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ICD-10-CM EXPERT

Diagnosis Codes for Providers & Facilities

A decorative graphic consisting of several vertical orange bars of varying heights and widths, interspersed with small orange circles. A thin white line curves across the graphic.

2027

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ICD-10-CM Official Guidelines for Coding and Reporting FY 2027

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 2027

(October 1, 2026 - September 30, 2027)

Narrative changes appear in bold text.

Items underlined have been moved within the guidelines.

Italic formatting is used to indicate revisions to heading changes.

Note from publisher: CMS publishes ICD-10-CM Official Guidelines effective in April and October. In an effort to help readers easily identify new and revised content from both sets of guidelines, the publisher has combined the changes from both releases and included them here.

Statistics (NCHS), two departments within the U.S. Federal Government's Department of Health and Human Services (DHHS) provide the following guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). 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 7th characters for Chapter 19.

11. Impending or Threatened Condition (See Figure 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.

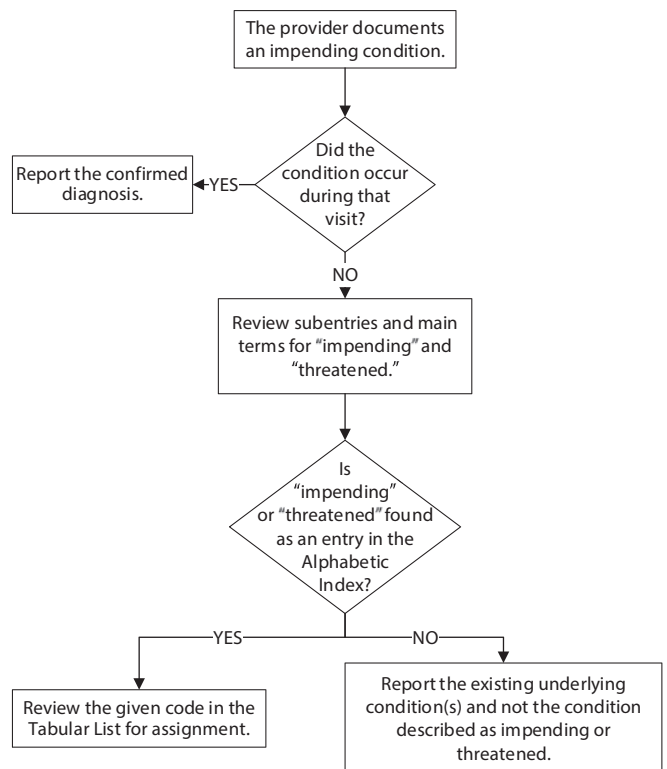
12. Reporting Same Diagnosis Code More than Once

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

This code may be assigned as the principal or first-listed code when the stated reason for the admission/encounter is documented as pain control/pain management. The underlying neoplasm should be reported as an additional diagnosis.

When the reason for the admission/encounter is management of the neoplasm and the pain associated with the neoplasm is also documented, code G89.3 may be assigned as an additional diagnosis. It is not necessary to assign an additional code for the site of the pain.

See Section I.C.2. for instructions on the sequencing of neoplasms for all other stated reasons for the admission/encounter (except for pain control/pain management).

6) Chronic pain syndrome

Central pain syndrome (G89.0) and chronic pain syndrome (G89.4) are different than the term "chronic pain," and therefore codes should only be used when the provider has specifically documented this condition.

See Section I.C.5. Pain disorders related to psychological factors.

7. Chapter 7: Diseases of the Eye and Adnexa (H00-H59)

a. Glaucoma

1) Assigning Glaucoma Codes

Assign as many codes from category H40, Glaucoma, as needed to identify the type of glaucoma, the affected eye, and the glaucoma stage.

2) Bilateral glaucoma with same type and stage

When a patient has bilateral glaucoma and both eyes are documented as being the same type and stage, and there is a code for bilateral glaucoma, report only the code for the type of glaucoma, bilateral, with the seventh character for the stage.

When a patient has bilateral glaucoma and both eyes are documented as being the same type and stage, and the classification does not provide a code for bilateral glaucoma (i.e. subcategories H40.10, and H40.20) report only one code for the type of glaucoma with the appropriate seventh character for the stage.

3) Bilateral glaucoma stage with different types or stages

When a patient has bilateral glaucoma and each eye is documented as having a different type or stage, and the classification distinguishes

laterality, assign the appropriate code for each eye rather than the code for bilateral glaucoma.

When a patient has bilateral glaucoma and each eye is documented as having a different type, and the classification does not distinguish laterality (i.e., subcategories H40.10, and H40.20), assign one code for each type of glaucoma with the appropriate seventh character for the stage.

When a patient has bilateral glaucoma and each eye is documented as having the same type, but different stage, and the classification does not distinguish laterality (i.e., subcategories H40.10 and H40.20), assign a code for the type of glaucoma for each eye with the seventh character for the specific glaucoma stage documented for each eye.

4) Patient admitted with glaucoma and stage evolves during the admission

If a patient is admitted with glaucoma and the stage progresses during the admission, assign the code for highest stage documented.

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.

