

ICD-10-CM Professional for Hospitals

The complete official code set

Codes valid from October 1, 2022
through September 30, 2023

2023

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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)
- Addition of a new parenthetical note(s) to a code

Deleted Text

Strikethrough on official notations indicate a deletion from the classification for the current year.

Optum360 Notations

AHA Coding Clinic Citations

Coding Clinics are official American Hospital Association (AHA) publications that provide coding advice specific to ICD-10-CM and ICD-10-PCS.

Coding Clinic citations included in this manual are current up to the second quarter of 2021.

These citations identify the year, quarter, and page number of one or more *Coding Clinic* publications that may have coding advice relevant to a particular code or group of codes. With the most current citation listed first, these notations are preceded by the symbol **AHA:** and appear in purple type.

I15.1 Hypertension secondary to other renal disorders
 AHA: 2016, 3Q, 22

Definitions

Definitions explain a specific term, condition, or disease process in layman’s terms. These notations are preceded by the symbol **DEF:** and appear in purple type.

M51.4 Schmorl’s nodes
 DEF: Irregular bone defect in the margin of the vertebral body that causes herniation into the end plate of the vertebral body.

Coding Tips

The tips in the tabular list offer coding advice that is not readily available within the ICD-10-CM classification. It may relate official coding guidelines, indexing nuances, or advice from *AHA’s Coding Clinic for ICD-10-CM/PCS*. These notations are preceded by the symbol **TIP:** and appear in brown type.

B97.2 Coronavirus as the cause of diseases classified elsewhere
 TIP: Do not report a code from this subcategory for COVID-19; refer to U07.1.

Icons

Note: The following icons are placed to the left of the code.

● **New Code**

Codes that have been added to the classification effective October 1, 2022.

● **New Code – Mid-year**

Codes that have been added to the classification effective April 1, 2022.



▲ **Revised Code**

Codes that have had a change to their description or validity effective October 1, 2022. For additional information on codes with validity changes, see the “What’s New” section.

▲ **Revised Code – Mid-year**

Codes that have had a change to their description or validity effective April 1, 2022.



✓ **Additional Characters Required**

✓4th This symbol indicates that the code requires a 4th character.

✓5th This symbol indicates that the code requires a 5th character.

✓6th This symbol indicates that the code requires a 6th character.

✓7th This symbol indicates that the code requires a 7th character.

✓4th ~~H60.3~~ **H60.31** Other infective otitis externa
 ✓4th ~~H60.31~~ **H60.311** Diffuse otitis externa, right ear
 ✓4th ~~H60.312~~ **H60.312** Diffuse otitis externa, left ear
 ✓4th ~~H60.313~~ **H60.313** Diffuse otitis externa, bilateral
 ✓4th ~~H60.319~~ **H60.319** Diffuse otitis externa, unspecified ear

✓7th **Placeholder Alert**

This symbol indicates that the code requires a 7th character following the placeholder “X”. Codes with fewer than six characters that require a 7th character must contain placeholder “X” to fill in the empty character(s).

✓7th **T16.1 Foreign body in right ear**

This manual provides the most current information that was available at the time of publication. Except where otherwise noted, the icons and/or color bars reflect edits associated with the inpatient prospective payment system (IPPS). Because the fiscal 2021 IPPS final rule was not available at the time this book was printed, the edits in this manual are based on the proposed, version 39, MS-DRG grouper software, Definitions Manual files, and Medicare Code Editor (MCE) files, published with the fiscal 2022 IPPS proposed rule.

In an effort to provide the most current edit information, Optum360 has provided a searchable data file that includes the final edit designations for all ICD-10-CM codes based on the fiscal 2022 IPPS final rule official files, effective October 1, 2021. The edits included in the data file are as follows:

- Age
- Sex
- Hospital-acquired condition (HAC)
- CC
- MCC
- HIV
- Manifestation code
- Unacceptable principal diagnosis
- Questionable principal diagnosis

This data file can be accessed at the following:

<https://www.optum360coding.com/ProductUpdates/>
 Title: "2022 ICD-10-CM for Hospital IPPS Data File"
 Password: Hospital22

Note: The following icons are placed at the end of the code description.

Age Edits

N Newborn Age: 0

These diagnoses are intended for newborns and neonates and the patient's age must be 0 years.

N47.0 Adherent prepuce, newborn N ♂

P Pediatric Age: 0-17

These diagnoses are intended for children and the patient's age must be between 0 and 17 years.

L21.1 Seborrheic infantile dermatitis P

M Maternity Age: 9-64

These diagnoses are intended for childbearing patients between the age of 9 and 64 years.

O02.9 Abnormal product of conception, unspecified M ♀

A Adult Age: 15-124

These diagnoses are intended for patients between the age of 15 and 124 years.

R54 Age-related physical debility A
 Frailty
 Old age
 Senescence
 Senile asthenia
 Senile debility
EXCLUDES1 *age-related cognitive decline (R41.81)*
sarcopenia (M62.84)
senile psychosis (F03)
senility NOS (R41.81)

Sex Edits

♂ Male diagnosis only

Q98.0 Klinefelter syndrome karyotype 47, XXY ♂

♀ Female diagnosis only

N35.12 Postinfective urethral stricture, not elsewhere classified, female ♀

H1 - H14 Hospital Acquired Condition (HAC)

These codes identify conditions that are high cost or high volume or both, are either a complication or comorbidity (CC) or major complication or comorbidity (MCC) that as a secondary diagnosis results in assignment of a case to a higher-paying MS-DRG. These conditions are reasonably preventable through the application of evidence-based guidelines. If the condition is not present on admission (meaning it developed during the hospital admission), the case will not group to the higher-paying MS-DRG based solely upon the reporting of the HAC code. Many of these HACs are conditional, and are based on reporting the specific diagnosis code(s) in combination with certain procedure codes.

Note: Hospital-acquired conditions do not impact MS-LTC-DRG assignment.

