



2021 CODING
GUIDELINES
INCLUDED

EXPERT

ICD-10-CM Expert for Hospitals

The complete official code set

Codes valid from October 1, 2020
through September 30, 2021

2021

optum360coding.com

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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.

Hematoperitoneum — *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.

Hematuria — *see also* Hemoglobinuria
malarial B50.8

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]
transthyretin-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.

Hemicrania

congenital malformation Q00.0
continua G44.51
meaning migraine — *see also* Migraine G43.909
paroxysmal G44.039
chronic G44.049
intractable G44.041
not intractable G44.049
episodic G44.039
intractable G44.031
not intractable G44.039
intractable G44.031
not intractable G44.039

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:

| | | |
|------------------|---------------|--|
| ✓4 th | H55 | Nystagmus and other irregular eye movements |
| ✓5 th | H55.0 | Nystagmus |
| | H55.00 | Unspecified nystagmus |
| | H55.01 | Congenital nystagmus |
| | H55.02 | Latent nystagmus |
| | H55.03 | Visual deprivation nystagmus |
| | H55.04 | Dissociated nystagmus |
| | H55.09 | Other forms of nystagmus |

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:

| | | |
|------------------|----------------|--|
| ✓6 th | H40.22 | Chronic angle-closure glaucoma |
| | | Chronic primary angle-closure glaucoma |
| ✓7 th | H40.221 | Chronic angle-closure glaucoma, right eye |
| ✓7 th | H40.222 | Chronic angle-closure glaucoma, left eye |
| ✓7 th | H40.223 | Chronic angle-closure glaucoma, bilateral |
| ✓7 th | H40.229 | Chronic angle-closure glaucoma, unspecified eye |

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 codes: two conditions that cannot be reported together. An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 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. If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider. 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.

Code Also

A "code also" note alerts the coder that more than one code may be required to fully describe the condition. The sequencing depends on the circumstances of the encounter. Factors that may determine sequencing include severity and reason for the encounter.

Revised Text

The revised text **▶◀** "bow ties" alert the user to changes in official notations for the current year. Revised text may include the following:

- A change in a current parenthetical description
- A change in the code(s) associated with a current parenthetical note
- A change in how a current parenthetical note is classified (e.g., an Excludes 1 note that changed to an Excludes 2 note)

10 Steps to Correct Coding

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

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

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

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

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

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

Step 3: Locate the main term entry.

The alphabetic index lists conditions, which may be expressed as nouns or eponyms, with critical use of adjectives. Some conditions known by several names have multiple main entries. Reasons for encounters may be located under general terms such as admission, encounter, and examination. Other general terms such as history, status (post), or presence (of) can be used to locate other factors influencing health.

Step 4: Scan subterm entries.

Scan the subterm entries, as appropriate, being sure to review continued lines and additional subterms that may appear in the next column or on the next page. Shaded vertical guidelines in the index indicate the indentation level for each subterm in relation to the main terms.

Step 5: Pay close attention to index instructions.

- Parentheses () enclose nonessential modifiers, terms that are supplementary words or explanatory information that may or may not appear in the diagnostic statement and do not affect code selection.
- Brackets [] enclose manifestation codes that can be used only as secondary codes to the underlying condition code immediately preceding it. If used, manifestation codes must be reported with the appropriate etiology codes.
- Default codes are listed next to the main term and represent the condition most commonly associated with the main term or the unspecified code for the main term.
- "See" cross-references, identified by italicized type and "code by" cross-references indicate that another term *must be referenced* to locate the correct code.
- "See also" cross-references, identified by italicized type, provide alternative terms that may be useful to look up but *are not mandatory*.
- "Omit code" cross-references identify instances when a code is not applicable depending on the condition being coded.
- "With" subterms are listed out of alphabetic order and identify a presumed causal relationship between the two conditions they link.

- "Due to" subterms identify a relationship between the two conditions they link.
- "NEC," abbreviation for "not elsewhere classified," follows some main terms or subterms and indicates that there is no specific code for the condition even though the medical documentation may be very specific.
- "NOS," abbreviation for "not otherwise specified," follows some main terms or subterms and is the equivalent of unspecified; NOS signifies that the information in the medical record is insufficient for assigning a more specific code.
- *Following* references help coders locate alphanumeric codes that are out of sequence in the tabular section.
- Check-additional-character symbols flag codes that require additional characters to make the code valid; the characters available to complete the code should be verified in the tabular section.

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

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

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

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as "Code first" and "Use additional code," listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A00.0- through T88.9- may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system etc.).

