Optum

Professional

ICD-10-CM Professional for Physicians

The complete official code set
Codes valid from October 1, 2024 through September 30, 2025

2025

optumcoding.com

Contents

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.

Optum 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 2023.

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.

> ☑5ᵗʰ **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.

> ☑5ᵗʰ **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.

Changes to ICD-10-CM codes since the last published edition of this manual are highlighted in two ways:

The following green icons identify new or revised codes effective April 1, 2024:

● **New Code — Midyear**

▲ **Revised Code — Midyear**

The following black icons identify new or revised codes effective October 1, 2024:

● **New Code**

▲ **Revised Code**

☑ **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.

> ☑5ᵗʰ **H60.3 Other infective otitis externa**
> ☑6ᵗʰ **H60.31 Diffuse otitis externa**
> **H60.311 Diffuse otitis externa, right ear**
> **H60.312 Diffuse otitis externa, left ear**
> **H60.313 Diffuse otitis externa, bilateral**
> **H60.319 Diffuse otitis externa, unspecified ear**

☑x7ᵗʰ **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).

> ☑x7ᵗʰ **T16.1 Foreign body in right ear**

Most icons in this manual, placed at the end of the code description, include official edits from the following sources:

- Integrated Outpatient Code Editor (IOCE) quarterly files
- CMS HCC risk-adjustment model
- CMS Rx-HCC risk-adjustment model
- CMS ESRD HCC risk-adjustment model
- Commercial HHS-HCC risk-adjustment model
- Merit-based Incentive Payment System (MIPS) Quality Payment Program (QPP)

In most instances, FY 2024 data from the above sources were not available at the time this book was printed. In an effort to make available the most current source information, Optum has provided a document identifying FY 2024 changes to edit designations for ICD-10-CM codes. Edit changes identified in this document may include:

- Age
- Sex
- Manifestation
- Unacceptable principal diagnosis
- CMS-HCC
- Rx-HCC
- ESRD HCC
- HHS-HCC
- Quality payment program

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–T88.9, Z00–Z99.8, and U00–U85 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.

Disorder — *continued*
  binocular — *continued*
    movement — *continued*
      convergence
        excess H51.12
        insufficiency H51.11
      internuclear ophthalmoplegia — *see* Ophthalmo-
          plegia, internuclear
      palsy of conjugate gaze H51.Ø
      specified type NEC H51.8
    vision NEC — *see* Disorder, vision, binocular
  bipolar (I) seasonal) (type I) F31.9
    and related due to a known physiological condition
        with
      manic features FØ6.33
      manic- or hypomanic-like episodes FØ6.33
      mixed features FØ6.34
    current (or most recent) episode
      depressed F31.9
        with psychotic features F31.5
        without psychotic features F31.3Ø
          mild F31.31
          moderate F31.32
          severe (without psychotic features) F31.4
            with psychotic features F31.5
      hypomanic F31.Ø
      manic F31.9
        with psychotic features F31.2
        without psychotic features F31.1Ø
          mild F31.11
          moderate F31.12
          severe (without psychotic features)
              F31.13
            with psychotic features F31.2
      mixed F31.6Ø
        mild F31.61
        moderate F31.62
        severe (without psychotic features) F31.63
          with psychotic features F31.64
        severe depression (without psychotic features)
            F31.4
          with psychotic features F31.5
    ll (type 2) F31.81
    in remission (currently) F31.7Ø
      in full remission
        most recent episode
          depressed F31.76
          hypomanic F31.72
          manic F31.74
          mixed F31.78
      in partial remission
        most recent episode
          depressed F31.75
          hypomanic F31.71
          manic F31.73
          mixed F31.77
    organic FØ6.3Ø
    single manic episode F30.9
      mild F3Ø.11
      moderate F3Ø.12
      severe (without psychotic symptoms) F3Ø.13
        with psychotic symptoms F3Ø.2
    specified NEC F31.89
  bladder N32.9
    functional NEC N31.9
    in schistosomiasis B65.Ø [N33]
    specified NEC N32.89
  bleeding D68.9
  blood D75.9
    in congenital early syphilis A5Ø.Ø9 [D77]
  body dysmorphic F45.22
  bone M89.9
    continuity M84.9
      specified type NEC M84.8Ø
        ankle M84.87- ☑
        fibula M84.86- ☑
        foot M84.87- ☑
        hand M84.84- ☑
        humerus M84.82- ☑
        neck M84.88
        pelvis M84.859
        radius M84.83- ☑
        rib M84.88
        shoulder M84.81- ☑
        skull M84.88
        thigh M84.85- ☑
        tibia M84.86- ☑
        ulna M84.83- ☑

Disorder — *continued*
  bone — *continued*
    continuity — *continued*
      specified type — *continued*
        vertebra M84.88
    density and structure M85.9
      cyst — *see also* Cyst, bone, specified type NEC
        aneurysmal — *see* Cyst, bone, aneurysmal
        solitary — *see* Cyst, bone, solitary
      diffuse idiopathic skeletal hyperostosis — *see*
          Hyperostosis, ankylosing
      fibrous dysplasia (monostotic) — *see* Dysplasia,
          fibrous, bone
      fluorosis — *see* Fluorosis, skeletal
      hyperostosis of skull M85.2
      osteitis condensans — *see* Osteitis, condensans
      specified type NEC M85.8- ☑
        ankle M85.87- ☑
        foot M85.87- ☑
        forearm M85.83- ☑
        hand M85.84- ☑
        lower leg M85.86- ☑
        multiple sites M85.89
        neck M85.88
        rib M85.88
        shoulder M85.81- ☑
        skull M85.88
        thigh M85.85- ☑
        upper arm M85.82- ☑
        vertebra M85.88
    development and growth NEC M89.2Ø
      carpus M89.24- ☑
      clavicle M89.21- ☑
      femur M89.25- ☑
      fibula M89.26- ☑
      finger M89.24- ☑
      humerus M89.22- ☑
      ilium M89.28
      ischium M89.28
      metacarpus M89.24- ☑
      metatarsus M89.27- ☑
      multiple sites M89.29
      neck M89.28
      radius M89.23- ☑
      rib M89.28
      scapula M89.21- ☑
      skull M89.28
      tarsus M89.27- ☑
      tibia M89.26- ☑
      toe M89.27- ☑
      ulna M89.23- ☑
      vertebra M89.28
    specified type NEC M89.8X- ☑
  brachial plexus G54.Ø
  branched-chain amino-acid metabolism E71.2
    specified NEC E71.19
  breast N64.9
    agalactia — *see* Agalactia
    associated with
      lactation O92.7Ø
        specified NEC O92.79
      pregnancy O92.2Ø
        specified NEC O92.29
      puerperium O92.2Ø
        specified NEC O92.29
    cracked nipple — *see* Cracked nipple
    galactorrhea — *see* Galactorrhea
    hypogalactia O92.4
    lactation disorder NEC O92.79
    mastitis — *see* Mastitis
    nipple infection — *see* Infection, nipple
    retracted nipple — *see* Retraction, nipple
    specified type NEC N64.89
  Briquet's F45.Ø
  bullous, in diseases classified elsewhere L14
  caffeine use
    mild
      with
        caffeine-induced
          anxiety disorder F15.18Ø
          sleep disorder F15.182
    moderate or severe
      with
        caffeine-induced
          anxiety disorder F15.28Ø
          sleep disorder F15.282