N15.1 Renal and perinephric abscess MCC H6

CC CC Condition

This symbol designates a complication or comorbidity diagnosis that may affect DRG assignment. A complication or comorbidity diagnosis, CC condition, is defined as a significant acute disease, a significant acute manifestation of a chronic disease, an advanced or end-stage chronic disease, or a chronic disease associated with systemic physiological decompensation and debility that have consistently greater impact on hospital resources.

G90.59 Complex regional pain syndrome I of other specified site CC

MCC MCC Condition

This symbol designates a major complication or comorbidity diagnosis that may affect DRG assignment. An MCC condition meets the same criteria as a CC condition but is associated with a higher acuity level and hospital resource consumption is expected to be higher than that for a CC condition. There are fewer conditions that meet the criteria as an MCC than those for a CC condition.

S35.238 Other injury of inferior mesenteric artery MCC

Note: The assignment of an MS-DRG or MS-LTC-DRG often depends on the presence or absence of a secondary diagnosis code that is designated as an MCC or CC. However, in some instances the MCC or CC designation for that secondary diagnosis code is negated due to its relationship with the principal diagnosis; this is referred to as CC exclusion. The ICD-10 MS-DRG Definitions Manual included with the IPPS final rule provides a list of all principal diagnosis codes that would render ineffective the MCC/CC designation for a particular ICD-10-CM code when used as a secondary diagnosis. Optum360 has provided this CC exclusion list in an easily searchable data file, which can be accessed at the following:

<https://www.optum360coding.com/ProductUpdates/>
 Title: "2022 ICD-10-CM for Hospitals CC Excludes Data File"
 Password: Hospital22

UNS Unspecified Site

Identifies codes that are considered an MCC or CC but lack specificity in regard to their anatomical location. The medical record documentation should be reviewed carefully, to ensure that no other code within the same category or subcategory can be assigned for greater specificity.

UPD Unacceptable Principal Diagnosis

This symbol identifies codes that should not be assigned as principal diagnosis for *inpatient* admissions. Codes with an unacceptable principal diagnosis edit are considered supplementary — describing circumstances that influence an individual's health status or an additional code — identifying conditions that are not specific manifestations but may be due to an underlying cause.

T48.5X5 Adverse effect of other anti-common-cold drugs UPD

HIV HIV-related Condition

This symbol indicates that the condition is considered a major HIV-related diagnosis. When the condition is coded in combination with a diagnosis of human immunodeficiency virus (HIV), code B20, the case will move from MS-DRG/MS-LTC-DRG 977 to MS-DRGs/MS-LTC-DRGs 974-976.

G96.9 Disorder of central nervous system, unspecified HIV

New for 2023

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.

Adhesions, adhesive — *continued*
 mesenteric — *see* Adhesions, peritoneum
 nasal (septum) (to turbinates) J34.89
 ocular muscle — *see* Strabismus, mechanical
 omentum — *see* Adhesions, peritoneum
 ovary N73.6
 congenital (to cecum, kidney or omentum) Q50.39
 paraovarian N73.6
 pelvic (peritoneal)
 female N73.6
 postprocedural N99.4
 male — *see* Adhesions, peritoneum
 postpartal (old) N73.6
 tuberculous A18.17
 penis to scrotum (congenital) Q55.8
 periappendiceal — *see also* Adhesions, peritoneum
 pericardium (nonrheumatic) I31.0
 focal I31.8
 rheumatic I09.2
 tuberculous A18.84
 pericholecystic K82.8
 perigastric — *see* Adhesions, peritoneum
 periovarian N73.6
 periprosthetic N42.89
 perirectal — *see* Adhesions, peritoneum
 perirenal N28.89
 peritoneum, peritoneal (postinfective) K66.0
 with obstruction (intestinal) K56.50
 complete K56.52
 incomplete K56.51
 partial K56.51
 congenital Q43.3
 pelvic, female N73.6
 postprocedural N99.4
 postpartal, pelvic N73.6
 postprocedural K66.0
 to uterus N73.6
 peritubal N73.6
 periureteral N28.89
 periuterine N73.6
 perivesical N32.89
 perivesicular (seminal vesicle) N50.89
 pleura, pleuritic J94.8
 tuberculous NEC A15.6
 pleuropericardial J94.8
 postoperative (gastrointestinal tract) K66.0
 with obstruction — *see also* Obstruction, intestine,
 postoperative K91.30
 due to foreign body accidentally left in wound —
 see Foreign body, accidentally left during a
 procedure
 pelvic peritoneal N99.4
 urethra — *see* Stricture, urethra, postprocedural
 vagina N99.2
 postpartal, old (vulva or perineum) N90.89
 preputial, prepuce N47.5
 pulmonary J98.4
 pylorus — *see* Adhesions, peritoneum
 sciatic nerve — *see* Lesion, nerve, sciatic
 seminal vesicle N50.89
 shoulder (joint) — *see* Capsulitis, adhesive
 sigmoid flexure — *see* Adhesions, peritoneum
 spermatic cord (acquired) N50.89
 congenital Q55.4
 spinal canal G96.12
 stomach — *see* Adhesions, peritoneum
 subscapular — *see* Capsulitis, adhesive
 temporomandibular M26.61-
 tendinitis (*see also* Tenosynovitis, specified type NEC)
 shoulder — *see* Capsulitis, adhesive
 testis N44.8
 tongue, congenital (to gum or roof of mouth) Q38.3
 acquired K14.8
 trachea J39.8
 tubo-ovarian N73.6
 tunica vaginalis N44.8
 uterus N73.6
 internal N85.6
 to abdominal wall N73.6
 vagina (chronic) N89.5
 postoperative N99.2
 vitreomacular H43.82-
 vitreous H43.89
 vulva N90.89

