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

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

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

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

Dermatopolymyositis M33.90
with
myopathy M33.92
respiratory involvement M33.91
specified organ involvement NEC M33.99
in neoplastic disease — see also Neoplasm D49.9 [M36.0]

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

Hemoperitoneum — see Hemoperitoneum

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

Hematinuria — see also Hemoglobinuria
malarial BS0.8

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

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

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

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

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

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

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

Hemorrhage
congenital malformation Q00.0
contina G44.51
meaning migraine — see also Migraine G43.909
paroxysmal G44.839
chronic G44.849
intractable G44.841
not intractable G44.849
episodic G44.831
intractable G44.839
not intractable G44.839

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

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

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

Fall, falling (accidental) W19
building W20.1
Tabular List of Diseases

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

Code and Code Descriptions

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

Boldface

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

Italics

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

Deleted Text

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

Key Word

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H55</td>
<td>Nystagmus and other irregular eye movements</td>
</tr>
<tr>
<td>H55.0</td>
<td>Unspecified nystagmus</td>
</tr>
<tr>
<td>H55.01</td>
<td>Congenital nystagmus</td>
</tr>
<tr>
<td>H55.02</td>
<td>Latent nystagmus</td>
</tr>
<tr>
<td>H55.03</td>
<td>Visual deprivation nystagmus</td>
</tr>
<tr>
<td>H55.04</td>
<td>Dissociated nystagmus</td>
</tr>
<tr>
<td>H55.09</td>
<td>Other forms of nystagmus</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.22</td>
<td>Chronic angle-closure glaucoma</td>
</tr>
<tr>
<td>H40.221</td>
<td>Chronic angle-closure glaucoma, right eye</td>
</tr>
<tr>
<td>H40.222</td>
<td>Chronic angle-closure glaucoma, left eye</td>
</tr>
<tr>
<td>H40.223</td>
<td>Chronic angle-closure glaucoma, bilateral</td>
</tr>
<tr>
<td>H40.229</td>
<td>Chronic angle-closure glaucoma, unspecified eye</td>
</tr>
</tbody>
</table>

Tabular Notations

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

Official Notations

Includes Notes

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

Inclusion Terms

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

Excludes Notes

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

Excludes 1

An **EXCLUDES1** note is a “pure” excludes. It means “NOT CODED HERE!” An Excludes 1 note indicates mutually exclusive conditions: two conditions that cannot be reported together. An Excludes1 note indicates that the code excluded from one code should never be assigned to the same code as the code above the Excludes 1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

An exception to the Excludes 1 definition is when the two conditions are unrelated to each other. For example, code F45.8 Other somatoform disorders, has an Excludes 1 note for “sleep related teeth grinding (G47.63)” because “teeth grinding” is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However, psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep-related teeth grinding. In this case, the two conditions are clearly unrelated to each other, so it would be appropriate to report F45.8 and G47.63 together.

Excludes 2

An **EXCLUDES2** note means “NOT INCLUDED HERE.” An Excludes 2 note indicates that although the excluded condition is not part of the condition it is excluded from, a patient may have both conditions at the same time. Therefore, when an Excludes 2 note appears under a code, it may be acceptable to use both the code and the excluded code together if supported by the medical documentation.

Note

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

Code First/Use additional code

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

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

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

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

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

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

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

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

Step 3: Locate the main term entry.

The alphabetic index lists conditions, which may be expressed as nouns or eponyms, with critical use of adjectives. Some conditions known by several names have multiple main entries. Reasons for encounters may be located under general terms such as admission, encounter, and examination. Other general terms such as history, status (post), or diagnosis and/or condition.

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as “Code first” and “Use additional code,” listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A80.0- through T88.9- may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system etc.).

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

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

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

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

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

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

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as “Code first” and “Use additional code,” listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A80.0- through T88.9- may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system etc.).

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lymphopenia D81.9
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carpus — see Agenesis, hand
<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental Intoxication</th>
<th>Poisoning, Intentional</th>
<th>Poisoning, Unintentional</th>
<th>Other, Under NOS</th>
<th>Advance Eff Ct</th>
<th>Substance</th>
<th>Poisoning, Accidental Intoxication</th>
<th>Poisoning, Intentional</th>
<th>Poisoning, Unintentional</th>
<th>Other, Under NOS</th>
<th>Advance Eff Ct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodium</td>
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<td>Sporostatin</td>
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<td>Spray ( aerosol)</td>
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<td></td>
<td></td>
<td>cosmetic</td>
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<td></td>
<td>medicinal NEC</td>
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<td>pesticides — see Pesticides</td>
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Chapter 9. Diseases of the Circulatory System (I00–I99)

Chapter-specific Guidelines with Coding Examples

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

a. Hypertension

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.

Patient is admitted in left heart failure. Patient also has a history of hypertension managed by medication.

I11.0 Hypertensive heart disease with heart failure

I50.1 Left ventricular failure, unspecified

Explanation: Without a diagnostic statement to the contrary, hypertension and heart failure have an assumed causal relationship, and a combination code should be used. An additional code to identify the type of heart failure (I50.-) should also be provided.

