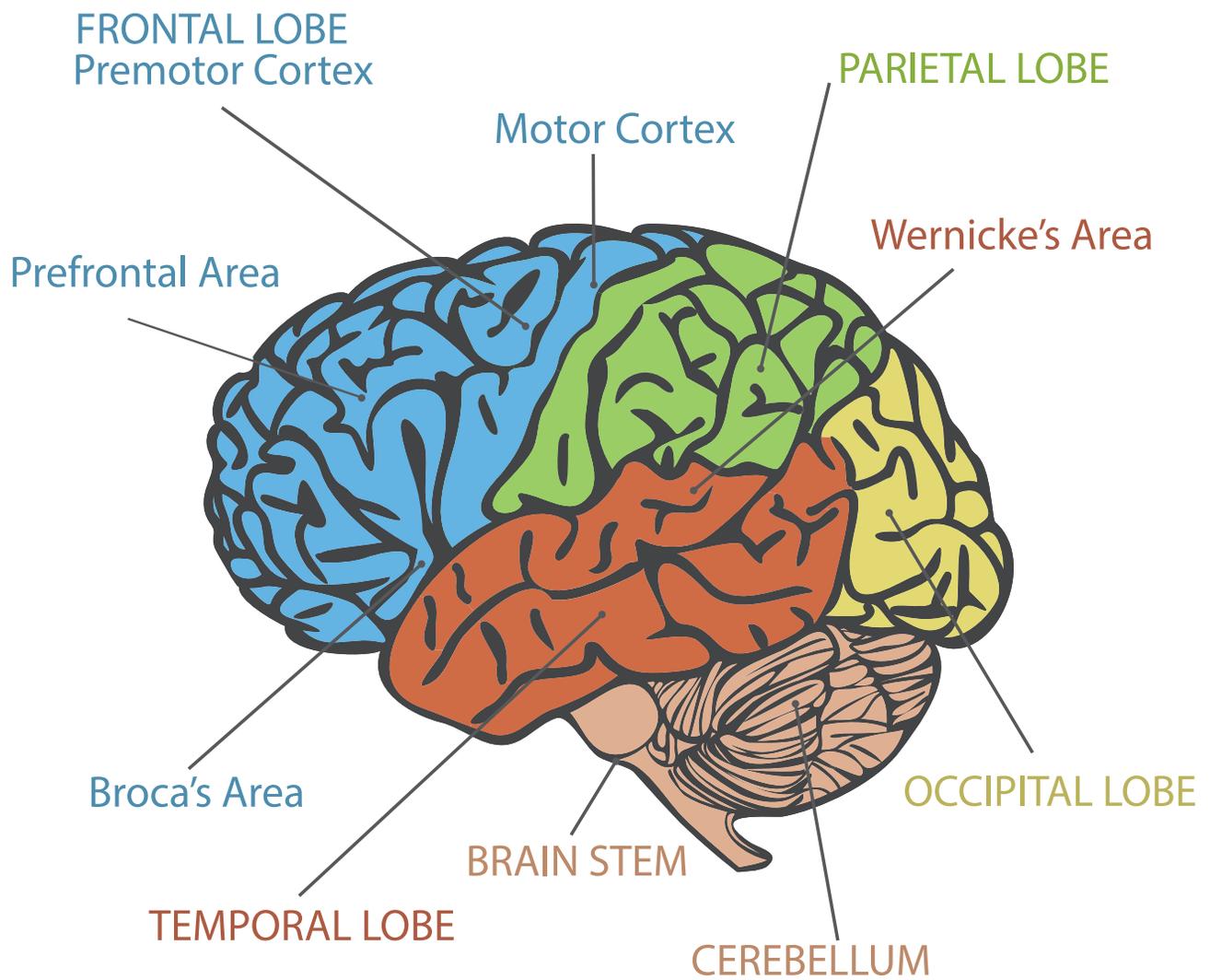


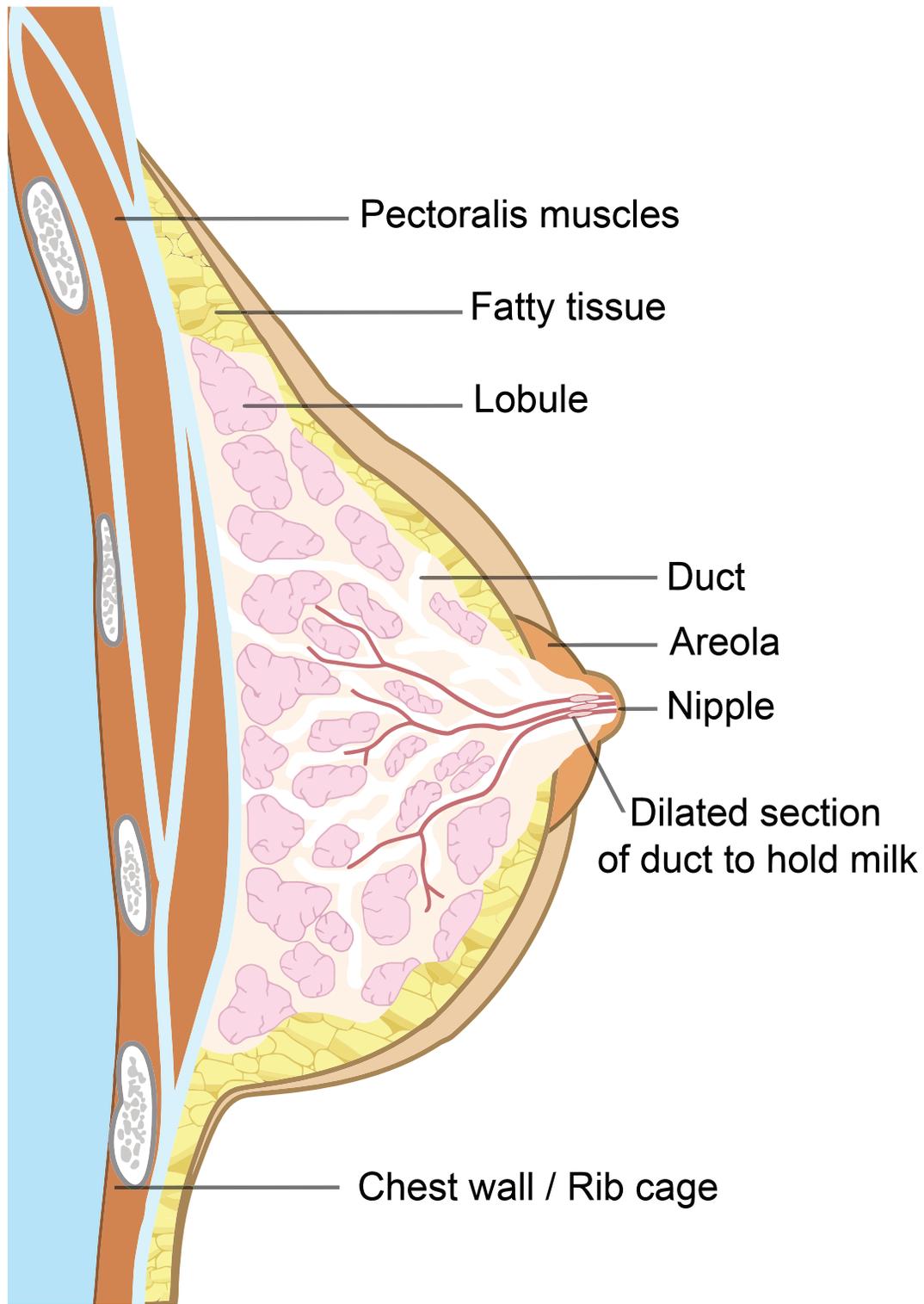
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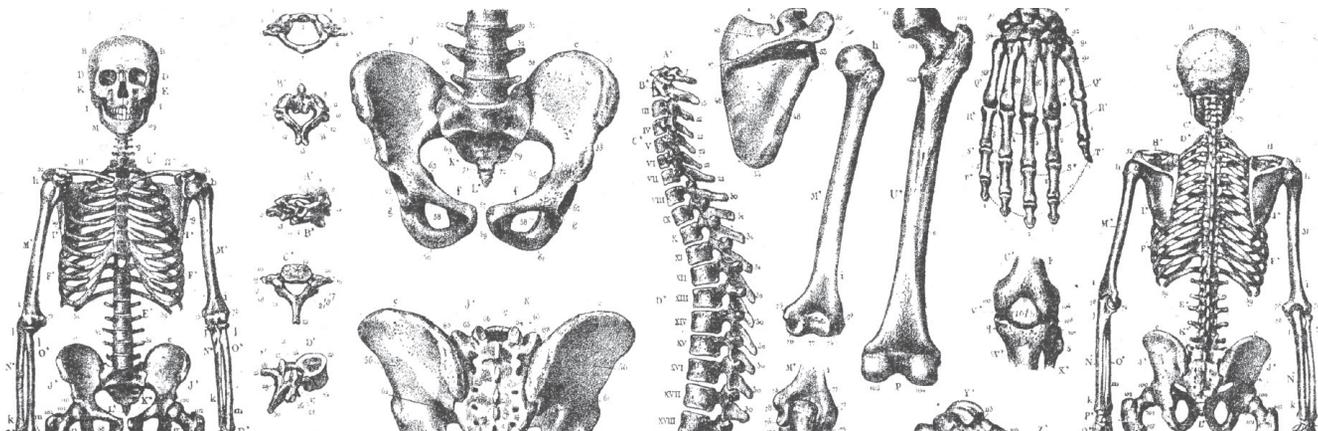
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BRAIN FUNCTION