Adiaspiromycosis B48.8

Adie (-Holmes) pupil or syndrome — *see* Anomaly,
 pupil, function, tonic pupil

Adiponecrosis neonatorum P83.88

Adiposis — *see also* Obesity
 cerebri E23.6
 dolorosa E88.2

Adiposity — *see also* Obesity
 heart — *see* Degeneration, myocardial
 localized E65

Adiposogenital dystrophy E23.6

Adjustment

disorder — *see* Disorder, adjustment
 implanted device — *see* Encounter (for), adjustment
 (of)
 prosthesis, external — *see* Fitting
 reaction — *see* Disorder, adjustment

Administration of tPA (rtPA) in a different facility within
 the last 24 hours prior to admission to current facility
 Z92.82

Admission (for) — *see also* Encounter (for)

adjustment (of)
 artificial
 arm Z44.00-
 complete Z44.01-
 partial Z44.02-
 eye Z44.2
 leg Z44.10-
 complete Z44.11-
 partial Z44.12-
 brain neuropacemaker Z46.2
 implanted Z45.42
 breast
 implant Z45.81
 prosthesis (external) Z44.3
 colostomy belt Z46.89
 contact lenses Z46.0
 cystostomy device Z46.6
 dental prosthesis Z46.3
 device NEC
 abdominal Z46.89
 implanted Z45.89
 cardiac Z45.09
 defibrillator (with synchronous cardiac
 pacemaker) Z45.02
 pacemaker (cardiac resynchronization
 therapy (CRT-P)) Z45.018
 pulse generator Z45.010
 resynchronization therapy defibrillator
 (CRT-D) Z45.02
 hearing device Z45.328
 bone conduction Z45.320
 cochlear Z45.321
 infusion pump Z45.1
 nervous system Z45.49
 CSF drainage Z45.41
 hearing device — *see* Admission, adjust-
 ment, device, implanted, hearing
 device
 neuropacemaker Z45.42
 visual substitution Z45.31
 specified NEC Z45.89
 vascular access Z45.2
 visual substitution Z45.31
 nervous system Z46.2
 implanted — *see* Admission, adjustment,
 device, implanted, nervous system
 orthodontic Z46.4
 prosthetic 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
 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
 urinary Z46.6
 hearing aid Z46.1
 implanted — *see* Admission, adjustment, device,
 implanted, hearing device
 ileostomy device Z46.89
 intestinal appliance or device NEC Z46.89

Admission — *continued*

adjustment — *continued*
 neuropacemaker (brain) (peripheral nerve) (spinal
 cord) Z46.2
 implanted Z45.42
 orthodontic device Z46.4
 orthopedic (brace) (cast) (device) (shoes) Z46.89
 pacemaker (cardiac resynchronization therapy (CRT-
 P))
 cardiac Z45.018
 pulse generator Z45.010
 nervous system Z46.2
 implanted Z45.42
 portacath (port-a-cath) Z45.2
 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 NEC Z44.8
 spectacles Z46.0
 aftercare — *see also* Aftercare Z51.89
 postpartum
 immediately after delivery Z39.0
 routine follow-up Z39.2
 radiation therapy (antineoplastic) Z51.0
 attention to artificial opening (of) Z43.9
 artificial vagina Z43.7
 colostomy Z43.3
 cystostomy Z43.5
 enterostomy Z43.4
 gastrostomy Z43.1
 ileostomy Z43.2
 jejunostomy Z43.4
 nephrostomy Z43.6
 specified site NEC Z43.8
 intestinal tract Z43.4
 urinary tract Z43.6
 tracheostomy Z43.0
 ureterostomy Z43.6
 urethroostomy Z43.6
 breast augmentation or reduction Z41.1
 breast reconstruction following mastectomy Z42.1
 change of
 dressing (nonsurgical) Z48.00
 neuropacemaker device (brain) (peripheral nerve)
 (spinal cord) Z46.2
 implanted Z45.42
 surgical dressing Z48.01
 circumcision, ritual or routine (in absence of diagnosis)
 Z41.2
 clinical research investigation (control) (normal com-
 parison) (participant) Z00.6
 contraceptive management Z30.9
 cosmetic surgery NEC Z41.1
 counseling — *see also* Counseling
 dietary Z71.3
 gestational carrier Z31.7
 HIV Z71.7
 human immunodeficiency virus Z71.7
 nonattending third party Z71.0
 procreative management NEC Z31.69
 delivery, full-term, uncomplicated O80
 cesarean, without indication O82
 desensitization to allergens Z51.6
 dietary surveillance and counseling Z71.3
 ear piercing Z41.3
 examination at health care facility (adult) — *see also*
 Examination Z00.00
 with abnormal findings Z00.01
 clinical research investigation (control) (normal
 comparison) (participant) Z00.6
 dental Z01.20
 with abnormal findings Z01.21
 donor (potential) Z00.5
 ear Z01.10
 with abnormal findings NEC Z01.118
 eye Z01.00
 with abnormal findings Z01.01
 following failed vision screening Z01.020
 with abnormal findings Z01.021
 general, specified reason NEC Z00.8
 hearing Z01.10
 with abnormal findings NEC Z01.118
 infant or child (over 28 days old) Z00.129
 with abnormal findings Z00.121
 postpartum checkup Z39.2