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

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

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

Admission

Admission — *continued*
 fitting — *continued*
 device — *continued*
 prosthetic — *continued*
 dental Z46.3
 eye Z44.2
 substitution
 auditory Z46.2
 implanted — *see* Admission, adjustment, device, implanted, hearing device
 nervous system Z46.2
 implanted — *see* Admission, adjustment, device, implanted, nervous system
 visual Z46.2
 implanted Z45.31
 hearing aid Z46.1
 ileostomy device Z46.89
 intestinal appliance or device NEC Z46.89
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 orthodontic device Z46.4
 orthopedic device (brace) (cast) (shoes) Z46.89
 prosthesis Z44.9
 arm — *see* Admission, adjustment, artificial, arm
 breast Z44.3
 dental Z46.3
 eye Z44.2
 leg — *see* Admission, adjustment, artificial, leg
 specified type NEC Z44.8
 spectacles Z46.0
 follow-up examination Z09
 intrauterine device management Z30.431
 initial prescription Z30.014
 mental health evaluation Z00.8
 requested by authority Z04.6
 observation — *see* Observation
 Papanicolaou smear, cervix Z12.4
 for suspected malignant neoplasm Z12.4
 plastic and reconstructive surgery following medical procedure or healed injury NEC Z42.8
 plastic surgery, cosmetic NEC Z41.1
 postpartum observation
 immediately after delivery Z39.0
 routine follow-up Z39.2
 poststerilization (for restoration) Z31.0
 aftercare Z31.42
 preoperative management Z31.9
 prophylactic (measure) — *see also* Encounter, prophylactic measures
 organ removal Z40.00
 breast Z40.01
 fallopian tube(s) Z40.03
 with ovary(s) Z40.02
 ovary(s) Z40.02
 specified organ NEC Z40.09
 testes Z40.09
 vaccination Z23
 psychiatric examination (general) Z00.8
 requested by authority Z04.6
 radiation therapy (antineoplastic) Z51.0
 reconstructive surgery following medical procedure or healed injury NEC Z42.8
 removal of
 cystostomy catheter Z43.5
 drains Z48.03
 dressing (nonsurgical) Z48.00
 implantable subdermal contraceptive Z30.46
 intrauterine contraceptive device Z30.432
 neuromodulator (brain) (peripheral nerve) (spinal cord) Z46.2
 implanted Z45.42
 staples Z48.02
 surgical dressing Z48.01
 sutures Z48.02
 ureteral stent Z46.6
 respirator (ventilator) use during power failure Z99.12
 restoration of organ continuity (poststerilization) Z31.0
 aftercare Z31.42
 sensitivity test — *see also* Test, skin
 allergy NEC Z01.82
 Mantoux Z11.1
 tuboplasty following previous sterilization Z31.0
 aftercare Z31.42
 vasoplasty following previous sterilization Z31.0
 aftercare Z31.42
 vision examination Z01.00
 with abnormal findings Z01.01

Admission — *continued*
 vision examination — *continued*
 following failed vision screening Z01.020
 with abnormal findings Z01.021
 infant or child (over 28 days old) Z00.129
 with abnormal findings Z00.121
 waiting period for admission to other facility Z75.1
Adnexitis (suppurative) — *see* Salpingo-oophoritis
Adolescent X-linked adrenoleukodystrophy E71.521
Adrenal (gland) — *see* condition
Adrenalism, tuberculous A18.7
Adrenalitis, adenitis E27.8
 autoimmune E27.1
 meningococcal, hemorrhagic A39.1
Adrenarache, premature E27.0
Adrenocortical syndrome — *see* Cushing's, syndrome
Adrenogenital syndrome E25.9
 acquired E25.8
 congenital E25.0
 salt loss E25.0
Adrenogenitalism, congenital E25.0
Adrenoleukodystrophy E71.529
 neonatal E71.511
 X-linked E71.529
 Addison only phenotype E71.528
 Addison-Schilder E71.528
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 digestive Z48.815
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 pulmonary Q25.79
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 carpus — *see* Agnesis, hand