BREAST ANATOMY





Since 1979, the U.S. has used the International Classification of Diseases, Ninth Revision, Clinical Modifications (ICD-9-CM) to identify diagnoses related to morbidity and mortality. Twenty five years later, we will transition from ICD-9-CM to ICD-10-CM, on or after Oct. 2015.

We have become very familiar with ICD-9-CM; and, it is all many providers and coders have ever known for diagnosis coding. As we transition from this long used code set, let's take a quick look back to see what has brought us to where we are today.

A LONG-TIME GOAL

Efforts to catalogue and classify disease reach back at least 400 years and burgeoned during the 18th Century. Responding to an 1853 request of the newly formed International Statistical Congress, English medical statistician William Farr and Swiss physician Marc d'Espine each prepared a uniform classification of causes of death to present to the International Statistical Congress in Paris. The resulting hybrid system of classification was never internationally adopted but we derive the principle of categorizing diseases by anatomical site from these attempts.

The Legacy of ICD-9-CM

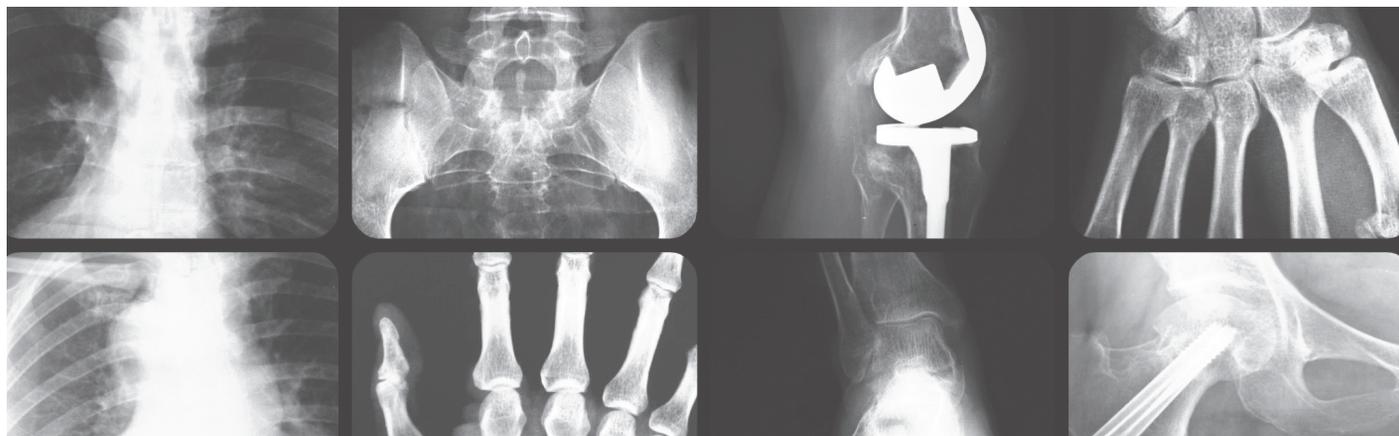
The prototype International Classification of Disease (ICD) was adopted in 1893 by the International Statistical Institute. By 1938, the classification system would undergo five revisions. International interest led to a sixth revision by the newly created World Health Organization (WHO)

in 1948. The seventh and eighth revisions followed in 1955 and 1965. The ninth revision, released in 1975, forms the basis of our current codes.

The National Center for Health Statistics applied clinical modifications (CM) to ICD-9 in 1977. The code set provided for a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances, and procedures. ICD-9-CM was adopted nationally in 1979.

ADVENT OF ICD-10

WHO member states began adopting the tenth revision of the ICD in 1994. Compared to ICD-9-CM, ICD-10 provides for greater specificity, promising to enhance the clarity of shared patient data. AAPC provides the following crosswalk of the most reported ICD-9-CM diagnoses to ICD-10-CM codes for a number of specialties.



1982

ICD-9-CM became the driver of the new Diagnosis Related Group (DRG) reimbursement system. This facility inpatient payment system relies largely on the diagnoses and procedures documented for a patient by using ICD-9-CM codes.

1991

The nomenclature for Human Immunodeficiency Virus (HIV) was clarified, adding the 042-V044 series of categories.

1996

The Health Insurance Portability and Accountability Act's (HIPAA) Title II administration simplifications clause make ICD-9-CM one of the official codesets to be used in all healthcare transactions.

2001

The September 11 terror attacks resulted in a new set of U codes to describe mortality and morbidity related to terror attacks. And E999, which was used previously to denote the late effects of war operations, was modified to include late effects of terrorism in 2001.

2006

Present on Admissions rules were added to the ICD-9-CM Guidelines Oct. 1, 2006.

2009

The prevalence of traumatic brain injury (TBI) suffered by soldiers falling victim to improvised explosive devices in the Iraq War motivated the U.S. Department of Defense to request new codes for sequela related to TBI (799.21-799.29), as well as codes for TBI screening (V80.01) and personal history of traumatic brain injury (V15.52). The new codes joined ICD-9-CM in October 2009.

2013

With conversion to ICD-10-CM and ICD-10-PCS near, 2013 brings no changes to the diagnostic codes and one new code in Vol. 3.

1986

An interim classification characterizing the causative agent of AIDS was added.

1988

The Catastrophic Coverage Act of made the use of the ICD-9-CM system on all Medicare claims mandatory.

1994

042 becomes the single code for HIV disease and V08 is added for *Asymptomatic HIV infection*. HIV-specific guidelines are added to assist coders in selection and sequencing of HIV-related illness.

2000

Worries about a computer-crushing "Millennium Bug" prompted the federal government to freeze ICD-9-CM for the 2000 code year. No new codes were implemented in October 1999 but updates resumed the following year when fears passed.

