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Desk Reference

Coders' Desk Reference for ICD-10-CM Diagnoses

Clinical descriptions with answers to your toughest ICD-10-CM coding questions

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Contents

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Introduction

Coders' Desk Reference for Diagnoses is an ICD-10-CM coding reference that provides comprehensive lay descriptions of diseases, injuries, poisonings, and other conditions. It has been developed for coders, billers, and other health care professionals in all health care settings, including medical offices, hospitals, post-acute care settings, and health insurance companies. It is also a valuable reference for educators and students who seek to expand their understanding of diagnostic coding. The goal is to enrich the user's clinical understanding of ICD-10-CM so that code selection becomes more accurate.

It should be noted that this diagnostic coding reference is intended to be used with an official ICD-10-CM code book. The *Coders' Desk Reference for Diagnoses* does not include the comprehensive index or guidelines found in the official ICD-10-CM, nor does it include coding instructions from the tabular section. Information related to includes and excludes notes have also been omitted as providing this information would be redundant to what is readily available in an official ICD-10-CM code book. For these reasons, *Coders' Desk Reference for Diagnoses* does not replace an official code book; however, used in conjunction with a code book, this reference provides an unparalleled clinical roadmap to code selection.

Format

The *Coders' Desk Reference for Diagnoses* follows the organization of the tabular section of ICD-10-CM with the same 22 chapters beginning with Chapter 1: Certain Infectious and Parasitic Diseases and ending with Chapter 22: Codes for Special Purposes.

Each chapter is organized using a format similar to the tabular section of ICD-10-CM with chapters subdivided into blocks, alphanumeric categories, subcategories, and codes. Chapters begin with a general overview of diseases and other conditions classified to the chapter. Following the chapter overview, each chapter is divided into the various blocks where information is provided related to categories included in the block. This is followed by the lay descriptions. Lay descriptions may be provided at the category, subcategory, or code level.

Not all categories, subcategories, or codes have been represented in the *Coders' Desk Reference for Diagnoses*. The 2023 edition of *Coders' Desk Reference for Diagnoses* focuses on:

- A subset of the new fiscal year 2023 diagnosis codes released by the National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS)
- Codes regularly encountered in various health care settings
- Codes that require in-depth clinical information in order to differentiate the represented condition from similar conditions that would be captured with other, more specific codes

Additional codes and lay descriptions will gradually be incorporated into future editions. Due to the structure of ICD-10-CM, many categories, subcategories, and codes have been updated with more robust official descriptions. In some cases, official code descriptions supply enough information about the disease process and any associated manifestations that provide additional narrative would be redundant. Also, codes in many categories and subcategories provide information related to site and/or laterality. Although site and laterality are important for valid code selection, they do not need additional explanations beyond the related disease process provided at the category or subcategory level.

ICD-10-CM Codes and Lay Descriptions

The codes in *Coders' Desk Reference for Diagnoses* are based on the official version of the *International Classification of Diseases, 10th Revision, Clinical Modification* effective October 1, 2022.

Coders' Desk Reference for Diagnoses is organized in a hierarchical context, similar to how the ICD-10-CM code book is organized with lay descriptions provided at the three, four, five, and/or six character level. Lay descriptions at the category level provide a broad overview of diseases or other conditions classified to the category. Category-level lay descriptions may be followed by subcategory and/or code level lay descriptions. Lay descriptions at the subcategory and code levels build on the information provided at the category level. The category level will be the most general and provides information relevant to all subcategories and codes in the category. The subcategory is more specific with the code level lay description providing the most detailed information about the disease, injury, or other condition.

Because some lay descriptions are not carried to the code level, the book uses a dash (-) to differentiate invalid codes from valid codes.

Valid Code

A valid code in the *Coders' Desk Reference for Diagnoses* is any code for which a dash (-) is **not** appended to the end of an alphanumeric code. Valid codes may be three characters to seven characters long.

Example: Lay description for valid three-character code

B20 Human immunodeficiency virus [HIV] disease

HIV is a blood-borne virus in that it is transmitted through body fluids containing blood or plasma. Transmission of HIV can occur sexually or nonsexually through the exchange of body fluids infected with a high concentration of the virus, mainly blood, semen, or vaginal/cervical

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Prefixes and Suffixes

The uniquely efficient language of medicine is possible thanks to the prefixes and suffixes attached to roots. Changing prefixes and suffixes allows subtle and overt changes in meaning of the terms. The following prefixes and suffixes are paired with their meanings.

