



# ICD-10-CM

## EXPERT

Diagnosis Codes for Providers & Facilities



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# 2025

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**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. In addition, chapter-specific guidelines are located at the beginning of each chapter throughout the Tabular List.*

### Guideline Tips

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

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# ICD-10-CM Official Guidelines for Coding and Reporting FY 2025

## (October 1, 2024 - September 30, 2025)

### Narrative changes appear in bold text

Items **underlined** have been moved within the guidelines since the FY 2024 version  
*Italics* are used to indicate revisions to heading changes

**Note from publisher: In the 2025 ICD-10-CM Official Guidelines, CMS left some bold and italics formatting from the 2024 Official Guidelines that should not be present in the 2025 Official Guidelines. In addition, CMS did not use bold formatting on some new Official Guideline material for 2025. The publisher corrected this formatting to help readers easily identify guidelines that are new in 2025. Formatting changes made by the publisher do not change the purpose or intent of the Official Guidelines and do not impact code assignment or meaning.**

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, 10<sup>th</sup> Revision, Clinical Modification (ICD-10-CM). These guidelines should be used as 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 to be reported. The importance of consistent, complete 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.

The 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 III 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.

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**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 - R99) 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 B95, Streptococcus, Staphylococcus, and Enterococcus, 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 organism 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 sequela, 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.9. Sequelae of cerebrovascular disease.

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

See Section I.C.19. Application of 7<sup>th</sup> characters for Chapter 19.

**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.

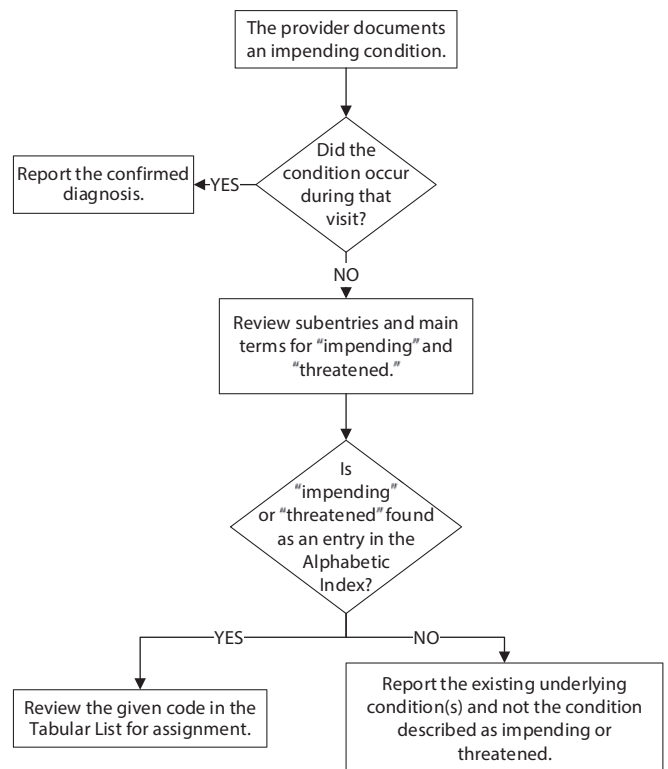
**12. Reporting Same Diagnosis Code More than Once**

Each unique ICD-10-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions when there are 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



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**Figure I.B.11: Impending or Threatened Condition**

**5) Indeterminate stage glaucoma**

Assignment of the seventh character “4” for “indeterminate stage” should be based on the clinical documentation. The seventh character “4” is used for glaucomas whose stage cannot be clinically determined. This seventh character should not be confused with the seventh character “0”, unspecified, which should be assigned when there is no documentation regarding the stage of the glaucoma.

**b. Blindness**

If “blindness” or “low vision” of both eyes is documented but the visual impairment category is not documented, assign code H54.3, Unqualified visual loss, both eyes. If “blindness” or “low vision” in one eye is documented but the visual impairment category is not documented, assign a code from H54.6-, Unqualified visual loss, one eye. If “blindness” or “visual loss” is documented without any information about whether one or both eyes are affected, assign code H54.7, Unspecified visual loss.

**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 code(s) from category I50, Heart failure, to identify the type(s) of heart failure in those patients with heart failure.

The same heart conditions (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.

See Section I.C.14. 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.

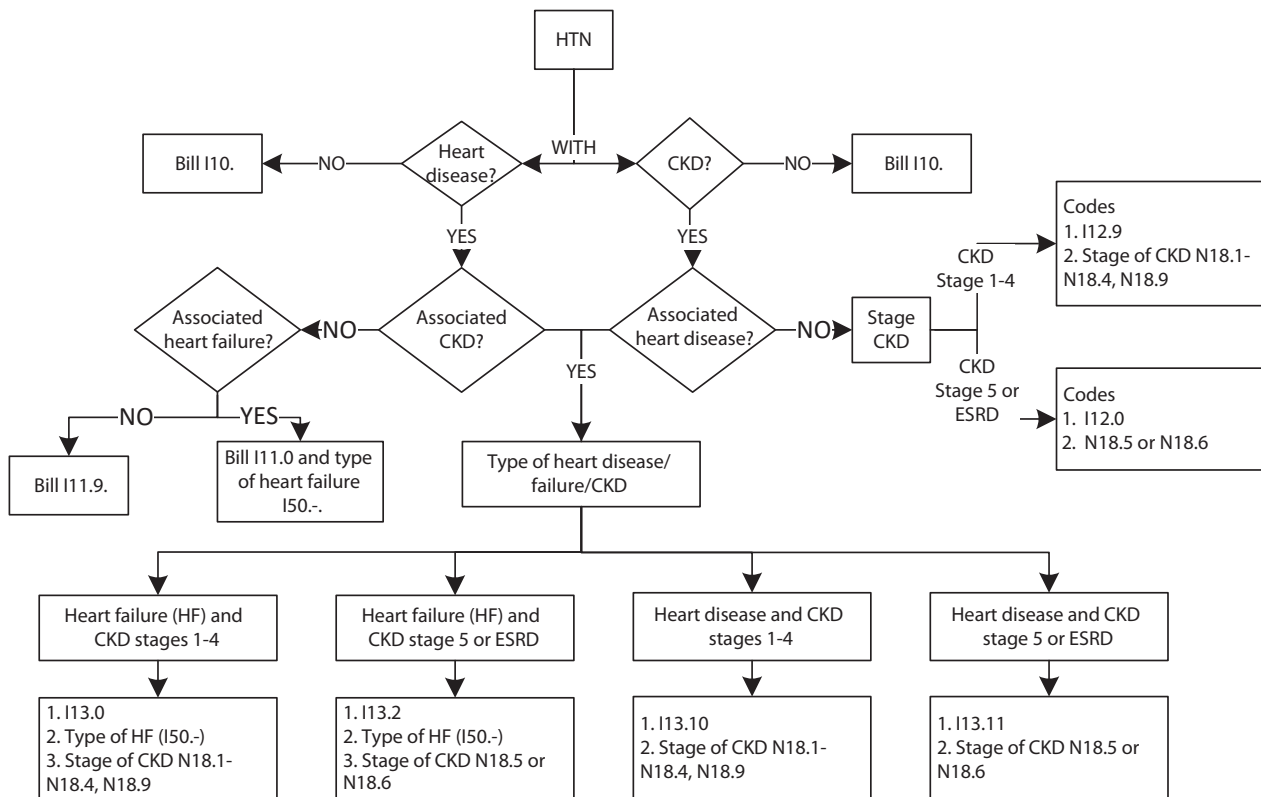
See Section I.C.14. Chronic kidney disease.

The codes in category I13, Hypertensive heart and chronic kidney disease, are combination codes that include hypertension, heart disease and chronic kidney disease. The Includes note at I13 specifies that the conditions included at I11 and I12 are included together in I13. If a patient has hypertension, heart disease and chronic kidney disease, then a code from I13 should be used, not individual codes for hypertension, heart disease and chronic kidney disease, or codes from I11 or I12.

For patients with both acute renal failure and chronic kidney disease, 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.