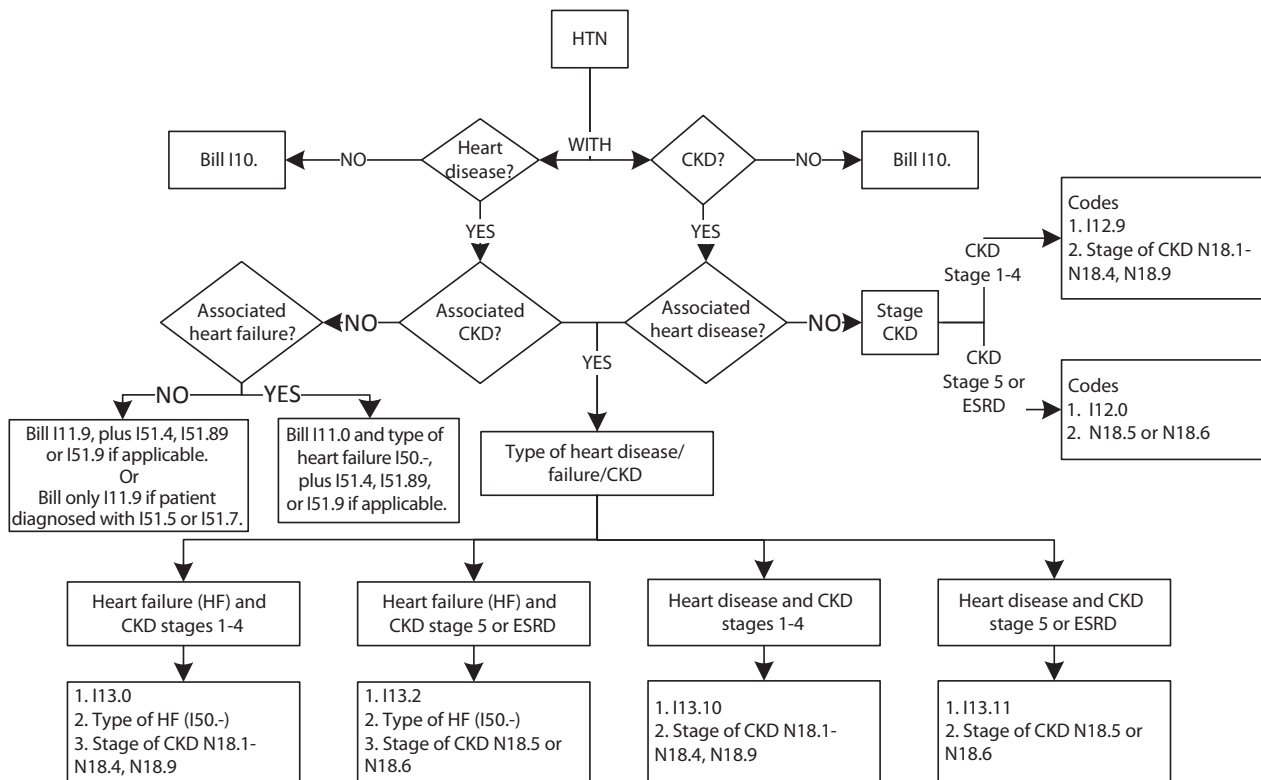
8. Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)