2003

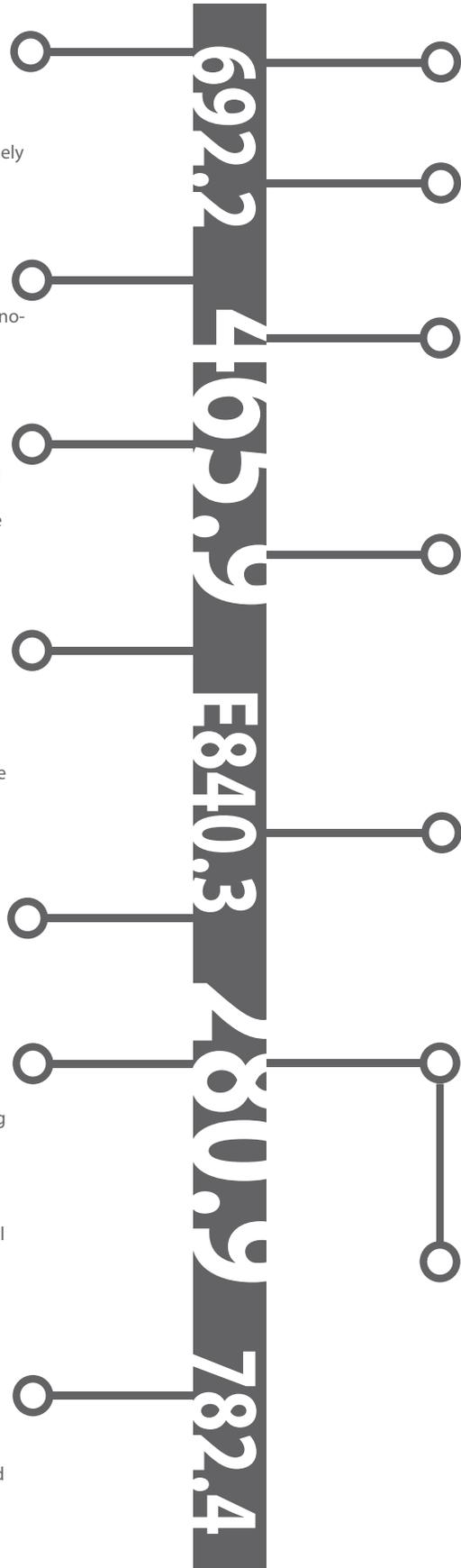
Severe Acute Respiratory Syndrome (SARS) virus in 2003 prompted the addition of both 480.31 *Pneumonia due to SARS-associated coronavirus* and V01.82 *Exposure to SARS-associated coronaviruss*

2009

The emergence of "swine flu" (2009 H1N1) led to the creation of a new diagnosis code in 2009. Several years later, the influenza codes were once again overhauled to allow reporting of novel influenza A virus.

2009

E codes reflecting new exercise and sporting activities such as boogie boarding and windsurfing (E002.7); bungee jumping (E004.3); and Pilates (E010.3) were added in 2009. Other activity E codes for knitting and crocheting (E012.0); laundry (E013.1); vacuuming (E013.2); ironing (E013.3); and floor mopping and cleaning (E013.4) also made their ICD-9-CM debut in 2009.



The following crosswalks were developed by AAPC based on the ICD-10 Fast Forward crosswalking quick reference tools. If you'd like to purchase a laminated Fast Forward for your specialty, please go to www.aapc.com.

Anesthesia

- ICD-9 722.52**
- ICD-10 M51.37** Other intervertebral disc degeneration, lumbosacral region
- ICD-9 721.3**
- ICD-10 M47.817** Spondylosis without myelopathy or radiculopathy, lumbosacral region
- ICD-9 724.2**
- ICD-10 M54.5** Low back pain
- ICD-9 724.4**
- ICD-10 M54.14** Radiculopathy, thoracic region
- M54.17** Radiculopathy, lumbosacral region
- ICD-9 724.02**
- ICD-10 M48.06** Spinal stenosis, lumbar region
- ICD-9 720.2**
- ICD-10 M46.1** Sacroiliitis, not elsewhere classified
- ICD-9 724.8**
- ICD-10 R29.898** Other symptoms and signs involving the musculoskeletal system
- ICD-9 721.42**
- ICD-10 M47.16** Other spondylosis with myelopathy, lumbar region
- ICD-9 723.1**
- ICD-10 M54.2** Cervicalgia
- ICD-9 729.1**
- ICD-10 M79.1** Myalgia
- M79.7** Fibromyalgia
- M60.9** Myositis, unspecified
- ** There are more specific code choice selections available in ICD-10-CM. These include:
- M60.811** Other myositis, right shoulder
- M60.822** Other myositis, left shoulder
- M60.819** Other myositis, unspecified shoulder
- M60.821** Other myositis, right upper arm
- M60.822** Other myositis, left upper arm
- M60.829** Other myositis, unspecified upper arm
- M60.831** Other myositis, right forearm
- M60.832** Other myositis, left forearm
- M60.839** Other myositis, unspecified forearm
- M60.841** Other myositis, right hand
- M60.842** Other myositis, left hand
- M60.849** Other myositis, unspecified hand
- M60.851** Other myositis, right thigh
- M60.852** Other myositis, left thigh
- M60.859** Other myositis, unspecified thigh
- M60.861** Other myositis, right lower leg
- M60.862** Other myositis, left lower leg
- M60.869** Other myositis, unspecified lower leg
- M60.871** Other myositis, right ankle and foot
- M60.872** Other myositis, left ankle and foot
- M60.879** Other myositis, unspecified ankle and foot
- ICD-9 722.6**
- ICD-10 M51.34** Other intervertebral disc degeneration, thoracic region
- M51.35** Other intervertebral disc degeneration, thoracolumbar region
- M51.36** Other intervertebral disc degeneration, lumbar region
- M51.37** Other intervertebral disc degeneration, lumbosacral region
- ICD-9 715.00**
- ICD-10 M15.0** Primary generalized (osteo)arthritis
- M15.4** Erosive (osteo)arthritis
- M15.8** Other polyosteoarthritis
- M15.9** Polyosteoarthritis, unspecified
- ICD-9 726.5**
- ICD-10 M70.60** Trochanteric bursitis, unspecified hip
- M70.61** Trochanteric bursitis, right hip
- M70.62** Trochanteric bursitis, left hip
- M70.70** Other bursitis, unspecified hip
- M70.71** Other bursitis, right hip
- M70.72** Other bursitis, left hip
- ** Use additional external cause code to identify activity causing disorder (Y93-)
- M76.10** Psoas tendinitis, unspecified hip
- M76.11** Psoas tendinitis, right hip
- M76.12** Psoas tendinitis, left hip
- M76.20** Iliac crest spur, unspecified hip
- M76.21** Iliac crest spur, right hip
- M76.22** Iliac crest spur, left hip
- ICD-9 726.19**
- ICD-10 M75.80** Other shoulder lesions, unspecified shoulder
- M75.81** Other shoulder lesions, right shoulder
- M75.82** Other shoulder lesions, left shoulder

- ICD-9 719.41**
- ICD-10 M25.511** Pain in right shoulder
- M25.512** Pain in left shoulder
- M25.519** Pain in unspecified shoulder
- ICD-9 719.45**
- ICD-10 M25.551** Pain in right hip
- M25.552** Pain in left hip
- M25.559** Pain in unspecified hip
- ICD-9 722.4**
- ICD-10 M50.30** Other cervical disc degeneration, unspecified cervical region
- M50.31** Other cervical disc degeneration, occipito-atlanto-axial region
- M50.32** Other cervical disc degeneration, mid-cervical region
- M50.33** Other cervical disc degeneration, cervicothoracic region
- ICD-9 719.40**
- ICD-10 M25.50** Pain in unspecified joint
- ** There are more specific code choice selections available in ICD-10-CM. These include:
- M25.511** Pain in right shoulder
- M25.512** Pain in left shoulder
- M25.519** Pain in unspecified shoulder
- M25.521** Pain in right elbow
- M25.522** Pain in left elbow
- M25.529** Pain in unspecified elbow
- M25.531** Pain in right wrist
- M25.532** Pain in left wrist
- M25.539** Pain in unspecified wrist
- M25.551** Pain in right hip
- M25.552** Pain in left hip
- M25.559** Pain in unspecified hip
- M25.561** Pain in right knee
- M25.562** Pain in left knee
- M25.569** Pain in unspecified knee
- M25.571** Pain in right ankle and joints of the right foot
- M25.572** Pain in left ankle and joints of the left foot
- M25.579** Pain in unspecified ankle
- ICD-9 162.9**
- ICD-10 C34.90** Malignant neoplasm of unspecified part of unspecified bronchus or lung
- ** There are more specific code choice selections available in ICD-10-CM. These include:
- C34.00** Malignant neoplasm of unspecified main bronchus
- C34.01** Malignant neoplasm of right main bronchus
- C34.02** Malignant neoplasm of left main bronchus
- C34.10** Malignant neoplasm of upper lobe, unspecified bronchus or lung
- C34.11** Malignant neoplasm of upper lobe, right bronchus or lung
- C34.12** Malignant neoplasm of upper lobe, left bronchus or lung
- C34.2** Malignant neoplasm of middle lobe, bronchus or lung
- C34.30** Malignant neoplasm of lower lobe, unspecified bronchus or lung
- C34.31** Malignant neoplasm of lower lobe, right bronchus or lung
- C34.32** Malignant neoplasm of lower lobe, left bronchus or lung
- C34.80** Malignant neoplasm of overlapping sites of unspecified bronchus or lung
- C34.81** Malignant neoplasm of overlapping sites of right bronchus or lung
- C34.82** Malignant neoplasm of overlapping sites of left bronchus or lung
- C34.91** Malignant neoplasm of unspecified part of right bronchus or lung
- C34.92** Malignant neoplasm of unspecified part of left bronchus or lung
- ICD-9 721.0**
- ICD-10 M47.812** Spondylosis without myelopathy or radiculopathy, cervical region
- ICD-9 337.22**
- ICD-10 G90.529** Complex regional pain syndrome I of unspecified lower limb
- ** There are more specific code choice selections available in ICD-10-CM. These include:
- G90.521** Complex regional pain syndrome I of right lower limb
- G90.522** Complex regional pain syndrome I of left lower limb
- G90.523** Complex regional pain syndrome I of lower limb, bilateral
- ICD-9 722.10**
- ICD-10 M51.26** Other intervertebral disc displacement, lumbar region
- ICD-9 338.4**
- ICD-10 G89.4** Chronic pain syndrome
- * Code also related psychological factors associated with pain (G54.42-)
- ICD-9 724.6**
- ICD-10 M53.3** Sacroccygeal disorders, not elsewhere classified
- M43.28** Fusion of spine, sacral and sacroccygeal region