| Substance | Poisoning, Accidental (unintentional) | Poisoning, Intentional Self-harm | Poisoning, Assault | Poisoning, Undetermined | Adverse Effect | Under-dosing | Substance | Poisoning, Accidental (unintentional) | Poisoning, Intentional Self-harm | Poisoning, Assault | Poisoning, Undetermined | Adverse Effect | Under-dosing |
|--|---------------------------------------|----------------------------------|--------------------|-------------------------|----------------|--------------|---|---------------------------------------|----------------------------------|--------------------|-------------------------|----------------|--------------|
| Sodium — continued | | | | | | | Sporostacin | T49.0X1 | T49.0X2 | T49.0X3 | T49.0X4 | T49.0X5 | T49.0X6 |
| salt NEC | T50.3X1 | T50.3X2 | T50.3X3 | T50.3X4 | T50.3X5 | T50.3X6 | Spray (aerosol) | T65.91 | T65.92 | T65.93 | T65.94 | — | — |
| selenate | T60.2X1 | T60.2X2 | T60.2X3 | T60.2X4 | — | — | cosmetic | T65.891 | T65.892 | T65.893 | T65.894 | — | — |
| stibogluconate | T37.3X1 | T37.3X2 | T37.3X3 | T37.3X4 | T37.3X5 | T37.3X6 | medical NEC | T50.901 | T50.902 | T50.903 | T50.904 | T50.905 | T50.906 |
| sulfate | T47.4X1 | T47.4X2 | T47.4X3 | T47.4X4 | T47.4X5 | T47.4X6 | pesticides — see Pesticides | | | | | | |
| sulfoxone | T37.1X1 | T37.1X2 | T37.1X3 | T37.1X4 | T37.1X5 | T37.1X6 | specified content — see specific substance | | | | | | |
| tetradecyl sulfate | T46.8X1 | T46.8X2 | T46.8X3 | T46.8X4 | T46.8X5 | T46.8X6 | Spurge flax | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | — | — |
| thiopental | T41.1X1 | T41.1X2 | T41.1X3 | T41.1X4 | T41.1X5 | T41.1X6 | Spurges | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | — | — |
| thiosalicylate | T39.091 | T39.092 | T39.093 | T39.094 | T39.095 | T39.096 | Sputum viscosity-lowering drug | T62.4X1 | T62.4X2 | T62.4X3 | T62.4X4 | T48.4X5 | T48.4X6 |
| thiosulfate | T50.6X1 | T50.6X2 | T50.6X3 | T50.6X4 | T50.6X5 | T50.6X6 | Squill | T46.0X1 | T46.0X2 | T46.0X3 | T46.0X4 | T46.0X5 | T46.0X6 |
| tolbutamide | T38.3X1 | T38.3X2 | T38.3X3 | T38.3X4 | T38.3X5 | T38.3X6 | rat poison | T60.4X1 | T60.4X2 | T60.4X3 | T60.4X4 | — | — |
| (L)-triiodothyronine | T38.1X1 | T38.1X2 | T38.1X3 | T38.1X4 | T38.1X5 | T38.1X6 | Squirting cucumber (cathartic) | T47.2X1 | T47.2X2 | T47.2X3 | T47.2X4 | T47.2X5 | T47.2X6 |
| tyropanoate | T50.8X1 | T50.8X2 | T50.8X3 | T50.8X4 | T50.8X5 | T50.8X6 | Stains | T65.6X1 | T65.6X2 | T65.6X3 | T65.6X4 | — | — |
| valproate | T42.6X1 | T42.6X2 | T42.6X3 | T42.6X4 | T42.6X5 | T42.6X6 | Stannous fluoride | T49.7X1 | T49.7X2 | T49.7X3 | T49.7X4 | T49.7X5 | T49.7X6 |
| versenate | T50.6X1 | T50.6X2 | T50.6X3 | T50.6X4 | T50.6X5 | T50.6X6 | Stanolone | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| Sodium-free salt | T50.901 | T50.902 | T50.903 | T50.904 | T50.905 | T50.906 | Stanozolol | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| Sodium-removing resin | T50.3X1 | T50.3X2 | T50.3X3 | T50.3X4 | T50.3X5 | T50.3X6 | Staphisagria or stavesacre (pediculicide) | T49.0X1 | T49.0X2 | T49.0X3 | T49.0X4 | T49.0X5 | T49.0X6 |
| Soft soap | T55.0X1 | T55.0X2 | T55.0X3 | T55.0X4 | — | — | Starch | T50.901 | T50.902 | T50.903 | T50.904 | T50.905 | T50.906 |
| Solanine | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | — | — | Stelazine | T43.3X1 | T43.3X2 | T43.3X3 | T43.3X4 | T43.3X5 | T43.3X6 |
| berries | T62.1X1 | T62.1X2 | T62.1X3 | T62.1X4 | — | — | Stemetil | T43.3X1 | T43.3X2 | T43.3X3 | T43.3X4 | T43.3X5 | T43.3X6 |
| Solanum dulcamara | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | — | — | Stepronin | T48.4X1 | T48.4X2 | T48.4X3 | T48.4X4 | T48.4X5 | T48.4X6 |
| berries | T62.1X1 | T62.1X2 | T62.1X3 | T62.1X4 | — | — | Sterculia | T47.4X1 | T47.4X2 | T47.4X3 | T47.4X4 | T47.4X5 | T47.4X6 |
| Solapson | T37.1X1 | T37.1X2 | T37.1X3 | T37.1X4 | T37.1X5 | T37.1X6 | Sternutator gas | T59.891 | T59.892 | T59.893 | T59.894 | — | — |
| Solar lotion | T49.3X1 | T49.3X2 | T49.3X3 | T49.3X4 | T49.3X5 | T49.3X6 | Steroid | T38.0X1 | T38.0X2 | T38.0X3 | T38.0X4 | T38.0X5 | T38.0X6 |
| Solalsulfone | T37.1X1 | T37.1X2 | T37.1X3 | T37.1X4 | T37.1X5 | T37.1X6 | anabolic | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| Soldering fluid | T65.891 | T65.892 | T65.893 | T65.894 | — | — | androgenic | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| Solid substance | T65.91 | T65.92 | T65.93 | T65.94 | — | — | antineoplastic, hormone | T38.7X1 | T38.7X2 | T38.7X3 | T38.7X4 | T38.7X5 | T38.7X6 |
| specified NEC | T65.891 | T65.892 | T65.893 | T65.894 | — | — | estrogen | T38.5X1 | T38.5X2 | T38.5X3 | T38.5X4 | T38.5X5 | T38.5X6 |
| Solvent, industrial NEC | T52.91 | T52.92 | T52.93 | T52.94 | — | — | ENT agent | T49.6X1 | T49.6X2 | T49.6X3 | T49.6X4 | T49.6X5 | T49.6X6 |
| naphtha | T52.0X1 | T52.0X2 | T52.0X3 | T52.0X4 | — | — | ophthalmic preparation | T49.5X1 | T49.5X2 | T49.5X3 | T49.5X4 | T49.5X5 | T49.5X6 |
| petroleum | T52.0X1 | T52.0X2 | T52.0X3 | T52.0X4 | — | — | topical NEC | T49.0X1 | T49.0X2 | T49.0X3 | T49.0X4 | T49.0X5 | T49.0X6 |
| specified NEC | T52.8X1 | T52.8X2 | T52.8X3 | T52.8X4 | — | — | Stibine | T56.891 | T56.892 | T56.893 | T56.894 | — | — |
| Soma | T42.8X1 | T42.8X2 | T42.8X3 | T42.8X4 | T42.8X5 | T42.8X6 | Stibogluconate | T37.3X1 | T37.3X2 | T37.3X3 | T37.3X4 | T37.3X5 | T37.3X6 |
| Somatorelin | T38.891 | T38.892 | T38.893 | T38.894 | T38.895 | T38.896 | Stibophen | T37.4X1 | T37.4X2 | T37.4X3 | T37.4X4 | T37.4X5 | T37.4X6 |
| Somatostatin | T38.991 | T38.992 | T38.993 | T38.994 | T38.995 | T38.996 | Stilbamidine (isetionate) | T37.3X1 | T37.3X2 | T37.3X3 | T37.3X4 | T37.3X5 | T37.3X6 |
| Somatotropin | T38.811 | T38.812 | T38.813 | T38.814 | T38.815 | T38.816 | Stilbestrol | T38.5X1 | T38.5X2 | T38.5X3 | T38.5X4 | T38.5X5 | T38.5X6 |