- D57.212 Sickle-cell/Hb-C disease with splenic sequestration** MCC HCC
Sickle-cell/Hb-C disease with splenic sequestration
- D57.213 Sickle-cell/Hb-C disease with cerebral vascular involvement** MCC HCC
Code also, if applicable, cerebral infarction (I63.-)
- D57.218 Sickle-cell/Hb-C disease with crisis with other specified complication** MCC HCC
Use additional code to identify complications, such as:
cholelithiasis (K80.-)
priapism (N48.32)
- D57.219 Sickle-cell/Hb-C disease with crisis, unspecified** MCC HCC
Sickle-cell/Hb-C disease with crisis NOS
Sickle-cell/Hb-C disease with vasoocclusive pain NOS
- D57.3 Sickle-cell trait** HCC
Hb-S trait
Heterozygous hemoglobin S
DEF: Heterozygous genetic makeup characterized by one gene for normal hemoglobin and one for sickle-cell hemoglobin. The clinical disease is rarely present.
- √ 5th **D57.4 Sickle-cell thalassemia**
Sickle-cell beta thalassemia
Thalassemia Hb-S disease
AHA: 2020,4Q,6-7
- D57.40 Sickle-cell thalassemia without crisis** HCC
Microdrepanocytosis
Sickle-cell thalassemia NOS
- √ 6th **D57.41 Sickle-cell thalassemia, unspecified, with crisis**
Sickle-cell thalassemia with (painful) crisis NOS
Sickle-cell thalassemia with vasoocclusive pain NOS
- D57.411 Sickle-cell thalassemia, unspecified, with acute chest syndrome** MCC HCC
- D57.412 Sickle-cell thalassemia, unspecified, with splenic sequestration** MCC HCC
- D57.413 Sickle-cell thalassemia, unspecified, with cerebral vascular involvement** MCC HCC
Code also, if applicable cerebral infarction (I63.-)
- D57.418 Sickle-cell thalassemia, unspecified, with crisis with other specified complication** MCC HCC
Use additional code to identify complications, such as:
cholelithiasis (K80.-)
priapism (N48.32)
- D57.419 Sickle-cell thalassemia, unspecified, with crisis** MCC HCC
Sickle-cell thalassemia with (painful) crisis NOS
Sickle-cell thalassemia with vasoocclusive pain NOS
- D57.42 Sickle-cell thalassemia beta zero without crisis** HCC
HbS-beta zero without crisis
Sickle-cell beta zero without crisis
- √ 6th **D57.43 Sickle-cell thalassemia beta zero with crisis**
HbS-beta zero with crisis
Sickle-cell beta zero with crisis
- D57.431 Sickle-cell thalassemia beta zero with acute chest syndrome** MCC HCC
HbS-beta zero with acute chest syndrome
Sickle-cell beta zero with acute chest syndrome
- D57.432 Sickle-cell thalassemia beta zero with splenic sequestration** MCC HCC
HbS-beta zero with splenic sequestration
Sickle-cell beta zero with splenic sequestration
- D57.433 Sickle-cell thalassemia beta zero with cerebral vascular involvement** MCC HCC
HbS-beta zero with cerebral vascular involvement
Sickle-cell beta zero with cerebral vascular involvement
Code also, if applicable cerebral infarction (I63.-)
- D57.438 Sickle-cell thalassemia beta zero with crisis with other specified complication** MCC HCC
HbS-beta zero with other specified complication
Sickle-cell beta zero with other specified complication
Use additional code to identify complications, such as:
cholelithiasis (K80.-)
priapism (N48.32)
- D57.439 Sickle-cell thalassemia beta zero with crisis, unspecified** MCC HCC
HbS-beta zero with other specified complication
Sickle-cell beta zero with crisis unspecified
Sickle-cell thalassemia beta zero with (painful) crisis NOS
Sickle-cell thalassemia beta zero with vasoocclusive pain NOS
- D57.44 Sickle-cell thalassemia beta plus without crisis** HCC
HbS-beta plus without crisis
Sickle-cell beta plus without crisis
- √ 6th **D57.45 Sickle-cell thalassemia beta plus with crisis**
HbS-beta plus with crisis
Sickle-cell beta plus with crisis
- D57.451 Sickle-cell thalassemia beta plus with acute chest syndrome** MCC HCC
HbS-beta plus with acute chest syndrome
Sickle-cell beta plus with acute chest syndrome
- D57.452 Sickle-cell thalassemia beta plus with splenic sequestration** MCC HCC
HbS-beta plus with splenic sequestration
Sickle-cell beta plus with splenic sequestration
- D57.453 Sickle-cell thalassemia beta plus with cerebral vascular involvement** MCC HCC
HbS-beta plus with cerebral vascular involvement
Sickle-cell beta plus with cerebral vascular involvement
Code also, if applicable cerebral infarction (I63.-)
- D57.458 Sickle-cell thalassemia beta plus with crisis with other specified complication** MCC HCC
HbS-beta plus with crisis with other specified complication
Sickle-cell beta plus with crisis with other specified complication
Use additional code to identify complications, such as:
cholelithiasis (K80.-)
priapism (N48.32)
- D57.459 Sickle-cell thalassemia beta plus with crisis, unspecified** MCC HCC
HbS-beta plus with crisis with unspecified complication
Sickle-cell beta plus with crisis with unspecified complication
Sickle-cell thalassemia beta plus with (painful) crisis NOS
Sickle-cell thalassemia beta plus with vasoocclusive pain NOS