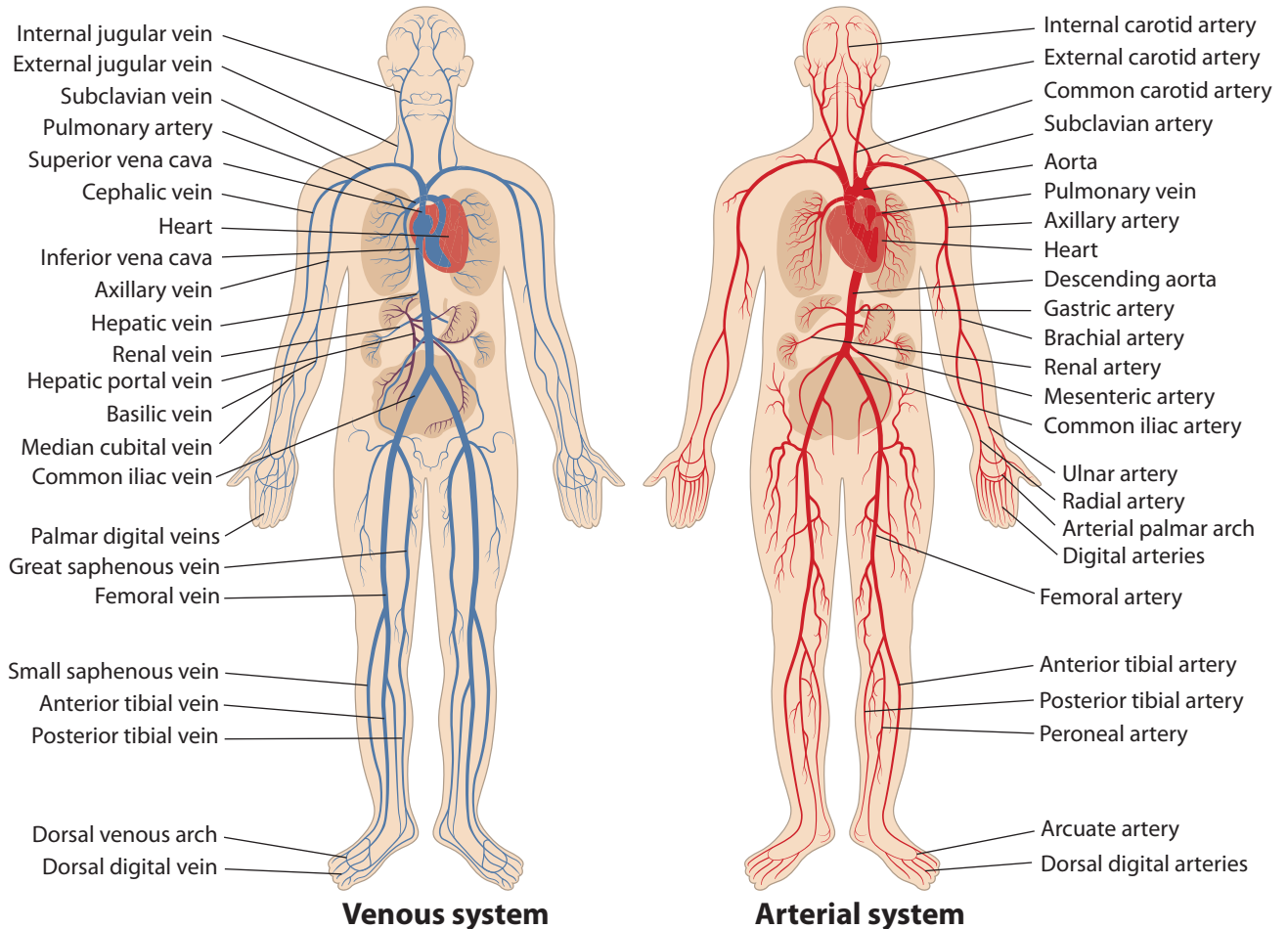


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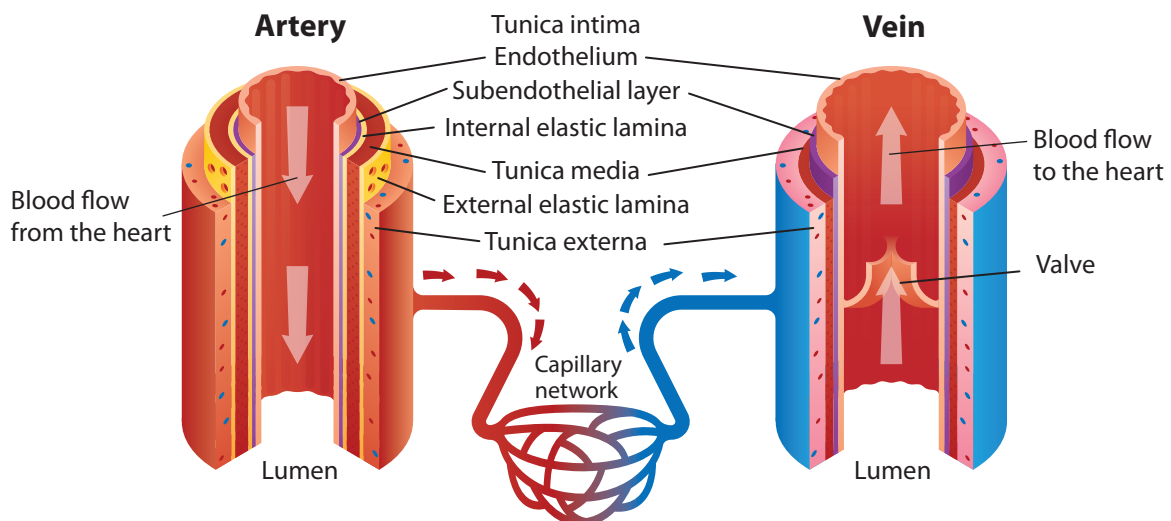
Figure I.C.9.a: Hypertension (HTN)

# Anatomical Illustrations

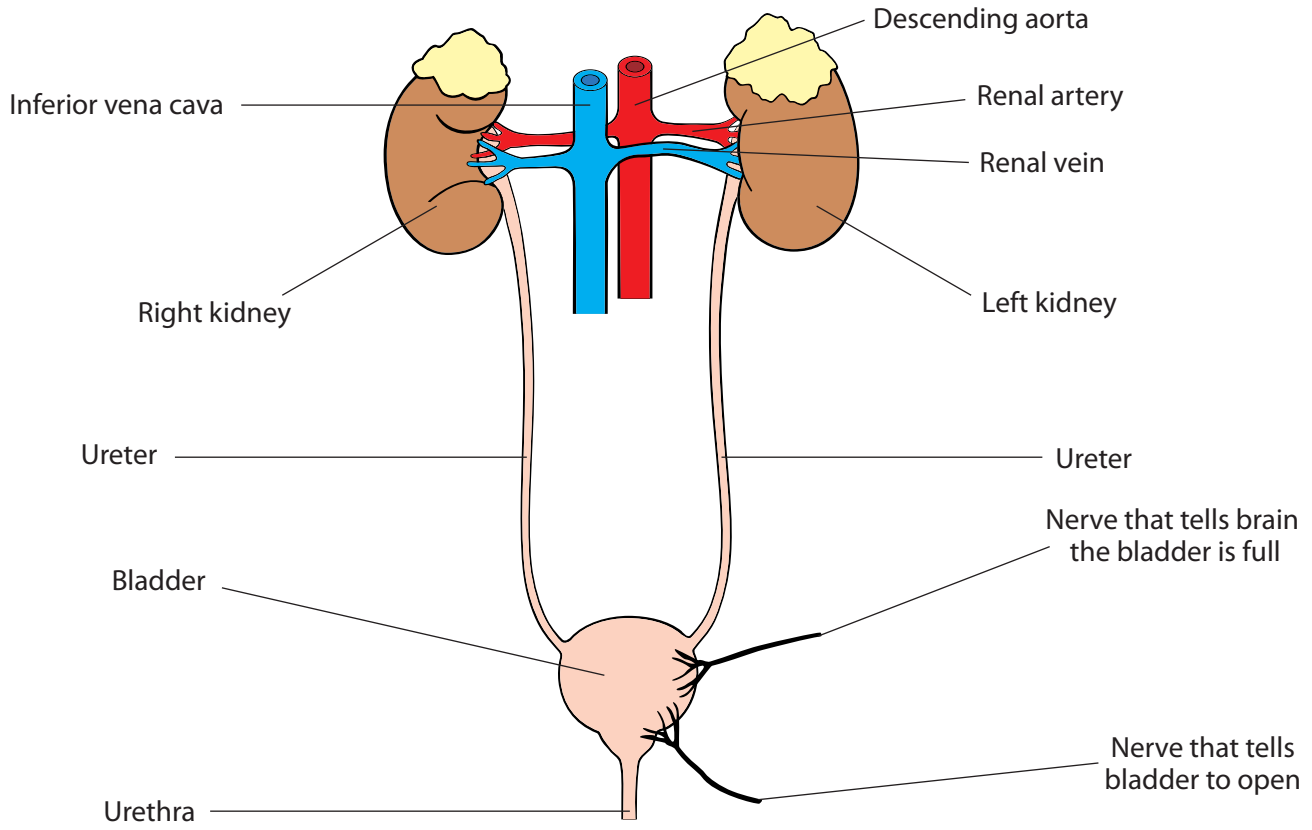
## Circulatory System — Arteries and Veins



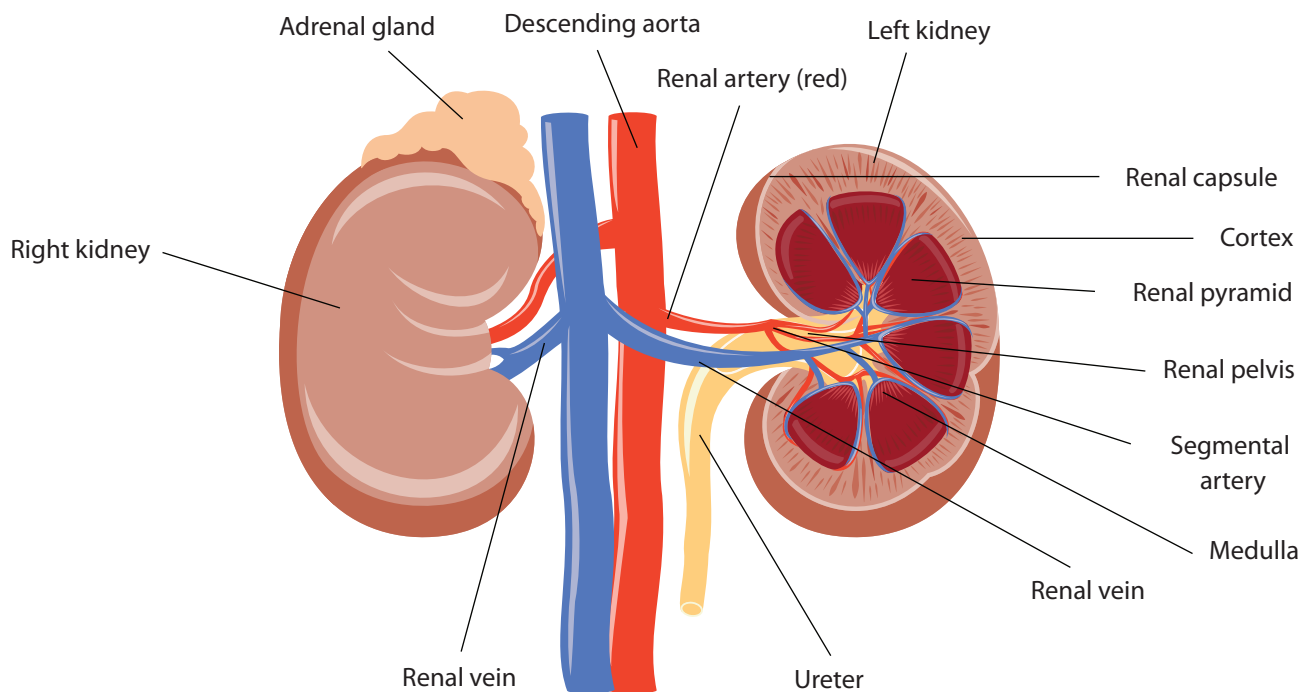
## Circulatory System — Artery and Vein Anatomy



## Urinary System Anatomy



## Urinary System — Kidney Anatomy





# ICD-10-CM Index to Diseases and Injuries

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

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   vagina R87.89  
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   satisfactory anal smear but lacking transformation zone R85.616  
   specified NEC R85.618  
   unsatisfactory smear R85.615  
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   central nervous system Q07.9  
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   breast R92.8  
   central nervous system NEC R90.89  
   cerebrovascular NEC R90.89  
   coronary circulation R93.1  
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   genitourinary organs R93.89  
   head R93.0  
   heart R93.1  
   intrathoracic organ NEC R93.89  
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   liver R93.2  
   lung (field) R91.8  
   musculoskeletal system NEC R93.7  
   renal pelvis R93.41  
   retroperitoneum R93.5  
   site specified NEC R93.89  
   skin and subcutaneous tissue R93.89  
   skull R93.0  
   testis R93.81   
   urinary organs specified NEC R93.49  
   ureter R93.41  
 direction, teeth, fully erupted M26.30  
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   ankylosis — see Ankylosis, ear ossicles  
   discontinuity — see Discontinuity, ossicles, ear  
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   synovial — see Abnormal, specimen, specified  
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   endocrine NEC R94.7  
   eye NEC R94.118  
   kidney R94.4  
   liver R94.5