- M53.2x8** Spinal instabilities, sacral and sacroccygeal region
- ICD-9 355.8**
- ICD-10 G57.90** Unspecified mononeuropathy of unspecified lower limb
- ** There are more specific code choice selections available in ICD-10-CM. These include:
- G57.91** Unspecified mononeuropathy of right lower limb
- G57.92** Unspecified mononeuropathy of left lower limb
- G57.80** Other specified mononeuropathies of unspecified lower limb
- G57.81** Other specified mononeuropathies of right lower limb
- G57.82** Other specified mononeuropathies of left lower limb
- ICD-9 337.29**
- ICD-10 G90.59** Complex regional pain syndrome I of other specified site
- ICD-9 789.03**
- ICD-10 R10.31** Right lower quadrant pain
- ICD-9 738.4**
- ICD-10 M43.10** Spondylolisthesis, site unspecified
- M43.11** Spondylolisthesis, occipito-atlanto-axial region
- M43.12** Spondylolisthesis, cervical region
- M43.13** Spondylolisthesis, cervicothoracic region
- M43.14** Spondylolisthesis, thoracic region
- M43.15** Spondylolisthesis, thoracolumbar region
- M43.16** Spondylolisthesis, lumbar region
- M43.17** Spondylolisthesis, lumbosacral region
- M43.18** Spondylolisthesis, sacral and sacroccygeal region
- M43.19** Spondylolisthesis, multiple sites in spine
- ICD-9 723.4**
- ICD-10 M54.12** Radiculopathy, cervical region
- M54.13** Radiculopathy, cervicothoracic region
- ICD-9 354.2**
- ICD-10 G56.20** Lesion of ulnar nerve, unspecified upper limb
- G56.21** Lesion of ulnar nerve, right upper limb
- G56.22** Lesion of ulnar nerve, left upper limb
- ICD-9 722.51**
- ICD-10 M51.34** Other intervertebral disc degeneration, thoracic region
- M51.35** Other intervertebral disc degeneration, thoracolumbar region
- M51.36** Other intervertebral disc degeneration, lumbar region
- M51.37** Other intervertebral disc degeneration, lumbosacral region
- ICD-9 346.00**
- ICD-10 G43.109** Migraine with aura, not intractable, without status migrainosus
- ** Code also any associated seizure (G40-, R56.9)
- ICD-9 726.60**
- ICD-10 M70.50** Other bursitis of knee, unspecified knee
- M70.51** Other bursitis of knee, right knee
- M70.52** Other bursitis of knee, left knee
- ** Use additional external cause code to identify activity causing disorder (Y93-)
- M76.50** Patellar tendinitis, unspecified knee
- M76.51** Patellar tendinitis, right knee
- M76.52** Patellar tendinitis, left knee
- ICD-9 322.9**
- ICD-10 G03.9** Meningitis, unspecified
- ** There are more specific code choice selections available in ICD-10-CM. These include:
- G00.0** Hemophilus meningitis
- G00.1** Pneumococcal meningitis
- G00.2** Streptococcal meningitis
- G00.3** Staphylococcal meningitis
- Use additional code to further identify organism (B96.61-B95.8)
- G00.8** Other bacterial meningitis
- Use additional code to further identify organism (B96-)
- G00.9** Bacterial meningitis, unspecified
- G01** Meningitis in bacterial diseases classified elsewhere
- ** Code first underlying disease
- G02** Meningitis in other infectious and parasitic diseases classified elsewhere
- ** Code first underlying disease, such as: poliovirus infection (A80-)
- G03.0** Nonpyogenic meningitis
- G03.1** Chronic meningitis
- G03.2** Benign recurrent meningitis (Mollaret)
- G03.8** Meningitis due to other specified causes
- ICD-9 170.9**
- ICD-10 C41.9** Malignant neoplasm of bone and articular cartilage, unspecified
- ** There are more specific code choice selections available in ICD-10-CM. These include:
- C41.0** Malignant neoplasm of bones of skull and face
- C41.1** Malignant neoplasm of mandible
- C41.2** Malignant neoplasm of vertebral column
- C41.3** Malignant neoplasm of ribs, sternum and clavicle
- C41.4** Malignant neoplasm of pelvic bones, sacrum and coccyx
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 onset 763.83
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 763.81
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 malignancy 796.76
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 (LGSIL) 796.73
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 specified finding NEC 796.79
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 with
 atypical squamous cells
 cannot exclude high
 grade squamous
 intraepithelial
 lesion (ASC-H)
 795.02
 of undetermined
 significance (ASC-
 US) 795.01
 cytologic evidence of
 malignancy 795.06
 high grade squamous
 intraepithelial lesion
 (HGSIL) 795.04
 low grade squamous
 intraepithelial lesion
 (LGSIL) 795.03
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 795.09
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 with
 atypical squamous cells
 cannot exclude high
 grade squamous
 intraepithelial
 lesion (ASC-H)
 795.12
 of undetermined
 significance (ASC-
 US) 795.11
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 malignancy 795.16
 high grade squamous
 intraepithelial lesion
 (HGSIL) 795.14

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 to excess body fat 793.91
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 Respiration
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 gravid uterus 654.4 ⁵
 affecting fetus or newborn
 763.89
 causing obstructed labor
 660.2 ⁵
 affecting fetus or
 newborn 763.1
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 756.0
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 653.5 ⁵
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 660.1 ⁵
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 756.0
 organ or site, congenital NEC
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 (excessive) (odor)
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 792.1
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Abnormal - Abortion

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 affecting fetus or newborn 763.89
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 affecting fetus or newborn 763.89
 causing obstructed labor 660.2 ^{5th}
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hemolytic disease 773.1
 incompatibility (due to transfusion of blood or blood products)
 with hemolytic transfusion reaction (HTR) (not specified as acute or delayed) 999.61
 24 hours or more after transfusion 999.63
 acute 999.62
 delayed 999.63
 less than 24 hours after transfusion 999.62
 unspecified time after transfusion 999.61
 reaction 999.60
 specified NEC 999.69

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current abortion (*see also* Abortion, spontaneous) 634.9 ^{5th}
 affecting fetus or newborn 761.8
 observation in current pregnancy 646.3 ^{5th}

Abortion (complete) (incomplete) (inevitable) (with retained products of conception) 637.9 ^{5th}

