</td>
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<tr>
<td>K76.3</td>
<td>Infarction of liver</td>
</tr>
<tr>
<td>K76.4</td>
<td>Peliosis hepatitis</td>
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<tr>
<td>K76.5</td>
<td>Hepatic veno-occlusive disease</td>
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<td>K76.6</td>
<td>Portal hypertension</td>
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<td>K76.7</td>
<td>Hepatorenal syndrome</td>
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<td>K76.8</td>
<td>Other specified diseases of liver</td>
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<td>K76.8.1</td>
<td>Hepatopulmonary syndrome</td>
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<td>K76.8.9</td>
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<td>K76.9</td>
<td>Liver disease, unspecified</td>
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<td>K77</td>
<td>Liver disorders in diseases classified elsewhere</td>
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<tr>
<td>K78.1</td>
<td>Nonalcoholic steatohepatitis (NASH)</td>
</tr>
<tr>
<td>K79</td>
<td>Inflammatory liver disease, unspecified</td>
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<tr>
<td>K80</td>
<td>Cholelithiasis (Figure 11.9)</td>
</tr>
<tr>
<td>K80.0</td>
<td>Calculus of gallbladder with acute cholecystitis</td>
</tr>
<tr>
<td>K80.0.0</td>
<td>Calculus of gallbladder with chronic cholecystitis without obstruction</td>
</tr>
<tr>
<td>K80.0.1</td>
<td>Calculus of gallbladder with chronic cholecystitis with obstruction</td>
</tr>
<tr>
<td>K80.1</td>
<td>Calculus of gallbladder with other cholecystitis</td>
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<tr>
<td>K80.10</td>
<td>Calculus of gallbladder with chronic cholecystitis without obstruction</td>
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<td>K80.11</td>
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<tr>
<td>K80.12</td>
<td>Calculus of gallbladder with acute and chronic cholecystitis without obstruction</td>
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<tr>
<td>K80.13</td>
<td>Calculus of gallbladder with acute and chronic cholecystitis with obstruction</td>
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<td>K80.18</td>
<td>Calculus of gallbladder with other cholecystitis without obstruction</td>
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<tr>
<td>K80.19</td>
<td>Calculus of gallbladder with other cholecystitis with obstruction</td>
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#### Disorders of gallbladder, biliary tract and pancreas (K80-K87)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>K80</td>
<td>Cholelithiasis (Figure 11.9)</td>
</tr>
</tbody>
</table>

**Definition:**
Cholelithiasis is the presence of gallstones, which are concretions that form in the biliary tract (usually, the gallbladder).

**Excludes:**
- retained cholelithiasis following choledectomy (K91.86)
- alcoholic hepatitis (K70.1-)
- alcoholic liver disease (K70.7-)
- cytomegaloviral hepatitis (B25.1)
- herpes viral (herpes simplex) hepatitis (B00.81)
- mumps hepatitis (B26.81)
- sarcoidosis with liver disease (D86.89)
- secondary syphilis with liver disease (A51.45)
- syphilis (late) with liver disease (A52.74)
- toxoplasmosis (acquired) hepatitis (B58.1)
- tuberculosis with liver disease (A18.83)

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**Unspecified Code** | **Other Specified Code** | **Manifestation Code** |
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<td>New Text</td>
<td>Revised Code Title</td>
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<tr>
<td>6th character required</td>
<td>7th character required</td>
<td>AHA Coding Clinic</td>
</tr>
<tr>
<td>Code first alert</td>
<td>Hospital-acquired condition (HAC) alert</td>
<td>AHA Coding Clinic</td>
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</tbody>
</table>

2023 ICD-10-CM

When symbols appear on a code that requires a 7th character extension, refer to Appendix B to identify applicable 7th character codes.
Chapter 11: Diseases of the Digestive System (K00-K95)