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 hypertension if the provider indicates the CKD is not related to the hypertension. The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.


If a patient has hypertensive chronic kidney disease and acute renal failure, an additional code for the acute renal failure is required.

Patient is admitted with stage IV chronic kidney disease (CKD) due to polycystic kidney disease. Patient also is on lisinopril for hypertension.

N18.4 Chronic kidney disease, stage 4 (severe)

Q61.3 Polycystic kidney, unspecified

I10 Essential (primary) hypertension

Explanation: A combination code describing a relationship between hypertension and CKD is not used because the physician documentation identifies the polycystic kidney disease as the cause for the CKD.

3) Hypertensive heart and chronic kidney disease

Assign codes from combination category I13. Hypertensive heart and chronic kidney disease, when there is hypertension with both heart and kidney involvement, If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

The appropriate code from category N18, Chronic kidney disease, should be used as a secondary code with a code from category I13 to identify the stage of chronic kidney disease.


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

For patients with both acute renal failure and chronic kidney disease, an additional code for acute renal failure is required.

Hypertensive heart and kidney disease with congestive heart failure and stage 2 chronic kidney disease

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

I50.9 Heart failure, unspecified

N18.2 Chronic kidney disease, stage 2 (mild)

Explanation: Combination codes in category I13 are used to report conditions classifiable to both categories I11 and I12. Do not report conditions classifiable to I11 and I12 separately. Use additional codes to report type of heart failure and stage of CKD.

4) Hypertensive cerebrovascular disease

For hypertensive cerebrovascular disease, first assign the appropriate code from categories I66-I69, followed by the appropriate hypertension code.

Rupture of cerebral aneurysm caused by malignant hypertension

I60.7 Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery

I10 Essential (primary) hypertension

Explanation: Hypertensive cerebrovascular disease requires two codes: the appropriate I66–I69 code followed by the appropriate hypertension code.

5) Hypertensive retinopathy

Subcategory I63.0. Background retinopathy and retinal vascular changes, should be used with a code from category I18–I15, Hypertensive disease to include the systemic hypertension. The sequencing is based on the reason for the encounter.

Renovascular hypertension due to renal artery atherosclerosis

I15.8 Renovascular hypertension

I70.1 Atherosclerosis of renal artery

Explanation: Secondary hypertension requires two codes: a code to identify the etiology and the appropriate I15 code.

6) Hypertension, transient

Assign code R83.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension. Assign code O13.-, Gestational [pregnancy-induced] hypertension without significant proteinuria, or O14.-, Pre-eclampsia, for transient hypertension of pregnancy.

8) Hypertension, controlled

This diagnostic statement usually refers to an existing state of hypertension under control by therapy. Assign the appropriate code from categories I18-115, Hypertensive diseases.

9) Hypertension, uncontrolled

Uncontrolled hypertension may refer to untreated hypertension or hypertension not responding to current therapeutic regimen. In either case, assign the appropriate code from categories I18-115, Hypertensive diseases.

10) Hypertensive crisis

Assign a code from category I16, Hypertensive crisis, for documented hypertensive urgency, hypertensive emergency or unspecified hypertensive crisis. Code also any identified hypertensive disease (I18-I15). The sequencing is based on the reason for the encounter.

11) Pulmonary hypertension

Pulmonary hypertension is classified to category I27. Other pulmonary heart diseases. For secondary pulmonary hypertension (I27.1, I27.2-), code also any associated conditions or adverse effects of drugs or toxins.
**Interstitial pulmonary disease, unspecified**

**J84.9—J93.82**

**Suppurative and necrotic conditions of the lower respiratory tract (J85-J86)**

**J85 Abscess of lung and mediastinum**

Use additional code (B95-B97) to identify infectious agent

CC Excl: For MCC codes in category J85, unless otherwise noted: PDX collection 749

**J85.0 Gangrene and necrosis of lung**

Code also the type of pneumonia

**J85.1 Abscess of lung with pneumonia**

**J85.2 Abscess of lung without pneumonia**

Abscess of lung NOS

**J85.3 Abscess of mediastinum**

CC Excl: PDX collection 750

**J86 Pyothorax**

Use additional code (B95-B97) to identify infectious agent

DEF: Collection of pus in the pleural space that is commonly caused by an infection that spreads from the lung, such as bacterial pneumonia or a lung abscess.

**J86.6 Pyothorax with fistula**

Bronchocutaneous fistula

Bronchopleural fistula

Hepatopleural fistula

Mediastinal fistula

Pleural fistula

Thoracic fistula

Any condition classifiable to J86.9 with fistula

DEF: Collection of lymph and other fluid within the pleural space.

**J86.9 Pyothorax without fistula**

Abscess of pleura

Abscess of thorax

Empyema (chest) (lung) (pleura)

Fibrinous purulent pleurisy

Purulent pleurisy

Pyopneumothorax

Purulent pleurisy

DEF: Leakage of air from the lung into the lining, causing collapse.

CC Excl: PDX collection 751

**Other diseases of the pleura (J90-J94)**

**J90 Pleural effusion, not elsewhere classified**

Encysted pleurisy

Pleural effusion NOS

DEF: Collection of lymph and other fluid within the pleural space.