Note: Use the following fifth-digit subclassification with categories 634-637:

- 0 unspecified
- 1 incomplete
- 2 complete

with
 complication(s) (any) following previous abortion - *see* category 639 ^{4th}
 damage to pelvic organ (laceration) (rupture) (tear) 637.2 ^{5th}
 embolism (air) (amniotic fluid) (blood clot) (pulmonary) (pyemic) (septic) (soap) 637.6 ^{5th}
 genital tract and pelvic infection 637.0 ^{5th}
 hemorrhage, delayed or excessive 637.1 ^{5th}
 metabolic disorder 637.4 ^{5th}
 renal failure (acute) 637.3 ^{5th}
 sepsis (genital tract) (pelvic organ) 637.0 ^{5th}
 urinary tract 637.7 ^{5th}
 shock (postoperative) (septic) 637.5 ^{5th}
 specified complication NEC 637.7 ^{5th}
 toxemia 637.3 ^{5th}
 unspecified complication(s) 637.8 ^{5th}
 urinary tract infection 637.7 ^{5th}

Abortion — *continued*

accidental - *see* Abortion, spontaneous
 artificial - *see* Abortion, induced
 attempted (failed) - *see* Abortion, failed
 criminal - *see* Abortion, illegal
 early - *see* Abortion, spontaneous
 elective - *see* Abortion, legal
 failed (legal) 638.9
 with
 damage to pelvic organ (laceration) (rupture) (tear) 638.2
 embolism (air) (amniotic fluid) (blood clot) (pulmonary) (pyemic) (septic) (soap) 638.6
 genital tract and pelvic infection 638.0
 hemorrhage, delayed or excessive 638.1
 metabolic disorder 638.4
 renal failure (acute) 638.3
 sepsis (genital tract) (pelvic organ) 638.0
 urinary tract 638.7
 shock (postoperative) (septic) 638.5
 specified complication NEC 638.7
 toxemia 638.3
 unspecified complication(s) 638.8
 urinary tract infection 638.7
 fetal indication - *see* Abortion, legal
 fetus 779.6
 following threatened abortion - *see* Abortion, by type
 habitual or recurrent (care during pregnancy) 646.3 ^{5th}
 with current abortion (*see also* Abortion, spontaneous) 634.9 ^{5th}
 affecting fetus or newborn 761.8
 without current pregnancy 629.81
 homicidal - *see* Abortion, illegal
 illegal 636.9 ^{5th}
 with
 damage to pelvic organ (laceration) (rupture) (tear) 636.2 ^{5th}
 embolism (air) (amniotic fluid) (blood clot) (pulmonary) (pyemic) (septic) (soap) 636.6 ^{5th}
 genital tract and pelvic infection 636.0 ^{5th}
 hemorrhage, delayed or excessive 636.1 ^{5th}
 metabolic disorder 636.4 ^{5th}
 renal failure 636.3 ^{5th}
 sepsis (genital tract) (pelvic organ) 636.0 ^{5th}
 urinary tract 636.7 ^{5th}
 shock (postoperative) (septic) 636.5 ^{5th}
 specified complication NEC 636.7 ^{5th}

Abortion — *continued*

toxemia 636.3 ^{5th}
 unspecified complication(s) 636.8 ^{5th}
 urinary tract infection 636.7 ^{5th}
 fetus 779.6
 induced 637.9 ^{5th}
 illegal - *see* Abortion, illegal
 legal indications - *see* Abortion, legal
 medical indications - *see* Abortion, legal
 therapeutic - *see* Abortion, legal
 late - *see* Abortion, spontaneous
 legal (legal indication) (medical indication) (under medical supervision) 635.9 ^{5th}
 with
 damage to pelvic organ (laceration) (rupture) (tear) 635.2 ^{5th}
 embolism (air) (amniotic fluid) (blood clot) (pulmonary) (pyemic) (septic) (soap) 635.6 ^{5th}
 genital tract and pelvic infection 635.0 ^{5th}
 hemorrhage, delayed or excessive 635.1 ^{5th}
 metabolic disorder 635.4 ^{5th}
 renal failure (acute) 635.3 ^{5th}
 sepsis (genital tract) (pelvic organ) 635.0 ^{5th}
 urinary tract 635.7 ^{5th}
 shock (postoperative) (septic) 635.5 ^{5th}
 specified complication NEC 635.7 ^{5th}
 toxemia 635.3 ^{5th}
 unspecified complication(s) 635.8 ^{5th}
 urinary tract infection 635.7 ^{5th}
 fetus 779.6
 medical indication - *see* Abortion, legal
 mental hygiene problem - *see* Abortion, legal
 missed 632
 operative - *see* Abortion, legal
 psychiatric indication - *see* Abortion, legal
 recurrent - *see* Abortion, spontaneous
 self-induced - *see* Abortion, illegal
 septic - *see* Abortion, by type, with sepsis
 spontaneous 634.9 ^{5th}
 with
 damage to pelvic organ (laceration) (rupture) (tear) 634.2 ^{5th}
 embolism (air) (amniotic fluid) (blood clot) (pulmonary) (pyemic) (septic) (soap) 634.6 ^{5th}
 genital tract and pelvic infection 634.0 ^{5th}

Abortion - Abscess**Abortion** — *continued*

hemorrhage, delayed or excessive 634.1 ^{5th}
 metabolic disorder 634.4 ^{5th}
 renal failure 634.3 ^{5th}
 sepsis (genital tract) (pelvic organ) 634.0 ^{5th}
 urinary tract 634.7 ^{5th}
 shock (postoperative) (septic) 634.5 ^{5th}
 specified complication NEC 634.7 ^{5th}
 toxemia 634.3 ^{5th}
 unspecified complication(s) 634.8 ^{5th}
 urinary tract infection 634.7 ^{5th}
 fetus 761.8
 threatened 640.0 ^{5th}
 affecting fetus or newborn 762.1
 surgical - *see* Abortion, legal therapeutic - *see* Abortion, legal
 threatened 640.0 ^{5th}
 affecting fetus or newborn 762.1
 tubal - *see* Pregnancy, tubal voluntary - *see* Abortion, legal

Abortus fevers 023.9

Aboulomania 301.6

Abrochia 755.20

Abrachiatism 755.20

Abrachiocephalia 759.89

Abrachiocephalus 759.89

Abrami's disease (acquired hemolytic jaundice) 283.9

Abramov-Fiedler myocarditis (acute isolated myocarditis) 422.91

Abrasion - *see also* Injury, superficial, by site
 cornea 918.1
 dental 521.20
 extending into dentine 521.22
 pulp 521.23
 generalized 521.25
 limited to enamel 521.21
 localized 521.24
 teeth, tooth (dentifrice) (habitual) (hard tissues) (occupational) (ritual) (traditional) (wedge defect) (*see also* Abrasion, dental) 521.20

Abrikosov's tumor (M9580/0) - *see also* Neoplasm, connective tissue, benign malignant (M9580/3) - *see* Neoplasm, connective tissue, malignant

Abrism 988.8

Abruption, placenta - *see* Placenta, abruptio

Abruptio placentae - *see* Placenta, abruptio

Abscess (acute) (chronic) (infectional) (lymphangitic) (metastatic) (multiple) (pyogenic) (septic) (with lymphangitis) (*see also* Cellulitis) 682.9