| Somatrem | T38.811 | T38.812 | T38.813 | T38.814 | T38.815 | T38.816 | Stilboestrol | T38.5X1 | T38.5X2 | T38.5X3 | T38.5X4 | T38.5X5 | T38.5X6 |
| Somatropin | T38.811 | T38.812 | T38.813 | T38.814 | T38.815 | T38.816 | Stimulant | | | | | | |
| Sominex | T45.0X1 | T45.0X2 | T45.0X3 | T45.0X4 | T45.0X5 | T45.0X6 | central nervous system — see also Psychostimulant | T43.601 | T43.602 | T43.603 | T43.604 | T43.605 | T43.606 |
| Somnos | T42.6X1 | T42.6X2 | T42.6X3 | T42.6X4 | T42.6X5 | T42.6X6 | analeptics | T50.7X1 | T50.7X2 | T50.7X3 | T50.7X4 | T50.7X5 | T50.7X6 |
| Somonal | T42.3X1 | T42.3X2 | T42.3X3 | T42.3X4 | T42.3X5 | T42.3X6 | opiate antagonist | T50.7X1 | T50.7X2 | T50.7X3 | T50.7X4 | T50.7X5 | T50.7X6 |
| Soneryl | T42.3X1 | T42.3X2 | T42.3X3 | T42.3X4 | T42.3X5 | T42.3X6 | psychotherapeutic NEC — see also Psychotherapeutic drug | T43.601 | T43.602 | T43.603 | T43.604 | T43.605 | T43.606 |
| Soothing syrup | T50.901 | T50.902 | T50.903 | T50.904 | T50.905 | T50.906 | specified NEC | T43.691 | T43.692 | T43.693 | T43.694 | T43.695 | T43.696 |
| Soporif | T42.6X1 | T42.6X2 | T42.6X3 | T42.6X4 | T42.6X5 | T42.6X6 | respiratory | T48.901 | T48.902 | T48.903 | T48.904 | T48.905 | T48.906 |
| Soporific drug | T42.71 | T42.72 | T42.73 | T42.74 | T42.75 | T42.76 | Stone-dissolving drug | T50.901 | T50.902 | T50.903 | T50.904 | T50.905 | T50.906 |
| specified type NEC | T42.6X1 | T42.6X2 | T42.6X3 | T42.6X4 | T42.6X5 | T42.6X6 | Stone battery (cells) (acid) | T54.2X1 | T54.2X2 | T54.2X3 | T54.2X4 | — | — |
| Sorbide nitrate | T46.3X1 | T46.3X2 | T46.3X3 | T46.3X4 | T46.3X5 | T46.3X6 | Stovaine | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| Sorbitol | T47.4X1 | T47.4X2 | T47.4X3 | T47.4X4 | T47.4X5 | T47.4X6 | infiltration (subcutaneous) | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| Sotalol | T44.7X1 | T44.7X2 | T44.7X3 | T44.7X4 | T44.7X5 | T44.7X6 | nerve block (peripheral) (plexus) | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| Sotradecol | T46.8X1 | T46.8X2 | T46.8X3 | T46.8X4 | T46.8X5 | T46.8X6 | spinal | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| Soysterol | T46.6X1 | T46.6X2 | T46.6X3 | T46.6X4 | T46.6X5 | T46.6X6 | topical (surface) | T41.3X1 | T41.3X2 | T41.3X3 | T41.3X4 | T41.3X5 | T41.3X6 |
| Spacoline | T44.3X1 | T44.3X2 | T44.3X3 | T44.3X4 | T44.3X5 | T44.3X6 | Stovarsal | T37.8X1 | T37.8X2 | T37.8X3 | T37.8X4 | T37.8X5 | T37.8X6 |
| Spanish fly | T49.8X1 | T49.8X2 | T49.8X3 | T49.8X4 | T49.8X5 | T49.8X6 | Stove gas — see Gas, stove | | | | | | |
| Sparine | T43.3X1 | T43.3X2 | T43.3X3 | T43.3X4 | T43.3X5 | T43.3X6 | Stoxil | T49.5X1 | T49.5X2 | T49.5X3 | T49.5X4 | T49.5X5 | T49.5X6 |
| Sparteine | T48.0X1 | T48.0X2 | T48.0X3 | T48.0X4 | T48.0X5 | T48.0X6 | Stramonium | T48.6X1 | T48.6X2 | T48.6X3 | T48.6X4 | T48.6X5 | T48.6X6 |
| Spasmolytic | | | | | | | natural state | T62.2X1 | T62.2X2 | T62.2X3 | T62.2X4 | — | — |
| anticholinergics | T44.3X1 | T44.3X2 | T44.3X3 | T44.3X4 | T44.3X5 | T44.3X6 | Streptodornase | T45.3X1 | T45.3X2 | T45.3X3 | T45.3X4 | T45.3X5 | T45.3X6 |
| autonomic | T44.3X1 | T44.3X2 | T44.3X3 | T44.3X4 | T44.3X5 | T44.3X6 | Streptoduoine | T36.5X1 | T36.5X2 | T36.5X3 | T36.5X4 | T36.5X5 | T36.5X6 |
| bronchial NEC | T48.6X1 | T48.6X2 | T48.6X3 | T48.6X4 | T48.6X5 | T48.6X6 | Streptokinase | T45.611 | T45.612 | T45.613 | T45.614 | T45.615 | T45.616 |
| quaternary ammonium | T44.3X1 | T44.3X2 | T44.3X3 | T44.3X4 | T44.3X5 | T44.3X6 | Streptomycin (derivative) | T36.5X1 | T36.5X2 | T36.5X3 | T36.5X4 | T36.5X5 | T36.5X6 |
| skeletal muscle NEC | T48.1X1 | T48.1X2 | T48.1X3 | T48.1X4 | T48.1X5 | T48.1X6 | Streptovincin | T36.5X1 | T36.5X2 | T36.5X3 | T36.5X4 | T36.5X5 | T36.5X6 |
| Spectinomycin | T36.5X1 | T36.5X2 | T36.5X3 | T36.5X4 | T36.5X5 | T36.5X6 | Streptozocin | T45.1X1 | T45.1X2 | T45.1X3 | T45.1X4 | T45.1X5 | T45.1X6 |
| Speed | T43.621 | T43.622 | T43.623 | T43.624 | T43.625 | T43.626 | Streptozotocin | T45.1X1 | T45.1X2 | T45.1X3 | T45.1X4 | T45.1X5 | T45.1X6 |
| Spermicide | T49.8X1 | T49.8X2 | T49.8X3 | T49.8X4 | T49.8X5 | T49.8X6 | Stripper (paint) (solvent) | T52.8X1 | T52.8X2 | T52.8X3 | T52.8X4 | — | — |
| Spider (bite) (venom) | T63.391 | T63.392 | T63.393 | T63.394 | — | — | Strobane | T60.1X1 | T60.1X2 | T60.1X3 | T60.1X4 | — | — |
| antivenin | T50.211 | T50.212 | T50.213 | T50.214 | T50.215 | T50.216 | Strofantina | T46.0X1 | T46.0X2 | T46.0X3 | T46.0X4 | T46.0X5 | T46.0X6 |
| Spigelia (root) | T37.4X1 | T37.4X2 | T37.4X3 | T37.4X4 | T37.4X5 | T37.4X6 | Strophanthin (g) (k) | T46.0X1 | T46.0X2 | T46.0X3 | T46.0X4 | T46.0X5 | T46.0X6 |
| Spindle inactivator | T50.4X1 | T50.4X2 | T50.4X3 | T50.4X4 | T50.4X5 | T50.4X6 | Strophanthus | T46.0X1 | T46.0X2 | T46.0X3 | T46.0X4 | T46.0X5 | T46.0X6 |
| Spiperone | T43.4X1 | T43.4X2 | T43.4X3 | T43.4X4 | T43.4X5 | T43.4X6 | Strophantus | T46.0X1 | T46.0X2 | T46.0X3 | T46.0X4 | T46.0X5 | T46.0X6 |
| Spiramycin | T36.3X1 | T36.3X2 | T36.3X3 | T36.3X4 | T36.3X5 | T36.3X6 | Strophantin-g | T46.0X1 | T46.0X2 | T46.0X3 | T46.0X4 | T46.0X5 | T46.0X6 |
| Spirapril | T46.4X1 | T46.4X2 | T46.4X3 | T46.4X4 | T46.4X5 | T46.4X6 | Strychnine (nonmedicinal) (pesticide) (salts) | T65.1X1 | T65.1X2 | T65.1X3 | T65.1X4 | — | — |
| Spirilene | T43.591 | T43.592 | T43.593 | T43.594 | T43.595 | T43.596 | medicinal | T48.291 | T48.292 | T48.293 | T48.294 | T48.295 | T48.296 |
| Spirit (s) (neutral) NEC | T51.0X1 | T51.0X2 | T51.0X3 | T51.0X4 | — | — | | | | | | | |
| beverage | T51.0X1 | T51.0X2 | T51.0X3 | T51.0X4 | — | — | | | | | | | |
| industrial | T51.0X1 | T51.0X2 | T51.0X3 | T51.0X4 | — | — | | | | | | | |
| mineral | T52.0X1 | T52.0X2 | T52.0X3 | T52.0X4 | — | — | | | | | | | |
| of salt — see Hydrochloric acid | | | | | | | | | | | | | |
| surgical | T51.0X1 | T51.0X2 | T51.0X3 | T51.0X4 | — | — | | | | | | | |
| Spirolactone | T50.0X1 | T50.0X2 | T50.0X3 | T50.0X | | | | | | | | | |