## Abrasion - Abscess

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 foot (except toe(s) alone) S90.81 ☑  
   toe — see Abrasion, toe  
 forearm S50.81 ☑  
   elbow only — see Abrasion, elbow  
 forehead S00.81 ☑  
 genital organs, external  
   female S30.816 ☑  
   male S30.815 ☑  
 groin S30.811 ☑  
 gum S00.512 ☑  
 hand S60.51 ☑  
 head S00.91 ☑  
   ear — see Abrasion, ear  
   eyelid — see Abrasion, eyelid  
   lip S00.511 ☑  
   nose S00.31 ☑  
   oral cavity S00.512 ☑  
   scalp S00.01 ☑  
   specified site NEC S00.81 ☑  
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 inguinal region S30.811 ☑  
 interscapular region S20.419 ☑  
 jaw S00.81 ☑  
 knee S80.21 ☑  
 labium (majus) (minus) S30.814 ☑  
 larynx S10.11 ☑  
 leg (lower) S80.81 ☑  
   knee — see Abrasion, knee  
   upper — see Abrasion, thigh  
 lip S00.511 ☑  
 lower back S30.810 ☑  
 lumbar region S30.810 ☑  
 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 S10.81 ☑  
 nasal S00.31 ☑  
 neck S10.91 ☑  
   specified site NEC S10.81 ☑  
   throat S10.11 ☑  
 nose S00.31 ☑  
 occipital region S00.01 ☑  
 oral cavity S00.512 ☑  
 orbital region — see Abrasion, eyelid  
 palate S00.512 ☑  
 palm — see Abrasion, hand  
 parietal region S00.01 ☑  
 pelvis S30.810 ☑  
 penis S30.812 ☑  
 perineum  
   female S30.814 ☑  
   male S30.810 ☑  
 periocular area — see Abrasion, eyelid  
 phalanges  
   finger — see Abrasion, finger  
   toe — see Abrasion, toe  
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 pinna — see Abrasion, ear  
 popliteal space — see Abrasion, knee  
 prepuce S30.812 ☑  
 pubic region S30.810 ☑  
 pudendum  
   female S30.816 ☑  
   male S30.815 ☑  
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 scalp S00.01 ☑  
 scapular region — see Abrasion, shoulder  
 scrotum S30.813 ☑  
 shin — see Abrasion, leg  
 shoulder S40.21 ☑  
 skin NEC T14.8 ☑  
 sternal region S20.319 ☑  
 submaxillary region S00.81 ☑  
 submental region S00.81 ☑  
 subungual  
   finger(s) — see Abrasion, finger  
   toe(s) — see Abrasion, toe  
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 supraorbital S00.81 ☑  
 temple S00.81 ☑  
 temporal region S00.81 ☑  
 testis S30.813 ☑  
 thigh S70.31 ☑  
 thorax, thoracic (wall) S20.91 ☑  
   back S20.41 ☑  
   front S20.31 ☑

Abrasion — *continued*

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 thumb S60.31 ☑  
 toe(s) (lesser) S90.416 ☑  
   great S90.41 ☑  
 tongue S00.512 ☑  
 tooth, teeth (dentifrice) (habitual) (hard tissues)  
   (occupational) (ritual) (traditional) K03.1  
 trachea S10.11 ☑  
 tunica vaginalis S30.813 ☑  
 tympanum, tympanic membrane — see Abrasion,  
   ear  
 uvula S00.512 ☑  
 vagina S30.814 ☑  
 vocal cords S10.11 ☑  
 vulva S30.814 ☑  
 wrist S60.81 ☑  
**Abrism** — see Poisoning, food, noxious, plant  
**Abruptio** placentae O45.9 ☑  
 with  
   afibrinogenemia O45.01 ☑  
   coagulation defect O45.00 ☑  
   specified NEC O45.09 ☑  
   disseminated intravascular coagulation O45.02 ☑  
   hypofibrinogenemia O45.01 ☑  
   specified NEC O45.8 ☑  
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**Abscess** (connective tissue) (embolic) (fistulous)  
 (infective) (metastatic) (multiple) (pernicious)  
 (pyogenic) (septic) L02.91  
 with  
   diverticular 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 K57.00  
     with  
       bleeding K57.01  
       large intestine K57.40  
       with bleeding K57.41  
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 abdomen, abdominal  
   cavity K65.1  
   wall L02.211  
 abdominopelvic K65.1  
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 adrenal (capsule) (gland) E27.8  
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   with sinus K04.6  
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   brain (and liver or lung abscess) A06.6  
   genitourinary tract A06.82  
   liver (without mention of brain or lung abscess)  
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   lung (and liver) (without mention of brain  
     abscess) A06.5  
   specified site NEC A06.89  
   spleen A06.89  
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 antecubital space — see Abscess, upper limb  
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   maxillary  
 anus K61.0  
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   with sinus (alveolar) K04.6  
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     Infection, nipple  
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     abortion — see Abortion, by type complicated  
     by, sepsis  
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Abscess — *continued*

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   amebic (with abscess of any other site) A06.6  
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   phemycotic (chromomycotic) B43.1  
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   acute N73.0  
   chronic N73.1  
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 bronchi J98.09  
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   elbow M71.02 ☑  
   foot M71.07 ☑  
   hand M71.04 ☑  
   hip M71.05 ☑  
   knee M71.06 ☑  
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   specified site NEC M71.08  
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   inner K12.2  
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   with fistula J86.0  
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# ICD-10-CM Index to External Causes of Injuries

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## Assault - Burn

## Assault — continued

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## B

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   bull W55.21 ☑  
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   with intent to injure or kill Y04.1 ☑  
   as, or caused by, a crowd or human stampede (with fall) W52 ☑  
   assault Y04.1 ☑  
   homicide (attempt) Y04.1 ☑  
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   with intent to injure or kill Y04.1 ☑  
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   object NEC W22.8 ☑  
   with fall — see Fall, due to, bumping against, object  
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     caused by crowd or human stampede (with fall) W52 ☑  
     sports equipment W21.9 ☑  
   person(s) W51 ☑  
   with fall W03 ☑  
     due to ice or snow W00.0 ☑  
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   caused by, a crowd or human stampede (with fall) W52 ☑  
   homicide (attempt) Y04.2 ☑  
   sports equipment W21.9 ☑  
**Burn**, burned, burning (accidental) (by) (from) (on) acid NEC — see Table of Drugs and Chemicals  
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## Burn — continued

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   suicide (attempt) X77.3 ☑  
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   saucapan (glass) (metal) X15.3 ☑  
   stove (kitchen) X15.0 ☑  
   substance NEC X19 ☑  
     caustic or corrosive NEC — see Table of Drugs and Chemicals  
   toaster X15.1 ☑  
   tool X17 ☑  
   vapor X13.1 ☑  
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   suicide (attempt) X77.3 ☑  
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   stated as undetermined whether accidental or intentional Y27.3 ☑  
   suicide (attempt) X77.3 ☑

# Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

## Chapter-Specific Coding Guidelines

### I.C.1. Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99), U07.1, U09.9

#### a. Human Immunodeficiency Virus (HIV) Infections

##### 1) Code only confirmed cases

Code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline Section II, H.

In this context, "confirmation" does not require documentation of positive serology or culture for HIV; the provider's diagnostic statement that the patient is HIV positive, or has an HIV-related illness is sufficient.

##### 2) Selection and sequencing of HIV codes

###### (a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions.

An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.

###### (b) Patient with HIV disease admitted for unrelated condition

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Other diagnoses would be B20 followed by additional diagnosis codes for all reported HIV-related conditions.

###### (c) Whether the patient is newly diagnosed

Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions is irrelevant to the sequencing decision.

###### (d) Asymptomatic human immunodeficiency virus

Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being "HIV positive", "known HIV", "HIV test positive", or similar terminology. Do not use this code if the term "AIDS" or "HIV disease" is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use B20 in these cases.

###### (e) Patients with inconclusive HIV serology

Patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness, may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].

###### (f) Previously diagnosed HIV-related illness

Patients with any known prior diagnosis of an HIV-related illness should be coded to B20. Once a patient has developed an HIV-related illness, the patient should always be assigned code B20 on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75 or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

###### (g) HIV Infection in Pregnancy, Childbirth and the Puerperium

During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of an HIV-related illness should receive a principal diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by B20 and the code(s) for the HIV-related illness(es).

Codes from Chapter 15 always take sequencing priority.

Patients with asymptomatic HIV infection status admitted (or presenting for a health care encounter) during pregnancy, childbirth, or the puerperium should receive codes of O98.7- and Z21.

###### (h) Encounters for testing for HIV

If a patient is being seen to determine his/her HIV status, use code Z11.4, Encounter for screening for human immunodeficiency virus [HIV]. Use additional codes for any associated high-risk behavior, if applicable.

If a patient with signs or symptoms is being seen for HIV testing, code the signs and symptoms. An additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be used if counseling is provided during the encounter for the test.

When a patient returns to be informed of his/her HIV test results and the test result is negative, use code Z71.7, Human immunodeficiency virus [HIV] counseling.

If the results are positive, see previous guidelines and assign codes as appropriate.

###### (i) HIV managed by antiretroviral medication

If a patient with documented HIV disease, HIV-related illness or AIDS is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.

###### (j) Encounter for HIV Prophylaxis Measures

When a patient is seen for administration of pre-exposure prophylaxis medication for HIV, assign code Z29.81, Encounter for HIV pre-exposure prophylaxis. Pre-exposure prophylaxis (PrEP) is intended to prevent infection in people who are at risk for getting HIV through sex or injection drug use. Any risk factors for HIV should also be coded.

#### b. Infectious agents as the cause of diseases classified to other chapters

Certain infections are classified in chapters other than Chapter 1 and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from Chapter 1 to identify the organism. A code from category B95, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified to other chapters, B96, Other bacterial agents as the cause of diseases classified to other chapters, or B97, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism. An instructional note will be found at the infection code advising that an additional organism code is required.

#### c. Infections resistant to antibiotics

Many bacterial infections are resistant to current antibiotics. It is necessary to identify all infections documented as antibiotic resistant. Assign a code from category Z16, Resistance to antimicrobial drugs, following the infection code only if the infection code does not identify drug resistance.

#### d. Sepsis, Severe Sepsis, and Septic Shock Infections resistant to antibiotics

##### 1) Coding of Sepsis and Severe Sepsis

###### (a) Sepsis

For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection. If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

A code from subcategory R65.2, Severe sepsis, should not be assigned unless severe sepsis or an associated acute organ dysfunction is documented.

###### (i) Negative or inconclusive blood cultures and sepsis

Negative or inconclusive blood cultures do not preclude a diagnosis of sepsis in patients with clinical evidence of the condition; however, the provider should be queried.

###### (ii) Urosepsis

The term urosepsis is a nonspecific term. It is not to be considered synonymous with sepsis. It has no default code in the Alphabetic Index.

Should a provider use this term, he/she must be queried for clarification.