Abscess — *continued*

abdomen, abdominal cavity 567.22
 wall 682.2
 abdominopelvic 567.22
 accessory sinus (chronic) (*see also* Sinusitis) 473.9
 adrenal (capsule) (gland) 255.8
 alveolar 522.5
 with sinus 522.7
 amebic 006.3
 bladder 006.8
 brain (with liver or lung abscess) 006.5
 liver (without mention of brain or lung abscess) 006.3
 with
 brain abscess (and lung abscess) 006.5
 lung abscess 006.4
 lung (with liver abscess) 006.4
 with brain abscess 006.5
 seminal vesicle 006.8
 specified site NEC 006.8
 spleen 006.8
 anaerobic 040.0
 ankle 682.6
 anorectal 566
 antecubital space 682.3
 antrum (chronic) (Highmore) (*see also* Sinusitis, maxillary) 473.0
 anus 566
 apical (tooth) 522.5
 with sinus (alveolar) 522.7
 appendix 540.1
 areola (acute) (chronic) (nonpuerperal) 611.0
 puerperal, postpartum 675.1 ^{5th}
 arm (any part, above wrist) 682.3
 artery (wall) 447.2
 atheromatous 447.2
 auditory canal (external) 380.10
 auricle (ear) (staphylococcal) (streptococcal) 380.10
 axilla, axillary (region) 682.3
 lymph gland or node 683
 back (any part) 682.2
 Bartholin's gland 616.3
 with
 abortion - *see* Abortion, by type, with sepsis
 ectopic pregnancy (*see also* categories 633.0 ^{5th} -633.9 ^{5th}) 639.0
 molar pregnancy (*see also* categories 630-632) 639.0
 complicating pregnancy or puerperium 646.6 ^{5th}
 following
 abortion 639.0
 ectopic or molar pregnancy 639.0
 bartholinian 616.3
 Bezold's 383.01
 bile, biliary, duct or tract (*see also* Cholecystitis) 576.8
 bilharziasis 120.1

Abscess — *continued*

bladder (wall) 595.89
 amebic 006.8
 bone (subperiosteal) (*see also* Osteomyelitis) 730.0 ^{5th}
 accessory sinus (chronic) (*see also* Sinusitis) 473.9
 acute 730.0 ^{5th}
 chronic or old 730.1 ^{5th}
 jaw (lower) (upper) 526.4
 mastoid - *see* Mastoiditis, acute
 petrous (*see also* Petrositis) 383.20
 spinal (tuberculous) (*see also* Tuberculosis) 015.0 ^{5th} [730.88]
 nontuberculous 730.08
 bowel 569.5
 brain (any part) 324.0
 amebic (with liver or lung abscess) 006.5
 cystic 324.0
 late effect - *see* category 326
 otogenic 324.0
 tuberculous (*see also* Tuberculosis) 013.3 ^{5th}
 breast (acute) (chronic) (nonpuerperal) 611.0
 newborn 771.5
 puerperal, postpartum 675.1 ^{5th}
 tuberculous (*see also* Tuberculosis) 017.9 ^{5th}
 broad ligament (chronic) (*see also* Disease, pelvis, inflammatory) 614.4
 acute 614.3
 Brodie's (chronic) (localized) (*see also* Osteomyelitis) 730.1 ^{5th}
 bronchus 519.19
 buccal cavity 528.3
 bulbourethral gland 597.0
 bursa 727.89
 pharyngeal 478.29
 buttock 682.5
 canaliculus, breast 611.0
 canthus 372.20
 cartilage 733.99
 cecum 569.5
 with appendicitis 540.1
 cerebellum, cerebellar 324.0
 late effect - *see* category 326
 cerebral (embolic) 324.0
 late effect - *see* category 326
 cervical (neck region) 682.1
 lymph gland or node 683
 stump (*see also* Cervicitis) 616.0
 cervix (stump) (uteri) (*see also* Cervicitis) 616.0
 cheek, external 682.0
 inner 528.3
 chest 510.9
 with fistula 510.0
 wall 682.2
 chin 682.0
 choroid 363.00
 ciliary body 364.3
 circumtonsillar 475
 cold (tuberculous) - *see also* Tuberculosis, abscess
 articular - *see* Tuberculosis, joint

Abscess — *continued*

colon (wall) 595.89
 colostomy or enterostomy 569.61
 conjunctiva 372.00
 connective tissue NEC 682.9
 cornea 370.55
 with ulcer 370.00
 corpus
 cavernosum 607.2
 luteum (*see also* Salpingo-oophoritis) 614.2
 Cowper's gland 597.0
 cranium 324.0
 cul-de-sac (Douglas') (posterior) (*see also* Disease, pelvis, inflammatory) 614.4
 acute 614.3
 dental 522.5
 with sinus (alveolar) 522.7
 dentoalveolar 522.5
 with sinus (alveolar) 522.7
 diaphragm, diaphragmatic 567.22
 digit NEC 681.9
 Douglas' cul-de-sac or pouch (*see also* Disease, pelvis, inflammatory) 614.4
 acute 614.3
 Dubois' 090.5
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 ear
 acute 382.00
 external 380.10
 inner 386.30
 middle - *see* Otitis media
 elbow 682.3
 endamebic - *see* Abscess, amebic
 entamebic - *see* Abscess, amebic
 enterostomy 569.61
 epididymis 604.0
 epidural 324.9
 brain 324.0
 late effect - *see* category 326
 spinal cord 324.1
 epiglottis 478.79
 epiploon, epiploic 567.22
 erysipelatous (*see also* Erysipelas) 035
 esophagostomy 530.86
 esophagus 530.19
 ethmoid (bone) (chronic) (sinus) (*see also* Sinusitis, ethmoidal) 473.2
 external auditory canal 380.10
 extradural 324.9
 brain 324.0
 late effect - *see* category 326
 spinal cord 324.1
 extraperitoneal - *see* Abscess, peritoneum
 eye 360.00
 eyelid 373.13
 face (any part, except eye) 682.0
 fallopian tube (*see also* Salpingo-oophoritis) 614.2
 fascia 728.89
 fauces 478.29
 fecal 569.5

Table of Drugs and Chemicals

INDEX TO POISONING AND EXTERNAL CAUSES OF ADVERSE

EFFECTS OF DRUGS AND OTHER CHEMICAL SUBSTANCES

This table contains a classification of drugs and other chemical substances to identify poisoning states and external causes of adverse effects.

Each of the listed substances in the table is assigned a code according to the poisoning classification (960-989). These codes are used when there is a statement of poisoning, overdose, wrong substance given or taken, or intoxication.

The table also contains a listing of external causes of adverse effects. An adverse effect is a pathologic manifestation due to ingestion or exposure to drugs or other chemical substances (e.g., dermatitis, hypersensitivity reaction, aspirin gastritis). The adverse effect is to be identified by the appropriate code found in Section 1, Index to Diseases and Injuries. An external cause code can then be used to identify the circumstances involved. The table headings pertaining to external causes are defined below:

Accidental poisoning (E850-E869)—accidental overdose of drug, wrong substance given or taken, drug taken inadvertently, accidents in the usage of drugs and biologicals in medical and surgical procedures, and to show external causes of poisonings classifiable to 980-989.

Therapeutic use (E930-E949)—a correct substance properly administered in therapeutic or prophylactic dosage as the external cause of adverse effects.

Suicide attempt (E950-E952)—instances in which self-inflicted injuries or poisonings are involved.

Assault (E961-E962)—injury or poisoning inflicted by another person with the intent to injure or kill.

Undetermined (E980-E982)—to be used when the intent of the poisoning or injury cannot be determined whether it was intentional or accidental.

The American Hospital Formulary Service (AHFS) list numbers are included in the table to help classify new drugs not identified in the table by name. The AHFS list numbers are keyed to the continually revised AHFS (American Hospital Formulary Service, 2 vol. Washington, D.C.: American Society of Hospital Pharmacists, 1959-). These listings are found in the table under the main term **Drug**.

Excluded from the table are radium and other radioactive substances. The classification of adverse effects and complications pertaining to these substances will be found in Index to Diseases and Injuries, and Index to External Causes of Injuries.

Although certain substances are indexed with one or more subentries, the majority are listed according to one use or state. It is recognized that many substances may be used in various ways, in medicine and in industry, and may cause adverse effects whatever the state of the agent (solid, liquid, or fumes arising from a liquid). In cases in which the reported data indicate a use or state not in the table, or which is clearly different from the one listed, an attempt should be made to classify the substance in the form which most nearly expresses the reported facts.