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

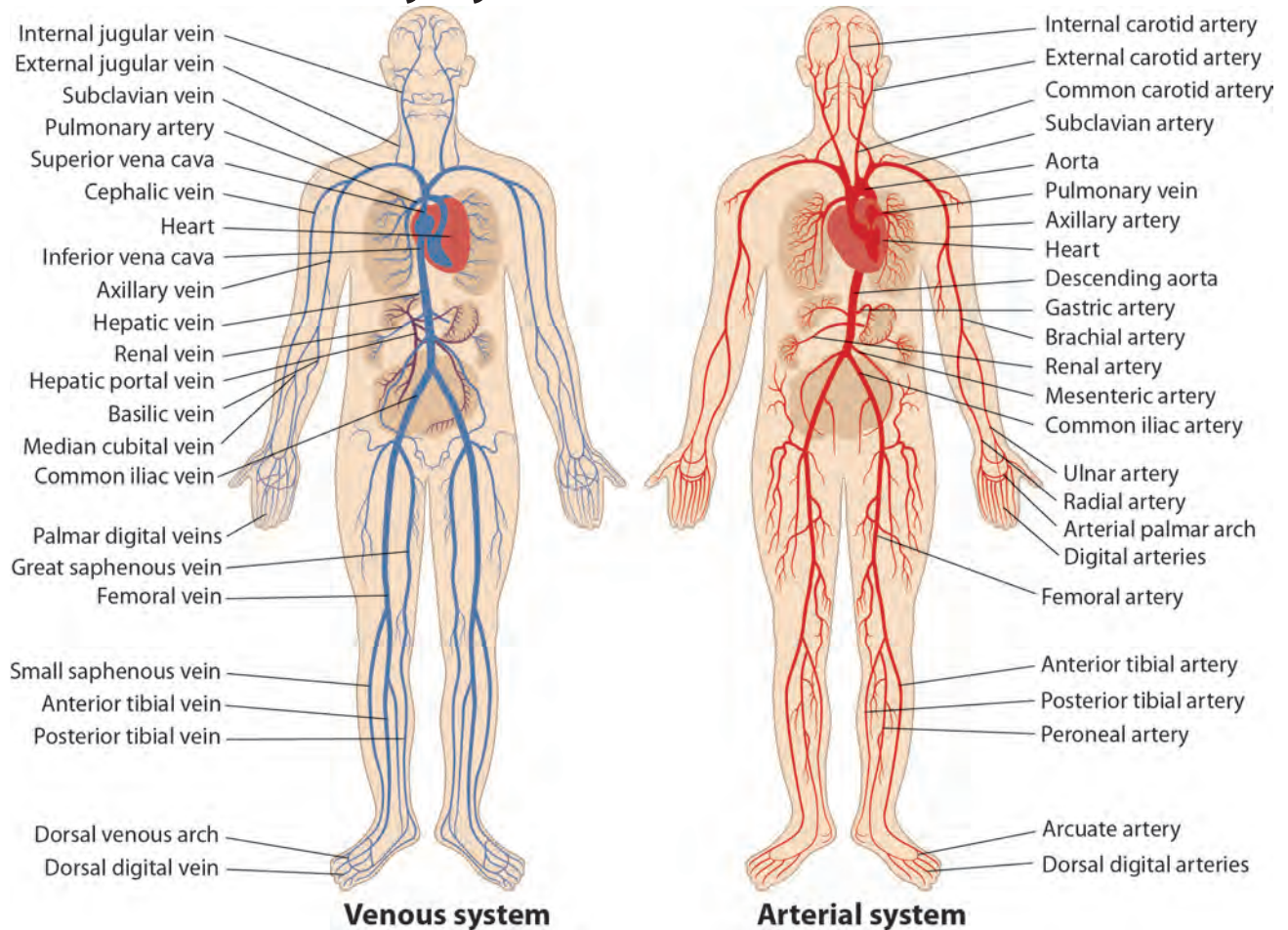


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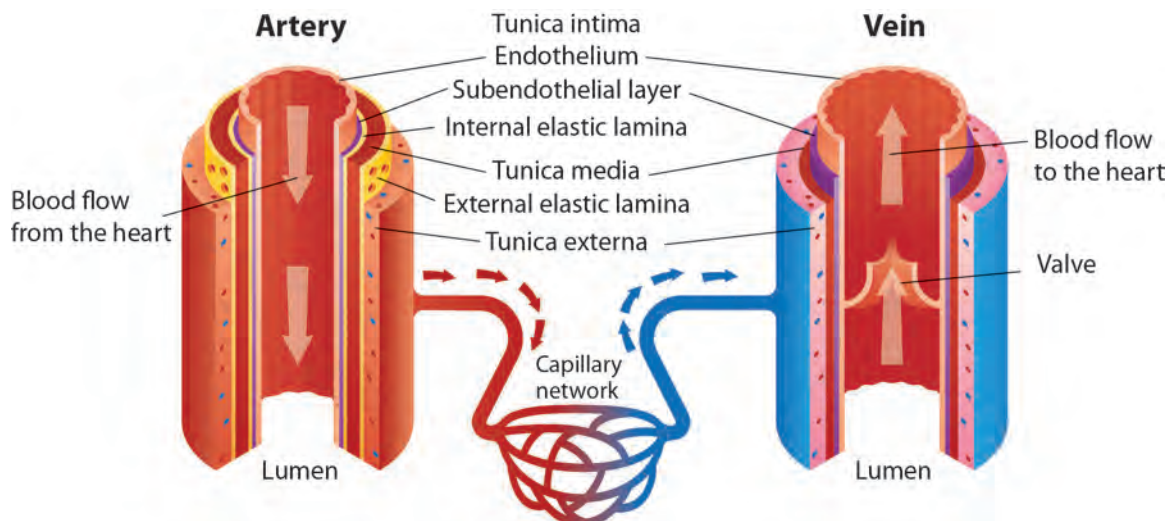
Figure I.C.9.a: Hypertension (HTN)

Anatomical Illustrations

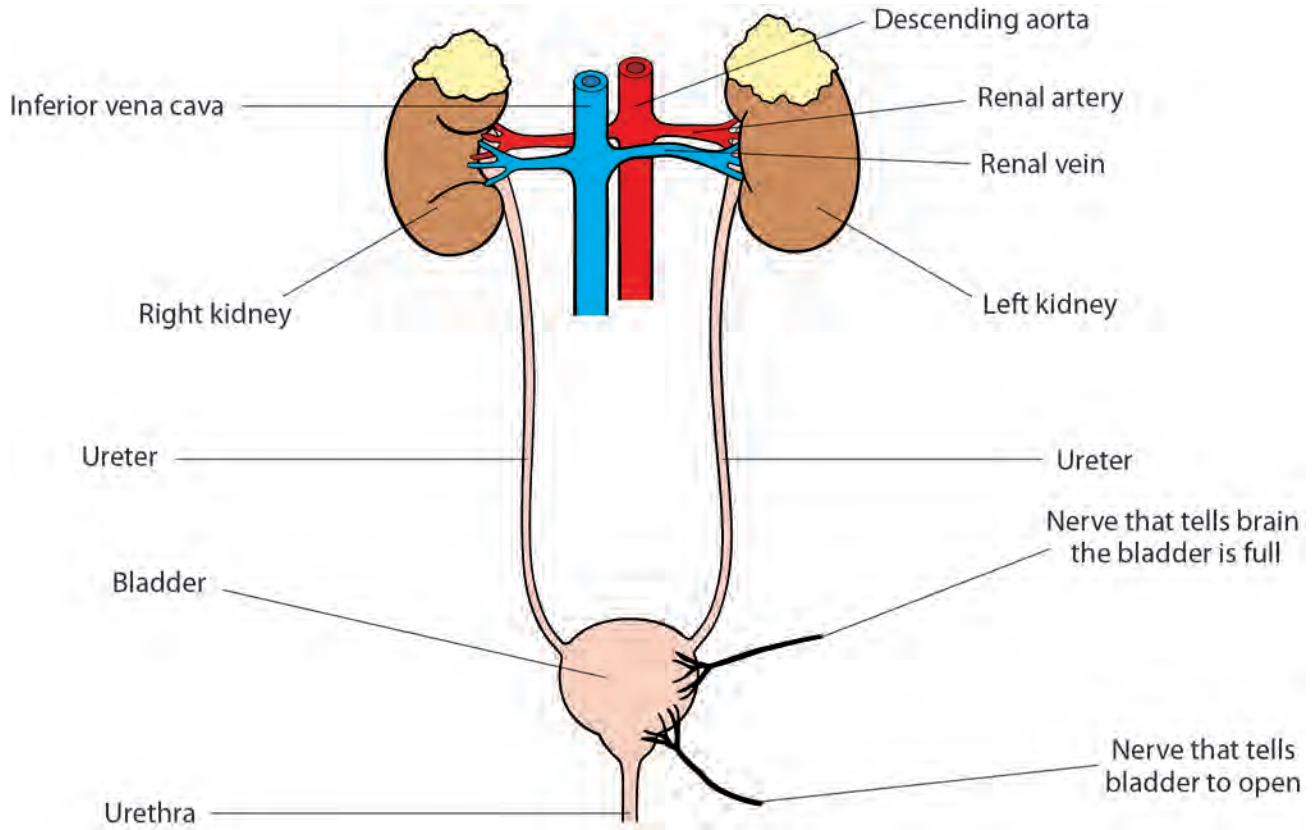
Circulatory System — Arteries and Veins



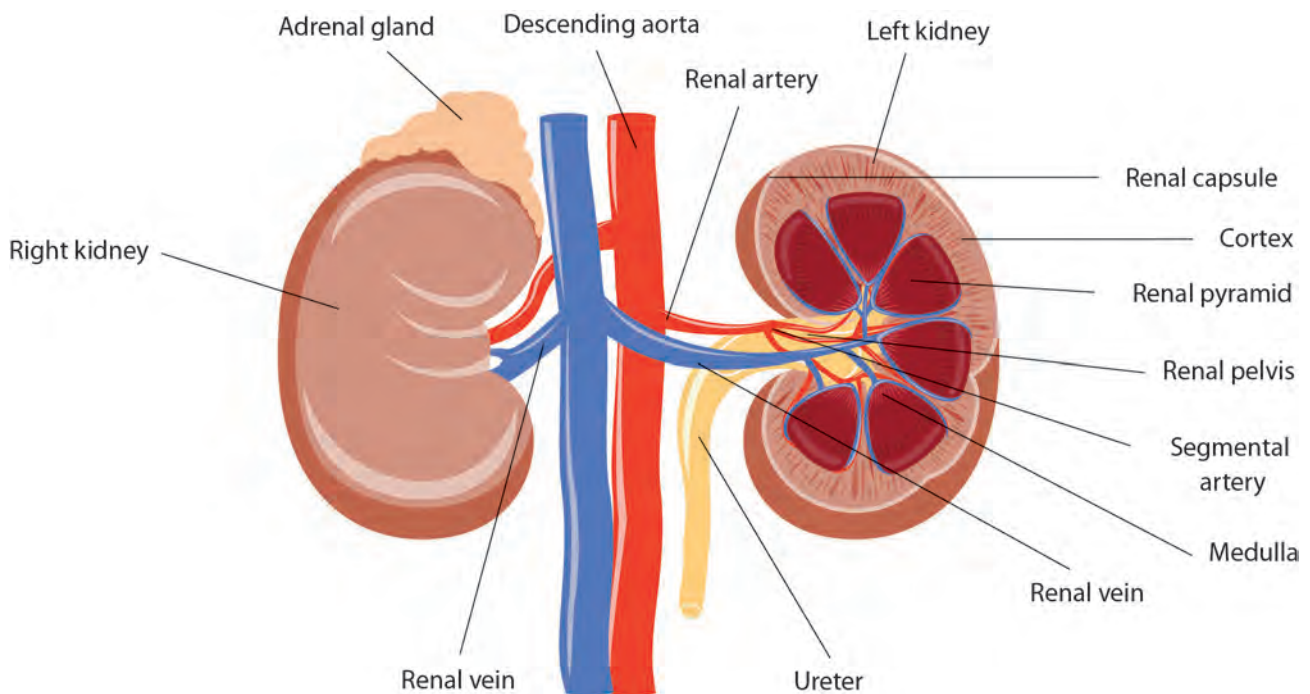
Circulatory System — Artery and Vein Anatomy