Prefixes

Prefixes are one half of the medical language equation and are attached to the beginning of words. For example, the prefix "eu-," meaning good or well, combined with the Greek word for death, "thanatos," produces euthanasia — a good death.

a-, an-	without, away from, not
ab-	from, away from, absent
acanth(o)-	thorny, spine
acro-	extremity, top, highest point
ad-	indicates toward, adherence to, or increase
adeno-	relating to a gland
adip(o)-	relating to fat
aero-	relating to gas or air
agglutin-	stick together, clump
alb-	white in color
alge(si)-	awareness to pain
all(o)-	indicates difference or divergence from the norm
ambi-	both sides; about or around (also amphi-)
ambly-	dull, dimmed
an-	without
andro-	male
angi-	relating to a vessel
aniso-	dissimilar, unequal, or asymmetrical
ankylo-	bent, crooked, or two parts growing together
ante-	in front of, before
antero-	before, front, anterior
anti-	in opposition to, against
antro-	relating to a chamber or cavity
aphth(o)-	ulcer
arch-	beginning, first, principal (also arche-, archi-)
archo-	relating to the rectum or anus
arterio-	relating to an artery
arthro-	relating to a joint
astro-	star-like or shaped
atelo-	incomplete or imperfect
auto-	relating to the self
axio-	relating to an axis (also axo-)
balano-	relating to the glans penis or glans clitoridis
baro-	relating to weight or heaviness
basi(o)-	relating to the base or foundation
bi-	double, twice, two
blasto-	relating to germs
blenn(o)-	relating to mucus
blepharo-	relating to the eyelid
brachi(o)-	relating to the arm
brachy-	short
brady-	meaning slow or prolonged
broncho-	relating to the trachea
bucc(o)-	relating to the cheek
cac-	meaning diseased or bad (also caci-, caco-)
cardio-	relating to the heart
cari(o)-	rot, decay
carpo-	relating to the wrist
cata-	down from, down, according to
cathar(o)-	purging, cleansing
caud(o)-	lower part of body
celo-	indicating a tumor or hernia; cavity
cerebr(o)-	relating to the brain
cervico-	relating to the neck or neck of an organ
chilo-	relating to the lip (also cheilo-)
chole-	relating to the gallbladder
choledocho-	relating to the common bile duct
chondr(o)-	relating to cartilage
chromo-	color
cirrho-	yellow in color
cleid(o)-	relating to the clavicle
coel-	cavity, ventricle
coen(o)-	common, shared
cole(o)-	sheath
colp(o)-	relating to the vagina
cryo-	frozen, cold
crypto-	hidden
cyst(o)-	relating to the urinary bladder or a cyst
cyto-	in relation to cell
dacry-	pertaining to the lacrimal glands
dactyl-	relating to the fingers or toes
demi-	half the amount
desicco-	drying
desmo-	relating to ligaments
deuter-	secondary or second
dextro-	meaning on or to the right

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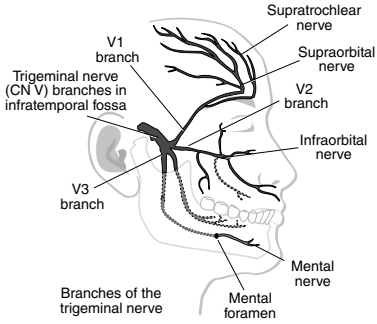
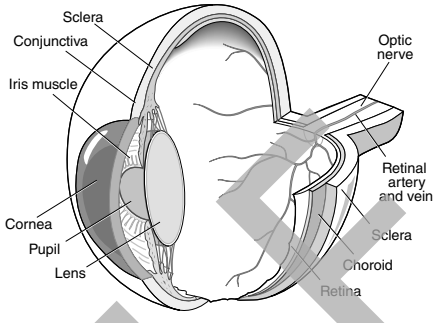
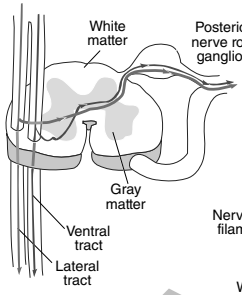
Nervous System

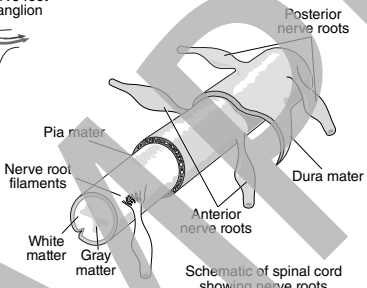




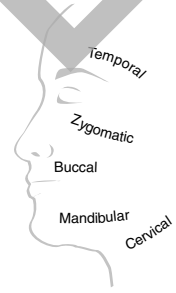
Anterior and posterior chambers of the eye



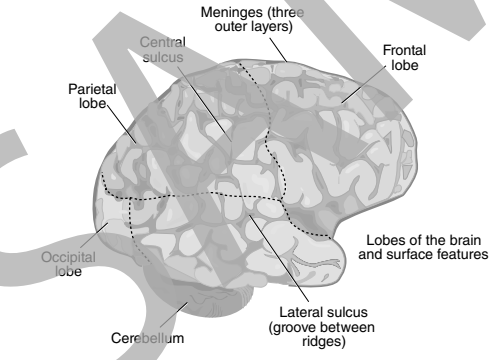
Schematic of spinal cord slice showing simplified sensory tracts and nerve roots

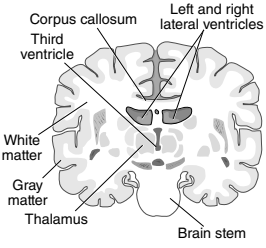


Schematic of spinal cord showing nerve roots



The main branches of the facial nerve (CN VII)