1-propanol - Albumin

1-propanol - Albumin

TABLE OF DRUGS AND CHEMICALS

	External Cause (E-Code)					
	Poisoning	Accident	Therapeutic Use	Suicide Attempt	Assault	Undetermined
1-propanol	980.3	E860.4	-	E950.9	E962.1	E980.9
2-propanol	980.2	E860.3	-	E950.9	E962.1	E980.9
2,4-D (dichlorophen- oxyacetic acid)	989.4	E863.5	-	E950.6	E962.1	E980.7
2,4-toluene diisocyanate	983.0	E864.0	-	E950.7	E962.1	E980.6
2,4,5-T (trichloro- phenoxyacetic acid)	989.2	E863.5	-	E950.6	E962.1	E980.7
14-hydroxydihydro- morphinone	965.09	E850.2	E935.2	E950.0	E962.0	E980.0
ABOB	961.7	E857	E931.7	E950.4	E962.0	E980.4
Abrus (seed)	988.2	E865.3	-	E950.9	E962.1	E980.9
Absinthe	980.0	E860.1	-	E950.9	E962.1	E980.9
beverage	980.0	E860.0	-	E950.9	E962.1	E980.9
Acenocoumarin , acenocoumarol	964.2	E858.2	E934.2	E950.4	E962.0	E980.4
Acepromazine	969.1	E853.0	E939.1	E950.3	E962.0	E980.3
Acetal	982.8	E862.4	-	E950.9	E962.1	E980.9
Acetaldehyde (vapor)	987.8	E869.8	-	E952.8	E962.2	E982.8
liquid	989.89	E866.8	-	E950.9	E962.1	E980.9
Acetaminophen	965.4	E850.4	E935.4	E950.0	E962.0	E980.0
Acetaminosalol	965.1	E850.3	E935.3	E950.0	E962.0	E980.0
Acetanilid(e)	965.4	E850.4	E935.4	E950.0	E962.0	E980.0
Acetarsol , acetarson	961.1	E857	E931.1	E950.4	E962.0	E980.4
Acetazolamide	974.2	E858.5	E944.2	E950.4	E962.0	E980.4
Acetic						
acid	983.1	E864.1	-	E950.7	E962.1	E980.6
with sodium acetate (ointment)	976.3	E858.7	E946.3	E950.4	E962.0	E980.4
irrigating solution	974.5	E858.5	E944.5	E950.4	E962.0	E980.4
lotion	976.2	E858.7	E946.2	E950.4	E962.0	E980.4
anhydride	983.1	E864.1	-	E950.7	E962.1	E980.6
ether (vapor)	982.8	E862.4	-	E950.9	E962.1	E980.9
Acetohexamide	962.3	E858.0	E932.3	E950.4	E962.0	E980.4
Acetomenaphihone	964.3	E858.2	E934.3	E950.4	E962.0	E980.4
Acetomorphine	965.01	E850.0	E935.0	E950.0	E962.0	E980.0
Acetone (oils) (vapor)	982.8	E862.4	-	E950.9	E962.1	E980.9
Acetophenazine (maleate)	969.1	E853.0	E939.1	E950.3	E962.0	E980.3
Acetophenetidin	965.4	E850.4	E935.4	E950.0	E962.0	E980.0
Acetophenone	982.0	E862.4	-	E950.9	E962.1	E980.9
Acetorphine	965.09	E850.2	E935.2	E950.0	E962.0	E980.0
Acetosulfone (sodium)	961.8	E857	E931.8	E950.4	E962.0	E980.4
Acetrizate (sodium)	977.8	E858.8	E947.8	E950.4	E962.0	E980.4
Acetylcarbromal	967.3	E852.2	E937.3	E950.2	E962.0	E980.2
Acetylcholine (chloride)	971.0	E855.3	E941.0	E950.4	E962.0	E980.4
Acetylcysteine	975.5	E858.6	E945.5	E950.4	E962.0	E980.4
Acetyldigitoxin	972.1	E858.3	E942.1	E950.4	E962.0	E980.4
Acetyldihydrocodeine	965.09	E850.2	E935.2	E950.0	E962.0	E980.0
Acetyldihydrocodeinone	965.09	E850.2	E935.2	E950.0	E962.0	E980.0
Acetylene (gas) (industrial)	987.1	E868.1	-	E951.8	E962.2	E981.8
incomplete combustion of—see Carbon monoxide, fuel, utility						
tetrachloride (vapor)	982.3	E862.4	-	E950.9	E962.1	E980.9
Acetyliodosalicylic acid	965.1	E850.3	E935.3	E950.0	E962.0	E980.0
Acetylphenylhydrazine	965.8	E850.8	E935.8	E950.0	E962.0	E980.0
Acetylsalicylic acid	965.1	E850.3	E935.3	E950.0	E962.0	E980.0
Achromycin	960.4	E856	E930.4	E950.4	E962.0	E980.4
ophthalmic preparation	976.5	E858.7	E946.5	E950.4	E962.0	E980.4
topical NEC	976.0	E858.7	E946.0	E950.4	E962.0	E980.4
Acidifying agents	963.2	E858.1	E933.2	E950.4	E962.0	E980.4

	External Cause (E-Code)					
	Poisoning	Accident	Therapeutic Use	Suicide Attempt	Assault	Undetermined
Acids (corrosive) NEC	983.1	E864.1	-	E950.7	E962.1	E980.6
Aconite (wild)	988.2	E865.4	-	E950.9	E962.1	E980.9
Aconitine (liniment)	976.8	E858.7	E946.8	E950.4	E962.0	E980.4
Aconitum ferox	988.2	E865.4	-	E950.9	E962.1	E980.9
Acridine	983.0	E864.0	-	E950.7	E962.1	E980.6
vapor	987.8	E869.8	-	E952.8	E962.2	E982.8
Acriflavine	961.9	E857	E931.9	E950.4	E962.0	E980.4
Acrisorcin	976.0	E858.7	E946.0	E950.4	E962.0	E980.4
Acrolein (gas)	987.8	E869.8	-	E952.8	E962.2	E982.8
liquid	989.89	E866.8	-	E950.9	E962.1	E980.9
Actaea spicata	988.2	E865.4	-	E950.9	E962.1	E980.9
Acterol	961.5	E857	E931.5	E950.4	E962.0	E980.4
ACTH	962.4	E858.0	E932.4	E950.4	E962.0	E980.4
Acthar	962.4	E858.0	E932.4	E950.4	E962.0	E980.4
Actinomycin (C) (D)	960.7	E856	E930.7	E950.4	E962.0	E980.4
Adalin (acetyl)	967.3	E852.2	E937.3	E950.2	E962.0	E980.2
Adenosine (phosphate)	977.8	E858.8	E947.8	E950.4	E962.0	E980.4
Adhesives	989.89	E866.6	-	E950.9	E962.1	E980.9
ADH	962.5	E858.0	E932.5	E950.4	E962.0	E980.4
Adicillin	960.0	E856	E930.0	E950.4	E962.0	E980.4
Adiphenine	975.1	E855.6	E945.1	E950.4	E962.0	E980.4
Adjunct , pharmaceutical	977.4	E858.8	E947.4	E950.4	E962.0	E980.4
Adrenal (extract, cortex or medulla) (glucocorticoids) (hormones) (mineralocorticoids)	962.0	E858.0	E932.0	E950.4	E962.0	E980.4
ENT agent	976.6	E858.7	E946.6	E950.4	E962.0	E980.4
ophthalmic preparation	976.5	E858.7	E946.5	E950.4	E962.0	E980.4
topical NEC	976.0	E858.7	E946.0	E950.4	E962.0	E980.4
Adrenalin	971.2	E855.5	E941.2	E950.4	E962.0	E980.4
Adrenergic blocking agents	971.3	E855.6	E941.3	E950.4	E962.0	E980.4
Adrenergics	971.2	E855.5	E941.2	E950.4	E962.0	E980.4
Adrenochrome (derivatives)	972.8	E858.3	E942.8	E950.4	E962.0	E980.4
Adrenocorticotropic hormone	962.4	E858.0	E932.4	E950.4	E962.0	E980.4
Adrenocorticotropin	962.4	E858.0	E932.4	E950.4	E962.0	E980.4
Adriamycin	960.7	E856	E930.7	E950.4	E962.0	E980.4
Aerosol spray—see Sprays						
Aerosporin	960.8	E856	E930.8	E950.4	E962.0	E980.4
ENT agent	976.6	E858.7	E946.6	E950.4	E962.0	E980.4
ophthalmic preparation	976.5	E858.7	E946.5	E950.4	E962.0	E980.4
topical NEC	976.0	E858.7	E946.0	E950.4	E962.0	E980.4
Aethusa cynapium	988.2	E865.4	-	E950.9	E962.1	E980.9
Afghanistan black	969.6	E854.1	E939.6	E950.3	E962.0	E980.3
Aflatoxin	989.7	E865.9	-	E950.9	E962.1	E980.9
African boxwood	988.2	E865.4	-	E950.9	E962.1	E980.9
Agar (-agar)	973.3	E858.4	E943.3	E950.4	E962.0	E980.4
Agricultural agent NEC	989.89	E863.9	-	E950.6	E962.1	E980.7
Agrypnal	967.0	E851	E937.0	E950.1	E962.0	E980.1
Air contaminant(s), source or type not specified	987.9	E869.9	-	E952.9	E962.2	E982.9
specified type—see specific substance						
Akee	988.2	E865.4	-	E950.9	E962.1	E980.9
Akrinol	976.0	E858.7	E946.0	E950.4	E962.0	E980.4
Alantolactone	961.6	E857	E931.6	E950.4	E962.0	E980.4
Albamycin	960.8	E856	E930.8	E950.4	E962.0	E980.4
Albumin (normal human serum)	964.7	E858.2	E934.7	E950.4	E962.0	E980.4