K86.89 Other specified diseases of pancreas

- AHA: Q4 2016
- Aseptic pancreatic necrosis, unrelated to acute pancreatitis
- Atrophy of pancreas
- Calculus of pancreas
- Cirrhosis of pancreas
- Fibrosis of pancreas
- Pancreatic fat necrosis, unrelated to acute pancreatitis
- Pancreatic infarct
- Pancreatic necrosis NOS, unrelated to acute pancreatitis

K86.9 Disease of pancreas, unspecified

K87 Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere

Code first underlying disease

- Code also exocrine pancreatic insufficiency (K86.81)

Other diseases of the digestive system (K90-K95)

K90 Intestinal malabsorption

K90.0 Celiac disease
- Celiac disease with steatorrhea
- Celiac gluten-sensitive enteropathy
- Nonropical sprue

Use additional code for associated disorders including:
- Dermatitis herpetiformis (L13.0)
- Gluten ataxia (G32.81)

K90.1 Tropical sprue
- Sprue NOS
- Tropical steatorrhea

K90.2 Blind loop syndrome, not elsewhere classified
- Blind loop syndrome NOS
- Congenital blind loop syndrome (Q43.8)
- Postoperative blind loop syndrome (K91.2)

K90.3 Pancreatic steatorrhea

K90.4 Other malabsorption due to intolerance
- Celiac gluten-sensitive enteropathy (K90.0)
- Lactose intolerance (E73.9)

K90.41 Non-celiac gluten sensitivity
- AHA: Q4 2016
- Gluten sensitivity NOS
- Non-celiac gluten sensitive enteropathy

K90.49 Malabsorption due to intolerance, not elsewhere classified
- AHA: Q4 2016
- Malabsorption due to intolerance to carbohydrate
- Malabsorption due to intolerance to fat
- Malabsorption due to intolerance to protein
- Malabsorption due to intolerance to starch

K90.8 Other intestinal malabsorption

K90.81 Whipple's disease

K90.89 Other intestinal malabsorption

K90.9 Intestinal malabsorption, unspecified
- AHA: Q4 2017

K91 Intraoperative and postprocedural complications and disorders of digestive system, not elsewhere classified

Intraoperative and postprocedural complications and disorders of digestive system

K91.0 Vomiting following gastrointestinal surgery
- Dumping syndrome
- Postgastrectomy syndrome
- Postvagotomy syndrome

K91.1 Postgastric surgery syndromes
- Postoperative malabsorption, not elsewhere classified
- Postoperative blind loop syndrome

K91.2 Postoperative intestinal obstruction
- Postoperative partial intestinal obstruction
- Postoperative incomplete intestinal obstruction

K91.3 Postprocedural intestinal obstruction
- Postoperative intestinal obstruction

K91.5 Postcholecystectomy syndrome

K91.6 Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a procedure
- Intraoperative hemorrhage and hematoma of a digestive system organ or structure due to accidental puncture and laceration during a procedure (K91.7)

K91.61 Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating a digestive system procedure
- AHA: Q1 2020

K91.62 Intraoperative hemorrhage and hematoma of a digestive system organ or structure complicating other procedure

K91.7 Accidental puncture and laceration of a digestive system organ or structure during a procedure
- Accidental puncture and laceration of a digestive system organ or structure during a digestive system procedure
- AHA: Q2 2021

K91.72 Accidental puncture and laceration of a digestive system organ or structure during other procedure
- AHA: Q2 2019

K91.8 Other intraoperative and postprocedural complications and disorders of digestive system

K91.81 Other intraoperative complications of digestive system

K91.82 Postprocedural hepatic failure

K91.83 Postprocedural hepatoportal syndrome

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: Q1 2016

K91.841 Postprocedural hemorrhage of a digestive system organ or structure following other procedure

K91.85 Complications of intestinal pouch

K91.850 Pouchitis
- Inflammation of internal ileal pouch

K91.858 Other complications of intestinal pouch

K91.86 Retained cholelithiasis following cholecystectomy

K91.87 Postprocedural hemorrhage and hematoma of a digestive system organ or structure following a procedure

Tabular List

When symbols appear on a code that requires a 7th character extension, refer to Appendix B to identify applicable 7th character codes.
### Appendix A: Z Codes for Long-term Use of Drugs

Note: This list of brand name and generic drugs correspond by drug class to Z codes for long-term use of drugs. This comprehensive, but not exhaustive list, is provided solely as a reference and does not imply a guarantee of reimbursement. Check with individual payers to determine their billing, coding, and reimbursement guidelines. Drugs listed in this table were current at the time of printing.