Disorder — *continued*
  cannabis use
    mild F12.1Ø
      with
        cannabis intoxication delirium F12.121
          with perceptual disturbances F12.122
          without perceptual disturbances F12.129
        cannabis-induced
          anxiety disorder F12.18Ø
          psychotic disorder F12.159
          sleep disorder F12.188
      in remission (early) (sustained) F12.11
    moderate or severe F12.2Ø
      with
        cannabis intoxication
          with perceptual disturbances F12.222
          without perceptual disturbances F12.229
        cannabis-induced
          anxiety disorder F12.28Ø
          psychotic disorder F12.259
          sleep disorder F12.288
        delirium F12.221
      in remission (early) (sustained) F12.21
  carbohydrate
    absorption, intestinal NEC E74.39
    metabolism (congenital) E74.9
      specified NEC E74.89
  cardiac, functional I51.89
  carnitine metabolism E71.4Ø
  cartilage M94.9
    articular NEC — *see* Derangement, joint, articular
        cartilage
    chondrocalcinosis — *see* Chondrocalcinosis
    specified type NEC M94.8X- ☑
      articular — *see* Derangement, joint, articular
          cartilage
      multiple sites M94.8XØ
  catatonia (due to known physiological condition) (with
      another mental disorder) FØ6.1
  catatonic
    due to (secondary to) known physiological condition
        FØ6.1
    organic FØ6.1
  central auditory processing H93.25
  cervical
    region NEC M53.82
    root (nerve) NEC G54.2
  character NOS F6Ø.9
  childhood disintegrative NEC F84.3
  cholesterol and bile acid metabolism E78.7Ø
    Barth syndrome E78.71
    other specified E78.79
    Smith-Lemli-Opitz syndrome E78.72
  choroid H31.9
    atrophy — *see* Atrophy, choroid
    degeneration — *see* Degeneration, choroid
    detachment — *see* Detachment, choroid
    dystrophy — *see* Dystrophy, choroid
    hemorrhage — *see* Hemorrhage, choroid
    rupture — *see* Rupture, choroid
    scar — *see* Scar, chorioretinal
    solar retinopathy — *see* Retinopathy, solar
    specified type NEC H31.8
  ciliary body — *see* Disorder, iris
    degeneration — *see* Degeneration, ciliary body
  coagulation (factor) — *see also* Defect, coagulation
      D68.9
    newborn, transient P61.6
  cocaine use
    mild F14.1Ø
      with
        amphetamine, cocaine, or other stimulant
            intoxication
          with perceptual disturbances F14.122
          without perceptual disturbances F14.129
        cocaine intoxication delirium F14.121
        cocaine-induced
          anxiety disorder F14.18Ø
          bipolar and related disorder F14.14
          depressive disorder F14.14
          obsessive-compulsive and related disor-
              der F14.188
          psychotic disorder F14.159
          sexual dysfunction F14.181
          sleep disorder F14.182
      in remission (early) (sustained) F14.11
    moderate or severe F14.2Ø

d. Primary malignancy previously excised

When a primary malignancy has been previously excised or eradicated from its site and there is no further treatment directed to that site and there is no evidence of any existing primary malignancy at that site, a code from category Z85, Personal history of malignant neoplasm, should be used to indicate the former site of the malignancy. Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site. The secondary site may be the principal or first-listed diagnosis with the Z85 code used as a secondary code.

See section I.C.2.t. Secondary malignant neoplasm of lymphoid tissue.

History of lung cancer, left upper lobectomy 18 months ago with no current treatment; MRI of the brain shows metastatic disease in the brain

C79.31   **Secondary malignant neoplasm of brain**

Z85.118   **Personal history of other malignant neoplasm of bronchus and lung**

Explanation: The patient has undergone a diagnostic procedure that revealed metastatic lung cancer in the brain. The code for the secondary (metastatic) site is sequenced first, followed by a personal history code to identify the former site of the primary malignancy.

e. Admissions/encounters involving chemotherapy, immunotherapy and radiation therapy

1) Episode of care involves surgical removal of neoplasm

When an episode of care involves the surgical removal of a neoplasm, primary or secondary site, followed by adjunct chemotherapy or radiation treatment during the same episode of care, the code for the neoplasm should be assigned as principal or first-listed diagnosis.

2) Patient admission/encounter chiefly for administration of chemotherapy, immunotherapy and radiation therapy

If a patient admission/encounter is **chiefly** for the administration of chemotherapy, immunotherapy or external beam radiation therapy assign code Z51.0, Encounter for antineoplastic radiation therapy, or Z51.11, Encounter for antineoplastic chemotherapy, or Z51.12, Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis. If a patient receives more than one of these therapies during the same admission, more than one of these codes may be assigned, in any sequence.

The malignancy for which the therapy is being administered should be assigned as a secondary diagnosis.

If a patient admission/encounter is for the insertion or implantation of radioactive elements (e.g., brachytherapy) the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis. Code Z51.0 should not be assigned.