Frontal section of the brain

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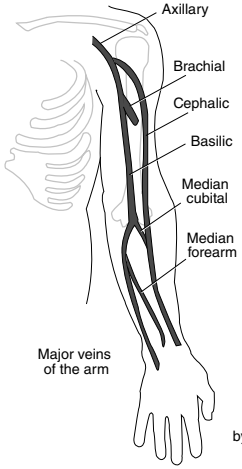
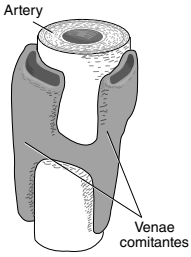
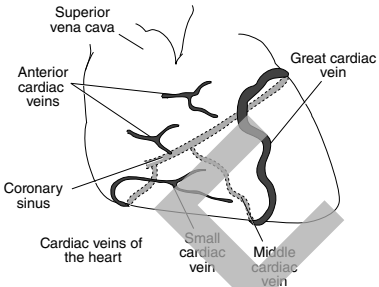
Circulatory System: Venous



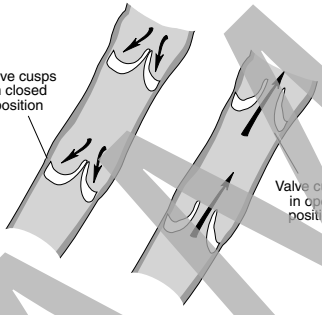
Major veins of the arm

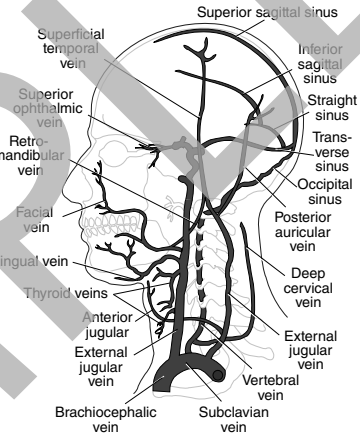


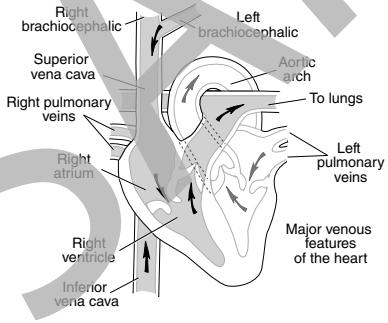
Arteries are typically accompanied by paired veins known as "venae comitantes"



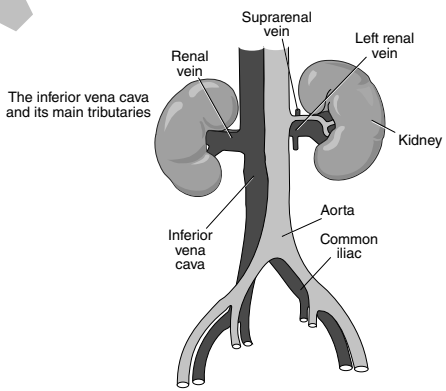
Venous blood flow is assisted by valves in the lumen of the vessels







Major venous features of the heart



The inferior vena cava and its main tributaries

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Chapter 2: Neoplasms (C00-D49)

Neoplasms are classified primarily by site, with broad groupings for behavior such as malignant, benign, in situ, uncertain behavior, and unspecified. The Table of Neoplasms should be used to identify the correct site (topography) code. In some cases, such as malignant melanoma and certain neuroendocrine tumors, the morphology is included in the category and codes. The tabular section should be consulted for the specific code.

Malignant neoplasms have the potential to invade surrounding tissue or shed cells that seed malignancies in other body sites. Malignant neoplasms are, therefore, classified as primary, meaning the site of origin of the malignant neoplasm; secondary, meaning a remote or metastatic site; and carcinoma in situ, meaning that the malignancy is localized and has not invaded deeper or surrounding tissues at the site of origin. When a primary malignancy overlaps two or more contiguous sites, it should be coded to the subcategory/code 8 (overlapping lesion) unless the combination is specifically indexed elsewhere. If there are multiple neoplasms of adjacent sites that are not contiguous, codes for each site should be assigned. For example, tumors of different breast quadrants in the same breast should be assigned separate codes for each site.

In addition to these classifications for solid tissue malignant neoplasms, there are additional classifications for blood cancers of lymphoid, hematopoietic, and other related tissues; some specific histological types of cancer such as malignant and benign neuroendocrine tumors, and some specific types of skin cancers, such as melanoma, basal cell carcinoma, and squamous cell carcinoma.

A benign neoplasm may grow, but does not invade surrounding tissues or remote sites. Benign neoplasms remain confined to the site of origin.

Neoplasms of uncertain behavior are those that currently exhibit benign characteristics but have the potential to transform and become malignant.

Only when the nature of the neoplasm is not specified is the neoplasm classified as unspecified behavior.

All neoplasms are classified to this chapter, whether or not they are functionally active. A functionally active neoplasm is a growth that performs functions ascribed to surrounding tissue, as in a thyroid tumor that secretes thyroxine and causes hyperthyroidism in the patient. An additional code from Chapter 4 may be used to identify functional activity associated with any neoplasm.