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) Hypertensive 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 hypertensive if the provider indicates the CKD is not related to the hypertension.

The appropriate code from category N18 should be used as a secondary code with a code from category I12 to identify the stage of chronic kidney disease.

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

If a patient has hypertensive chronic kidney disease and acute renal failure, 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.

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

The codes in category I13, Hypertensive heart and chronic kidney disease, are combination codes that include hypertension, heart disease and chronic kidney disease. The Includes note at I13 specifies that the conditions included at I11 and I12 are included together in I13. If a patient has hypertension, heart disease and chronic kidney disease, then a code

from I13 should be used, not individual codes for hypertension, heart disease and chronic kidney disease, or codes from I11 or I12.

For patients with both acute renal failure and chronic kidney disease, 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 I60-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 I60-I69 code followed by the appropriate hypertension code.

5) Hypertensive retinopathy

Subcategory H35.0, Background retinopathy and retinal vascular changes, should be used with a code from category I10–I15, Hypertensive disease to include the systemic hypertension. The sequencing is based on the reason for the encounter.

6) Hypertension, secondary

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

Renovascular hypertension due to renal artery atherosclerosis

I15.0 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.

7) Hypertension, transient

Assign code R03.0, 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 I10-I15, 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 I10-I15, 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 (I10-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.

J84.9 Interstitial pulmonary disease, unspecified HCC
Interstitial pneumonia NOS

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

√4th 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 MCC HCC

J85.1 Abscess of lung with pneumonia MCC HCC
Code also the type of pneumonia

J85.2 Abscess of lung without pneumonia MCC HCC
Abscess of lung NOS

J85.3 Abscess of mediastinum MCC HCC
CC Excl: PDX collection 750

√4th J86 Pyothorax
Use additional code (B95–B97) to identify infectious agent
EXCLUDES 1 abscess of lung (J85.-)
pyothorax due to tuberculosis (A15.6)

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.