**Arthropod-borne viral fevers and viral hemorrhagic fevers (A90-A99)**

- A90 Dengue fever [classical dengue] CC MCC Excl  
**AHA: Q3 2016**  
**EXCLUDES1** dengue hemorrhagic fever (A91)
- A91 Dengue hemorrhagic fever CC MCC Excl
- <sup>4D</sup> A92 Other mosquito-borne viral fevers CC MCC Excl  
**EXCLUDES1** Ross River disease (B33.1)
- A92.0 Chikungunya virus disease CC MCC Excl  
 Chikungunya (hemorrhagic) fever
- A92.1 O'nyong-nyong fever CC MCC Excl
- A92.2 Venezuelan equine fever CC MCC Excl  
 Venezuelan equine encephalitis  
 Venezuelan equine encephalomyelitis virus disease
- <sup>5D</sup> A92.3 West Nile virus infection CC MCC Excl  
 West Nile fever
- A92.30 West Nile virus infection, unspecified MCC CC MCC Excl  
 West Nile fever NOS  
 West Nile fever without complications  
 West Nile virus NOS
- A92.31 West Nile virus infection with encephalitis MCC CC MCC Excl  
**AHA: Q3 2016**  
 West Nile encephalitis  
 West Nile encephalomyelitis
- A92.32 West Nile virus infection with other neurologic manifestation MCC CC MCC Excl  
**Use additional code to specify the neurologic manifestation**
- A92.39 West Nile virus infection with other complications MCC CC MCC Excl  
**Use additional code to specify the other conditions**
- A92.4 Rift Valley fever CC MCC Excl
- A92.5 Zika virus disease CC MCC Excl  
👁 See Official Guidelines, "Zika virus infections" I.C.1.f.1  
**AHA: Q4 2018, Q4 2016**  
 Zika virus fever  
 Zika virus infection  
 Zika NOS  
**EXCLUDES1** congenital Zika virus disease (P35.4)
- A92.8 Other specified mosquito-borne viral fevers CC MCC Excl
- A92.9 Mosquito-borne viral fever, unspecified CC MCC Excl
- <sup>4D</sup> A93 Other arthropod-borne viral fevers, not elsewhere classified CC MCC Excl
- A93.0 Oropouche virus disease CC MCC Excl  
 Oropouche fever
- A93.1 Sandfly fever CC MCC Excl  
 Pappataci fever  
 Phlebotomus fever
- A93.2 Colorado tick fever CC MCC Excl
- A93.8 Other specified arthropod-borne viral fevers CC MCC Excl  
 Piry virus disease  
 Vesicular stomatitis virus disease [Indiana fever]
- A94 Unspecified arthropod-borne viral fever CC MCC Excl  
 Arboviral fever NOS  
 Arbovirus infection NOS
- <sup>4D</sup> A95 Yellow fever CC MCC Excl
- A95.0 Sylvatic yellow fever CC MCC Excl  
 Jungle yellow fever
- A95.1 Urban yellow fever CC MCC Excl
- A95.9 Yellow fever, unspecified CC MCC Excl
- <sup>4D</sup> A96 Arenaviral hemorrhagic fever CC MCC Excl
- A96.0 Junin hemorrhagic fever CC MCC Excl  
 Argentinian hemorrhagic fever
- A96.1 Machupo hemorrhagic fever CC MCC Excl  
 Bolivian hemorrhagic fever
- A96.2 Lassa fever CC MCC Excl
- A96.8 Other arenaviral hemorrhagic fevers CC MCC Excl
- A96.9 Arenaviral hemorrhagic fever, unspecified CC MCC Excl
- <sup>4D</sup> A98 Other viral hemorrhagic fevers, not elsewhere classified CC MCC Excl  
**EXCLUDES1** chikungunya hemorrhagic fever (A92.0)  
 dengue hemorrhagic fever (A91)
- A98.0 Crimean-Congo hemorrhagic fever CC MCC Excl  
 Central Asian hemorrhagic fever

- A98.1 Omsk hemorrhagic fever CC MCC Excl
- A98.2 Kyasanur Forest disease CC MCC Excl
- A98.3 Marburg virus disease CC MCC Excl
- A98.4 Ebola virus disease CC MCC Excl
- A98.5 Hemorrhagic fever with renal syndrome CC MCC Excl  
 Epidemic hemorrhagic fever  
 Korean hemorrhagic fever  
 Russian hemorrhagic fever  
 Hantaan virus disease  
 Hantavirus disease with renal manifestations  
 Nephropathia epidemica  
 Songo fever  
**EXCLUDES1** hantavirus (cardio)-pulmonary syndrome (B33.4)
- A98.8 Other specified viral hemorrhagic fevers CC MCC Excl
- A99 Unspecified viral hemorrhagic fever CC MCC Excl

**Viral infections characterized by skin and mucous membrane lesions (B00-B09)**

- <sup>4D</sup> B00 Herpesviral [herpes simplex] infections CC MCC Excl  
**EXCLUDES1** congenital herpesviral infections (P35.2)  
**EXCLUDES2** anogenital herpesviral infection (A60.-)  
 gammaherpesviral mononucleosis (B27.0-)  
 herpangina (B08.5)
- B00.0 Eczema herpeticum CC MCC Excl  
 Kaposi's varicelliform eruption
- B00.1 Herpesviral vesicular dermatitis (Figure 1.2) CC MCC Excl  
 Herpes simplex facialis  
 Herpes simplex labialis  
 Herpes simplex otitis externa  
 Vesicular dermatitis of ear  
 Vesicular dermatitis of lip



Figure 1.2 Oral Herpes

- B00.2 Herpesviral gingivostomatitis and pharyngotonsillitis CC MCC Excl  
 Herpesviral pharyngitis
- B00.3 Herpesviral meningitis MCC CC MCC Excl
- B00.4 Herpesviral encephalitis MCC CC MCC Excl  
 Herpesviral meningoencephalitis  
 Simian B disease  
**EXCLUDES1** herpesviral encephalitis due to herpesvirus 6 and 7 (B10.01, B10.09)  
 non-simplex herpesviral encephalitis (B10.0-)
- <sup>5D</sup> B00.5 Herpesviral ocular disease CC MCC Excl
- B00.50 Herpesviral ocular disease, unspecified CC MCC Excl
- B00.51 Herpesviral iridocyclitis CC MCC Excl  
 Herpesviral iritis  
 Herpesviral uveitis, anterior
- B00.52 Herpesviral keratitis CC MCC Excl  
 Herpesviral keratoconjunctivitis
- B00.53 Herpesviral conjunctivitis CC MCC Excl
- B00.59 Other herpesviral disease of eye CC MCC Excl  
 Herpesviral dermatitis of eyelid
- B00.7 Disseminated herpesviral disease HCC MCC CC MCC Excl  
 Herpesviral sepsis
- <sup>5D</sup> B00.8 Other forms of herpesviral infections CC MCC Excl
- B00.81 Herpesviral hepatitis CC MCC Excl
- B00.82 Herpes simplex myelitis HCC MCC BxHCC CC MCC Excl
- B00.89 Other herpesviral infection CC MCC Excl  
 Herpesviral whitlow

Pbdi Unacceptable Principal Inpatient Dx Per Medicare    
 Pbdi Code Exempt From Dx POA    
 ? Questionable Admission    
 CC Complication or Comorbidity  
MCC Major Complication or Comorbidity    
CC MCC Excl CC/MCC Exclusion    
HCC HCC Dx Code    
BxHCC RxHCC Dx Code    
Z1 Z Code as First-listed Dx



	D00.1 Carcinoma in situ of <b>esophagus</b>		
	D00.2 Carcinoma in situ of <b>stomach</b>		
4th	D01 Carcinoma in situ of <b>other and unspecified digestive organs</b>		
	<b>EXCLUDES1</b> melanoma in situ (D03.-)		
	D01.0 Carcinoma in situ of <b>colon</b>		
	<b>EXCLUDES1</b> carcinoma in situ of <i>rectosigmoid junction</i> (D01.1)		
	D01.1 Carcinoma in situ of <b>rectosigmoid junction</b>		
	D01.2 Carcinoma in situ of <b>rectum</b>		
	D01.3 Carcinoma in situ of <b>anus and anal canal</b>		
	Anal intraepithelial neoplasia III [AIN III]		
	Severe dysplasia of anus		
	<b>EXCLUDES1</b> anal intraepithelial neoplasia I and II [AIN I and AIN II] (K62.82)		
	carcinoma in situ of <i>anal margin</i> (D04.5)		
	carcinoma in situ of <i>anal skin</i> (D04.5)		
	carcinoma in situ of <i>perianal skin</i> (D04.5)		
5th	D01.4 Carcinoma in situ of <b>other and unspecified parts of intestine</b>		
	<b>EXCLUDES1</b> carcinoma in situ of <i>ampulla of Vater</i> (D01.5)		
	D01.40 Carcinoma in situ of <b>unspecified part of intestine</b>		
	D01.49 Carcinoma in situ of <b>other parts of intestine</b>		
	D01.5 Carcinoma in situ of <b>liver, gallbladder and bile ducts</b>		
	Carcinoma in situ of <i>ampulla of Vater</i>		
	D01.7 Carcinoma in situ of <b>other specified digestive organs</b>		
	Carcinoma in situ of <i>pancreas</i>		
	D01.9 Carcinoma in situ of <b>digestive organ, unspecified</b>		
4th	D02 Carcinoma in situ of <b>middle ear and respiratory system</b>		
	<b>Use additional code to identify:</b>		
	exposure to environmental tobacco smoke (Z77.22)		
	exposure to tobacco smoke in the perinatal period (P96.81)		
	history of tobacco dependence (Z87.891)		
	occupational exposure to environmental tobacco smoke (Z57.31)		
	tobacco dependence (F17.-)		
	tobacco use (Z72.0)		
	<b>EXCLUDES1</b> melanoma in situ (D03.-)		
	D02.0 Carcinoma in situ of <b>larynx</b>		
	Carcinoma in situ of <i>aryepiglottic fold</i> or <i>interarytenoid fold</i> , laryngeal aspect		
	Carcinoma in situ of <i>epiglottis</i> (suprahyoid portion)		
	<b>EXCLUDES1</b> carcinoma in situ of <i>aryepiglottic fold</i> or <i>interarytenoid fold NOS</i> (D00.08)		
	carcinoma in situ of <i>hypopharyngeal aspect</i> (D00.08)		
	carcinoma in situ of <i>marginal zone</i> (D00.08)		
	D02.1 Carcinoma in situ of <b>trachea</b>		
5th	D02.2 Carcinoma in situ of <b>bronchus and lung</b>		
	D02.20 Carcinoma in situ of <b>unspecified bronchus and lung</b>		
	D02.21 Carcinoma in situ of <b>right bronchus and lung</b>		
	D02.22 Carcinoma in situ of <b>left bronchus and lung</b>		
	D02.3 Carcinoma in situ of <b>other parts of respiratory system</b>		
	Carcinoma in situ of <i>accessory sinuses</i>		
	Carcinoma in situ of <i>middle ear</i>		
	Carcinoma in situ of <i>nasal cavities</i>		
	<b>EXCLUDES1</b> carcinoma in situ of <i>ear (external)</i> (skin) (D04.2-)		
	carcinoma in situ of <i>nose NOS</i> (D09.8)		
	carcinoma in situ of <i>skin of nose</i> (D04.3)		
	D02.4 Carcinoma in situ of <b>respiratory system, unspecified</b>		
4th	D03 Melanoma in situ		
	D03.0 Melanoma in situ of <b>lip</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
5th	D03.1 Melanoma in situ of <b>eyelid, including canthus</b>		
	D03.10 Melanoma in situ of <b>unspecified eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
6th	D03.11 Melanoma in situ of <b>right eyelid, including canthus</b>		
	D03.111 Melanoma in situ of <b>right upper eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
	D03.112 Melanoma in situ of <b>right lower eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
6th	D03.12 Melanoma in situ of <b>left eyelid, including canthus</b>		
	D03.121 Melanoma in situ of <b>left upper eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
	D03.122 Melanoma in situ of <b>left lower eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
5th	D03.2 Melanoma in situ of <b>ear and external auricular canal</b>		
	D03.20 Melanoma in situ of <b>unspecified ear and external auricular canal</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.21 Melanoma in situ of <b>right ear and external auricular canal</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.22 Melanoma in situ of <b>left ear and external auricular canal</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
5th	D03.3 Melanoma in situ of <b>other and unspecified parts of face</b>		
	D03.30 Melanoma in situ of <b>unspecified part of face</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.39 Melanoma in situ of <b>other parts of face</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.4 Melanoma in situ of <b>scalp and neck</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
5th	D03.5 Melanoma in situ of <b>trunk</b>		
	D03.51 Melanoma in situ of <b>anal skin</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	Melanoma in situ of <i>anal margin</i>		
	Melanoma in situ of <i>perianal skin</i>		
	D03.52 Melanoma in situ of <b>breast (skin) (soft tissue)</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.59 Melanoma in situ of <b>other part of trunk</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
5th	D03.6 Melanoma in situ of <b>upper limb, including shoulder</b>		
	D03.60 Melanoma in situ of <b>unspecified upper limb, including shoulder</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.61 Melanoma in situ of <b>right upper limb, including shoulder</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.62 Melanoma in situ of <b>left upper limb, including shoulder</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
5th	D03.7 Melanoma in situ of <b>lower limb, including hip</b>		
	D03.70 Melanoma in situ of <b>unspecified lower limb, including hip</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.71 Melanoma in situ of <b>right lower limb, including hip</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.72 Melanoma in situ of <b>left lower limb, including hip</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D03.8 Melanoma in situ of <b>other sites</b>		
	Melanoma in situ of <i>scrotum</i>		
	<b>EXCLUDES1</b> carcinoma in situ of <i>scrotum</i> (D07.61)		
	D03.9 Melanoma in situ, <b>unspecified</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
4th	D04 Carcinoma in situ of <b>skin</b>		
	<b>EXCLUDES1</b> erythroplasia of <i>Queyrat</i> (penis) NOS (D07.4)		
	melanoma in situ (D03.-)		
	D04.0 Carcinoma in situ of <b>skin of lip</b>		
	<b>EXCLUDES2</b> carcinoma in situ of <i>vermillion border of lip</i> (D00.01)		
5th	D04.1 Carcinoma in situ of <b>skin of eyelid, including canthus</b>		
	D04.10 Carcinoma in situ of <b>skin of unspecified eyelid, including canthus</b>		
6th	D04.11 Carcinoma in situ of <b>skin of right eyelid, including canthus</b>		
	D04.111 Carcinoma in situ of <b>skin of right upper eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
	D04.112 Carcinoma in situ of <b>skin of right lower eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
6th	D04.12 Carcinoma in situ of <b>skin of left eyelid, including canthus</b>		
	D04.121 Carcinoma in situ of <b>skin of left upper eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
	D04.122 Carcinoma in situ of <b>skin of left lower eyelid, including canthus</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	<b>AHA: Q4 2018</b>		
5th	D04.2 Carcinoma in situ of <b>skin of ear and external auricular canal</b>		
	D04.20 Carcinoma in situ of <b>skin of unspecified ear and external auricular canal</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D04.21 Carcinoma in situ of <b>skin of right ear and external auricular canal</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D04.22 Carcinoma in situ of <b>skin of left ear and external auricular canal</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
5th	D04.3 Carcinoma in situ of <b>skin of other and unspecified parts of face</b>		
	D04.30 Carcinoma in situ of <b>skin of unspecified part of face</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		
	D04.39 Carcinoma in situ of <b>skin of other parts of face</b> <span style="float: right;">HCC <span style="border: 1px solid black; padding: 0 2px;">B</span> <span style="border: 1px solid black; padding: 0 2px;">C</span></span>		