Focus Point

In most cases, encounters for treatment of complications of a neoplasm (e.g., dehydration, pain) are reported with the neoplasm complication sequenced first, followed by the appropriate neoplasm code. However, when the neoplasm complication is anemia, an exception is made. In these cases, the malignancy code is sequenced as the first-listed diagnosis followed by code D63.0 Anemia in neoplastic disease.

The chapter is broken down into the following code blocks:

C00-C14	Malignant neoplasms of lip, oral cavity and pharynx
C15-C26	Malignant neoplasms of digestive organs
C30-C39	Malignant neoplasms of respiratory and intrathoracic organs
C40-C41	Malignant neoplasms of bone and articular cartilage
C43-C44	Melanoma and other malignant neoplasms of skin
C45-C49	Malignant neoplasms of mesothelial and soft tissue
C50	Malignant neoplasms of breast
C51-C58	Malignant neoplasms of female genital organs
C60-C63	Malignant neoplasms of male genital organs
C64-C68	Malignant neoplasms of urinary tract
C69-C72	Malignant neoplasms of eye, brain and other parts of central nervous system
C73-C75	Malignant neoplasms of thyroid and other endocrine glands
C7A	Malignant neuroendocrine tumors
C7B	Secondary neuroendocrine tumors
C76-C80	Malignant neoplasms of ill-defined, other secondary and unspecified sites
C81-C96	Malignant neoplasms of lymphoid, hematopoietic and related tissue
D00-D09	In situ neoplasms
D10-D36	Benign neoplasms, except benign neuroendocrine tumors
D3A	Benign neuroendocrine tumors
D37-D48	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes
D49	Neoplasms of unspecified behavior

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E06.- Thyroiditis

Thyroiditis is a group of disorders that all cause thyroidal inflammation. The condition is generally caused by an attack on the thyroid, resulting in inflammation and damage to the thyroid cells. Acute thyroiditis results from a bacterial infection while subacute is largely viral. Hashimoto's thyroiditis is the most common cause of hypothyroidism in the United States and can be considered an autoimmune disease because the body acts as if the thyroid gland is foreign tissue. Common hypothyroid symptoms that occur when thyroid cell damage is slow and chronic may include fatigue, weight gain, feeling "fuzzy headed," depression, dry skin, and constipation. Rarer symptoms include swelling of the legs, vague aches and pains, and decreased concentration.

E06.0 Acute thyroiditis

Acute thyroiditis, also referred to as infectious thyroiditis, involves invasion of the thyroid by bacteria, mycobacteria, fungi, or protozoa; it includes all forms of infection other than viral. It may be further qualified as suppurative (AST), nonsuppurative, or septic thyroiditis.

E06.1 Subacute thyroiditis

Subacute thyroiditis, also documented as de Quervain's thyroiditis, subacute nonsuppurative thyroiditis, migratory or creeping thyroiditis, and granulomatous, pseudotuberculous, pseudo-giant cell, or giant cell thyroiditis, most likely has a viral origin. It is self-limiting and goes through three clinical phases: hyperthyroidism, hypothyroidism, and a return to normal thyroid function.

E06.2 Chronic thyroiditis with transient thyrotoxicosis

The chronic form of this disease follows that of acute thyroiditis but assumes a chronic disease process.

E06.3 Autoimmune thyroiditis

Autoimmune thyroiditis is commonly referred to as chronic, Hashimoto's, or lymphocytic thyroiditis or lymphadenoid goiter and struma lymphomatosa. It usually persists for years and is the principal cause of non-iatrogenic primary hypothyroidism.

E06.4 Drug-induced thyroiditis

Drugs known to cause thyroiditis include amiodarone, lithium, interferons, and cytokines.

E06.5 Other chronic thyroiditis

Riedel's thyroiditis is classified here, which may be documented as Riedel's struma, ligneous thyroiditis, and invasive fibrous or chronic sclerosing thyroiditis. This condition is characterized by overgrowth of connective tissue that often extends into neighboring structures.

E07.- Other disorders of thyroid

There are a few additional disorders affecting the thyroid that are classified here.

E07.0 Hypersecretion of calcitonin

Calcitonin is a hormone produced in the thyroid gland that helps regulate calcium levels. When there is too much calcium in the blood (hypercalcemia), calcitonin is secreted and helps to move excessive calcium from the blood into the bones. Hypersecretion may be due to a medullary carcinoma of the thyroid (MTC). MTC is a tumor of the calcitonin producing C-cells of the thyroid gland.

E07.1 Dyshormogenetic goiter

Dyshormonogenetic goiters are genetically determined thyroid hyperplasias due to enzyme defects in thyroid-hormone synthesis. It is characterized by many solid nodular lesions with different patterns, a peculiar appearance of the surrounding nonnodular thyroid tissue, and the presence of features suspicious for carcinoma.

E07.81 Sick-euthyroid syndrome

Sick-euthyroid syndrome, also known as nonthyroidal illness syndrome, is characterized by abnormal levels of T3 and/or T4, but the thyroid gland does not appear to be dysfunctional. It is often associated with starvation and critical illness.

Diabetes Mellitus (E08-E13)

One of the most important endocrine organs is the pancreas, which secretes insulin and regulates glucose levels within the body. Diabetes mellitus describes conditions in which the body does not produce any insulin at all (Type 1) or it is unable to synthesize the insulin produced (Type 2). In addition, ICD-10-CM classifies several other distinct types of diabetes, depending upon underlying cause.