J86.0 Pyothorax with fistula MCC HCC SW
Bronchocutaneous fistula
Bronchopleural fistula
Hepatopleural fistula
Mediastinal fistula
Pleural fistula
Thoracic fistula

Any condition classifiable to J86.9 with fistula
DEF: Purulent infection of the respiratory cavity, with communication from a cavity to another structure.
CC Excl: PDX collection 751

J86.9 Pyothorax without fistula MCC HCC
Abscess of pleura
Abscess of thorax
Empyema (chest) (lung) (pleura)
Fibrinopurulent pleurisy
Purulent pleurisy
Pyopneumothorax
Septic pleurisy
Seropurulent pleurisy
Suppurative pleurisy
CC Excl: PDX collection 751

Other diseases of the pleura (J90–J94)

J90 Pleural effusion, not elsewhere classified CC
Encysted pleurisy
Pleural effusion NOS
Pleurisy with effusion (exudative) (serous)
EXCLUDES 1 chylous (pleural) effusion (J94.0)
malignant pleural effusion (J91.0)
pleurisy NOS (R09.1)
tuberculous pleural effusion (A15.6)

DEF: Collection of lymph and other fluid within the pleural space.
CC Excl: PDX collection 752

√4th J91 Pleural effusion in conditions classified elsewhere
EXCLUDES 2 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.

J91.0 Malignant pleural effusion CC
Code first underlying neoplasm
CC Excl: PDX collection 753

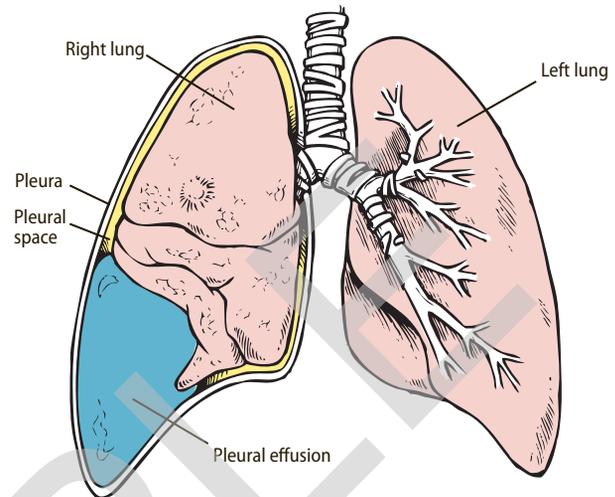
J91.8 Pleural effusion in other conditions classified elsewhere CC
Code first underlying disease, such as:
filariasis (B74.0–B74.9)
influenza (J09.X2, J10.1, J11.1)

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

Pleural Effusion



√4th J92 Pleural plaque
INCLUDES 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

√4th J93 Pneumothorax and air leak
EXCLUDES 1 congenital or perinatal pneumothorax (P25.1)
postprocedural air leak (J95.812)
postprocedural pneumothorax (J95.811)
pyopneumothorax (J86.-)
traumatic pneumothorax (S27.0)
tuberculous (current disease) pneumothorax (A15.-)

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: PDX collection 754

J93.0 Spontaneous tension pneumothorax MCC
DEF: Leaking air from the lung into the lining, causing collapse.

√5th J93.1 Other spontaneous pneumothorax

J93.11 Primary spontaneous pneumothorax CC

J93.12 Secondary spontaneous pneumothorax CC

Code first underlying condition, such as:
catamenial pneumothorax due to endometriosis (N80.8)
cystic fibrosis (E84.-)
eosinophilic pneumonia (J82)
lymphangioleiomyomatosis (J84.81)
malignant neoplasm of bronchus and lung (C34.-)
Marfan's syndrome (Q87.4)
pneumonia due to *Pneumocystis carinii* (B59)
secondary malignant neoplasm of lung (C78.0-)
spontaneous rupture of the esophagus (K22.3)