Patient presents for second round of rituximab and fludarabine for his chronic B cell lymphocytic leukemia

Z51.11   **Encounter for antineoplastic chemotherapy**

Z51.12   **Encounter for antineoplastic immunotherapy**

C91.10   **Chronic lymphocytic leukemia of B-cell type not having achieved remission**

Explanation: Rituximab is an antineoplastic immunotherapy while fludarabine is an antineoplastic chemotherapy. The two treatments are often used together. The encounter was solely for the purpose of administering this treatment and either can be sequenced first, before the neoplastic condition.

3) Patient admitted for radiation therapy, chemotherapy or immunotherapy and develops complications

When a patient is admitted for the purpose of external beam radiotherapy, immunotherapy or chemotherapy and develops complications such as uncontrolled nausea and vomiting or dehydration, the principal or first-listed diagnosis is Z51.0, Encounter for antineoplastic radiation therapy, or Z51.11, Encounter for antineoplastic chemotherapy, or Z51.12, Encounter for antineoplastic immunotherapy followed by any codes for the complications.

When a patient is admitted for the purpose of insertion or implantation of radioactive elements (e.g., brachytherapy) and develops complications such as uncontrolled nausea and vomiting or dehydration, the principal or first-listed diagnosis is the appropriate code for the malignancy followed by any codes for the complications.

f. Admission/encounter to determine extent of malignancy

When the reason for admission/encounter is to determine the extent of the malignancy, or for a procedure such as paracentesis or thoracentesis, the primary malignancy or appropriate metastatic site is designated as the principal or first-listed diagnosis, even though chemotherapy or radiotherapy is administered.

Patient with left lung cancer with malignant pleural effusion being seen for paracentesis and initiation/administration of chemotherapy

C34.92   **Malignant neoplasm of unspecified part of left bronchus or lung**

J91.0   **Malignant pleural effusion**

Z51.11   **Encounter for antineoplastic chemotherapy**

Explanation: The lung cancer is sequenced before the chemotherapy in this instance because the paracentesis for the malignant effusion is also being performed. An instructional note under the malignant effusion instructs that the lung cancer be sequenced first.

g. Symptoms, signs, and abnormal findings listed in Chapter 18 associated with neoplasms

Symptoms, signs, and ill-defined conditions listed in Chapter 18 characteristic of, or associated with, an existing primary or secondary site malignancy cannot be used to replace the malignancy as principal or first-listed diagnosis, regardless of the number of admissions or encounters for treatment and care of the neoplasm.

See Section I.C.21. Factors influencing health status and contact with health services, Encounter for prophylactic organ removal.

h. Admission/encounter for pain control/management

See Section I.C.6. for information on coding admission/encounter for pain control/management.

i. Malignancy in two or more noncontiguous sites

A patient may have more than one malignant tumor in the same organ. These tumors may represent different primaries or metastatic disease, depending on the site. Should the documentation be unclear, the provider should be queried as to the status of each tumor so that the correct codes can be assigned.

j. Disseminated malignant neoplasm, unspecified

Code C80.0, Disseminated malignant neoplasm, unspecified, is for use only in those cases where the patient has advanced metastatic disease and no known primary or secondary sites are specified. It should not be used in place of assigning codes for the primary site and all known secondary sites.

k. Malignant neoplasm without specification of site

Code C80.1, Malignant (primary) neoplasm, unspecified, equates to Cancer, unspecified. This code should only be used when no determination can be made as to the primary site of a malignancy. This code should rarely be used in the inpatient setting.

Evaluation of painful hip leads to diagnosis of a metastatic bone lesion from an unknown primary neoplasm source

C79.51   **Secondary malignant neoplasm of bone**

C80.1   **Malignant (primary) neoplasm, unspecified**

Explanation: If only the secondary site is known, use code C80.1 for the unknown primary site.

l. Sequencing of neoplasm codes

1) Encounter for treatment of primary malignancy

If the reason for the encounter is for treatment of a primary malignancy, assign the malignancy as the principal/first-listed diagnosis. The primary site is to be sequenced first, followed by any metastatic sites.

2) Encounter for treatment of secondary malignancy

When an encounter is for a primary malignancy with metastasis and treatment is directed toward the metastatic (secondary) site(s) only, the metastatic site(s) is designated as the principal/first-listed diagnosis. The primary malignancy is coded as an additional code.

✔4th **D83 Common variable immunodeficiency**

  D83.Ø Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function `HCC` `Rx` `ESR` `COM` `Q`

  D83.1 Common variable immunodeficiency with predominant immunoregulatory T-cell disorders `HCC` `Rx` `ESR` `COM` `Q`

  D83.2 Common variable immunodeficiency with autoantibodies to B- or T-cells `HCC` `Rx` `ESR` `COM` `Q`

  D83.8 Other common variable immunodeficiencies `HCC` `Rx` `ESR` `COM` `Q`

  D83.9 Common variable immunodeficiency, unspecified `HCC` `Rx` `ESR` `COM` `Q`

✔4th **D84 Other immunodeficiencies**

  D84.Ø Lymphocyte function antigen-1 [LFA-1] defect `HCC` `Rx` `ESR` `COM` `Q`

  D84.1 Defects in the complement system `HCC` `Rx` `ESR` `COM` `Q`
    C1 esterase inhibitor [C1-INH] deficiency

✔5th **D84.8 Other specified immunodeficiencies**
    AHA: 2020,4Q,10-12

    D84.81 *Immunodeficiency due to conditions classified elsewhere* `HCC` `Rx` `ESR` `COM` `Q`
      Code first underlying condition, such as:
        chromosomal abnormalities (Q9Ø-Q99)
        diabetes mellitus (EØ8-E13)
        malignant neoplasms (CØØ-C96)
        EXCLUDES 1   *certain disorders involving the immune mechanism (D8Ø-D83, D84.Ø, D84.1, D84.9)*
          human immunodeficiency virus [HIV] disease (B2Ø)
      AHA: 2021,1Q,52

    ✔6th **D84.82 Immunodeficiency due to drugs and external causes**

      D84.821 Immunodeficiency due to drugs `HCC` `Rx` `ESR` `COM` `Q`
        Immunodeficiency due to (current or past) medication
        Use additional code for adverse effect if applicable, to identify adverse effect of drug (T36-T5Ø with fifth or six character 5)
        Use additional code, if applicable, for associated long term (current) drug therapy drug or medication such as:
        long term (current) drug therapy systemic steroids (Z79.52)
        other long term (current) drug therapy (Z79.899)

      D84.822 Immunodeficiency due to external causes `HCC` `Rx` `ESR` `COM` `Q`
        Code also, if applicable, radiological procedure and radiotherapy (Y84.2)
        Use additional code for external cause such as:
        exposure to ionizing radiation (W88)

    D84.89 Other immunodeficiencies `HCC` `Rx` `ESR` `COM` `Q`

  D84.9 Immunodeficiency, unspecified `HCC` `Rx` `ESR` `COM` `Q`
    Immunocompromised NOS
    Immunodeficient NOS
    Immunosuppressed NOS
    AHA: 2020,4Q,10

✔4th **D86 Sarcoidosis**
  DEF: Clustering of immune cells resulting in granuloma formation. Often affects the lungs and lymphatic system but can occur in other body sites.