- G45.4 **Transient global amnesia**
EXCLUDES 1 amnesia NOS (R41.3)
- G45.8 **Other transient cerebral ischemic attacks and related syndromes** CC
- G45.9 **Transient cerebral ischemic attack, unspecified** CC
Spasm of cerebral artery
TIA
Transient cerebral ischemia NOS
- √4# **G46 Vascular syndromes of brain in cerebrovascular diseases**
Code first underlying cerebrovascular disease (I60-I69)
- G46.0 **Middle cerebral artery syndrome** CC
- G46.1 **Anterior cerebral artery syndrome** CC
- G46.2 **Posterior cerebral artery syndrome** CC
- G46.3 **Brain stem stroke syndrome**
Benedikt syndrome
Claude syndrome
Foville syndrome
Millard-Gubler syndrome
Wallenberg syndrome
Weber syndrome
- G46.4 **Cerebellar stroke syndrome**
- G46.5 **Pure motor lacunar syndrome**
- G46.6 **Pure sensory lacunar syndrome**
- G46.7 **Other lacunar syndromes**
- G46.8 **Other vascular syndromes of brain in cerebrovascular diseases**
- √4# **G47 Sleep disorders**
EXCLUDES 2 nightmares (F51.5)
nonorganic sleep disorders (F51.-)
sleep terrors (F51.4)
sleepwalking (F51.3)
- √5# **G47.0 Insomnia**
EXCLUDES 2 alcohol related insomnia (F10.182, F10.282, F10.982)
drug-related insomnia (F11.182, F11.282, F11.982, F13.182, F13.282, F13.982, F14.182, F14.282, F14.982, F15.182, F15.282, F15.982, F19.182, F19.282, F19.982)
idiopathic insomnia (F51.01)
insomnia due to a mental disorder (F51.05)
insomnia not due to a substance or known physiological condition (F51.0-)
nonorganic insomnia (F51.0-)
primary insomnia (F51.01)
sleep apnea (G47.3-)
- G47.00 **Insomnia, unspecified**
Insomnia NOS
- G47.01 **Insomnia due to medical condition**
Code also associated medical condition
- G47.09 **Other insomnia**
- √5# **G47.1 Hypersomnia**
EXCLUDES 2 alcohol-related hypersomnia (F10.182, F10.282, F10.982)
drug-related hypersomnia (F11.182, F11.282, F11.982, F13.182, F13.282, F13.982, F14.182, F14.282, F14.982, F15.182, F15.282, F15.982, F19.182, F19.282, F19.982)
hypersomnia due to a mental disorder (F51.13)
hypersomnia not due to a substance or known physiological condition (F51.1-)
primary hypersomnia (F51.11)
sleep apnea (G47.3-)
- G47.10 **Hypersomnia, unspecified**
Hypersomnia NOS
- G47.11 **Idiopathic hypersomnia with long sleep time**
Idiopathic hypersomnia NOS
- G47.12 **Idiopathic hypersomnia without long sleep time**
- G47.13 **Recurrent hypersomnia**
Kleine-Levin syndrome
Menstrual related hypersomnia
- G47.14 **Hypersomnia due to medical condition**
Code also associated medical condition
- G47.19 **Other hypersomnia**

- √5# **G47.2 Circadian rhythm sleep disorders**
Disorders of the sleep wake schedule
Inversion of nyctohemeral rhythm
Inversion of sleep rhythm
DEF: Circadian rhythm: Daily cycle (24-hour period) of physical, mental, and behavioral changes. It is largely influenced by environmental cues, such as changes in light or temperature.
Synonym(s): sleep/wake cycle.
- G47.20 **Circadian rhythm sleep disorder, unspecified type**
Sleep wake schedule disorder NOS
- G47.21 **Circadian rhythm sleep disorder, delayed sleep phase type**
Delayed sleep phase syndrome
- G47.22 **Circadian rhythm sleep disorder, advanced sleep phase type**
- G47.23 **Circadian rhythm sleep disorder, irregular sleep wake type**
Irregular sleep-wake pattern
- G47.24 **Circadian rhythm sleep disorder, free running type**
Circadian rhythm sleep disorder, non-24-hour sleep-wake type
- G47.25 **Circadian rhythm sleep disorder, jet lag type**
- G47.26 **Circadian rhythm sleep disorder, shift work type**
- G47.27 **Circadian rhythm sleep disorder in conditions classified elsewhere**
Code first underlying condition
- G47.29 **Other circadian rhythm sleep disorder**
- √5# **G47.3 Sleep apnea**
Code also any associated underlying condition
EXCLUDES 1 apnea NOS (R06.81)
Cheyne-Stokes breathing (R06.3)
pickwickian syndrome (E66.2)
sleep apnea of newborn (P28.3)
- G47.30 **Sleep apnea, unspecified**
Sleep apnea NOS
- G47.31 **Primary central sleep apnea**
Idiopathic central sleep apnea
- G47.32 **High altitude periodic breathing**
- G47.33 **Obstructive sleep apnea (adult) (pediatric)**
Obstructive sleep apnea hypopnea
EXCLUDES 1 obstructive sleep apnea of newborn (P28.3)
- G47.34 **Idiopathic sleep related nonobstructive alveolar hypoventilation**
Sleep related hypoxia
- G47.35 **Congenital central alveolar hypoventilation syndrome**
- G47.36 **Sleep related hypoventilation in conditions classified elsewhere**
Sleep related hypoxemia in conditions classified elsewhere
Code first underlying condition
- G47.37 **Central sleep apnea in conditions classified elsewhere**
Code first underlying condition
- G47.39 **Other sleep apnea**
- √5# **G47.4 Narcolepsy and cataplexy**
- √6# **G47.41 Narcolepsy**
G47.411 **Narcolepsy with cataplexy**
G47.419 **Narcolepsy without cataplexy**
Narcolepsy NOS
- √6# **G47.42 Narcolepsy in conditions classified elsewhere**
Code first underlying condition
G47.421 **Narcolepsy in conditions classified elsewhere with cataplexy**
G47.429 **Narcolepsy in conditions classified elsewhere without cataplexy**
- √5# **G47.5 Parasomnia**
EXCLUDES 1 alcohol induced parasomnia (F10.182, F10.282, F10.982)
drug induced parasomnia (F11.182, F11.282, F11.982, F13.182, F13.282, F13.982, F14.182, F14.282, F14.982, F15.182, F15.282, F15.982, F19.182, F19.282, F19.982)
parasomnia not due to a substance or known physiological condition (F51.8)
- G47.50 **Parasomnia, unspecified**
Parasomnia NOS
- G47.51 **Confusional arousals**

✓4th L90 Atrophic disorders of skin

L90.0 Lichen sclerosus et atrophicus

EXCLUDES 2 lichen sclerosus of external female genital organs (N90.4)
lichen sclerosus of external male genital organs (N48.0)

L90.1 Anetoderma of Schwenger-Buzzi

L90.2 Anetoderma of Jadassohn-Pellizzari

L90.3 Atrophoderma of Pasini and Pierini

L90.4 Acrodermatitis chronica atrophicans

L90.5 Scar conditions and fibrosis of skin

Adherent scar (skin)
Cicatrix
Disfigurement of skin due to scar
Fibrosis of skin NOS
Scar NOS

EXCLUDES 2 hypertrophic scar (L91.0)
keloid scar (L91.0)

AHA: 2016,2Q,5; 2015,1Q,19

L90.6 Striae atrophicae

L90.8 Other atrophic disorders of skin

L90.9 Atrophic disorder of skin, unspecified

✓4th L91 Hypertrophic disorders of skin

L91.0 Hypertrophic scar

Keloid
Keloid scar

EXCLUDES 2 acne keloid (L73.0)
scar NOS (L90.5)

DEF: Overgrowth of scar tissue due to excess amounts of collagen during connective tissue repair, occurring mainly on the upper trunk and face.