**J91 Pleural effusion in conditions classified elsewhere**

Pleurisy with effusion (exudative) (serous)

Pleural effusion in heart failure (I50.-)

Pleural effusion in systemic lupus erythematosus (M32.13)

DEF: Collection of lymph and other fluid within the pleural space.

**J91.8 Malignant pleural effusion**

Code first underlying neoplasm

CC Excl: PDX collection 753

**J91.8 Pleural effusion in other conditions classified elsewhere**

Code first underlying disease, such as:

- Filariasis (B74.8-B74.9)
- Influenza (J09.X2, J10.1, J11.1)
- AHA: 2015.2Q,15

TIP: Assign this code as a secondary diagnosis to congestive heart failure (I50.-) only if pleural effusion is specifically evaluated or treated.

CC Excl: PDX collection 752

**J92 Pleural plaque**

Pleural thickening

DEF: Areas of fibrous thickening that form on the parietal or visceral pleura, the membranes that line the ribs and lungs.

**J92.0 Pleural plaque with presence of asbestos**

**J92.9 Pleural plaque without asbestos**

Pleural plaque NOS

CC Excl: For CC/MCC codes in category J93:

- Congenital or perinatal pneumothorax (P25.1)
- Postprocedural pneumothorax (J95.811)
- Tuberculous (current disease) pneumothorax (A15.-)
- Traumatic pneumothorax (S27.8)
- Pneumothorax due to tuberculosis (A15.6)

DEF: Pneumothorax: Lung displacement due to abnormal leakage of air or gas that is trapped in the pleural space formed by the membrane that encloses the lungs and lines the thoracic cavity.

CC Excl: For CC/MCC codes in category J93:

- Other pneumothorax and air leak (J93.8)
- Other air leak (J93.82)

**J93 Pneumothorax and air leak**

**J93.0 Spontaneous tension pneumothorax**

DEF: Leaking air from the lung into the lining, causing collapse.

**J93.0 Pleural effusion in other conditions classified elsewhere**

**J93.0 Primary spontaneous pneumothorax**

**J93.1 Secondary spontaneous pneumothorax**

**J93.1 Chronically infected pneumothorax**

**J93.2 Other spontaneous pneumothorax**

**J93.2.0 Postprocedural pneumothorax**

**J93.2.1 Pneumothorax due to tuberculosis**

**J93.2.2 Tuberculous (current disease) pneumothorax**

**J93.2.3 Traumatic pneumothorax**

**J93.2.4 Pneumothorax due to tuberculosis (current disease)**

**J93.3 Other pneumothorax and air leak**

**J93.3.0 Other pneumothorax**

**J93.3.1 Pneumothorax due to tuberculosis**

**J93.3.2 Tuberculous (current disease) pneumothorax**

**J93.3.3 Traumatic pneumothorax**

**J93.3.4 Pneumothorax due to tuberculosis (current disease)**

**J93.8 Other pneumothorax and air leak**

**J93.8.0 Other pneumothorax**

**J93.8.1 Chronically infected pneumothorax**

**J93.8.2 Other air leak**

Persistent air leak

**Chapter 10. Diseases of the Respiratory System**

**Historical Note**

- pleural effusion in conditions classified elsewhere
- pleural effusion in heart failure
- pleural effusion in systemic lupus erythematosus
- malignant pleural effusion
- pleural thickening
- areas of fibrous thickening that form on the parietal or visceral pleura
- pneumothorax
- lung displacement due to abnormal leakage of air or gas
- pleural space
- membrane
- encloses the lungs and lines the thoracic cavity.
- or gas that is trapped in the pleural space formed by the membrane that encloses the lungs and lines the thoracic cavity.
- areas of fibrous thickening that form on the parietal or visceral pleura, the membranes that line the ribs and lungs.
- pleural plaque
- areas of fibrous thickening that form on the parietal or visceral pleura
- pneumothorax
- lung displacement due to abnormal leakage of air or gas
- pleural space
- membrane
- encloses the lungs and lines the thoracic cavity.
- or gas that is trapped in the pleural space formed by the membrane that encloses the lungs and lines the thoracic cavity.
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<td>Idiopathic aseptic necrosis of radius, ulna and carpus</td>
<td></td>
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<tr>
<td>M87.04</td>
<td>Idiopathic aseptic necrosis of hand and fingers</td>
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<tr>
<td>M87.05</td>
<td>Idiopathic aseptic necrosis of pelvis and femur</td>
<td></td>
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<tr>
<td>M87.06</td>
<td>Idiopathic aseptic necrosis of tibia and fibula</td>
<td></td>
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<tr>
<td>M87.07</td>
<td>Idiopathic aseptic necrosis of ankle, foot and toes</td>
<td></td>
</tr>
<tr>
<td>M87.08</td>
<td>Idiopathic aseptic necrosis of bone, other site</td>
<td></td>
</tr>
<tr>
<td>M87.09</td>
<td>Idiopathic aseptic necrosis of unspecified bone, multiple sites</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 11. Diseases of the Digestive System (K00–K95)