  D86.Ø Sarcoidosis of lung `HCC` `Rx` `ESR` `COM`

  D86.1 Sarcoidosis of lymph nodes

  D86.2 Sarcoidosis of lung with sarcoidosis of lymph nodes `HCC` `Rx` `ESR` `COM`

  D86.3 Sarcoidosis of skin

✔5th **D86.8 Sarcoidosis of other sites**

    D86.81 Sarcoid meningitis `COM`

    D86.82 Multiple cranial nerve palsies in sarcoidosis `HCC` `Rx` `ESR` `COM`

    D86.83 Sarcoid iridocyclitis

    D86.84 Sarcoid pyelonephritis
      Tubulo-interstitial nephropathy in sarcoidosis

    D86.85 Sarcoid myocarditis `COM`

    D86.86 Sarcoid arthropathy
      Polyarthritis in sarcoidosis

    D86.87 Sarcoid myositis

    D86.89 Sarcoidosis of other sites
      Hepatic granuloma
      Uveoparotid fever [Heerfordt]

  D86.9 Sarcoidosis, unspecified

✔4th **D89 Other disorders involving the immune mechanism, not elsewhere classified**
    EXCLUDES 1   *hyperglobulinemia NOS (R77.1)*
      monoclonal gammopathy (of undetermined significance) (D47.2)
    EXCLUDES 2   *transplant failure and rejection (T86.-)*

  D89.Ø Polyclonal hypergammaglobulinemia `Rx`
    Benign hypergammaglobulinemic purpura
    Polyclonal gammopathy NOS

  D89.1 Cryoglobulinemia `HCC` `Rx` `ESR`
    Cryoglobulinemic purpura
    Cryoglobulinemic vasculitis
    Essential cryoglobulinemia
    Idiopathic cryoglobulinemia
    Mixed cryoglobulinemia
    Primary cryoglobulinemia
    Secondary cryoglobulinemia

  D89.2 Hypergammaglobulinemia, unspecified

  D89.3 Immune reconstitution syndrome `HCC` `Rx` `ESR` `COM` `Q`
    Immune reconstitution inflammatory syndrome [IRIS]
    Use additional code for adverse effect, if applicable, to identify drug (T36-T5Ø with fifth or sixth character 5)

✔5th **D89.4 Mast cell activation syndrome and related disorders**
    EXCLUDES 1   *aggressive systemic mastocytosis (C96.21)*
      congenital cutaneous mastocytosis (Q82.2)
      (non-congenital) cutaneous mastocytosis (D47.Ø1)
      (indolent) systemic mastocytosis (D47.Ø2)
      malignant mast cell neoplasm (C96.2-)
      malignant mastocytoma (C96.29)
      mast cell leukemia (C94.3-)
      mast cell sarcoma (C96.22)
      mastocytoma NOS (D47.Ø9)
      other mast cell neoplasms of uncertain behavior (D47.Ø9)
      systemic mastocytosis associated with a clonal hematologic non-mast cell lineage disease (SM-AHNMD) (D47.Ø2)
    AHA: 2016,4Q,11

    D89.4Ø Mast cell activation, unspecified `HCC` `Rx` `ESR` `COM`
      Mast cell activation disorder, unspecified
      Mast cell activation syndrome, NOS

    D89.41 Monoclonal mast cell activation syndrome `HCC` `Rx` `ESR` `COM`

    D89.42 Idiopathic mast cell activation syndrome `HCC` `Rx` `ESR` `COM`

    D89.43 Secondary mast cell activation `HCC` `Rx` `ESR` `COM`
      Secondary mast cell activation syndrome
      Code also underlying etiology, if known

    D89.44 Hereditary alpha tryptasemia `HCC` `Rx` `ESR` `COM`
      Use additional code, if applicable, for:
        allergy status, other than to drugs and biological substances (Z91.Ø-)
        personal history of anaphylaxis (Z87.892)
      AHA: 2021,4Q,8

    D89.49 Other mast cell activation disorder `HCC` `Rx` `ESR` `COM`
      Other mast cell activation syndrome

✔5th **D89.8 Other specified disorders involving the immune mechanism, not elsewhere classified**

    ✔6th **D89.81 Graft-versus-host disease**
      Code first underlying cause, such as:
        complications of blood transfusion (T8Ø.89)
        complications of transplanted organs and tissue (T86.-)
      Use additional code to identify associated manifestations, such as:
        desquamative dermatitis (L3Ø.8)
        diarrhea (R19.7)
        elevated bilirubin (R17)
        hair loss (L65.9)

      D89.81Ø Acute graft-versus-host disease `HCC` `Rx` `ESR` `COM` `Q` `UPD`

✔ Additional Character Required   ✔x7th Placeholder Alert   Manifestation   Unspecified Dx   `Q` QPP   `UPD` Unacceptable PDx

F31.5 **Bipolar disorder, current episode depressed, severe, with psychotic features** `HCC` `Rx` `ESR` `COM` `Q`
Bipolar disorder, current episode depressed with mood-congruent psychotic symptoms
Bipolar disorder, current episode depressed with mood-incongruent psychotic symptoms
Bipolar I disorder, current or most recent episode depressed, with psychotic features

√5th **F31.6** **Bipolar disorder, current episode mixed**

    F31.60 **Bipolar disorder, current episode mixed, unspecified** `HCC` `Rx` `ESR` `COM` `Q`

    F31.61 **Bipolar disorder, current episode mixed, mild** `HCC` `Rx` `ESR` `COM` `Q`

    F31.62 **Bipolar disorder, current episode mixed, moderate** `HCC` `Rx` `ESR` `COM` `Q`