L91.8 Other hypertrophic disorders of the skin

L91.9 Hypertrophic disorder of the skin, unspecified

✓4th L92 Granulomatous disorders of skin and subcutaneous tissue

EXCLUDES 2 actinic granuloma (L57.5)

L92.0 Granuloma annulare

Perforating granuloma annulare

L92.1 Necrobiosis lipoidica, not elsewhere classified

EXCLUDES 1 necrobiosis lipoidica associated with diabetes mellitus (E08-E13 with .620)

L92.2 Granuloma faciale [eosinophilic granuloma of skin]

L92.3 Foreign body granuloma of the skin and subcutaneous tissue

Use additional code to identify the type of retained foreign body (Z18.-)

L92.8 Other granulomatous disorders of the skin and subcutaneous tissue

L92.9 Granulomatous disorder of the skin and subcutaneous tissue, unspecified

EXCLUDES 2 umbilical granuloma (P83.81)

AHA: 2017,4Q,21-22

✓4th L93 Lupus erythematosus

Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

EXCLUDES 1 lupus exedens (A18.4)
lupus vulgaris (A18.4)
scleroderma (M34.-)
systemic lupus erythematosus (M32.-)

DEF: Inflammatory, autoimmune skin condition in which the body's autoimmune system attacks healthy tissue of the integumentary system.

L93.0 Discoid lupus erythematosus

Lupus erythematosus NOS

L93.1 Subacute cutaneous lupus erythematosus

L93.2 Other local lupus erythematosus

Lupus erythematosus profundus
Lupus panniculitis

✓4th L94 Other localized connective tissue disorders

EXCLUDES 1 systemic connective tissue disorders (M30-M36)

L94.0 Localized scleroderma [morphea]

Circumscribed scleroderma

L94.1 Linear scleroderma

En coup de sabre lesion

L94.2 Calcinosis cutis

L94.3 Sclerodactyly

L94.4 Gottron's papules

L94.5 Poikiloderma vasculare atrophicans

L94.6 Ainhum

L94.8 Other specified localized connective tissue disorders

L94.9 Localized connective tissue disorder, unspecified

✓4th L95 Vasculitis limited to skin, not elsewhere classified

EXCLUDES 1 angioma serpiginosum (L81.7)
Henoch(-Schönlein) purpura (D69.0)
hypersensitivity angiitis (M31.0)
lupus panniculitis (L93.2)
panniculitis NOS (M79.3)
panniculitis of neck and back (M54.0-)
polyarteritis nodosa (M30.0)
relapsing panniculitis (M35.6)
rheumatoid vasculitis (M05.2)
serum sickness (T80.6-)
urticaria (L50.-)
Wegener's granulomatosis (M31.3-)

L95.0 Livedoid vasculitis

Atrophie blanche (en plaque)

L95.1 Erythema elevatum diutinum

L95.8 Other vasculitis limited to the skin

L95.9 Vasculitis limited to the skin, unspecified

✓4th L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified

INCLUDES chronic ulcer of skin of lower limb NOS
non-healing ulcer of skin
non-infected sinus of skin
trophic ulcer NOS
tropical ulcer NOS
ulcer of skin of lower limb NOS

Code first any associated underlying condition, such as:

any associated gangrene (I96)
atherosclerosis of the lower extremities (I70.23-, I70.24-, I70.33-, I70.34-, I70.43-, I70.44-, I70.53-, I70.54-, I70.63-, I70.64-, I70.73-, I70.74-)

chronic venous hypertension (I87.31-, I87.33-)
diabetic ulcers (E08.621, E08.622, E09.621, E09.622, E10.621, E10.622, E11.621, E11.622, E13.621, E13.622)
postphlebotic syndrome (I87.01-, I87.03-)
postthrombotic syndrome (I87.01-, I87.03-)
varicose ulcer (I83.0-, I83.2-)

EXCLUDES 2 pressure ulcer (pressure area) (L89.-)
skin infections (L00-L08)
specific infections classified to A00-B99

AHA: 2021,1Q,7; 2020,2Q,19; 2018,4Q,69; 2017,4Q,17

TIP: The depth and/or severity of a diagnosed nonpressure ulcer can be determined based on medical record documentation from clinicians who are not the patient's provider.

TIP: Assign a code from this category/subcategory for nonpressure ulcers documented as acute.