The categories in this code block are as follows:

E08	Diabetes mellitus due to underlying condition
E09	Drug or chemical induced diabetes mellitus
E10	Type 1 diabetes mellitus
E11	Type 2 diabetes mellitus
E13	Other specified diabetes mellitus

In addition to the expanded number of categories of diabetes codes, the subclassification of each type of diabetic disorder is much more detailed. Combination codes describe common associated conditions, along with severity classifications.

E08.- Diabetes mellitus due to underlying condition

Diabetes mellitus that is not specified as Type 1, Type 2, or due to a drug or chemical may be due to another underlying condition. Some of the underlying conditions that may cause diabetes include the following:

- Chronic pancreatitis or other chronic pancreatic disorders
- Cushing's disease

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Chapter 6: Diseases of the Nervous System (GØØ-G99)

The nervous system is a complex network of specialized organs, tissues, and cells that coordinate the body's actions and functions. It consists of two main subdivisions: the central nervous system and the peripheral nervous system. The central nervous system includes the brain, the spinal cord, and the membranes that cover these structures. The peripheral nervous system includes the sense organs and the nerves that link the organs, muscles, and glands to the central nervous system.

The central nervous system (CNS) is the control center for almost all functions of the body and comprises two major structures: the brain and the spinal cord. The brain resides in and is protected by the cranial bones and the spinal cord extends from the base of the brain, residing in and protected by the spinal column.

The brain can be subdivided into several regions:

- The cerebral hemispheres form the largest part of the brain, occupying the anterior and middle cranial fossae in the skull.
- The diencephalon includes the thalamus, hypothalamus, epithalamus, and subthalamus, and forms the central core of the brain.
- The midbrain is located at the junction of the middle and posterior cranial fossae.
- The pons is in the anterior part of the posterior cranial fossa; fibers within the pons connect one cerebral hemisphere with its opposite cerebellar hemisphere.
- The medulla oblongata is continuous with the spinal cord and controls the respiratory and cardiovascular systems.
- The cerebellum overlies the pons and medulla and controls motor functions that regulate muscle tone, coordination, and posture.

The spinal column, which encloses the spinal cord, consists of vertebrae linked by intervertebral discs and held together by ligaments. The spinal cord extends from the medulla at the base of the brain to the first lumbar vertebra. The outer layer of the spinal cord consists of nerve fibers enclosed in a myelin-sheath that conduct impulses triggered by pressure, pain, heat, and other sensory stimuli or conduct motor impulses activating muscles and glands. The inner layer, or gray matter, is primarily composed of nerve cell bodies. The central canal, within the gray matter, circulates the cerebrospinal fluid.

The brain and spinal cord are covered by three membranes: the dura mater, arachnoid, and pia mater, collectively defined as the meninges. The dura mater lies closest to the skull and functions as a protective layer and as a collection area for cerebral spinal fluid (CSF) and blood that needs to be returned to general circulation. The arachnoid is the middle layer that is a loose sac surrounding the brain. Arteries and veins of the brain, as well as CSF, can be found in the space below the arachnoid membrane or subarachnoid space. The layer closest to the brain is the pia mater. This layer adheres very closely to the surface of the brain and spinal cord and contains small blood vessels.

There are 31 pairs of spinal nerves that deliver sensory impulses from the peripheral nervous system to the spinal cord, which in turn relays them to the brain. Conversely, motor impulses generated in the brain are relayed by the spinal cord to the spinal nerves, which pass the impulses to peripheral nerves in the muscles and glands.

The chapter is broken down into the following code blocks:

GØØ-GØ9	Inflammatory diseases of the central nervous system
G1Ø-G14	Systemic atrophies primarily affecting the central nervous system
G2Ø-G26	Extrapyramidal and movement disorders
G3Ø-G32	Other degenerative diseases of the nervous system
G35-G37	Demyelinating diseases of the central nervous system
G4Ø-G47	Episodic and paroxysmal disorders
G5Ø-G59	Nerve, nerve root and plexus disorders
G6Ø-G65	Polyneuropathies and other disorders of the peripheral nervous system
G7Ø-G73	Diseases of myoneural junction and muscle
G8Ø-G83	Cerebral palsy and other paralytic syndromes
G89-G99	Other disorders of the nervous system

Inflammatory Diseases of the Central Nervous System (GØØ-GØ9)

Inflammatory diseases are the result of an invasion of organisms spreading from a nearby infection (e.g., a chronic sinus or middle ear infection). The bloodstream may carry the organism from other sites to the CNS or, in rare cases, head trauma or surgical procedures may introduce the organism directly into the CNS.

Bacterial infection of the CNS can result in abscesses and empyemas. CNS infections are classified according to the location where they occur. For example, a spinal epidural abscess is located above the dura mater and a cranial subdural empyema occurs between the dura

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Chapter 10: Diseases of the Respiratory System (J00-J99)

This chapter classifies diseases and disorders of the two main parts of the respiratory system: the upper respiratory tract and the lower respiratory tract. The upper respiratory tract contains the nose (external, nasal cavity), sinuses (frontal, ethmoid, sphenoid, maxillary), pharynx (nasopharynx, oropharynx), larynx (true and false vocal cords, glottis), and trachea. The lower respiratory tract contains the bronchi (left, right, main, carina), and lungs (intrapulmonary bronchi, bronchioli, lobes, alveoli, pleura).