√5th J93.8 Other pneumothorax and air leak

J93.81 Chronic pneumothorax CC

J93.82 Other air leak CC
Persistent air leak

| | | | | | | | | | |
|------|---------|--|----|---------|---|--|---|-----|-----|
| ✓6th | M86.67 | Other chronic osteomyelitis, ankle and foot | | M87.033 | Idiopathic aseptic necrosis of unspecified radius | CC | HCC | | |
| | M86.671 | Other chronic osteomyelitis, right ankle and foot | CC | HCC | M87.034 | Idiopathic aseptic necrosis of right ulna | CC | HCC | |
| | | AHA: 2016,1Q,13 | | | M87.035 | Idiopathic aseptic necrosis of left ulna | CC | HCC | |
| | M86.672 | Other chronic osteomyelitis, left ankle and foot | CC | HCC | M87.036 | Idiopathic aseptic necrosis of unspecified ulna | CC | HCC | |
| | M86.679 | Other chronic osteomyelitis, unspecified ankle and foot | CC | HCC | M87.037 | Idiopathic aseptic necrosis of right carpus | CC | HCC | |
| | M86.68 | Other chronic osteomyelitis, other site | CC | HCC | M87.038 | Idiopathic aseptic necrosis of left carpus | CC | HCC | |
| | M86.69 | Other chronic osteomyelitis, multiple sites | CC | HCC | M87.039 | Idiopathic aseptic necrosis of unspecified carpus | CC | HCC | |
| ✓5th | M86.8 | Other osteomyelitis | | ✓6th | M87.04 | Idiopathic aseptic necrosis of hand and fingers | | | |
| | | Brodie's abscess | | | | Idiopathic aseptic necrosis of metacarpals and phalanges of hands | | | |
| | | CC Excl: For CC codes in subcategory M86.8, unless otherwise noted: PDX collection 881 | | | M87.041 | Idiopathic aseptic necrosis of right hand | CC | HCC | |
| ✓6th | M86.8X | Other osteomyelitis | | | M87.042 | Idiopathic aseptic necrosis of left hand | CC | HCC | |
| | M86.8X0 | Other osteomyelitis, multiple sites | CC | HCC | M87.043 | Idiopathic aseptic necrosis of unspecified hand | CC | HCC | |
| | M86.8X1 | Other osteomyelitis, shoulder | CC | HCC | M87.044 | Idiopathic aseptic necrosis of right finger(s) | CC | HCC | |
| | M86.8X2 | Other osteomyelitis, upper arm | CC | HCC | M87.045 | Idiopathic aseptic necrosis of left finger(s) | CC | HCC | |
| | M86.8X3 | Other osteomyelitis, forearm | CC | HCC | M87.046 | Idiopathic aseptic necrosis of unspecified finger(s) | CC | HCC | |
| | M86.8X4 | Other osteomyelitis, hand | CC | HCC | ✓6th | M87.05 | Idiopathic aseptic necrosis of pelvis and femur | | |
| | M86.8X5 | Other osteomyelitis, thigh | CC | HCC | | M87.050 | Idiopathic aseptic necrosis of pelvis | CC | HCC |
| | M86.8X6 | Other osteomyelitis, lower leg | CC | HCC | | M87.051 | Idiopathic aseptic necrosis of right femur | CC | HCC |
| | M86.8X7 | Other osteomyelitis, ankle and foot | CC | HCC | | | CC Excl: PDX collection 909 | | |
| | M86.8X8 | Other osteomyelitis, other site | CC | HCC | | M87.052 | Idiopathic aseptic necrosis of left femur | CC | HCC |
| | M86.8X9 | Other osteomyelitis, unspecified sites | CC | HCC | | | CC Excl: PDX collection 909 | | |
| | | CC Excl: PDX collection 906 | | | M87.059 | Idiopathic aseptic necrosis of unspecified femur | CC | HCC | |
| | M86.9 | Osteomyelitis, unspecified | CC | HCC | | | CC Excl: PDX collection 909 | | |
| | | Infection of bone NOS | | ✓6th | M87.06 | Idiopathic aseptic necrosis of tibia and fibula | | | |
| | | Periostitis without osteomyelitis | | | | Idiopathic aseptic necrosis of metatarsus, tarsus, and phalanges of toes | | | |
| | | CC Excl: PDX collection 906 | | | M87.061 | Idiopathic aseptic necrosis of right tibia | CC | HCC | |
| ✓4th | M87 | Osteonecrosis | | | M87.062 | Idiopathic aseptic necrosis of left tibia | CC | HCC | |
| | | INCLUDES avascular necrosis of bone | | | M87.063 | Idiopathic aseptic necrosis of unspecified tibia | CC | HCC | |
| | | Use additional code to identify major osseous defect, if applicable (M89.7-) | | | M87.064 | Idiopathic aseptic necrosis of right fibula | CC | HCC | |
| | | EXCLUDES juvenile osteonecrosis (M91-M92) | | | M87.065 | Idiopathic aseptic necrosis of left fibula | CC | HCC | |
| | | osteochondropathies (M90-M93) | | | M87.066 | Idiopathic aseptic necrosis of unspecified fibula | CC | HCC | |
| | | CC Excl: For CC codes in category M87, unless otherwise noted: PDX collection 907 | | ✓6th | M87.07 | Idiopathic aseptic necrosis of ankle, foot and toes | | | |
| ✓6th | M87.0 | Idiopathic aseptic necrosis of bone | | | | Idiopathic aseptic necrosis of metatarsus, tarsus, and phalanges of toes | | | |
| | M87.00 | Idiopathic aseptic necrosis of unspecified bone | CC | HCC | M87.071 | Idiopathic aseptic necrosis of right ankle | CC | HCC | |
| ✓6th | M87.01 | Idiopathic aseptic necrosis of shoulder | | | M87.072 | Idiopathic aseptic necrosis of left ankle | CC | HCC | |
| | | Idiopathic aseptic necrosis of clavicle and scapula | | | M87.073 | Idiopathic aseptic necrosis of unspecified ankle | CC | HCC | |
| | | CC Excl: For CC codes in subcategory M87.01: PDX collection 908 | | | M87.074 | Idiopathic aseptic necrosis of right foot | CC | HCC | |
| | M87.011 | Idiopathic aseptic necrosis of right shoulder | CC | HCC | | CC Excl: PDX collection 910 | | | |
| | M87.012 | Idiopathic aseptic necrosis of left shoulder | CC | HCC | M87.075 | Idiopathic aseptic necrosis of left foot | CC | HCC | |
| | M87.019 | Idiopathic aseptic necrosis of unspecified shoulder | CC | HCC | | CC Excl: PDX collection 910 | | | |
| ✓6th | M87.02 | Idiopathic aseptic necrosis of humerus | | | M87.076 | Idiopathic aseptic necrosis of unspecified foot | CC | HCC | |
| | | CC Excl: For CC codes in subcategory M87.02: PDX collection 908 | | | | CC Excl: PDX collection 910 | | | |
| | M87.021 | Idiopathic aseptic necrosis of right humerus | CC | HCC | M87.077 | Idiopathic aseptic necrosis of right toe(s) | CC | HCC | |
| | M87.022 | Idiopathic aseptic necrosis of left humerus | CC | HCC | M87.078 | Idiopathic aseptic necrosis of left toe(s) | CC | HCC | |
| | M87.029 | Idiopathic aseptic necrosis of unspecified humerus | CC | HCC | M87.079 | Idiopathic aseptic necrosis of unspecified toe(s) | CC | HCC | |
| ✓6th | M87.03 | Idiopathic aseptic necrosis of radius, ulna and carpus | | | M87.08 | Idiopathic aseptic necrosis of bone, other site | CC | HCC | |
| | M87.031 | Idiopathic aseptic necrosis of right radius | CC | HCC | M87.09 | Idiopathic aseptic necrosis of bone, multiple sites | CC | HCC | |
| | M87.032 | Idiopathic aseptic necrosis of left radius | CC | HCC | | | | | |