N Newborn P Pediatric M Maternity A Adult ♂ Male ♀ Female ● New Code \* New Text ▲ Revised Code Title ▶◀ Revised Text  
**EXCLUDES1** Not Coded Here **EXCLUDES2** Not Included Here 4th 5th 6th 7th Character Required 7th Extension 'X' Alert HCC Hospital-acquired Condition

# Anatomy of the Nervous System

## Introduction

The nervous system (Figure 6.a) constitutes the body's control center and the communication network and directs the functions of multiple body organs and systems. It helps the individual to interpret external environmental events and respond to various environmental stimuli. The nervous system includes the following types and components:

### 1. The Central Nervous System (CNS)

The central nervous system is regarded as the control center of the entire nervous system. It is composed of the brain and the spinal cord. The CNS receives the body's sensations and information about the external environmental changes via receptors and sense organs, and directs the body to act accordingly in response to these external environmental stimuli.

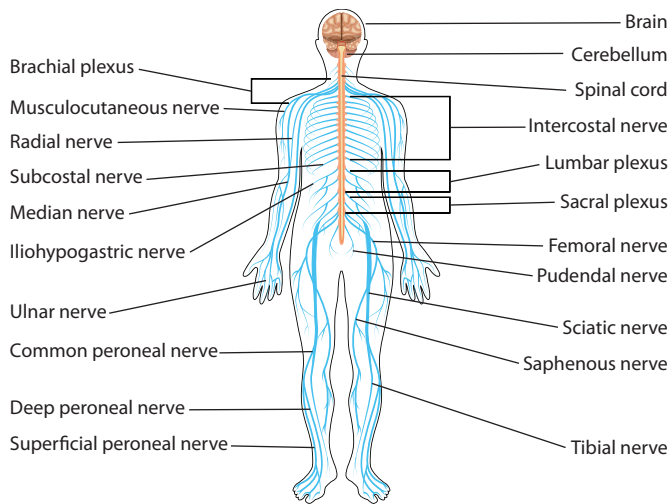


Figure 6.a Human Nervous System

### 2. The Peripheral Nervous System (PNS)

The peripheral nervous system is composed of the nerves that connect the brain and spinal cord with the glands, muscles and sensory receptors. The PNS can be further divided into the following subcategories:

#### a) The Afferent Peripheral System

The afferent peripheral system is composed of sensory (or afferent) neurons that transfer information to the brain and spinal cord via peripheral receptors.

#### b) The Efferent Peripheral System

The efferent peripheral system consists of the motor (or efferent) neurons that form a communication channel (for information transfer) between the brain, spinal cord, muscles and glands. This system of neurons is further divided into the following subcategories:

##### i) Somatic Nervous System

The somatic nervous system helps the individual to respond to the changes in the external environment by conducting the impulses from the brain and spinal cord to the skeletal muscle.

##### ii) Autonomic Nervous System

The autonomic nervous system (ANS) is an involuntary system of nerves that conduct impulses from the brain and spinal cord to the smooth muscles of the intestine, the cardiac muscles of the heart, and the endocrine glands. The organs of this particular system receive nerve fibers from the following divisions of the ANS:

##### (a) Sympathetic Division

The sympathetic division acts to mobilize the body's resources and induce the fight-or-flight response. This system uses norepinephrine as a neurotransmitter to speed up its activity through energy expenditure.

##### (b) Parasympathetic Division

The parasympathetic division facilitates the vegetative activities of human body (like digestion, urination and defecation).

### 3. The Spinal Cord (or Medulla Spinalis)

The spinal cord initiates as a continuation of the medulla oblongata of the brainstem. Its length varies between 16 to 18 inches and is made up of a series of 31 segments, each of which gives rise to a pair of spinal nerves. The human spinal cord is further protected by a series of connective tissue membranes that are known as the spinal meninges.

### 4. The Brain or Encephalon

The brain (Figure 6.b) is regarded as one of the largest organs of the body and weighs about 3 pounds in an average adult. The major parts of the human brain are described as follows:

#### a) The Brainstem

The brainstem is regarded as the posterior portion of the brain, which is structurally continuous with the spinal cord. It is composed of the medulla oblongata, the pons Varolii, and the midbrain.

#### b) The Diencephalon

The diencephalon is located between the two cerebral hemispheres, and superiorly to the midbrain. It surrounds the third ventricle of the brain and consists of the thalamus and hypothalamus regions.

#### c) The Cerebrum (or Telencephalon)

The cerebrum constitutes the bulk of the brain and is composed of the gray matter (or cerebral cortex), longitudinal fissure, and the right and left cerebral hemispheres. It is further subdivided into the frontal, parietal, occipital and temporal lobes.

#### d) The Cerebellum

The cerebellum is regarded as the second largest portion of the brain. It is located under the occipital lobes of the cerebrum, and behind the pons and medulla oblongata of brainstem. The two partially separated hemispheres of the cerebellum are connected together by a centrally constricted structure, which is known as the vermis. The cerebellum is constituted primarily by the white matter and a thin layer of gray matter on its surface, which is known as the cerebellar cortex. The cerebrospinal fluid (CSF) is a colorless fluid that fills up the subarachnoid space (or interval between the arachnoid membrane and pia mater) and the ventricular system inside and around the spinal cord and brain.

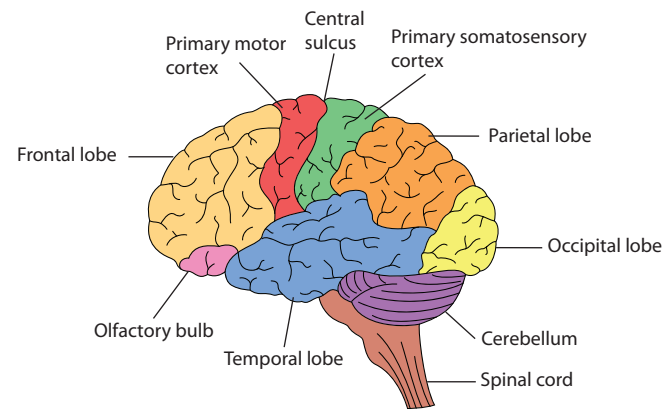


Figure 6.b Anatomy of the Brain

### 5. The Cranial Nerves

The cranial nerves (Figure 6.c) are based on 12 pairs that remain attached to the brain and leave the skull through various foramina in the cranial base. The names of the various cranial nerves are listed below:

- Olfactory (1st cranial nerve)
- Optic (2nd cranial nerve)
- Oculomotor (3rd cranial nerve)
- Trochlear (4th cranial nerve)
- Trigeminal (5th cranial nerve)
- Abducens (6th cranial nerve)
- The Facial (7th cranial nerve)
- Acoustic (8th cranial nerve)

# Chapter 16: Certain Conditions Originating in the Perinatal Period (P00-P96)

## Chapter-Specific Coding Guidelines

### I.C.16. Chapter 16: Certain Conditions Originating in the Perinatal Period (P00-P96)

For coding and reporting purposes the perinatal period is defined as before birth through the 28<sup>th</sup> day following birth. The following guidelines are provided for reporting purposes.

#### a. General Perinatal Rules

##### 1) Use of Chapter 16 Codes

Codes in this chapter are never for use on the maternal record. Codes from Chapter 15, the obstetric chapter, are never permitted on the newborn record. Chapter 16 codes may be used throughout the life of the patient if the condition is still present.

##### 2) Principal Diagnosis for Birth Record

When coding the birth episode in a newborn record, assign a code from category Z38, Liveborn infants according to place of birth and type of delivery, as the principal diagnosis. A code from category Z38 is assigned only once, to a newborn at the time of birth. If a newborn is transferred to another institution, a code from category Z38 should not be used at the receiving hospital.

A code from category Z38 is used only on the newborn record, not on the mother's record.

##### 3) Use of Codes from other Chapters with Codes from Chapter 16

Codes from other chapters may be used with codes from chapter 16 if the codes from the other chapters provide more specific detail. Codes for signs and symptoms may be assigned when a definitive diagnosis has not been established. If the reason for the encounter is a perinatal condition, the code from chapter 16 should be sequenced first.

##### 4) Use of Chapter 16 Codes after the Perinatal Period

Should a condition originate in the perinatal period, and continue throughout the life of the patient, the perinatal code should continue to be used regardless of the patient's age.

##### 5) Birth process or community acquired conditions

If a newborn has a condition that may be either due to the birth process or community acquired and the documentation does not indicate which it is, the default is due to the birth process and the code from Chapter 16 should be used. If the condition is community-acquired, a code from Chapter 16 should not be assigned.