This complex of organs is responsible for pulmonary ventilation and the exchange of oxygen and carbon dioxide between the lungs and ambient air. The organs of the respiratory system also perform nonrespiratory functions such as warming and moisturizing the air passing into the lungs, providing airflow for the larynx and vocal cords for speech, and releasing excess body heat in the process of thermoregulation for homeostasis. The lungs also perform important metabolic and embolic filtering functions by excreting gaseous wastes. Air moves into the lungs and bronchial tubes, reaching the alveoli. Running by these alveoli are capillaries carrying blood that has traveled through the body and been pumped from the right side of the heart through the pulmonary artery and then into capillaries. The alveoli transport the oxygen to the capillaries where hemoglobin helps the oxygen flow into the bloodstream. As the oxygen is absorbed, the carbon dioxide is extracted from the capillaries into the alveoli and is exhaled as a waste gas. The oxygenated blood then travels through the pulmonary vein to the left side of the heart, which pumps it to the rest of the body. Any malfunction in this process leads to cell death within the tissues of the various organs of the body due to the reduced amount of oxygen distributed to these organs and it may cause excess waste to accumulate within the body's tissues.

An instructional note at the beginning of this chapter directs that if a respiratory condition exists in more than one site and does not have its own specific, separate entry in the Alphabetic Index it should be classified to the lower anatomical site.

Since inhaled tobacco smoke travels from the mouth through the upper airway, reaching the alveoli, tobacco use has proven implications on the entire respiratory system, prompting directions indicating that a code for tobacco exposure, use, or dependence be added if applicable.

The chapter is broken down into the following code blocks:

J00-J06	Acute upper respiratory infections
J09-J18	Influenza and pneumonia
J20-J22	Other acute lower respiratory infections
J30-J39	Other diseases of upper respiratory tract
J40-J47	Chronic lower respiratory diseases
J60-J70	Lung diseases due to external agents
J80-J84	Other respiratory diseases principally affecting the interstitium
J85-J86	Suppurative and necrotic conditions of the lower respiratory tract
J90-J94	Other diseases of the pleura
J95	Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J96-J99	Other diseases of the respiratory system

Acute Upper Respiratory Infections (J00-J06)

Infections of the upper respiratory system are those that affect the nose or nares, nasal cavity, nasopharynx, sinuses, oropharynx, hypopharynx, larynx, trachea, and epiglottis. Acute infections are generally sudden in onset with immediately recognizable signs and symptoms, such as fever, chills, and body aches.

The categories in this code block are as follows:

J00	Acute nasopharyngitis (common cold)
J01	Acute sinusitis
J02	Acute pharyngitis
J03	Acute tonsillitis
J04	Acute laryngitis and tracheitis
J05	Acute obstructive laryngitis [croup] and epiglottitis
J06	Acute upper respiratory infections of multiple and unspecified sites

Focus Point

Pneumonia and influenza are excluded from this code block and can be found in the next block J09-J18.

J00 Acute nasopharyngitis (common cold)

This code classifies nasopharyngitis, rhinitis, coryza, or nasal catarrh of an acute nature. Acute nasopharyngitis is the most common of the upper respiratory infections and is characterized by edema of the nasal mucous membrane, discharge, and obstruction.

J01.- Acute sinusitis

Acute sinusitis is a sudden and severe inflammation or infection of the paranasal sinuses. The paranasal sinuses are air spaces adjacent to the nose that open into the nasal passages for the exchange of air and mucus. Anything that triggers a swelling in the nose, such as an infection or an allergic reaction, can affect

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MØØ.Ø- Staphylococcal arthritis and polyarthritis

Septic arthritis caused by the *Staphylococcus aureus* bacterium; considered to be one of the most common organisms responsible for septic arthritis.

MØØ.1- Pneumococcal arthritis and polyarthritis

Septic arthritis caused by *Streptococcus pneumonia* bacterium.

MØØ.2- Other streptococcal arthritis and polyarthritis

Septic arthritis caused by streptococcal organisms other than *Streptococcus pneumonia* and may include group A *Streptococcus*, group B *Streptococcus* and *Enterococcus*.

MØ1.- Direct infections of joint in infectious and parasitic diseases classified elsewhere

This subcategory refers to a direct infection within a joint that is secondary to an infectious process occurring elsewhere in the body. This includes bacterial infections and a wide variety of viral diseases, including viral hepatitis, mumps, infectious mononucleosis, lymphogranuloma venereum, or variola. They can also be associated with mycoses, which are caused by fungi. A variety of fungal organisms may lodge in the synovium and create suppurative or granulomatous lesions. The synovium usually is the primary site of joint involvement, but secondary infection can spread from the marrow cavity to the subchondral bone and into the articular tissues. Arthropathy associated with helminthiases or other parasitic infection is also included here.