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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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) HIV disease

If the term "AIDS" or "HIV disease" is documented or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from the patient's HIV positive status; code B20, Human immunodeficiency virus [HIV], should be assigned.

(b) 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.

(c) 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. **Code B20 would be reported as a secondary diagnosis. Codes for other documented conditions should also be reported as secondary diagnoses.**

(d) Patient newly diagnosed with HIV disease

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

(e) Asymptomatic human immunodeficiency virus

When "HIV positive," "HIV test positive," or similar terminology is documented, and there is no documentation of symptoms or HIV-related illness, code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, should be assigned.

(f) Inconclusive HIV serology

Patients with documentation of inconclusive HIV serology, may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].

(g) Previously diagnosed HIV-related illness

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

(h) HIV Infection in Pregnancy, Childbirth and the Puerperium

When a patient presents during pregnancy, childbirth or the puerperium with documented symptomatic HIV disease or an HIV related illness, assign a code from subcategory O98.7, Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by code B20 and additional code(s) for any HIV-related illness(es). Codes from Chapter 15 always take sequencing priority.

When a patient presents during pregnancy, childbirth or the puerperium with documented asymptomatic HIV infection

status or is HIV-positive, assign a code from subcategory O98.7 followed by code Z21.

(i) Encounters for HIV testing

If a patient without signs or symptoms is tested for HIV, assign 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 of HIV presents for HIV testing, code the signs and symptoms. An additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be assigned if counseling is provided during the encounter for the test. Code Z11.4, Encounter for screening for human immunodeficiency virus [HIV], should not be assigned if HIV signs or symptoms are present.

When a patient presents for follow up regarding their HIV test results and the test result is negative, assign code Z71.7, Human immunodeficiency virus [HIV] counseling.

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

(j) HIV disease or HIV positive status 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.

If a patient with documented HIV positive status is currently managed on antiretroviral medication, assign code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, in the absence of any additional documentation of HIV disease, HIV-related illness or AIDS.

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.

(k) Encounter for HIV Prophylaxis Measures

When a patient presents 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.

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
- ^{4P} 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
- ^{5P} 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
- ^{4P} 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
- ^{4P} 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
- ^{4P} 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
- ^{4P} 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)

- ^{4P} 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-)
- ^{5P} 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
- ^{5P} B00.8 Other forms of herpesviral infections CC MCC Excl
- B00.81 Herpesviral hepatitis HCC MCC CC MCC Excl
- B00.82 Herpes simplex myelitis HCC MCC CC MCC Excl

- C84.Z4** Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
AHA: Q4 2024
- C84.Z5** Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
AHA: Q4 2024
- C84.Z6** Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
AHA: Q4 2024
- C84.Z7** Other mature T/NK-cell lymphomas, spleen
AHA: Q4 2024
- C84.Z8** Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
AHA: Q4 2024
- C84.Z9** Other mature T/NK-cell lymphomas, extranodal and solid organ sites
AHA: Q4 2024
- C84.ZA** Other mature T/NK-cell lymphomas, in remission
- C84.9** Mature T/NK-cell lymphomas, unspecified
NK/T cell lymphoma NOS
EXCLUDES1 mature T-cell lymphoma, not elsewhere classified (C84.4-)
- C84.90** Mature T/NK-cell lymphomas, unspecified, unspecified site
AHA: Q4 2024
- C84.91** Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
AHA: Q4 2024
- C84.92** Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
AHA: Q4 2024
- C84.93** Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
AHA: Q4 2024
- C84.94** Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
AHA: Q4 2024
- C84.95** Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
AHA: Q4 2024
- C84.96** Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
AHA: Q4 2024
- C84.97** Mature T/NK-cell lymphomas, unspecified, spleen
AHA: Q4 2024
- C84.98** Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
AHA: Q4 2024
- C84.99** Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
AHA: Q4 2024
- C84.9A** Mature T/NK-cell lymphomas, unspecified, in remission
- C85** Other specified and unspecified types of non-Hodgkin lymphoma
See Official Guidelines, "Secondary malignant neoplasm of lymphoid tissue" I.C.2.t
EXCLUDES1 other specified types of T/NK-cell lymphoma (C86.-)
personal history of non-Hodgkin lymphoma (Z85.72)
- C85.1** Unspecified B-cell lymphoma
NOTES If B-cell lineage or involvement is mentioned in conjunction with a specific lymphoma, code to the more specific description.
- C85.10** Unspecified B-cell lymphoma, unspecified site
AHA: Q4 2024
- C85.11** Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
AHA: Q4 2024
- C85.12** Unspecified B-cell lymphoma, intrathoracic lymph nodes
AHA: Q4 2024