*For COVID-19 infection in a newborn, see guideline I.C.16.h.*

##### 6) Code all clinically significant conditions

All clinically significant conditions noted on routine newborn examination should be coded. A condition is clinically significant if it requires:

- clinical evaluation; or
- therapeutic treatment; or
- diagnostic procedures; or
- extended length of hospital stay; or
- increased nursing care and/or monitoring; or
- has implications for future health care needs

Note: The perinatal guidelines listed above are the same as the general coding guidelines for "additional diagnoses," except for the final point regarding implications for future health care needs. Codes should be assigned for conditions that have been specified by the provider as having implications for future health care needs.

#### b. Observation and Evaluation of Newborns for Suspected Conditions not Found

##### 1) Use of Z05 codes

Assign a code from category Z05, Observation and evaluation of newborn for suspected diseases and conditions ruled out, to identify those instances when a healthy newborn is evaluated for a suspected condition/disease that is determined after study not to be present. Do not use a code from category Z05 when the patient is documented to have signs or symptoms of a suspected problem; in such cases code the sign or symptom.

##### 2) Z05 on other than the birth record

A code from category Z05 may also be assigned as a principal or first-listed code for readmissions or encounters when the code from category Z38 code no longer applies. Codes from category Z05 are for use only for healthy newborns and infants for which no condition after study is found to be present.

##### 3) Z05 on a birth record

A code from category Z05 is to be used as a secondary code after the code from category Z38, Liveborn infants according to place of birth and type of delivery.

#### c. Coding Additional Perinatal Diagnoses

##### 1) Assigning codes for conditions that require treatment

Assign codes for conditions that require treatment or further investigation, prolong the length of stay, or require resource utilization.

##### 2) Codes for conditions specified as having implications for future health care needs

Assign codes for conditions that have been specified by the provider as having implications for future health care needs.

Note: This guideline should not be used for adult patients.

#### d. Prematurity and Fetal Growth Retardation

Providers utilize different criteria in determining prematurity. A code for prematurity should not be assigned unless it is documented.

Assignment of codes in categories P05, Disorders of newborn related to slow fetal growth and fetal malnutrition, and P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified, should be based on the recorded birth weight and estimated gestational age.

When both birth weight and gestational age are available, two codes from category P07 should be assigned, with the code for birth weight sequenced before the code for gestational age.

#### e. Low birth weight and immaturity status

Codes from category P07, Disorders of newborn related to short gestation and low birth weight, not elsewhere classified, are for use for a child or adult who was premature or had a low birth weight as a newborn and this is affecting the patient's current health status.

*See Section I.C.21. Factors influencing health status and contact with health services, Status.*

#### f. Bacterial Sepsis of Newborn

Category P36, Bacterial sepsis of newborn, includes congenital sepsis. If a perinate is documented as having sepsis without documentation of congenital or community acquired, the default is congenital and a code from category P36 should be assigned. If the P36 code includes the causal organism, an additional code from category B95, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified elsewhere, or B96, Other bacterial agents as the cause of diseases classified elsewhere, should not be assigned. If the P36 code does not include the causal organism, assign an additional code from category B96. If applicable, use additional codes to identify severe sepsis (R65.2-) and any associated acute organ dysfunction.

#### g. Stillbirth

Code P95, Stillbirth, is only for use in institutions that maintain separate records for stillbirths. No other code should be used with P95. Code P95 should not be used on the mother's record.

#### h. COVID-19 Infection in Newborn

For a newborn that tests positive for COVID-19, assign code U07.1, COVID-19, and the appropriate codes for associated manifestation(s) in neonates/newborns in the absence of documentation indicating a specific type of transmission. For a newborn that tests positive for COVID-19 and the provider documents the condition was contracted in utero or during the birth process, assign codes P35.8, Other congenital viral diseases, and U07.1, COVID-19. When coding the birth episode in a newborn record, the appropriate code from category Z38, Liveborn infants according to place of birth and type of delivery, should be assigned as the principal diagnosis.

**Certain conditions originating in the perinatal period (P00-P96)**

- NOTES** Codes from this chapter are for use on newborn records only, never on maternal records
- INCLUDES** conditions that have their origin in the fetal or perinatal period (before birth through the first 28 days after birth) even if morbidity occurs later
- EXCLUDES2** congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)  
endocrine, nutritional and metabolic diseases (E00-E88)  
injury, poisoning and certain other consequences of external causes (S00-T88)  
neoplasms (C00-D49)  
tetanus neonatorum (A33)

**This chapter contains the following blocks:**

- P00-P04 Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery
- P05-P08 Disorders of newborn related to length of gestation and fetal growth
- P09 Abnormal findings on neonatal screening
- P10-P15 Birth trauma
- P19-P29 Respiratory and cardiovascular disorders specific to the perinatal period
- P35-P39 Infections specific to the perinatal period
- P50-P61 Hemorrhagic and hematological disorders of newborn
- P70-P74 Transitory endocrine and metabolic disorders specific to newborn
- P76-P78 Digestive system disorders of newborn
- P80-P83 Conditions involving the integument and temperature regulation of newborn
- P84 Other problems with newborn
- P90-P96 Other disorders originating in the perinatal period

**Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery (P00-P04)**

- NOTES** These codes are for use when the listed maternal conditions are specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period (before birth through the first 28 days after birth).

- 41 P00 Newborn affected by **maternal conditions that may be unrelated to present pregnancy**  
Code first any current condition in newborn  
**EXCLUDES2** encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)  
newborn affected by maternal complications of pregnancy (P01.-)  
newborn affected by maternal endocrine and metabolic disorders (P70-P74)  
newborn affected by noxious substances transmitted via placenta or breast milk (P04.-)
- P00.0 Newborn affected by maternal **hypertensive disorders** POA  
AHA: Q4 2017  
Newborn affected by maternal conditions classifiable to O10-O11, O13-O16
- P00.1 Newborn affected by maternal **renal and urinary tract diseases** POA  
AHA: Q4 2017  
Newborn affected by maternal conditions classifiable to N00-N39
- P00.2 Newborn affected by maternal **infectious and parasitic diseases** POA  
AHA: Q2 2019, Q4 2017, Q3 2015  
Newborn affected by maternal infectious disease classifiable to A00-B99, J09 and J10  
**EXCLUDES1** maternal genital tract or other localized infections (P00.8)  
**EXCLUDES2** infections specific to the perinatal period (P35-P39)  
newborn affected by (positive) maternal group B streptococcus (GBS) colonization (P00.82)

- P00.3 Newborn affected by **other maternal circulatory and respiratory diseases** POA  
AHA: Q4 2017  
Newborn affected by maternal conditions classifiable to I00-I99, J00-J99, Q20-Q34 and not included in P00.0, P00.2
- P00.4 Newborn affected by maternal **nutritional disorders** POA  
AHA: Q4 2017  
Newborn affected by maternal disorders classifiable to E40-E64  
Maternal malnutrition NOS
- P00.5 Newborn affected by maternal **injury** POA  
AHA: Q4 2017  
Newborn affected by maternal conditions classifiable to O9A.2-
- P00.6 Newborn affected by **surgical procedure on mother** POA  
AHA: Q4 2017  
Newborn affected by amniocentesis  
**EXCLUDES1** Cesarean delivery for present delivery (P03.4)  
damage to placenta from amniocentesis, Cesarean delivery or surgical induction (P02.1)  
previous surgery to uterus or pelvic organs (P03.89)  
**EXCLUDES2** newborn affected by complication of (fetal) intrauterine procedure (P96.5)
- P00.7 Newborn affected by **other medical procedures on mother, not elsewhere classified** POA  
AHA: Q4 2017  
Newborn affected by radiation to mother  
**EXCLUDES1** damage to placenta from amniocentesis, cesarean delivery or surgical induction (P02.1)  
newborn affected by other complications of labor and delivery (P03.-)
- 51 P00.8 Newborn affected by **other maternal conditions**
- P00.81 Newborn affected by **periodontal disease in mother** POA  
AHA: Q4 2017
- P00.82 Newborn affected by (positive) **maternal group B streptococcus (GBS) colonization** POA  
Contact with positive maternal group B streptococcus
- P00.89 Newborn affected by **other maternal conditions** POA  
AHA: Q2 2019, Q4 2017  
Newborn affected by conditions classifiable to T80-T88  
Newborn affected by maternal genital tract or other localized infections  
Newborn affected by maternal systemic lupus erythematosus  
Use additional code to identify infectious agent, if known  
**EXCLUDES2** \*newborn affected by positive maternal group B streptococcus (GBS) colonization (P00.82)
- P00.9 Newborn affected by **unspecified maternal condition** POA  
AHA: Q4 2017
- 41 P01 Newborn affected by **maternal complications of pregnancy**  
Code first any current condition in newborn  
**EXCLUDES2** encounter for observation of newborn for suspected diseases and conditions ruled out (Z05.-)
- P01.0 Newborn affected by **incompetent cervix**  
AHA: Q4 2017
- P01.1 Newborn affected by **premature rupture of membranes**  
AHA: Q4 2017
- P01.2 Newborn affected by **oligohydramnios**  
AHA: Q4 2017  
**EXCLUDES1** oligohydramnios due to premature rupture of membranes (P01.1)
- P01.3 Newborn affected by **polyhydramnios**  
AHA: Q4 2017  
Newborn affected by hydramnios
- P01.4 Newborn affected by **ectopic pregnancy**  
AHA: Q4 2017  
Newborn affected by abdominal pregnancy
- P01.5 Newborn affected by **multiple pregnancy**  
AHA: Q4 2017  
Newborn affected by triplet (pregnancy)  
Newborn affected by twin (pregnancy)