MØ2.- Postinfective and reactive arthropathies

Occasionally, a joint is affected by an infection elsewhere in the body. Inflammation of a joint as a reaction to another disease is referred to as reactive arthropathy. Subcategories include cause of the arthropathy or inflammation such as postdysenteric, postimmunization, Reiter's disease, or other, in addition to specific sites and laterality.

Focus Point

Categories MØ1.- and MØ2.- require a code be assigned first for the underlying disease, such as leprosy, mycoses, or paratyphoid fever.

MØ2.1- Postdysenteric arthropathy

Postdysenteric arthropathies are rare enteropathic arthropathies due to a wide range of specific dysentery-causing organisms, Shigella, and typhoid fever.

MØ2.2- Postimmunization arthropathy

Postimmunization arthropathy is a transient arthropathy that occurs following vaccinations. Typically affecting women more often than men or children, postimmunization arthropathy usually begins 1-3 weeks following the immunization and may last up to 3 weeks.

MØ2.3- Reiter's disease

Reiter's disease is a seronegative reactive arthritis. Reactive arthritis occurs as a result of a bacterial infection in another site usually an infection of the gastrointestinal or genitourinary tract. Occurring predominantly in the joints of the lower extremities, Reiter's disease consists of a triad of nonspecific (nongonococcal or simple) urethritis, conjunctivitis (or sometimes uveitis), and arthritis, and sometimes appears with mucocutaneous lesions. There is a close correlation between this disease and the presence of the histocompatibility antigen HLA-B27. Treatment of Reiter's disease is directed at symptoms. The condition typically resolves within two to six months.

Autoinflammatory Syndromes (MØ4)

This code block contains a single category to report autoinflammatory syndromes.

The categories in this code block are as follows:

MØ4 Autoinflammatory syndromes

MØ4.- Autoinflammatory syndromes

The autoinflammatory syndromes involve problems with immune system regulation with manifestations related to episodes of acute systemic inflammation. They were not well understood until fairly recently, due to advanced techniques in genetics. Symptoms include recurrent fever associated with rheumatologic symptoms involving joints, skin, muscles, and eyes. Although the syndromes are generally rare, treatment is directed toward decreasing the acute attacks of fever and involves a combination of drugs like nonsteroidal anti-inflammatory drugs (NSAIDs) and analgesics.

MØ4.1 Periodic fever syndromes

This code includes familial Mediterranean fever (FMF), which is characterized by attacks of recurrent high fevers accompanied by pain and inflammation in the lining of the chest and abdominal cavities, skin or joints, and blood vessels (vasculitis). Some but not all patients may also develop amyloid protein deposits in the kidneys that can destroy renal tissues. Onset of attacks usually occurs in childhood or adolescence. An attack can persist for 12 to 72 hours and vary in intensity. The intervals between attacks are unpredictable, occurring days or even months apart. Although the underlying cause is seemingly genetic, the catalyst for onset is unknown. However, stress, physical trauma, and exertion have been reported by patients as possible precipitates or contributive factors. Treatment for the attacks is usually a combination of nonsteroidal anti-inflammatory drugs (NSAIDs) and analgesics. Colchicine is also prescribed and greatly reduces the frequency and intensity of clinical attacks and prevents the development of renal amyloidosis.

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O71.- Other obstetric trauma

Obstetrical trauma is not limited to the perineum but can occur in any of the pelvic organs. Injuries related to the uterus, cervix, bladder or urethra, joints and ligaments of the pelvis, and other specified obstetric traumas are included in this category.

O72.- Postpartum hemorrhage

Postpartum hemorrhage is excessive vaginal bleeding that occurs after the baby has been delivered. Of the four codes classified to this category, three codes identify the timing of the postpartum bleeding: during the third stage of labor, in the immediate postpartum period, or after the first 24 hours following delivery of the placenta. The fourth code identifies coagulation defects, such as fibrinolysis, that may have developed secondary to the hemorrhaging. In general, the majority of the cases of hemorrhaging are related to retained products of conception, in which all or pieces of placenta or other membranes are still attached to the uterine wall.

O73.- Retained placenta and membranes, without hemorrhage

The third stage of labor is the expulsion of the placenta. In a normal delivery this usually occurs spontaneously and within 30 minutes of delivering the baby. If the placenta does not deliver spontaneously or it appears that some but not all of the placenta delivered, the practitioner may attempt manual extraction of the placenta. In some cases, the uterus needs to be suctioned or scraped to remove residual tissues. Even without associated hemorrhaging, retained placenta poses a high risk of maternal death if left untreated.

O74.- Complications of anesthesia during labor and delivery

The use of anesthesia during labor and delivery poses the same risk of complications to an obstetric patient as it does nonobstetric patients needing anesthetic medications. The codes are categorized based on the specific complication that occurred as a result of the anesthesia, including but not limited to pulmonary and cardiac complications, toxic reactions, and anesthesia-induced headaches.

O75.- Other complications of labor and delivery, not elsewhere classified

Labor is a staged process the maternal body goes through in order to expel the baby from the uterus. Delivery is the final stage of labor when the fetus and placenta are completely expelled from the uterus. Problems in labor can greatly increase the likelihood of problems with delivery if not managed appropriately. Maternal distress, infection, fever, and pulmonary or cardiac complications are a few conditions included in this category.