✓6th L97.1 Non-pressure chronic ulcer of thigh

✓6th L97.10 Non-pressure chronic ulcer of unspecified thigh

L97.101 Non-pressure chronic ulcer of unspecified thigh limited to breakdown of skin

L97.102 Non-pressure chronic ulcer of unspecified thigh with fat layer exposed

L97.103 Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle

L97.104 Non-pressure chronic ulcer of unspecified thigh with necrosis of bone

L97.105 Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis

L97.106 Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis

L97.108 Non-pressure chronic ulcer of unspecified thigh with other specified severity

L97.109 Non-pressure chronic ulcer of unspecified thigh with unspecified severity

✓6th L97.11 Non-pressure chronic ulcer of right thigh

L97.111 Non-pressure chronic ulcer of right thigh limited to breakdown of skin

L97.112 Non-pressure chronic ulcer of right thigh with fat layer exposed

Z04.89 Encounter for examination and observation for other specified reasons

Z04.9 Encounter for examination and observation for unspecified reason UPD
Encounter for observation NOS

Z05 Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out UPD
This category is to be used for newborns, within the neonatal period (the first 28 days of life), who are suspected of having an abnormal condition, but without signs or symptoms, and which, after examination and observation, is ruled out.
AHA: 2017,4Q,27; 2016,4Q,77

Z05.0 Observation and evaluation of newborn for suspected cardiac condition ruled out N

Z05.1 Observation and evaluation of newborn for suspected infectious condition ruled out N
AHA: 2019,2Q,10

Z05.2 Observation and evaluation of newborn for suspected neurological condition ruled out N

Z05.3 Observation and evaluation of newborn for suspected respiratory condition ruled out N

Z05.4 Observation and evaluation of newborn for suspected genetic, metabolic or immunologic condition ruled out UPD

Z05.41 Observation and evaluation of newborn for suspected genetic condition ruled out N
AHA: 2016,4Q,55

Z05.42 Observation and evaluation of newborn for suspected metabolic condition ruled out N

Z05.43 Observation and evaluation of newborn for suspected immunologic condition ruled out N

Z05.5 Observation and evaluation of newborn for suspected gastrointestinal condition ruled out N

Z05.6 Observation and evaluation of newborn for suspected genitourinary condition ruled out N

Z05.7 Observation and evaluation of newborn for suspected skin, subcutaneous, musculoskeletal and connective tissue condition ruled out UPD

Z05.71 Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out N

Z05.72 Observation and evaluation of newborn for suspected musculoskeletal condition ruled out N

Z05.73 Observation and evaluation of newborn for suspected connective tissue condition ruled out N

Z05.8 Observation and evaluation of newborn for other specified suspected condition ruled out N

Z05.9 Observation and evaluation of newborn for unspecified suspected condition ruled out N

Z08 Encounter for follow-up examination after completed treatment for malignant neoplasm UPD
Medical surveillance following completed treatment
Use additional code to identify any acquired absence of organs (Z90.-)
Use additional code to identify the personal history of malignant neoplasm (Z85.-)
EXCLUDES 1 aftercare following medical care (Z43-Z49, Z51)
AHA: 2020,3Q,30

Z09 Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm UPD
Medical surveillance following completed treatment
Use additional code to identify any applicable history of disease code (Z86.-, Z87.-)
EXCLUDES 1 aftercare following medical care (Z43-Z49, Z51)
surveillance of contraception (Z30.4-)
surveillance of prosthetic and other medical devices (Z44-Z46)
AHA: 2021,1Q,33; 2020,2Q,10; 2017,1Q,9; 2015,1Q,8

Z11 Encounter for screening for infectious and parasitic diseases UPD
Screening is the testing for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease.
EXCLUDES 1 encounter for diagnostic examination - code to sign or symptom

Z11.0 Encounter for screening for intestinal infectious diseases UPD

Z11.1 Encounter for screening for respiratory tuberculosis UPD
Encounter for screening for active tuberculosis disease

Z11.2 Encounter for screening for other bacterial diseases UPD

Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission UPD
EXCLUDES 2 encounter for screening for human immunodeficiency virus [HIV] (Z11.4)
encounter for screening for human papillomavirus (Z11.51)

Z11.4 Encounter for screening for human immunodeficiency virus [HIV] UPD

Z11.5 Encounter for screening for other viral diseases UPD
EXCLUDES 2 encounter for screening for viral intestinal disease (Z11.0)

Z11.51 Encounter for screening for human papillomavirus (HPV) UPD

Z11.52 Encounter for screening for COVID-19 UPD
AHA: 2021,1Q,27,37,41
TIP: This code is not appropriate for use during the pandemic phase of COVID-19. Use Z20.822 Contact with or (suspected) exposure to COVID-19, instead.

Z11.59 Encounter for screening for other viral diseases UPD
AHA: 2020,3Q,14

Z11.6 Encounter for screening for other protozoal diseases and helminthiasis UPD
EXCLUDES 2 encounter for screening for protozoal intestinal disease (Z11.0)

Z11.7 Encounter for testing for latent tuberculosis infection UPD
AHA: 2019,4Q,20

Z11.8 Encounter for screening for other infectious and parasitic diseases UPD
Encounter for screening for chlamydia
Encounter for screening for rickettsial
Encounter for screening for spirochetal
Encounter for screening for mycoses

Z11.9 Encounter for screening for infectious and parasitic diseases, unspecified UPD

Z12 Encounter for screening for malignant neoplasms UPD
Screening is the testing for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease.
Use additional code to identify any family history of malignant neoplasm (Z80.-)
EXCLUDES 1 encounter for diagnostic examination - code to sign or symptom

Z12.0 Encounter for screening for malignant neoplasm of stomach UPD

Z12.1 Encounter for screening for malignant neoplasm of intestinal tract UPD
AHA: 2017,1Q,8,9

Z12.10 Encounter for screening for malignant neoplasm of intestinal tract, unspecified UPD

Z12.11 Encounter for screening for malignant neoplasm of colon UPD
Encounter for screening colonoscopy NOS
AHA: 2019,1Q,32-33; 2018,1Q,6

Z12.12 Encounter for screening for malignant neoplasm of rectum UPD
AHA: 2018,1Q,6