- S25.3 Injury of innominate or subclavian vein**
- S25.30 Unspecified injury of innominate or subclavian vein**
- S25.301 Unspecified injury of right innominate or subclavian vein**
- S25.302 Unspecified injury of left innominate or subclavian vein**
- S25.309 Unspecified injury of unspecified innominate or subclavian vein**
- S25.31 Minor laceration of innominate or subclavian vein**  
Incomplete transection of innominate or subclavian vein  
Laceration of innominate or subclavian vein NOS  
Superficial laceration of innominate or subclavian vein
- S25.311 Minor laceration of right innominate or subclavian vein**
- S25.312 Minor laceration of left innominate or subclavian vein**
- S25.319 Minor laceration of unspecified innominate or subclavian vein**
- S25.32 Major laceration of innominate or subclavian vein**  
Complete transection of innominate or subclavian vein  
Traumatic rupture of innominate or subclavian vein
- S25.321 Major laceration of right innominate or subclavian vein**
- S25.322 Major laceration of left innominate or subclavian vein**
- S25.329 Major laceration of unspecified innominate or subclavian vein**
- S25.39 Other specified injury of innominate or subclavian vein**
- S25.391 Other specified injury of right innominate or subclavian vein**
- S25.392 Other specified injury of left innominate or subclavian vein**
- S25.399 Other specified injury of unspecified innominate or subclavian vein**
- S25.4 Injury of pulmonary blood vessels**
- S25.40 Unspecified injury of pulmonary blood vessels**
- S25.401 Unspecified injury of right pulmonary blood vessels**
- S25.402 Unspecified injury of left pulmonary blood vessels**
- S25.409 Unspecified injury of unspecified pulmonary blood vessels**
- S25.41 Minor laceration of pulmonary blood vessels**  
Incomplete transection of pulmonary blood vessels  
Laceration of pulmonary blood vessels NOS  
Superficial laceration of pulmonary blood vessels
- S25.411 Minor laceration of right pulmonary blood vessels**
- S25.412 Minor laceration of left pulmonary blood vessels**
- S25.419 Minor laceration of unspecified pulmonary blood vessels**
- S25.42 Major laceration of pulmonary blood vessels**  
Complete transection of pulmonary blood vessels  
Traumatic rupture of pulmonary blood vessels
- S25.421 Major laceration of right pulmonary blood vessels**
- S25.422 Major laceration of left pulmonary blood vessels**
- S25.429 Major laceration of unspecified pulmonary blood vessels**
- S25.49 Other specified injury of pulmonary blood vessels**
- S25.491 Other specified injury of right pulmonary blood vessels**
- S25.492 Other specified injury of left pulmonary blood vessels**
- S25.499 Other specified injury of unspecified pulmonary blood vessels**
- S25.5 Injury of intercostal blood vessels**
- S25.50 Unspecified injury of intercostal blood vessels**
- S25.501 Unspecified injury of intercostal blood vessels, right side**
- S25.502 Unspecified injury of intercostal blood vessels, left side**
- S25.509 Unspecified injury of intercostal blood vessels, unspecified side**
- S25.51 Laceration of intercostal blood vessels**
- S25.511 Laceration of intercostal blood vessels, right side**
- S25.512 Laceration of intercostal blood vessels, left side**
- S25.519 Laceration of intercostal blood vessels, unspecified side**
- S25.59 Other specified injury of intercostal blood vessels**
- S25.591 Other specified injury of intercostal blood vessels, right side**
- S25.592 Other specified injury of intercostal blood vessels, left side**
- S25.599 Other specified injury of intercostal blood vessels, unspecified side**
- S25.8 Injury of other blood vessels of thorax**  
Injury of azygos vein  
Injury of mammary artery or vein
- S25.80 Unspecified injury of other blood vessels of thorax**
- S25.801 Unspecified injury of other blood vessels of thorax, right side**
- S25.802 Unspecified injury of other blood vessels of thorax, left side**
- S25.809 Unspecified injury of other blood vessels of thorax, unspecified side**
- S25.81 Laceration of other blood vessels of thorax**
- S25.811 Laceration of other blood vessels of thorax, right side**
- S25.812 Laceration of other blood vessels of thorax, left side**
- S25.819 Laceration of other blood vessels of thorax, unspecified side**
- S25.89 Other specified injury of other blood vessels of thorax**
- S25.891 Other specified injury of other blood vessels of thorax, right side**
- S25.892 Other specified injury of other blood vessels of thorax, left side**
- S25.899 Other specified injury of other blood vessels of thorax, unspecified side**
- S25.9 Injury of unspecified blood vessel of thorax**
- S25.90 Unspecified injury of unspecified blood vessel of thorax**
- S25.91 Laceration of unspecified blood vessel of thorax**
- S25.99 Other specified injury of unspecified blood vessel of thorax**
- S26 Injury of heart**  
**Code also any associated:**  
open wound of thorax (S21.-)  
traumatic hemopneumothorax (S27.2)  
traumatic hemothorax (S27.1)  
traumatic pneumothorax (S27.0)  
**The appropriate 7th character is to be added to each code from category S26**  
**A = initial encounter**  
**D = subsequent encounter**  
**S = sequela**
- S26.0 Injury of heart with hemopericardium**
- S26.00 Unspecified injury of heart with hemopericardium**
- S26.01 Contusion of heart with hemopericardium**
- S26.02 Laceration of heart with hemopericardium**
- S26.020 Mild laceration of heart with hemopericardium**  
Laceration of heart without penetration of heart chamber

**N** Newborn **P** Pediatric **M** Maternity **A** Adult **♂** Male **♀** Female **●** New Code **\*** New Text **▲** Revised Code Title **▶◀** Revised Text  
**EXCLUDES1** Not Coded Here **EXCLUDES2** Not Included Here **4th** **5th** **6th** **7th** Character Required **7th** Extension 'X' Alert **HAC** Hospital-acquired Condition

- 7<sup>th</sup> S32.445 **Nondisplaced fracture of posterior column [ilioischial] of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 7<sup>th</sup> S32.446 **Nondisplaced fracture of posterior column [ilioischial] of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 6<sup>th</sup> S32.45 **Transverse fracture of acetabulum**
  - 7<sup>th</sup> S32.451 **Displaced transverse fracture of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.452 **Displaced transverse fracture of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.453 **Displaced transverse fracture of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.454 **Nondisplaced transverse fracture of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.455 **Nondisplaced transverse fracture of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.456 **Nondisplaced transverse fracture of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 6<sup>th</sup> S32.46 **Associated transverse-posterior fracture of acetabulum**
  - 7<sup>th</sup> S32.461 **Displaced associated transverse-posterior fracture of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.462 **Displaced associated transverse-posterior fracture of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.463 **Displaced associated transverse-posterior fracture of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.464 **Nondisplaced associated transverse-posterior fracture of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.465 **Nondisplaced associated transverse-posterior fracture of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.466 **Nondisplaced associated transverse-posterior fracture of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 6<sup>th</sup> S32.47 **Fracture of medial wall of acetabulum**
  - 7<sup>th</sup> S32.471 **Displaced fracture of medial wall of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.472 **Displaced fracture of medial wall of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.473 **Displaced fracture of medial wall of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.474 **Nondisplaced fracture of medial wall of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.475 **Nondisplaced fracture of medial wall of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.476 **Nondisplaced fracture of medial wall of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 6<sup>th</sup> S32.48 **Dome fracture of acetabulum**
  - 7<sup>th</sup> S32.481 **Displaced dome fracture of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.482 **Displaced dome fracture of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.483 **Displaced dome fracture of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.484 **Nondisplaced dome fracture of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.485 **Nondisplaced dome fracture of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.486 **Nondisplaced dome fracture of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 6<sup>th</sup> S32.49 **Other specified fracture of acetabulum**
  - 7<sup>th</sup> S32.491 **Other specified fracture of right acetabulum** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.492 **Other specified fracture of left acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 7<sup>th</sup> S32.499 **Other specified fracture of unspecified acetabulum** CC POA HAC HCC MCC CC/MCC Excl
- 5<sup>th</sup> S32.5 **Fracture of pubis**

**EXCLUDES1** fracture of pubis with associated disruption of pelvic ring (S32.8-)

  - 6<sup>th</sup> S32.50 **Unspecified fracture of pubis**
    - 7<sup>th</sup> S32.501 **Unspecified fracture of right pubis** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.502 **Unspecified fracture of left pubis** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.509 **Unspecified fracture of unspecified pubis** CC POA HAC HCC MCC CC/MCC Excl
  - 6<sup>th</sup> S32.51 **Fracture of superior rim of pubis**
    - 7<sup>th</sup> S32.511 **Fracture of superior rim of right pubis** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.512 **Fracture of superior rim of left pubis** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.519 **Fracture of superior rim of unspecified pubis** CC POA HAC HCC MCC CC/MCC Excl
  - 6<sup>th</sup> S32.59 **Other specified fracture of pubis**
    - 7<sup>th</sup> S32.591 **Other specified fracture of right pubis** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.592 **Other specified fracture of left pubis** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.599 **Other specified fracture of unspecified pubis** CC POA HAC HCC MCC CC/MCC Excl
- 5<sup>th</sup> S32.6 **Fracture of ischium**

**EXCLUDES1** fracture of ischium with associated disruption of pelvic ring (S32.8-)

  - 6<sup>th</sup> S32.60 **Unspecified fracture of ischium**
    - 7<sup>th</sup> S32.601 **Unspecified fracture of right ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.602 **Unspecified fracture of left ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.609 **Unspecified fracture of unspecified ischium** CC POA HAC HCC MCC CC/MCC Excl
  - 6<sup>th</sup> S32.61 **Avulsion fracture of ischium**
    - 7<sup>th</sup> S32.611 **Displaced avulsion fracture of right ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.612 **Displaced avulsion fracture of left ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.613 **Displaced avulsion fracture of unspecified ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.614 **Nondisplaced avulsion fracture of right ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.615 **Nondisplaced avulsion fracture of left ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.616 **Nondisplaced avulsion fracture of unspecified ischium** CC POA HAC HCC MCC CC/MCC Excl
  - 6<sup>th</sup> S32.69 **Other specified fracture of ischium**
    - 7<sup>th</sup> S32.691 **Other specified fracture of right ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.692 **Other specified fracture of left ischium** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.699 **Other specified fracture of unspecified ischium** CC POA HAC HCC MCC CC/MCC Excl
- 5<sup>th</sup> S32.8 **Fracture of other parts of pelvis**

Code also any associated:  
fracture of acetabulum (S32.4-)  
sacral fracture (S32.1-)

  - 6<sup>th</sup> S32.81 **Multiple fractures of pelvis with disruption of pelvic ring**  
Multiple pelvic fractures with disruption of pelvic circle
    - 7<sup>th</sup> S32.810 **Multiple fractures of pelvis with stable disruption of pelvic ring** CC POA HAC HCC MCC CC/MCC Excl
    - 7<sup>th</sup> S32.811 **Multiple fractures of pelvis with unstable disruption of pelvic ring** CC POA HAC HCC MCC CC/MCC Excl
  - 7<sup>th</sup> S32.82 **Multiple fractures of pelvis without disruption of pelvic ring**  
Multiple pelvic fractures without disruption of pelvic circle

POA Unacceptable Principal Inpatient Dx Per Medicare    
 CC/MCC Excl Code Exempt From Dx POA    
 ? Questionable Admission    
 CC Complication or Comorbidity  
MCC Major Complication or Comorbidity    
 CC/MCC Excl CC/MCC Exclusion    
 HCC HCC Dx Code    
 RxHCC RxHCC Dx Code    
 Z1 Z Code as First-listed Dx

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

Note: This alphabetical list of brand name and generic drugs is a sample of drugs that may be prescribed for long-term use. 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.