O75.3 Other infection during labor

This code includes sepsis that develops during labor.

O75.8- Other specified complications of labor and delivery

This subcategory captures complications that do not fit into previous categories identifying labor and delivery complications.

O75.82 Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section

The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend that elective cesarean deliveries not be planned before 39 completed weeks of gestation, to ensure full development of the fetus. However, if labor begins prior to 39 completed weeks of gestation but after 37 completed weeks of gestation, the onset of labor is an indication for performance of the planned cesarean section even though the obstetric patient has not yet reached the recommended gestational period set by ACOG and AAP standards.

This code is reported secondarily along with the code indicating the reason for the planned cesarean (i.e., previous C-section) to support medical necessity for the cesarean section prior to 39 completed weeks of gestation.

Focus Point

Recent quality reporting requirements have necessitated that hospitals review criteria for elective inductions and cesarean sections, primarily regarding the timing of the procedures. Research indicates that infants delivered prior to 39 completed weeks of gestation suffer a higher incidence of complications than those who gestate to full term, beyond 39 weeks. Based on this research, both ACOG and AAP standards require a gestation of 39 completed weeks prior to elective delivery.

O77.- Other fetal stress complicating labor and delivery

Management of the mother during labor can change if the fetus is not responding favorably to the forces of labor. Signs of fetal stress may be evidenced by electrocardiogram, ultrasound, or changes in the amniotic fluid.

O77.Ø Labor and delivery complicated by meconium in amniotic fluid

The first feces the baby passes is a dark green tarry looking substance called meconium. Normally, meconium passage does not occur until after the baby is born but occasionally the baby passes it before or during delivery. Once in the amniotic fluid, the meconium may be aspirated or inhaled by the baby. The more meconium inhaled, the greater the risk for

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Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes (SØØ-T88)

This chapter is divided into two sections. Section S covers different types of injuries related to single body regions, excluding foreign bodies in natural orifices, burns, and corrosions. Types of injuries in the S section range from minor injuries, such as contusions, cuts, and abrasions, to more severe injuries, such as fractures and penetrating wounds, to life-threatening injuries, such as brain and spinal cord injuries and injuries to internal organs. Section T covers injuries to unspecified body parts; foreign bodies in natural orifices; burns and corrosions; poisoning, adverse effects, and underdosing of drugs, medicaments, and biological substances; toxic effects; effects of external causes, such as radiation, heat, light, cold, asphyxiation, and other external causes; and complications of medical care.

S Codes

Injuries are classified first into code blocks by general anatomic site or region. Within each code block injuries are classified by type, such as open wound, fracture, dislocation, nerve injury, blood vessel injury, and amputation. Each type of injury is subclassified more specifically as to type and site. Some injuries such as fractures are classified based on multiple factors related to the injury.

Fractures

A fracture is a break in a bone resulting from two possible causes: the direct or indirect application of undue force against the bone and pathological changes resulting in spontaneous fractures. This chapter includes only those fractures that have arisen as a result of an injury. It includes delayed healing and nonunions of fractured bones. In the case of a fracture, the type of fracture (e.g., displaced or nondisplaced, open or closed) and the episode of care are components of the code.

Closed fractures are contained beneath the skin, while open or compound fractures connote an associated open wound. Open fractures are always compound, with a wound leading to the fracture or the broken bone ends protruding through the skin. There is a high risk of infection with open fractures since the tissues are exposed to contaminants.

Specific terminology is used to describe fractures that pertain to bones in a particular part of the body. Those terms are defined in their respective subcategories. The following fracture types and definitions are used across many areas of the body, especially the extremities:

Comminuted:	Bone is fractured, splintered, or shattered into multiple pieces, contains small bone fragments, usually caused by severe force
Greenstick:	Incomplete fracture, bone bends and cracks, common in young, flexible bones of children
Oblique:	Fracture at a diagonal angle across the bone shaft
Physeal:	Pediatric fractures of the growth plate or physis. Salter-Harris classification system is a method of describing the involvement of the physis, metaphysis, and epiphysis of the fracture
Segmental:	Bone is broken in two places leaving at least one segment unattached to the body of bone
Spiral:	Also called a torsion fracture, caused by a twisting force resulting in a diagonal fracture around and through the bone
Transverse:	Fracture straight across the bone at a right angle to the long axis of the bone

The codes for fractures capture the type of encounter and whether the fracture is open or closed; open fractures are broken down further by the type of fracture based on the Gustilo classification. The Gustilo classification describes the severity of open fracture and soft tissue injury. Following are the definitions for open fractures as defined by the Gustilo classification:

Type I:	Low energy injury, clean wound less than 1 cm
Type II:	Wound is more than 1 cm with moderate soft tissue damage
Type III:	High energy wound, greater than 1 cm with extensive soft tissue damage, and subclassified to IIIA, IIIB, and IIIC
Type IIIA:	Adequate soft tissue coverage despite extensive soft tissue damage
Type IIIB:	Inadequate soft tissue coverage usually with severe wound contamination
Type IIIC:	Type III open fracture associated with arterial injury

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