- C85.13** Unspecified B-cell lymphoma, intra-abdominal lymph nodes
AHA: Q4 2024
- C85.14** Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
AHA: Q4 2024
- C85.15** Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
AHA: Q4 2024
- C85.16** Unspecified B-cell lymphoma, intrapelvic lymph nodes
AHA: Q4 2024
- C85.17** Unspecified B-cell lymphoma, spleen
AHA: Q4 2024
- C85.18** Unspecified B-cell lymphoma, lymph nodes of multiple sites
AHA: Q4 2024
- C85.19** Unspecified B-cell lymphoma, extranodal and solid organ sites
AHA: Q4 2024
- C85.1A** Unspecified B-cell lymphoma, in remission
- C85.2** Mediastinal (thymic) large B-cell lymphoma
- C85.20** Mediastinal (thymic) large B-cell lymphoma, unspecified site
AHA: Q4 2024
- C85.21** Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
AHA: Q4 2024
- C85.22** Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
AHA: Q4 2024
- C85.23** Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
AHA: Q4 2024
- C85.24** Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
AHA: Q4 2024
- C85.25** Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
AHA: Q4 2024
- C85.26** Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
AHA: Q4 2024
- C85.27** Mediastinal (thymic) large B-cell lymphoma, spleen
AHA: Q4 2024
- C85.28** Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
AHA: Q4 2024
- C85.29** Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
AHA: Q4 2024
- C85.2A** Mediastinal (thymic) large B-cell lymphoma, in remission
- C85.8** Other specified types of non-Hodgkin lymphoma
- C85.80** Other specified types of non-Hodgkin lymphoma, unspecified site
AHA: Q4 2024
- C85.81** Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
AHA: Q4 2024
- C85.82** Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
AHA: Q4 2024
- C85.83** Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
AHA: Q4 2024
- C85.84** Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
AHA: Q4 2024
- C85.85** Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
AHA: Q4 2024

N Newborn
 P Pediatric
 M Maternity
 A Adult
 ● New Code
 * New Text
 ▲ Revised Code Title
 ▶◀ Revised Text
 EXCLUDES1 Not Coded Here
 EXCLUDES2 Not Included Here
Ⓢ Character Required
X Extension 'X' Alert
H 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.

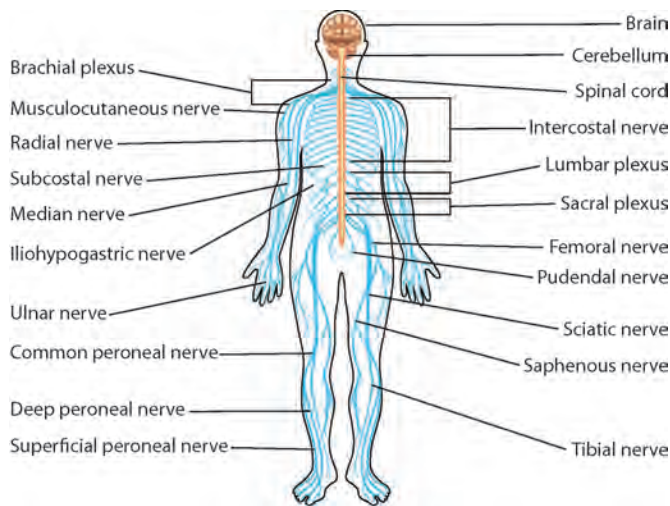


Figure 6.a Human Nervous System

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.

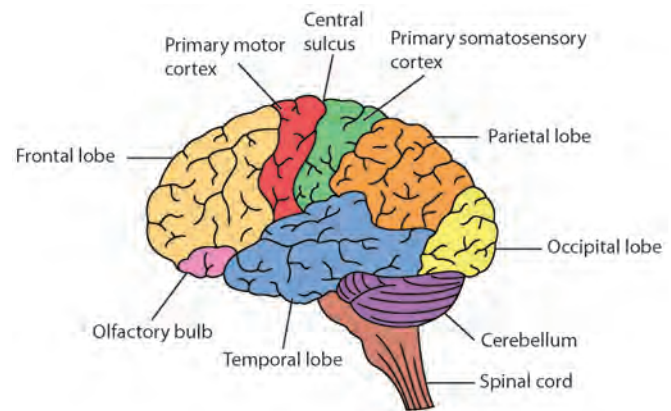


Figure 6.b Anatomy of the Brain

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 28th 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).

- 49** **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.-)
- 59** **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
- 49** **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**
- P01.1** Newborn affected by **premature rupture of membranes**
- 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