    F31.63 **Bipolar disorder, current episode mixed, severe, without psychotic features** `HCC` `Rx` `ESR` `COM` `Q`

    F31.64 **Bipolar disorder, current episode mixed, severe, with psychotic features** `HCC` `Rx` `ESR` `COM` `Q`
Bipolar disorder, current episode mixed with mood-congruent psychotic symptoms
Bipolar disorder, current episode mixed with mood-incongruent psychotic symptoms

√5th **F31.7** **Bipolar disorder, currently in remission**

    F31.70 **Bipolar disorder, currently in remission, most recent episode unspecified** `HCC` `Rx` `ESR` `COM` `Q`

    F31.71 **Bipolar disorder, in partial remission, most recent episode hypomanic** `HCC` `Rx` `ESR` `COM` `Q`

    F31.72 **Bipolar disorder, in full remission, most recent episode hypomanic** `HCC` `Rx` `ESR` `COM` `Q`

    F31.73 **Bipolar disorder, in partial remission, most recent episode manic** `HCC` `Rx` `ESR` `COM` `Q`

    F31.74 **Bipolar disorder, in full remission, most recent episode manic** `HCC` `Rx` `ESR` `COM` `Q`

    F31.75 **Bipolar disorder, in partial remission, most recent episode depressed** `HCC` `Rx` `ESR` `COM` `Q`

    F31.76 **Bipolar disorder, in full remission, most recent episode depressed** `HCC` `Rx` `ESR` `COM` `Q`

    F31.77 **Bipolar disorder, in partial remission, most recent episode mixed** `HCC` `Rx` `ESR` `COM` `Q`

    F31.78 **Bipolar disorder, in full remission, most recent episode mixed** `HCC` `Rx` `ESR` `COM` `Q`

√5th **F31.8** **Other bipolar disorders**

    F31.81 **Bipolar II disorder** `HCC` `Rx` `ESR` `COM` `Q`
Bipolar disorder, type 2

    F31.89 **Other bipolar disorder** `HCC` `Rx` `ESR` `COM` `Q`
Recurrent manic episodes NOS

F31.9 **Bipolar disorder, unspecified** `HCC` `Rx` `ESR` `COM` `Q`
Manic depression
AHA: 2020,1Q,23

√4th **F32** **Depressive episode**
`INCLUDES` single episode of agitated depression
single episode of depressive reaction
single episode of major depression
single episode of psychogenic depression
single episode of reactive depression
single episode of vital depression
`EXCLUDES 1` bipolar disorder (F31.-)
manic episode (F30.-)
recurrent depressive disorder (F33.-)
`EXCLUDES 2` adjustment disorder (F43.2)
AHA: 2020,1Q,23
DEF: Mood disorder that produces depression that may exhibit as sadness, low self-esteem, or guilt feelings. Other manifestations may be withdrawal from friends and family and interrupted sleep.

F32.0 **Major depressive disorder, single episode, mild** `HCC` `Rx` `ESR` `Q`

F32.1 **Major depressive disorder, single episode, moderate** `HCC` `Rx` `ESR` `Q`

F32.2 **Major depressive disorder, single episode, severe without psychotic features** `HCC` `Rx` `ESR` `COM` `Q`

F32.3 **Major depressive disorder, single episode, severe with psychotic features** `HCC` `Rx` `ESR` `COM` `Q`
Single episode of major depression with mood-congruent psychotic symptoms
Single episode of major depression with mood-incongruent psychotic symptoms
Single episode of major depression with psychotic symptoms
Single episode of psychogenic depressive psychosis
Single episode of psychotic depression
Single episode of reactive depressive psychosis

F32.4 **Major depressive disorder, single episode, in partial remission** `HCC` `Rx` `ESR` `Q`

F32.5 **Major depressive disorder, single episode, in full remission** `HCC` `Rx` `ESR` `Q`

√5th **F32.8** **Other depressive episodes**
AHA: 2016,4Q,14

    F32.81 **Premenstrual dysphoric disorder** `Rx` ♀
`EXCLUDES 1` *premenstrual tension syndrome (N94.3)*
DEF: Severe manifestation of premenstrual syndrome (PMS) that can be disabling and destructive to day-to-day activities. It can exacerbate pre-existing emotional disorders, like depression and anxiety, and cause feelings of loss of control, fatigue, and irritability.

    F32.89 **Other specified depressive episodes** `Rx` `Q`
Atypical depression
Post-schizophrenic depression
Single episode of 'masked' depression NOS

F32.9 **Major depressive disorder, single episode, unspecified** `Rx` `Q`
Major depression NOS
AHA: 2021,4Q,10; 2021,1Q,10; 2013,4Q,107

F32.A **Depression, unspecified** `Rx` `Q`
Depression NOS
Depressive disorder NOS
AHA: 2021,4Q,9-10

√4th **F33** **Major depressive disorder, recurrent**
`INCLUDES` recurrent episodes of depressive reaction
recurrent episodes of endogenous depression
recurrent episodes of major depression
recurrent episodes of psychogenic depression
recurrent episodes of reactive depression
recurrent episodes of seasonal affective disorder
recurrent episodes of seasonal depressive disorder
recurrent episodes of vital depression
`EXCLUDES 1` *bipolar disorder (F31.-)*
manic episode (F30.-)
AHA: 2020,1Q,23
DEF: Mood disorder that produces depression that may exhibit as sadness, low self-esteem, or guilt feelings. Other manifestations may be withdrawal from friends and family and interrupted sleep.