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Code Descriptor</th>
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<td>Long term (current) use of oral hypoglycemic drugs</td>
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<td>Z79.899</td>
<td>Other long term (current) drug therapy</td>
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<td>Z79.891</td>
<td>Long term (current) use of opiate analgesic</td>
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<td>acetylsalicylic acid</td>
<td>Z79.82</td>
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<tr>
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<td>Z79.2</td>
<td>Long term (current) use of antibiotics</td>
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<tr>
<td>Actiq®</td>
<td>Z79.891</td>
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<tr>
<td>Activella®</td>
<td>Z79.890</td>
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<tr>
<td>Actonel®</td>
<td>Z79.83</td>
<td>Long term (current) use of bisphosphonates</td>
</tr>
<tr>
<td>Actoplus Met®</td>
<td>Z79.84</td>
<td>Long term (current) use of oral hypoglycemic drugs</td>
</tr>
<tr>
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</tr>
<tr>
<td>Advair HFA®</td>
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<tr>
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<td>Z79.02</td>
<td>Long term (current) use of antithrombotics/antiplatelets</td>
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<tr>
<td>allogliptin and pioglitazone</td>
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<td>Long term (current) use of oral hypoglycemic drugs</td>
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<td>Alvesco®</td>
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<td>Alyacen 1/35®</td>
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<td>antineoplastic drugs</td>
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<td>Other long term (current) drug therapy</td>
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<td>Aromasin®</td>
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<td>Long term (current) use of aromatase inhibitors</td>
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<td>Arthrotec®</td>
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<td>Long term (current) use of non-steroidal anti-inflammatories (NSAID)</td>
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</table>
### Appendix A: Z Codes for Long-term Use of Drugs

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Code</th>
<th>Code Descriptor</th>
</tr>
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<tbody>
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<td>Long term (current) use of antibiotics</td>
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<td>Erythromycin</td>
<td>Z79.2</td>
<td>Long term (current) use of antibiotics</td>
</tr>
<tr>
<td>erythromycin</td>
<td>Z79.2</td>
<td>Long term (current) use of antibiotics</td>
</tr>
<tr>
<td>esomeprazole/naproxen</td>
<td>Z79.1</td>
<td>Long term (current) use of non-steroidal anti-inflammatories (NSAID)</td>
</tr>
<tr>
<td>Estarylla®</td>
<td>Z79.3</td>
<td>Long term (current) use of hormonal contraceptives</td>
</tr>
<tr>
<td>Estrace®</td>
<td>Z79.890</td>
<td>Hormone replacement therapy (postmenopausal)</td>
</tr>
<tr>
<td>estradiol, oral</td>
<td>Z79.890</td>
<td>Hormone replacement therapy (postmenopausal)</td>
</tr>
</tbody>
</table>
Thank you for your contribution to the Hardship Fund. Supporting your fellow AAPC members in need.

To learn more about the Hardship Fund and its efforts or apply for financial assistance, visit aapc.com.

Thanks to your book purchase, AAPC will be able to help even more members who face financial difficulty through the Hardship Fund.

The Hardship Fund is a financial aid program created to assist our members with:

- Maintaining their membership and certification through membership renewal dues, exam prep tools and more
- Registration for national or regional conferences
- Certain local chapter events

All awards are based on the availability of funds and the applicant's ability to demonstrate reasonable hardship. A portion of each book sale goes to helping more applicants through their time of need. We appreciate your contribution and your support for your fellow AAPC members.