- 7th S25.00 **Unspecified injury of thoracic aorta**   
- 7th S25.01 **Minor laceration of thoracic aorta**   
 Incomplete transection of thoracic aorta
 Laceration of thoracic aorta NOS
 Superficial laceration of thoracic aorta
- 7th S25.02 **Major laceration of thoracic aorta**   
 Complete transection of thoracic aorta
 Traumatic rupture of thoracic aorta
- 7th S25.09 **Other specified injury of thoracic aorta**   
- 5th S25.1 **Injury of innominate or subclavian artery**
- 6th S25.10 **Unspecified injury of innominate or subclavian artery**   
 - 7th S25.101 **Unspecified injury of right innominate or subclavian artery**   
 - 7th S25.102 **Unspecified injury of left innominate or subclavian artery**   
 - 7th S25.109 **Unspecified injury of unspecified innominate or subclavian artery**   
- 6th S25.11 **Minor laceration of innominate or subclavian artery**   
 Incomplete transection of innominate or subclavian artery
 Laceration of innominate or subclavian artery NOS
 Superficial laceration of innominate or subclavian artery
- 7th S25.111 **Minor laceration of right innominate or subclavian artery**   
- 7th S25.112 **Minor laceration of left innominate or subclavian artery**   
- 7th S25.119 **Minor laceration of unspecified innominate or subclavian artery**   
- 6th S25.12 **Major laceration of innominate or subclavian artery**   
 Complete transection of innominate or subclavian artery
 Traumatic rupture of innominate or subclavian artery
- 7th S25.121 **Major laceration of right innominate or subclavian artery**   
- 7th S25.122 **Major laceration of left innominate or subclavian artery**   
- 7th S25.129 **Major laceration of unspecified innominate or subclavian artery**   
- 6th S25.19 **Other specified injury of innominate or subclavian artery**   
 - 7th S25.191 **Other specified injury of right innominate or subclavian artery**   
 - 7th S25.192 **Other specified injury of left innominate or subclavian artery**   
 - 7th S25.199 **Other specified injury of unspecified innominate or subclavian artery**   
- 5th S25.2 **Injury of superior vena cava**
 - Injury of vena cava NOS
 - 7th S25.20 **Unspecified injury of superior vena cava**   
 - 7th S25.21 **Minor laceration of superior vena cava**   
 Incomplete transection of superior vena cava
 Laceration of superior vena cava NOS
 Superficial laceration of superior vena cava
 - 7th S25.22 **Major laceration of superior vena cava**   
 Complete transection of superior vena cava
 Traumatic rupture of superior vena cava
 - 7th S25.29 **Other specified injury of superior vena cava**   
- 5th S25.3 **Injury of innominate or subclavian vein**
 - 6th S25.30 **Unspecified injury of innominate or subclavian vein**   
 - 7th S25.301 **Unspecified injury of right innominate or subclavian vein**   
 - 7th S25.302 **Unspecified injury of left innominate or subclavian vein**   
 - 7th S25.309 **Unspecified injury of unspecified innominate or subclavian vein**   
- 6th 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
- 7th S25.311 **Minor laceration of right innominate or subclavian vein**   
- 7th S25.312 **Minor laceration of left innominate or subclavian vein**   
- 7th S25.319 **Minor laceration of unspecified innominate or subclavian vein**   
- 6th S25.32 **Major laceration of innominate or subclavian vein**   
 Complete transection of innominate or subclavian vein
 Traumatic rupture of innominate or subclavian vein
- 7th S25.321 **Major laceration of right innominate or subclavian vein**   
- 7th S25.322 **Major laceration of left innominate or subclavian vein**   
- 7th S25.329 **Major laceration of unspecified innominate or subclavian vein**   
- 6th S25.39 **Other specified injury of innominate or subclavian vein**   
 - 7th S25.391 **Other specified injury of right innominate or subclavian vein**   
 - 7th S25.392 **Other specified injury of left innominate or subclavian vein**   
 - 7th S25.399 **Other specified injury of unspecified innominate or subclavian vein**   
- 5th S25.4 **Injury of pulmonary blood vessels**
 - 6th S25.40 **Unspecified injury of pulmonary blood vessels**   
 - 7th S25.401 **Unspecified injury of right pulmonary blood vessels**   
 - 7th S25.402 **Unspecified injury of left pulmonary blood vessels**   
 - 7th S25.409 **Unspecified injury of unspecified pulmonary blood vessels**   
- 6th 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
- 7th S25.411 **Minor laceration of right pulmonary blood vessels**   
- 7th S25.412 **Minor laceration of left pulmonary blood vessels**   
- 7th S25.419 **Minor laceration of unspecified pulmonary blood vessels**   
- 6th S25.42 **Major laceration of pulmonary blood vessels**   
 Complete transection of pulmonary blood vessels
 Traumatic rupture of pulmonary blood vessels
- 7th S25.421 **Major laceration of right pulmonary blood vessels**   
- 7th S25.422 **Major laceration of left pulmonary blood vessels**   
- 7th S25.429 **Major laceration of unspecified pulmonary blood vessels**   
- 6th S25.49 **Other specified injury of pulmonary blood vessels**   
 - 7th S25.491 **Other specified injury of right pulmonary blood vessels**   
 - 7th S25.492 **Other specified injury of left pulmonary blood vessels**   
 - 7th S25.499 **Other specified injury of unspecified pulmonary blood vessels**   
- 5th S25.5 **Injury of intercostal blood vessels**
 - 6th S25.50 **Unspecified injury of intercostal blood vessels**   
 - 7th S25.501 **Unspecified injury of intercostal blood vessels, right side**    
 - 7th S25.502 **Unspecified injury of intercostal blood vessels, left side**    
 - 7th S25.509 **Unspecified injury of intercostal blood vessels, unspecified side**    

 Newborn  Pediatric  Maternity  Adult  New Code  New Text  Revised Code Title  Revised Text
EXCLUDES1 Not Coded Here **EXCLUDES2** Not Included Here     Character Required  Extension 'X' Alert  Hospital-acquired Condition

- S34.5 Injury of lumbar, sacral and pelvic sympathetic nerves** POA

 - Injury of celiac ganglion or plexus
 - Injury of hypogastric plexus
 - Injury of mesenteric plexus (inferior) (superior)
 - Injury of splanchnic nerve
 - S34.6 Injury of peripheral nerve(s) at abdomen, lower back and pelvis level** POA
 - S34.8 Injury of other nerves at abdomen, lower back and pelvis level** POA
 - S34.9 Injury of unspecified nerves at abdomen, lower back and pelvis level** POA
 - S35 Injury of blood vessels at abdomen, lower back and pelvis level**

Code also any associated open wound (S31.-)

The appropriate 7th character is to be added to each code from category S35

 - A = initial encounter**
 - D = subsequent encounter**
 - S = sequela**
 - S35.0 Injury of abdominal aorta**

EXCLUDES1 injury of aorta NOS (S25.0)

 - S35.00 Unspecified injury of abdominal aorta** POA MCC CC/MCC ExC
 - S35.01 Minor laceration of abdominal aorta** POA MCC CC/MCC ExC
 - Incomplete transection of abdominal aorta
 - Laceration of abdominal aorta NOS
 - Superficial laceration of abdominal aorta - S35.02 Major laceration of abdominal aorta** POA MCC CC/MCC ExC
 - Complete transection of abdominal aorta
 - Traumatic rupture of abdominal aorta - S35.09 Other injury of abdominal aorta** POA MCC CC/MCC ExC
 - S35.1 Injury of inferior vena cava**

 - Injury of hepatic vein
 - EXCLUDES1** injury of vena cava NOS (S25.2)
 - S35.10 Unspecified injury of inferior vena cava** POA MCC CC/MCC ExC
 - S35.11 Minor laceration of inferior vena cava** POA MCC CC/MCC ExC
 - Incomplete transection of inferior vena cava
 - Laceration of inferior vena cava NOS
 - Superficial laceration of inferior vena cava - S35.12 Major laceration of inferior vena cava** POA MCC CC/MCC ExC
 - Complete transection of inferior vena cava
 - Traumatic rupture of inferior vena cava - S35.19 Other injury of inferior vena cava** POA MCC CC/MCC ExC
 - S35.2 Injury of celiac or mesenteric artery and branches**

 - S35.21 Injury of celiac artery**
 - S35.211 Minor laceration of celiac artery** POA MCC CC/MCC ExC
 - Incomplete transection of celiac artery
 - Laceration of celiac artery NOS
 - Superficial laceration of celiac artery - S35.212 Major laceration of celiac artery** POA MCC CC/MCC ExC
 - Complete transection of celiac artery
 - Traumatic rupture of celiac artery - S35.218 Other injury of celiac artery** POA MCC CC/MCC ExC
 - S35.219 Unspecified injury of celiac artery** POA MCC CC/MCC ExC
- S35.22 Injury of superior mesenteric artery**