F33.0 **Major depressive disorder, recurrent, mild** `HCC` `Rx` `ESR` `Q`

F33.1 **Major depressive disorder, recurrent, moderate** `HCC` `Rx` `ESR` `Q`

F33.2 **Major depressive disorder, recurrent, severe without psychotic features** `HCC` `Rx` `ESR` `COM` `Q`

F33.3 **Major depressive disorder, recurrent, severe with psychotic symptoms** `HCC` `Rx` `ESR` `COM` `Q`
Endogenous depression with psychotic symptoms
Major depressive disorder, recurrent, with psychotic features
Recurrent severe episodes of major depression with mood-congruent psychotic symptoms
Recurrent severe episodes of major depression with mood-incongruent psychotic symptoms
Recurrent severe episodes of major depression with psychotic symptoms
Recurrent severe episodes of psychogenic depressive psychosis
Recurrent severe episodes of psychotic depression
Recurrent severe episodes of reactive depressive psychosis

√5th **F33.4** **Major depressive disorder, recurrent, in remission**

    F33.40 **Major depressive disorder, recurrent, in remission, unspecified** `HCC` `Rx` `ESR` `Q`

    F33.41 **Major depressive disorder, recurrent, in partial remission** `HCC` `Rx` `ESR` `Q`

    F33.42 **Major depressive disorder, recurrent, in full remission** `HCC` `Rx` `ESR` `Q`

F33.8 **Other recurrent depressive disorders** `HCC` `Rx` `ESR` `Q`
Recurrent brief depressive episodes

`HCC` CMS-HCC   `Rx` Rx HCC   `ESR` ESRD HCC   `COM` Commercial HCC   `N` Newborn: 0   `P` Pediatric: 0-17   `M` Maternity: 9-64   `A` Adult: 15-124

Chapter 6. Diseases of the Nervous System (GØØ–G99)

Chapter-specific Guidelines with Coding Examples

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

a. Dominant/nondominant side

Codes from category G81, Hemiplegia and hemiparesis, and subcategories G83.1, Monoplegia of lower limb, G83.2, Monoplegia of upper limb, and G83.3, Monoplegia, unspecified, identify whether the dominant or nondominant side is affected. Should the affected side be documented, but not specified as dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:

- For ambidextrous patients, the default should be dominant.
- If the left side is affected, the default is non-dominant.
- If the right side is affected, the default is dominant.

> Hemiplegia affecting left side of ambidextrous patient
>
> **G81.92   Hemiplegia, unspecified affecting left dominant side**
>
> *Explanation*: Documentation states that the left side is affected and dominant is used for ambidextrous persons.

> Right spastic hemiplegia, unknown whether patient is right- or left-handed
>
> **G81.11   Spastic hemiplegia affecting right dominant side**
>
> *Explanation*: Since it is unknown whether the patient is right- or left-handed, if the right side is affected, the default is dominant.

b. Pain—Category G89

1) General coding information

Codes in category G89, Pain, not elsewhere classified, may be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain, unless otherwise indicated below.

If the pain is not specified as acute or chronic, post-thoracotomy, postprocedural, or neoplasm-related, do not assign codes from category G89.

A code from category G89 should not be assigned if the underlying (definitive) diagnosis is known, unless the reason for the encounter is pain control/ management and not management of the underlying condition.

When an admission or encounter is for a procedure aimed at treating the underlying condition (e.g., spinal fusion, kyphoplasty), a code for the underlying condition (e.g., vertebral fracture, spinal stenosis) should be assigned as the principal diagnosis. No code from category G89 should be assigned.

> Elderly patient with back pain is admitted for outpatient kyphoplasty for age-related osteopathic compression fracture at vertebra T3
>
> **M80.08XA   Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture**
>
> *Explanation*: No code is assigned for the pain as it is inherent in the underlying condition being treated.

(a) Category G89 codes as principal or first-listed diagnosis

Category G89 codes are acceptable as principal diagnosis or the first-listed code:

- When pain control or pain management is the reason for the admission/encounter (e.g., a patient with displaced intervertebral disc, nerve impingement and severe back pain presents for injection of steroid into the spinal canal). The underlying cause of the pain should be reported as an additional diagnosis, if known.

> Patient presents for steroid injection in the right elbow due to chronic pain associated with primary degenerative joint disease.
>
> **G89.29   Other chronic pain**
>
> **M19.021   Primary osteoarthritis, right elbow**
>
> *Explanation*: Since the encounter is for control of pain, not treating the underlying condition, the pain code is sequenced first followed by the underlying condition. The M25 pain code is not necessary as the underlying condition code represents the specific site.

- When a patient is admitted for the insertion of a neurostimulator for pain control, assign the appropriate pain code as the principal or first-listed diagnosis. When an admission or encounter is for a procedure aimed at treating the underlying condition and a neurostimulator is inserted for pain control during the same admission/encounter, a code for the underlying condition should be assigned as the principal diagnosis and the appropriate pain code should be assigned as a secondary diagnosis.

(b) Use of category G89 codes in conjunction with site specific pain codes

(i) Assigning category G89 and site-specific pain codes

Codes from category G89 may be used in conjunction with codes that identify the site of pain (including codes from chapter 18) if the category G89 code provides additional information. For example, if the code describes the site of the pain, but does not fully describe whether the pain is acute or chronic, then both codes should be assigned.

> Patient is seen to evaluate chronic right knee pain
>
> **M25.561   Pain in right knee**
>
> **G89.29   Other chronic pain**
>
> *Explanation*: No underlying condition has been determined yet so the pain would be the reason for the visit. The M25 pain code in this instance does not fully describe the condition as it does not represent that the pain is chronic. The G89 chronic pain code is assigned to provide specificity.

(ii) Sequencing of category G89 codes with site-specific pain codes

The sequencing of category G89 codes with site-specific pain codes (including chapter 18 codes), is dependent on the circumstances of the encounter/admission as follows:

- If the encounter is for pain control or pain management, assign the code from category G89 followed by the code identifying the specific site of pain (e.g., encounter for pain management for acute neck pain from trauma is assigned code G89.11, Acute pain due to trauma, followed by code M54.2, Cervicalgia, to identify the site of pain).

> Management of acute, traumatic left shoulder pain
>
> **G89.11   Acute pain due to trauma**
>
> **M25.512   Pain in left shoulder**
>
> *Explanation*: The reason for the encounter is to manage or control the pain, not to treat or evaluate an underlying condition. The G89 pain code is assigned as the first-listed diagnosis but in this instance does not fully describe the condition as it does not include the site and laterality. The M25 pain code is added to provide this information.

- If the encounter is for any other reason except pain control or pain management, and a related definitive diagnosis has not been established (confirmed) by the provider, assign the code for the specific site of pain first, followed by the appropriate code from category G89.