Appendix A: Valid 3-Character ICD-10-CM Codes

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|-----|--|-----|--|
| A09 | Infectious gastroenteritis and colitis, unspecified | E46 | Unspecified protein-calorie malnutrition |
| A33 | Tetanus neonatorum | E52 | Niacin deficiency [pellagra] |
| A34 | Obstetrical tetanus | E54 | Ascorbic acid deficiency |
| A35 | Other tetanus | E58 | Dietary calcium deficiency |
| A46 | Erysipelas | E59 | Dietary selenium deficiency |
| A55 | Chlamydial lymphogranuloma (venereum) | E60 | Dietary zinc deficiency |
| A57 | Chancroid | E65 | Localized adiposity |
| A58 | Granuloma inguinale | E68 | Sequelae of hyperalimentation |
| A64 | Unspecified sexually transmitted disease | F04 | Amnesic disorder due to known physiological condition |
| A65 | Nonvenereal syphilis | F05 | Delirium due to known physiological condition |
| A70 | Chlamydia psittaci infections | F09 | Unspecified mental disorder due to known physiological condition |
| A78 | Q fever | F21 | Schizotypal disorder |
| A86 | Unspecified viral encephalitis | F22 | Delusional disorders |
| A89 | Unspecified viral infection of central nervous system | F23 | Brief psychotic disorder |
| A90 | Dengue fever [classical dengue] | F24 | Shared psychotic disorder |
| A91 | Dengue hemorrhagic fever | F28 | Other psychotic disorder not due to a substance or known physiological condition |
| A94 | Unspecified arthropod-borne viral fever | F29 | Unspecified psychosis not due to a substance or known physiological condition |
| A99 | Unspecified viral hemorrhagic fever | F39 | Unspecified mood [affective] disorder |
| B03 | Smallpox | F54 | Psychological and behavioral factors associated with disorders or diseases classified elsewhere |
| B04 | Monkeypox | F59 | Unspecified behavioral syndromes associated with physiological disturbances and physical factors |
| B09 | Unspecified viral infection characterized by skin and mucous membrane lesions | F66 | Other sexual disorders |
| B20 | Human immunodeficiency virus [HIV] disease | F69 | Unspecified disorder of adult personality and behavior |
| B49 | Unspecified mycosis | F70 | Mild intellectual disabilities |
| B54 | Unspecified malaria | F71 | Moderate intellectual disabilities |
| B59 | Pneumocystosis | F72 | Severe intellectual disabilities |
| B64 | Unspecified protozoal disease | F73 | Profound intellectual disabilities |
| B72 | Dracunculiasis | F78 | Other intellectual disabilities |
| B75 | Trichinellosis | F79 | Unspecified intellectual disabilities |
| B79 | Trichuriasis | F82 | Specific developmental disorder of motor function |
| B80 | Enterobiasis | F88 | Other disorders of psychological development |
| B86 | Scabies | F89 | Unspecified disorder of psychological development |
| B89 | Unspecified parasitic disease | F99 | Mental disorder, not otherwise specified |
| B91 | Sequelae of poliomyelitis | G01 | Meningitis in bacterial diseases classified elsewhere |
| B92 | Sequelae of leprosy | G02 | Meningitis in other infectious and parasitic diseases classified elsewhere |
| C01 | Malignant neoplasm of base of tongue | G07 | Intracranial and intraspinal abscess and granuloma in diseases classified elsewhere |
| C07 | Malignant neoplasm of parotid gland | G08 | Intracranial and intraspinal phlebitis and thrombophlebitis |
| C12 | Malignant neoplasm of pyriform sinus | G09 | Sequelae of inflammatory diseases of central nervous system |
| C19 | Malignant neoplasm of rectosigmoid junction | G10 | Huntington's disease |
| C20 | Malignant neoplasm of rectum | G14 | Postpolio syndrome |
| C23 | Malignant neoplasm of gallbladder | G20 | Parkinson's disease |
| C33 | Malignant neoplasm of trachea | G26 | Extrapyramidal and movement disorders in diseases classified elsewhere |
| C37 | Malignant neoplasm of thymus | G35 | Multiple sclerosis |
| C52 | Malignant neoplasm of vagina | G53 | Cranial nerve disorders in diseases classified elsewhere |
| C55 | Malignant neoplasm of uterus, part unspecified | G55 | Nerve root and plexus compressions in diseases classified elsewhere |
| C58 | Malignant neoplasm of placenta | G59 | Mononeuropathy in diseases classified elsewhere |
| C61 | Malignant neoplasm of prostate | G63 | Polyneuropathy in diseases classified elsewhere |
| C73 | Malignant neoplasm of thyroid gland | G64 | Other disorders of peripheral nervous system |
| D34 | Benign neoplasm of thyroid gland | G92 | Toxic encephalopathy |
| D45 | Polycythemia vera | G94 | Other disorders of brain in diseases classified elsewhere |
| D62 | Acute posthemorrhagic anemia | H22 | Disorders of iris and ciliary body in diseases classified elsewhere |
| D65 | Disseminated intravascular coagulation [defibrination A syndrome] | H28 | Cataract in diseases classified elsewhere |
| D66 | Hereditary factor VIII deficiency | H32 | Chorioretinal disorders in diseases classified elsewhere |
| D67 | Hereditary factor IX deficiency | H36 | Retinal disorders in diseases classified elsewhere |
| D71 | Functional disorders of polymorphonuclear neutrophils | H42 | Glaucoma in diseases classified elsewhere |
| D77 | Other disorders of blood and blood-forming organs in diseases classified elsewhere | I00 | Rheumatic fever without heart involvement |
| E02 | Subclinical iodine-deficiency hypothyroidism | I10 | Essential (primary) hypertension |
| E15 | Nondiabetic hypoglycemic coma | I32 | Pericarditis in diseases classified elsewhere |
| E35 | Disorders of endocrine glands in diseases classified elsewhere | I38 | Endocarditis, valve unspecified |
| E40 | Kwashiorkor | | |
| E41 | Nutritional marasmus | | |
| E42 | Marasmic kwashiorkor | | |
| E43 | Unspecified severe protein-calorie malnutrition | | |
| E45 | Retarded development following protein-calorie malnutrition | | |

Chapter 11. Diseases of the Digestive System (K00–K95)

Digestive System