Z12.13 Encounter for screening for malignant neoplasm of small intestine UPD

Z12.2 Encounter for screening for malignant neoplasm of respiratory organs UPD

Z12.3 Encounter for screening for malignant neoplasm of breast UPD

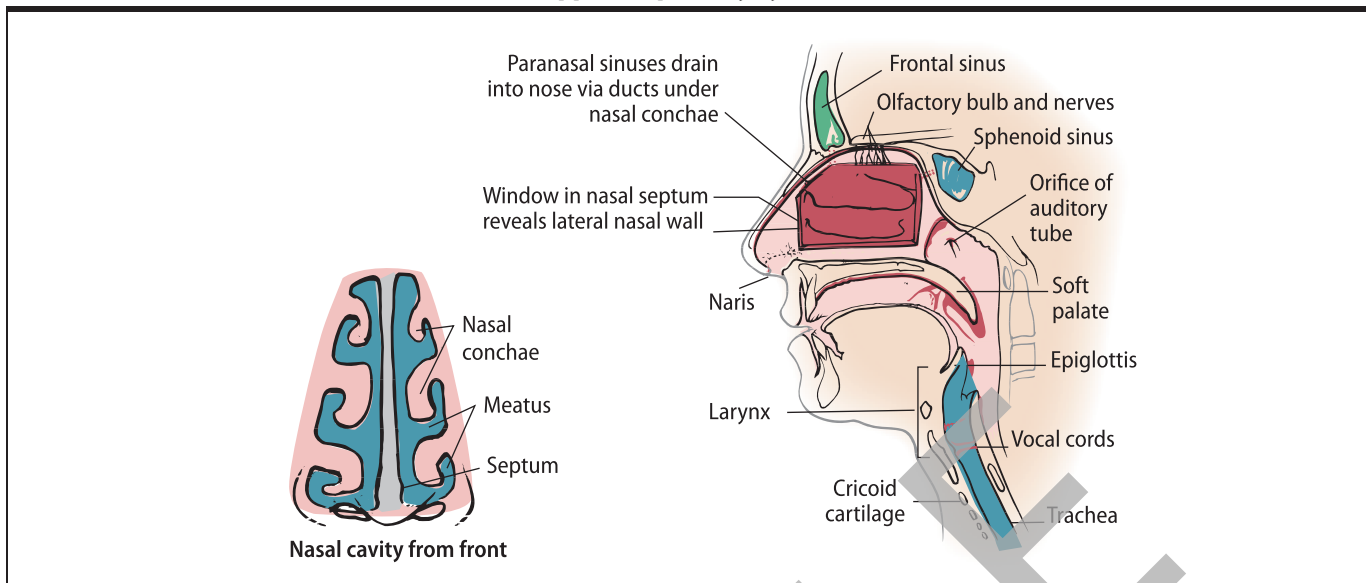
Z12.31 Encounter for screening mammogram for malignant neoplasm of breast UPD
EXCLUDES 1 inconclusive mammogram (R92.2)
AHA: 2015,1Q,24

Z12.39 Encounter for other screening for malignant neoplasm of breast UPD

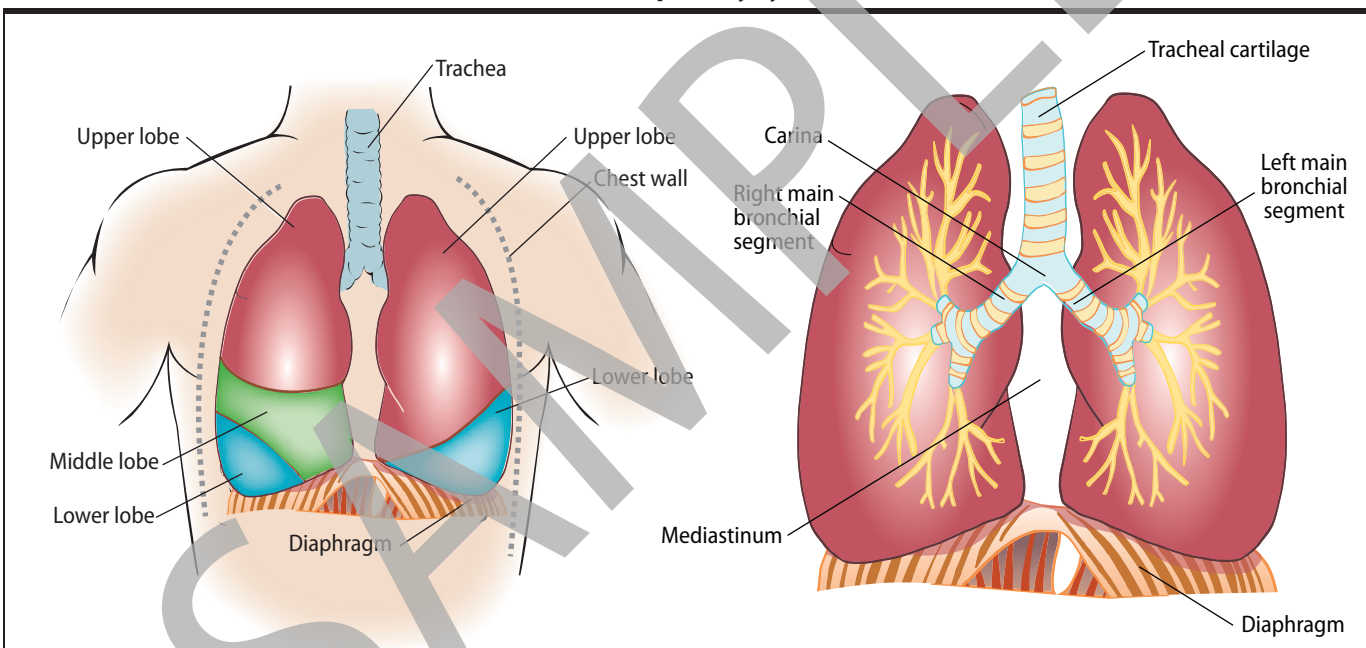
Z12.4 Encounter for screening for malignant neoplasm of cervix UPD ♀
Encounter for screening pap smear for malignant neoplasm of cervix
EXCLUDES 1 when screening is part of general gynecological examination (Z01.4-)
EXCLUDES 2 encounter for screening for human papillomavirus (Z11.51)

Z12.5 Encounter for screening for malignant neoplasm of prostate ♂

Upper Respiratory System



Lower Respiratory System



Paranasal Sinuses