 - S35.221 Minor laceration of superior mesenteric artery** POA MCC CC/MCC ExC
 - Incomplete transection of superior mesenteric artery
 - Laceration of superior mesenteric artery NOS
 - Superficial laceration of superior mesenteric artery - S35.222 Major laceration of superior mesenteric artery** POA MCC CC/MCC ExC
 - Complete transection of superior mesenteric artery
 - Traumatic rupture of superior mesenteric artery - S35.228 Other injury of superior mesenteric artery** POA MCC CC/MCC ExC
 - S35.229 Unspecified injury of superior mesenteric artery** POA MCC CC/MCC ExC
- S35.23 Injury of inferior mesenteric artery**

 - S35.231 Minor laceration of inferior mesenteric artery** POA MCC CC/MCC ExC
 - Incomplete transection of inferior mesenteric artery
 - Laceration of inferior mesenteric artery NOS
 - Superficial laceration of inferior mesenteric artery - S35.232 Major laceration of inferior mesenteric artery** POA MCC CC/MCC ExC
 - Complete transection of inferior mesenteric artery
 - Traumatic rupture of inferior mesenteric artery - S35.238 Other injury of inferior mesenteric artery** POA MCC CC/MCC ExC
 - S35.239 Unspecified injury of inferior mesenteric artery** POA MCC CC/MCC ExC
- S35.29 Injury of branches of celiac and mesenteric artery**

 - Injury of gastric artery
 - Injury of gastroduodenal artery
 - Injury of hepatic artery
 - Injury of splenic artery
 - S35.291 Minor laceration of branches of celiac and mesenteric artery** POA MCC CC/MCC ExC
 - Incomplete transection of branches of celiac and mesenteric artery
 - Laceration of branches of celiac and mesenteric artery NOS
 - Superficial laceration of branches of celiac and mesenteric artery - S35.292 Major laceration of branches of celiac and mesenteric artery** POA MCC CC/MCC ExC
 - Complete transection of branches of celiac and mesenteric artery
 - Traumatic rupture of branches of celiac and mesenteric artery - S35.298 Other injury of branches of celiac and mesenteric artery** POA MCC CC/MCC ExC
 - S35.299 Unspecified injury of branches of celiac and mesenteric artery** POA MCC CC/MCC ExC
- S35.3 Injury of portal or splenic vein and branches**

 - S35.31 Injury of portal vein**
 - S35.311 Laceration of portal vein** POA MCC CC/MCC ExC
 - S35.318 Other specified injury of portal vein** POA MCC CC/MCC ExC
 - S35.319 Unspecified injury of portal vein** POA MCC CC/MCC ExC - S35.32 Injury of splenic vein**
 - S35.321 Laceration of splenic vein** POA MCC CC/MCC ExC
 - S35.328 Other specified injury of splenic vein** POA MCC CC/MCC ExC
 - S35.329 Unspecified injury of splenic vein** POA MCC CC/MCC ExC - S35.33 Injury of superior mesenteric vein**
 - S35.331 Laceration of superior mesenteric vein** POA MCC CC/MCC ExC
 - S35.338 Other specified injury of superior mesenteric vein** POA MCC CC/MCC ExC
 - S35.339 Unspecified injury of superior mesenteric vein** POA MCC CC/MCC ExC - S35.34 Injury of inferior mesenteric vein**
 - S35.341 Laceration of inferior mesenteric vein** POA MCC CC/MCC ExC
 - S35.348 Other specified injury of inferior mesenteric vein** POA MCC CC/MCC ExC
 - S35.349 Unspecified injury of inferior mesenteric vein** POA MCC CC/MCC ExC
- S35.4 Injury of renal blood vessels**

 - S35.40 Unspecified injury of renal blood vessel**
 - S35.401 Unspecified injury of right renal artery** POA MCC CC/MCC ExC
 - S35.402 Unspecified injury of left renal artery** POA MCC CC/MCC ExC

Unacceptable Principal Inpatient Dx Per Medicare
Code Exempt From Dx POA
Questionable Admission
Complication or Comorbidity
Major Complication or Comorbidity
CC/MCC Exclusion
HCC Dx Code
RxHCC Dx Code
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
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
Acticlate®	Z79.2	Long term (current) use of antibiotics
Activella®	Z79.890	Hormone replacement therapy (postmenopausal)
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®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Advil® (Children's)	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Advil Liqui-Gels®	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
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
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
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 (postmenopausal)
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
Arixtra®	Z79.01	Long term (current) use of anticoagulants
Arnuity Ellipta®	Z79.51	Long term (current) use of inhaled steroids
Aromasin®	Z79.811	Long term (current) use of aromatase inhibitors
Arthrotec®	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)
Ashlyna®	Z79.3	Long term (current) use of hormonal contraceptives
Asmanex HFA®	Z79.51	Long term (current) use of inhaled steroids
Asmanex Twisthaler®	Z79.51	Long term (current) use of inhaled steroids
aspirin	Z79.82	Long term (current) use of aspirin
aspirin and dipyridamole	Z79.02	Long term (current) use of antithrombotics/antiplatelets

Drug Name	Code	Code Descriptor
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 (postmenopausal)
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 (postmenopausal)
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 (postmenopausal)
Duetact®	Z79.84	Long term (current) use of oral hypoglycemic drugs
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
E.E.S. 400® (tablet)	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 (postmenopausal)
Eligard Kit®	Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels
Elinest®	Z79.3	Long term (current) use of hormonal contraceptives
Eliquis®	Z79.01	Long term (current) use of anticoagulants
empagliflozin	Z79.84	Long term (current) use of oral hypoglycemic drugs
empagliflozin and metformin	Z79.84	Long term (current) use of oral hypoglycemic drugs
Enbrel®	Z79.620	Long term (current) use of immunosuppressive biologic
enoxaparin	Z79.01	Long term (current) use of anticoagulants
Enpresse-28®	Z79.3	Long term (current) use of hormonal contraceptives
Enskyce®	Z79.3	Long term (current) use of hormonal contraceptives
Entocort EC®	Z79.52	Long term (current) use of systemic steroids
Envarsus XR®	Z79.621	Long term (current) use of calcineurin inhibitor
epirubicin	Z79.632	Long term (current) use of antitumor antibiotic
eptifibatide	Z79.02	Long term (current) use of antithrombotics/antiplatelets
Errin®	Z79.3	Long term (current) use of hormonal contraceptives
ertapenem	Z79.2	Long term (current) use of antibiotics
Eryc®	Z79.2	Long term (current) use of antibiotics
Erygel®	Z79.2	Long term (current) use of antibiotics
EryPed®	Z79.2	Long term (current) use of antibiotics
Ery-Tab®	Z79.2	Long term (current) use of antibiotics
Erythrocin	Z79.2	Long term (current) use of antibiotics
erythromycin	Z79.2	Long term (current) use of antibiotics
esomeprazole/naproxen	Z79.1	Long term (current) use of non-steroidal anti-inflammatories (NSAID)