O86.04 **Sepsis** following an obstetrical procedure **COM M ♀**
Use additional code to identify the sepsis
AHA: 2020,2Q,32; 2019,2Q,39

O86.09 Infection of obstetric surgical wound, other surgical site **COM M ♀**

✓5th **O86.1** Other infection of **genital tract** following delivery

O86.11 **Cervicitis** following delivery **COM M ♀**

O86.12 **Endometritis** following delivery **COM M ♀**

O86.13 **Vaginitis** following delivery **COM M ♀**

O86.19 Other infection of genital tract following delivery **COM M ♀**

✓6th **O86.2** **Urinary tract infection** following delivery

O86.20 Urinary tract infection following delivery, unspecified **COM M ♀**
Puerperal urinary tract infection NOS
AHA: 2022,2Q,5

O86.21 **Infection of kidney** following delivery **COM M ♀**

O86.22 **Infection of bladder** following delivery **COM M ♀**
Infection of urethra following delivery

O86.29 Other urinary tract infection following delivery **COM M ♀**

O86.4 **Pyrexia** of unknown origin following delivery **COM M ♀**
Puerperal infection NOS following delivery
Puerperal pyrexia NOS following delivery
EXCLUDES 2   pyrexia during labor (O75.2)
DEF: Fever of unknown origin experienced by the mother after childbirth.

✓5th **O86.8** Other specified puerperal infections

O86.81 Puerperal **septic thrombophlebitis** **COM M ♀**

O86.89 Other specified puerperal infections **COM M ♀**

✓4th **O87** Venous complications and hemorrhoids in the puerperium
INCLUDES   venous complications in labor, delivery and the puerperium
EXCLUDES 2   obstetric embolism (O88.-)
    puerperal septic thrombophlebitis (O86.81)
    venous complications in pregnancy (O22.-)

O87.0 **Superficial thrombophlebitis** in the puerperium **COM M ♀**
Puerperal phlebitis NOS
Puerperal thrombosis NOS
▶Use additional code, if applicable, to identify the superficial vein thrombosis, such as thrombosis of superficial vessels of lower extremities (I80.0-)◀

O87.1 **Deep phlebothrombosis** in the puerperium **COM M ♀**
Deep vein thrombosis, postpartum
Pelvic thrombophlebitis, postpartum
Use additional code to identify the deep vein thrombosis (I82.4-, I82.5-, I82.62-, I82.72-)
Use additional code, if applicable, for associated long-term (current) use of anticoagulants (Z79.01)

O87.2 **Hemorrhoids** in the puerperium **COM M ♀**

O87.3 **Cerebral venous thrombosis** in the puerperium **COM M ♀**
Cerebrovenous sinus thrombosis in the puerperium

O87.4 **Varicose veins of lower extremity** in the puerperium **COM M ♀**

O87.8 Other venous complications in the puerperium **COM M ♀**
Genital varices in the puerperium

O87.9 Venous complication in the puerperium, unspecified **COM M ♀**
Puerperal phlebopathy NOS

✓4th **O88** Obstetric embolism
EXCLUDES 1   embolism complicating abortion NOS (O03.2)
    embolism complicating ectopic or molar pregnancy (O08.2)
    embolism complicating failed attempted abortion (O07.2)
    embolism complicating induced abortion (O04.7)
    embolism complicating spontaneous abortion (O03.2, O03.7)

✓5th **O88.0** Obstetric **air embolism**
DEF: Sudden blocking of the pulmonary artery or right ventricle with air or nitrogen bubbles.

✓6th **O88.01** Obstetric air embolism in **pregnancy**

O88.011 Air embolism in pregnancy, **first trimester** **COM M ♀**

O88.012 Air embolism in pregnancy, **second trimester** **COM M ♀**

O88.013 Air embolism in pregnancy, **third trimester** **COM M ♀**

O88.019 Air embolism in pregnancy, unspecified trimester **COM M ♀**

O88.02 Air embolism in **childbirth** **COM M ♀**

O88.03 Air embolism in the **puerperium** **COM M ♀**

✓5th **O88.1** **Amniotic fluid** embolism
Anaphylactoid syndrome in pregnancy

✓6th **O88.11** Amniotic fluid embolism in **pregnancy**

O88.111 Amniotic fluid embolism in pregnancy, **first trimester** **COM M ♀**

O88.112 Amniotic fluid embolism in pregnancy, **second trimester** **COM M ♀**

O88.113 Amniotic fluid embolism in pregnancy, **third trimester** **COM M ♀**

O88.119 Amniotic fluid embolism in pregnancy, unspecified trimester **COM M ♀**

O88.12 Amniotic fluid embolism in **childbirth** **COM M ♀**

O88.13 Amniotic fluid embolism in the **puerperium** **COM M ♀**

✓5th **O88.2** Obstetric **thromboembolism**

✓6th **O88.21** Thromboembolism in **pregnancy**
Obstetric (pulmonary) embolism NOS

O88.211 Thromboembolism in pregnancy, **first trimester** **COM M ♀**

O88.212 Thromboembolism in pregnancy, **second trimester** **COM M ♀**

O88.213 Thromboembolism in pregnancy, **third trimester** **COM M ♀**

O88.219 Thromboembolism in pregnancy, unspecified trimester **COM M ♀**

O88.22 Thromboembolism in **childbirth** **COM M ♀**

O88.23 Thromboembolism in the **puerperium** **COM M ♀**
Puerperal (pulmonary) embolism NOS

✓5th **O88.3** Obstetric **pyemic and septic embolism**

✓6th **O88.31** Pyemic and septic embolism in **pregnancy**

O88.311 Pyemic and septic embolism in pregnancy, **first trimester** **COM M ♀**

O88.312 Pyemic and septic embolism in pregnancy, **second trimester** **COM M ♀**

O88.313 Pyemic and septic embolism in pregnancy, **third trimester** **COM M ♀**

O88.319 Pyemic and septic embolism in pregnancy, unspecified trimester **COM M ♀**

O88.32 Pyemic and septic embolism in **childbirth** **COM M ♀**

O88.33 Pyemic and septic embolism in the **puerperium** **COM M ♀**

✓5th **O88.8** Other obstetric embolism
Obstetric fat embolism

✓6th **O88.81** Other embolism in **pregnancy**

O88.811 Other embolism in pregnancy, **first trimester** **COM M ♀**

O88.812 Other embolism in pregnancy, **second trimester** **COM M ♀**

O88.813 Other embolism in pregnancy, **third trimester** **COM M ♀**

O88.819 Other embolism in pregnancy, unspecified trimester **COM M ♀**

O88.82 Other embolism in **childbirth** **COM M ♀**

O88.83 Other embolism in the **puerperium** **COM M ♀**

✓4th **O89** Complications of anesthesia during the puerperium
INCLUDES   maternal complications arising from the administration of a general, regional or local anesthetic, analgesic or other sedation during the puerperium
Use additional code, if applicable, to identify specific complication