Drug Name	Code	Code Descriptor
5-fluorouracil	Z79.631	Long term (current) use of antimetabolite agent
6-mercaptopurine	Z79.631	Long term (current) use of antimetabolite agent
acalabrutinib	Z79.899	Other long term (current) drug therapy
acarbose	Z79.84	Long term (current) use of oral hypoglycemic drugs
acetaminophen	Z79.899	Other long term (current) drug therapy
acetaminophen/codeine	Z79.891	Long term (current) use of opiate analgesic
acetylsalicylic acid	Z79.82	Long term (current) use of aspirin
Achromycin V®	Z79.2	Long term (current) use of antibiotics
Acticlate®	Z79.2	Long term (current) use of antibiotics
Actiq®	Z79.891	Long term (current) use of opiate analgesic
Activella®	Z79.890	Hormone replacement therapy
Actonel®	Z79.83	Long term (current) use of bisphosphonates
Actoplus Met®	Z79.84	Long term (current) use of oral hypoglycemic drugs
Actos®	Z79.84	Long term (current) use of oral hypoglycemic drugs
adalimumab	Z79.620	Long term (current) use of immunosuppressive biologic
Advair HFA®	Z79.51	Long term (current) use of inhaled steroids
Advil Liqui-Gels®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Advil®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Afinitor®	Z79.623	Long term (current) use of mammalian target of rapamycin (mTOR) inhibitor
Aggrastat®	Z79.02	Long term (current) use of antithrombotics/antiplatelets
Agrylin®	Z79.02	Long term (current) use of antithrombotics/antiplatelets
alendronate	Z79.83	Long term (current) use of bisphosphonates
Aleve®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
alogliptin and metformin	Z79.84	Long term (current) use of oral hypoglycemic drugs
alogliptin and pioglitazone	Z79.84	Long term (current) use of oral hypoglycemic drugs
Altabax®	Z79.2	Long term (current) use of antibiotics
Altavera®	Z79.3	Long term (current) use of hormonal contraceptives
Alvesco®	Z79.51	Long term (current) use of inhaled steroids
Alyacen 1/35®	Z79.3	Long term (current) use of hormonal contraceptives
Amaryl®	Z79.84	Long term (current) use of oral hypoglycemic drugs
amoxicillin	Z79.2	Long term (current) use of antibiotics
amoxicillin and clavulanate potassium	Z79.2	Long term (current) use of antibiotics
Amoxil®	Z79.2	Long term (current) use of antibiotics
ampicillin	Z79.2	Long term (current) use of antibiotics
anagrelide	Z79.02	Long term (current) use of antithrombotics/antiplatelets
Anaprox-DS®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
anastrozole	Z79.811	Long term (current) use of aromatase inhibitors
Angeliq®	Z79.890	Hormone replacement therapy
Angiomax®	Z79.02	Long term (current) use of antithrombotics/antiplatelets
apixaban	Z79.01	Long term (current) use of anticoagulants
apremilast	Z79.61	Long term (current) use of immunomodulator
Aranelle®	Z79.3	Long term (current) use of hormonal contraceptives
argatroban	Z79.02	Long term (current) use of antithrombotics/antiplatelets
Arimidex®	Z79.811	Long term (current) use of aromatase inhibitors
Aristospan®	Z79.52	Long term (current) use of systemic steroids
Arixtra®	Z79.01	Long term (current) use of anticoagulants

## cytarabine - Eligard®

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

Drug Name	Code	Code Descriptor
cytarabine	Z79.631	Long term (current) use of antimetabolite agent
Cytosan®	Z79.630	Long term (current) use of alkylating agent
dabigatran	Z79.02	Long term (current) use of antithrombotics/antiplatelets
dacarbazine	Z79.630	Long term (current) use of alkylating agent
dalfopristin/quinupristin	Z79.2	Long term (current) use of antibiotics
dalteparin	Z79.01	Long term (current) use of anticoagulants
dapagliflozin and metformin	Z79.84	Long term (current) use of oral hypoglycemic drugs
dapagliflozin and saxagliptin	Z79.84	Long term (current) use of oral hypoglycemic drugs
daptomycin	Z79.2	Long term (current) use of antibiotics
daunorubicin	Z79.632	Long term (current) use of antitumor antibiotic
Daypro®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Daysee®	Z79.3	Long term (current) use of hormonal contraceptives
Delestrogen®	Z79.890	Hormone replacement therapy
Demerol®	Z79.891	Long term (current) use of opiate analgesic
Depo-Medrol®	Z79.52	Long term (current) use of systemic steroids
Depo-SubQ Provera 104®	Z79.3	Long term (current) use of hormonal contraceptives
dexamethasone	Z79.52	Long term (current) use of systemic steroids
Dexamethasone Intensol®	Z79.52	Long term (current) use of systemic steroids
DiaBeta®	Z79.84	Long term (current) use of oral hypoglycemic drugs
diclofenac	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
diclofenac/misoprostol	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
dicloxacillin	Z79.2	Long term (current) use of antibiotics
dienogest/estradiol	Z79.3	Long term (current) use of hormonal contraceptives
Dificid®	Z79.2	Long term (current) use of antibiotics
diflunisal	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Dilaudid®	Z79.891	Long term (current) use of opiate analgesic
dipyridamole	Z79.02	Long term (current) use of antithrombotics/antiplatelets
Divigel®	Z79.890	Hormone replacement therapy
docetaxel	Z79.633	Long term (current) use of mitotic inhibitor
Doryx®	Z79.2	Long term (current) use of antibiotics
doxorubicin	Z79.632	Long term (current) use of antitumor antibiotic
doxorubicin	Z79.634	Long term (current) use of topoisomerase inhibitor
doxycycline	Z79.2	Long term (current) use of antibiotics
drospirenone/estradiol	Z79.890	Hormone replacement therapy
drospirenone/ethinyl estradiol	Z79.3	Long term (current) use of hormonal contraceptives
drospirenone/ethinyl estradiol/levomefolate calcium	Z79.3	Long term (current) use of hormonal contraceptives
Duavee®	Z79.890	Hormone replacement therapy
Duetact®	Z79.84	Long term (current) use of oral hypoglycemic drugs
Duexis®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
dulaglutide	Z79.85	Long term (current) use of injectable non-insulin antidiabetic drugs
Dulera®	Z79.51	Long term (current) use of inhaled steroids
Duramorph PF®	Z79.891	Long term (current) use of opiate analgesic
Durlaza®	Z79.82	Long term (current) use of aspirin
Dynacin®	Z79.2	Long term (current) use of antibiotics
E.E.S. 400 Filmtab®	Z79.2	Long term (current) use of antibiotics
E.E.S. Granules®	Z79.2	Long term (current) use of antibiotics
EC-Naprosyn®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
edoxaban	Z79.01	Long term (current) use of anticoagulants
Effient®	Z79.02	Long term (current) use of antithrombotics/antiplatelets
Elestrin®	Z79.890	Hormone replacement therapy
Eligard®	Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels



# Appendix B: Summary of 2025 ICD-10-CM Changes

## A quick reference of new, revised, and deleted codes for 2025

### New Codes

Code	Description	Code	Description
A41.54	Sepsis due to Acinetobacter baumannii	G20.B	Parkinson's disease with dyskinesia
B96.83	Acinetobacter baumannii as the cause of diseases classified elsewhere	G20.B1	Parkinson's disease with dyskinesia, without mention of fluctuations
D13.91	Familial adenomatous polyposis	G20.B2	Parkinson's disease with dyskinesia, with fluctuations
D13.99	Benign neoplasm of ill-defined sites within the digestive system	G20.C	Parkinsonism, unspecified
D48.11	Desmoid tumor	G23.3	Hypomyelination with atrophy of the basal ganglia and cerebellum
D48.110	Desmoid tumor of head and neck	G31.80	Leukodystrophy, unspecified
D48.111	Desmoid tumor of chest wall	G31.86	Alexander disease
D48.112	Desmoid tumor, intrathoracic	G37.81	Myelin oligodendrocyte glycoprotein antibody disease
D48.113	Desmoid tumor of abdominal wall	G37.89	Other specified demyelinating diseases of central nervous system
D48.114	Desmoid tumor, intraabdominal	G40.C	Lafora progressive myoclonus epilepsy
D48.115	Desmoid tumor of upper extremity and shoulder girdle	G40.C0	Lafora progressive myoclonus epilepsy, not intractable
D48.116	Desmoid tumor of lower extremity and pelvic girdle	G40.C01	Lafora progressive myoclonus epilepsy, not intractable, with status epilepticus
D48.117	Desmoid tumor of back	G40.C09	Lafora progressive myoclonus epilepsy, not intractable, without status epilepticus
D48.118	Desmoid tumor of other site	G40.C1	Lafora progressive myoclonus epilepsy, intractable
D48.119	Desmoid tumor of unspecified site	G40.C11	Lafora progressive myoclonus epilepsy, intractable, with status epilepticus
D48.19	Other specified neoplasm of uncertain behavior of connective and other soft tissue	G40.C19	Lafora progressive myoclonus epilepsy, intractable, without status epilepticus
D57.04	Hb-S5 disease with dactylitis	G43.E	Chronic migraine with aura
D57.214	Sickle-cell/Hb-C disease with dactylitis	G43.E0	Chronic migraine with aura, not intractable
D57.414	Sickle-cell thalassemia, unspecified, with dactylitis	G43.E01	Chronic migraine with aura, not intractable, with status migrainosus
D57.434	Sickle-cell thalassemia beta zero with dactylitis	G43.E09	Chronic migraine with aura, not intractable, without status migrainosus
D57.454	Sickle-cell thalassemia beta plus with dactylitis	G43.E1	Chronic migraine with aura, intractable
D57.814	Other sickle-cell disorders with dactylitis	G43.E11	Chronic migraine with aura, intractable, with status migrainosus
D61.02	Shwachman-Diamond syndrome	G43.E19	Chronic migraine with aura, intractable, without status migrainosus
D89.84	IgG4-related disease	G90.B	LMNB1-related autosomal dominant leukodystrophy
E20.81	Hypoparathyroidism due to impaired parathyroid hormone secretion	G93.42	Megalencephalic leukoencephalopathy with subcortical cysts
E20.810	Autosomal dominant hypocalcemia	G93.43	Leukoencephalopathy with calcifications and cysts
E20.811	Secondary hypoparathyroidism in diseases classified elsewhere	G93.44	Adult-onset leukodystrophy with axonal spheroids
E20.812	Autoimmune hypoparathyroidism	H36.8	Other retinal disorders in diseases classified elsewhere
E20.818	Other specified hypoparathyroidism due to impaired parathyroid hormone secretion	H36.81	Nonproliferative sickle-cell retinopathy
E20.819	Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified	H36.811	Nonproliferative sickle-cell retinopathy, right eye
E20.89	Other specified hypoparathyroidism	H36.812	Nonproliferative sickle-cell retinopathy, left eye
E74.05	Lysosome-associated membrane protein 2 [LAMP2] deficiency	H36.813	Nonproliferative sickle-cell retinopathy, bilateral
E75.27	Pelizaeus-Merzbacher disease	H36.819	Nonproliferative sickle-cell retinopathy, unspecified eye
E75.28	Canavan disease	H36.82	Proliferative sickle-cell retinopathy
E79.81	Aicardi-Goutieres syndrome	H36.821	Proliferative sickle-cell retinopathy, right eye
E79.82	Hereditary xanthinuria	H36.822	Proliferative sickle-cell retinopathy, left eye
E79.89	Other specified disorders of purine and pyrimidine metabolism	H36.823	Proliferative sickle-cell retinopathy, bilateral
E88.43	Disorders of mitochondrial tRNA synthetases	H36.829	Proliferative sickle-cell retinopathy, unspecified eye
E88.810	Metabolic syndrome	H36.89	Other retinal disorders in diseases classified elsewhere
E88.811	Insulin resistance syndrome, Type A	H50.62	Inferior oblique muscle entrapment
E88.818	Other insulin resistance	H50.621	Inferior oblique muscle entrapment, right eye
E88.819	Insulin resistance, unspecified	H50.622	Inferior oblique muscle entrapment, left eye
E88.A	Wasting disease (syndrome) due to underlying condition	H50.629	Inferior oblique muscle entrapment, unspecified eye
G11.5	Hypomyelination - hypogonadotropic hypogonadism - hypodontia	H50.63	Inferior rectus muscle entrapment
G11.6	Leukodystrophy with vanishing white matter disease	H50.631	Inferior rectus muscle entrapment, right eye
G20.A	Parkinson's disease without dyskinesia	H50.632	Inferior rectus muscle entrapment, left eye
G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations	H50.639	Inferior rectus muscle entrapment, unspecified eye
G20.A2	Parkinson's disease without dyskinesia, with fluctuations		

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