Appendix B: Summary of 2027 ICD-10-CM Changes

A quick reference of new, revised, and deleted codes for 2027

New Codes

Code	Long Description	Effective Date	Code	Long Description	Effective Date
B88.01	Infestation by Demodex mites	Oct. 1, 2025	G35.B	Primary progressive multiple sclerosis	Oct. 1, 2025
B88.09	Other acariasis	Oct. 1, 2025	G35.B0	Primary progressive multiple sclerosis, unspecified	Oct. 1, 2025
C50.A	Malignant inflammatory neoplasm of breast	Oct. 1, 2025	G35.B1	Active primary progressive multiple sclerosis	Oct. 1, 2025
C50.A0	Malignant inflammatory neoplasm of unspecified breast	Oct. 1, 2025	G35.B2	Non-active primary progressive multiple sclerosis	Oct. 1, 2025
C50.A1	Malignant inflammatory neoplasm of right breast	Oct. 1, 2025	G35.C	Secondary progressive multiple sclerosis	Oct. 1, 2025
C50.A2	Malignant inflammatory neoplasm of left breast	Oct. 1, 2025	G35.C0	Secondary progressive multiple sclerosis, unspecified	Oct. 1, 2025
D71.1	Leukocyte adhesion deficiency	Oct. 1, 2025	G35.C1	Active secondary progressive multiple sclerosis	Oct. 1, 2025
D71.8	Other functional disorders of polymorphonuclear neutrophils	Oct. 1, 2025	G35.C2	Non-active secondary progressive multiple sclerosis	Oct. 1, 2025
D71.9	Functional disorders of polymorphonuclear neutrophils, unspecified	Oct. 1, 2025	G35.D	Multiple sclerosis, unspecified	Oct. 1, 2025
E11.A	Type 2 diabetes mellitus without complications in remission	Oct. 1, 2025	G71.036	Limb girdle muscular dystrophy due to fukutin related protein dysfunction	Oct. 1, 2025
E72.530	Primary hyperoxaluria, type 1	Oct. 1, 2025	H01.81	Other specified inflammation of right upper eyelid	Oct. 1, 2025
E72.538	Other specified primary hyperoxaluria	Oct. 1, 2025	H01.82	Other specified inflammation of right lower eyelid	Oct. 1, 2025
E72.539	Primary hyperoxaluria, unspecified	Oct. 1, 2025	H01.83	Other specified inflammation of right eye, unspecified eyelid	Oct. 1, 2025
E72.54	Secondary hyperoxaluria	Oct. 1, 2025	H01.84	Other specified inflammation of left upper eyelid	Oct. 1, 2025
E72.540	Dietary hyperoxaluria	Oct. 1, 2025	H01.85	Other specified inflammation of left lower eyelid	Oct. 1, 2025
E72.541	Enteric hyperoxaluria	Oct. 1, 2025	H01.86	Other specified inflammation of left eye, unspecified eyelid	Oct. 1, 2025
E72.548	Other secondary hyperoxaluria	Oct. 1, 2025	H01.89	Other specified inflammation of unspecified eye, unspecified eyelid	Oct. 1, 2025
E72.549	Secondary hyperoxaluria, unspecified	Oct. 1, 2025	H01.8A	Other specified inflammation of right eye, upper and lower eyelids	Oct. 1, 2025
E78.010	Homozygous familial hypercholesterolemia [HoFH]	Oct. 1, 2025	H01.8B	Other specified inflammation of left eye, upper and lower eyelids	Oct. 1, 2025
E78.011	Heterozygous familial hypercholesterolemia [HeFH]	Oct. 1, 2025	H05.83	Thyroid orbitopathy	Oct. 1, 2025
E78.019	Familial hypercholesterolemia, unspecified	Oct. 1, 2025	H05.831	Thyroid orbitopathy, right orbit	Oct. 1, 2025
E83.82	Disorders of pyrophosphate metabolism	Oct. 1, 2025	H05.832	Thyroid orbitopathy, left orbit	Oct. 1, 2025
E83.820	Generalized arterial calcification of infancy with unspecified genetic causality	Oct. 1, 2025	H05.833	Thyroid orbitopathy, bilateral	Oct. 1, 2025
E83.821	ENPP1 deficiency causing generalized arterial calcification of infancy	Oct. 1, 2025	H05.839	Thyroid orbitopathy, unspecified orbit	Oct. 1, 2025
E83.822	ENPP1 deficiency causing autosomal recessive hypophosphatemic rickets type 2	Oct. 1, 2025	H40.84	Neovascular secondary angle closure glaucoma	Oct. 1, 2025
E83.823	ABCC6 deficiency causing generalized arterial calcification of infancy	Oct. 1, 2025	H40.841	Neovascular secondary angle closure glaucoma, right eye	Oct. 1, 2025
E83.824	ABCC6 deficiency causing pseudoxanthoma elasticum	Oct. 1, 2025	H40.842	Neovascular secondary angle closure glaucoma, left eye	Oct. 1, 2025
E83.825	CD73 deficiency causing arterial calcification	Oct. 1, 2025	H40.843	Neovascular secondary angle closure glaucoma, bilateral	Oct. 1, 2025
E88.10	Lipodystrophy, unspecified	Oct. 1, 2025	H40.849	Neovascular secondary angle closure glaucoma, unspecified eye	Oct. 1, 2025
E88.11	Partial lipodystrophy	Oct. 1, 2025	I27.84	Fontan related circulation	Oct. 1, 2025
E88.12	Generalized lipodystrophy	Oct. 1, 2025	I27.840	Fontan-associated liver disease [FALD]	Oct. 1, 2025
E88.13	Localized lipodystrophy	Oct. 1, 2025	I27.841	Fontan-associated lymphatic dysfunction	Oct. 1, 2025
E88.14	HIV-associated lipodystrophy	Oct. 1, 2025	I27.848	Other Fontan-associated condition	Oct. 1, 2025
E88.19	Other lipodystrophy, not elsewhere classified	Oct. 1, 2025			
G31.87	Primary progressive apraxia of speech	Oct. 1, 2025			
G35.A	Relapsing-remitting multiple sclerosis	Oct. 1, 2025			

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