✓5th **O89.0** **Pulmonary** complications of anesthesia during the puerperium

O89.01 **Aspiration pneumonitis** due to anesthesia during the puerperium **COM M ♀**
Inhalation of stomach contents or secretions NOS due to anesthesia during the puerperium
Mendelson's syndrome due to anesthesia during the puerperium

O89.09 Other pulmonary complications of anesthesia during the puerperium **COM M ♀**

O89.1 **Cardiac** complications of anesthesia during the puerperium **COM M ♀**

HCC CMS-HCC   **Rx** Rx HCC   **ESR** ESRD HCC   **COM** Commercial HCC   **N** Newborn: 0   **P** Pediatric: 0-17   **M** Maternity: 9-64   **A** Adult: 15-124

918   ICD-10-CM 2025

Chapter 21. Factors Influencing Health Status and Contact With Health Services

Z11.8–Z13.79

Z11.8 **Encounter for screening for other infectious and parasitic diseases**
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**

✓4th **Z12** **Encounter for screening for malignant neoplasms**
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**

✓5th **Z12.1** **Encounter for screening for malignant neoplasm of intestinal tract**
AHA: 2017,1Q,8,9

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

Z12.11 **Encounter for screening for malignant neoplasm of colon** **Q**
Encounter for screening colonoscopy NOS
AHA: 2019,1Q,32-33; 2018,1Q,6
TIP: Surveillance colonoscopies are a type of screening exam used to screen for malignancies in those patients with history of polyps and/or cancer (previously removed). If polyps or cancer are removed during the colonoscopy, code the appropriate neoplasm code instead of Z12.11.

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

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

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

✓5th **Z12.3** **Encounter for screening for malignant neoplasm of breast**

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

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

Z12.4 **Encounter for screening for malignant neoplasm of cervix** ♀
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** ♂

Z12.6 **Encounter for screening for malignant neoplasm of bladder**

✓5th **Z12.7** **Encounter for screening for malignant neoplasm of other genitourinary organs**

Z12.71 **Encounter for screening for malignant neoplasm of testis** ♂

Z12.72 **Encounter for screening for malignant neoplasm of vagina** ♀
Vaginal pap smear status-post hysterectomy for non-malignant condition
Use additional code to identify acquired absence of uterus (Z90.71-)
EXCLUDES 1　vaginal pap smear status-post hysterectomy for malignant conditions (Z08)

Z12.73 **Encounter for screening for malignant neoplasm of ovary** ♀

Z12.79 **Encounter for screening for malignant neoplasm of other genitourinary organs**

✓5th **Z12.8** **Encounter for screening for malignant neoplasm of other sites**

Z12.81 **Encounter for screening for malignant neoplasm of oral cavity**

Z12.82 **Encounter for screening for malignant neoplasm of nervous system**

Z12.83 **Encounter for screening for malignant neoplasm of skin**

Z12.89 **Encounter for screening for malignant neoplasm of other sites**
AHA: 2021,1Q,14

Z12.9 **Encounter for screening for malignant neoplasm, site unspecified**

✓4th **Z13** **Encounter for screening for other diseases and disorders**
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

Z13.0 **Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism**

Z13.1 **Encounter for screening for diabetes mellitus**

✓5th **Z13.2** **Encounter for screening for nutritional, metabolic and other endocrine disorders**

Z13.21 **Encounter for screening for nutritional disorder**

✓6th **Z13.22** **Encounter for screening for metabolic disorder**

Z13.220 **Encounter for screening for lipoid disorders**
Encounter for screening for cholesterol level
Encounter for screening for hypercholesterolemia
Encounter for screening for hyperlipidemia

Z13.228 **Encounter for screening for other metabolic disorders**

Z13.29 **Encounter for screening for other suspected endocrine disorder**
EXCLUDES 2　encounter for screening for diabetes mellitus (Z13.1)

✓5th **Z13.3** **Encounter for screening examination for mental health and behavioral disorders**
AHA: 2018,4Q,35-36

Z13.30 **Encounter for screening examination for mental health and behavioral disorders, unspecified**

Z13.31 **Encounter for screening for depression**
Encounter for screening for depression, adult
Encounter for screening for depression for child or adolescent

Z13.32 **Encounter for screening for maternal depression** ♀
Encounter for screening for perinatal depression

Z13.39 **Encounter for screening examination for other mental health and behavioral disorders**
Encounter for screening for alcoholism
Encounter for screening for intellectual disabilities

✓5th **Z13.4** **Encounter for screening for certain developmental disorders in childhood**
Encounter for development testing of infant or child
Encounter for screening for developmental handicaps in early childhood
EXCLUDES 2　encounter for routine child health examination (Z00.12-)
AHA: 2018,4Q,36

Z13.40 **Encounter for screening for unspecified developmental delays**

Z13.41 **Encounter for autism screening**

Z13.42 **Encounter for screening for global developmental delays (milestones)**
Encounter for screening for developmental handicaps in early childhood

Z13.49 **Encounter for screening for other developmental delays**

Z13.5 **Encounter for screening for eye and ear disorders**
EXCLUDES 2　encounter for general hearing examination (Z01.1-)
encounter for general vision examination (Z01.0-)
AHA: 2016,3Q,17

Z13.6 **Encounter for screening for cardiovascular disorders**

✓5th **Z13.7** **Encounter for screening for genetic and chromosomal anomalies**
EXCLUDES 1　genetic testing for procreative management (Z31.4-)

Z13.71 **Encounter for nonprocreative screening for genetic disease carrier status**

Z13.79 **Encounter for other screening for genetic and chromosomal anomalies**

HCC CMS-HCC　**Rx** Rx HCC　**ESR** ESRD HCC　**COM** Commercial HCC　**PDx** Primary Dx Only　**N** Newborn: 0　**P** Pediatric: 0-17　**M** Maternity: 9-64　**A** Adult: 15-124

1264　　　　ICD-10-CM 2025

Chapter 10. Diseases of the Respiratory System (JØØ–J99)

Respiratory System