Hypertension - heart

	Malignant	Benign	Unspecified
Hypertension, hypertensive (arterial) (arteriolar) (crisis) (degeneration) (disease) (essential) (fluctuating) (idiopathic) (intermittent) (labile) (low renin) (orthostatic) (paroxysmal) (primary) (systemic) (uncontrolled) (vascular)	401.0	401.1	401.9
with			
chronic kidney disease			
stage I through stage IV, or unspecified	403.00	403.10	403.90
stage V or end stage renal disease	403.01	403.11	403.91
heart involvement (conditions classifiable to 429.0-429.3, 429.8, 429.9 due to hypertension) (see also Hypertension, heart)	402.00	402.10	402.90
with kidney involvement see Hypertension, cardiorenal			
renal (kidney) involvement (only conditions classifiable to 585, 587) (excludes conditions classifiable to 584) (see also Hypertension, kidney)	403.00	403.10	403.90
with heart involvement see Hypertension, cardiorenal failure (and sclerosis) (see also Hypertension, kidney)	403.01	403.11	403.91
sclerosis without failure (see also Hypertension, kidney)	403.00	403.10	403.90
accelerated (see also Hypertension, by type, malignant)	401.0	-	-
antepartum see Hypertension, complicating pregnancy, childbirth, or the puerperium			
borderline	-	-	796.2
cardiorenal (disease)	404.00	404.10	404.90
with			
chronic kidney disease			
stage I through stage IV, or unspecified	404.00	404.10	404.90
and heart failure	404.01	404.11	404.91
stage V or end stage renal disease	404.02	404.12	404.92
and heart failure	404.03	404.13	404.93
heart failure	404.01	404.11	404.91
and chronic kidney disease	404.01	404.11	404.91
stage I through stage IV or unspecified	404.01	404.11	404.91
stage V or end stage renal disease	404.03	404.13	404.93
cardiovascular disease (arteriosclerotic) (sclerotic)	402.00	402.10	402.90
with			
heart failure	402.01	402.11	402.91
renal involvement (conditions classifiable to 403) (see also Hypertension, cardiorenal)	404.00	404.10	404.90
cardiovascular renal (disease) (sclerosis) (see also Hypertension, cardiorenal)	404.00	404.10	404.9

	Malignant	Benign	Unspecified
Hypertension, hypertensive— continued			
cerebrovascular disease NEC	437.2	437.2	437.2
complicating pregnancy, childbirth, or the puerperium	642.2	642.0	642.9
with			
albuminuria (and edema) (mild)	-	-	642.4
severe	-	-	642.5
chronic kidney disease	642.2	642.2	642.2
and heart disease	642.2	642.2	642.2
edema (mild)	-	-	642.4
severe	-	-	642.5
heart disease	642.2	642.2	642.2
and chronic kidney disease	642.2	642.2	642.2
renal disease	642.2	642.2	642.2
and heart disease	642.2	642.2	642.2
chronic	642.2	642.0	642.0
with pre-eclampsia or eclampsia	642.7	642.7	642.7
fetus or newborn	760.0	760.0	760.0
essential	-	642.0	642.0
with pre-eclampsia or eclampsia	-	642.7	642.7
fetus or newborn	760.0	760.0	760.0
fetus or newborn	760.0	760.0	760.0
gestational	-	-	642.3
pre-existing	642.2	642.0	642.0
with pre-eclampsia or eclampsia	642.7	642.7	642.7
fetus or newborn	760.0	760.0	760.0
secondary to renal disease	642.1	642.1	642.1
with pre-eclampsia or eclampsia	642.7	642.7	642.7
fetus or newborn	760.0	760.0	760.0
transient	-	-	642.3
due to			
aldosteronism, primary	405.09	405.19	405.99
brain tumor	405.09	405.19	405.99
bulbar poliomyelitis	405.09	405.19	405.99
calculus			
kidney	405.09	405.19	405.99
ureter	405.09	405.19	405.99
coarctation, aorta	405.09	405.19	405.99
Cushing's disease	405.09	405.19	405.99
glomerulosclerosis (see also Hypertension, kidney)	403.00	403.10	403.90
periarteritis nodosa	405.09	405.19	405.99
pheochromocytoma	405.09	405.19	405.99
polycystic kidney(s)	405.09	405.19	405.99
polycythemia	405.09	405.19	405.99
porphyria	405.09	405.19	405.99
pyelonephritis	405.09	405.19	405.99
renal (artery)			
aneurysm	405.01	405.11	405.91
anomaly	405.01	405.11	405.91
embolism	405.01	405.11	405.91
fibromuscular hyperplasia	405.01	405.11	405.91
occlusion	405.01	405.11	405.91
stenosis	405.01	405.11	405.91
thrombosis	405.01	405.11	405.91
encephalopathy	437.2	437.2	437.2
gestational (transient) NEC	-	-	642.3
Goldblatt's	440.1	440.1	440.1
heart (disease) (conditions classifiable to 429.0-429.3, 429.8, 429.9 due to hypertension)	402.00	402.10	402.90

heart - venous

	Malignant	Benign	Unspecified
Hypertension, hypertensive— continued			
heart — <i>continued</i>			
with			
heart failure	402.01	402.11	402.91
hypertensive kidney disease (conditions classifiable to 403) (see also Hypertension, cardiorenal)	404.00	404.10	404.90
renal sclerosis (see also Hypertension, cardiorenal)	404.00	404.10	404.90
intracranial, benign	-	348.2	-
intraocular	-	-	365.04
kidney	403.00	403.10	403.90
with			
chronic kidney disease			
stage I through stage IV, or unspecified	403.00	403.10	403.90
stage V or end stage renal disease	403.01	403.11	403.91
heart involvement (conditions classifiable to 429.0-429.3, 429.8, 429.9 due to hypertension) (see also Hypertension, cardiorenal)	404.00	404.10	404.90
hypertensive heart (disease) (conditions classifiable to 402) (see also Hypertension, cardiorenal)	404.00	404.10	404.90
lesser circulation	-	-	416.0
necrotizing	401.0	-	-
ocular	-	-	365.04
pancreatic duct - code to underlying condition			
with			
chronic pancreatitis	-	-	577.1
portal (due to chronic liver disease)	-	-	572.3
postoperative			997.91
psychogenic	-	-	306.2
puerperal, postpartum see Hypertension, complicating pregnancy, childbirth, or the puerperium			
pulmonary (artery) (secondary)	-	-	416.8
with			
cor pulmonale (chronic)	-	-	416.8
acute	-	-	415.0
right heart ventricular strain/failure	-	-	416.8
acute	-	-	415.0
idiopathic			416.0
primary			416.0
of newborn			747.83
secondary	-	-	416.8
renal (disease) (see also Hypertension, kidney)	403.00	403.10	403.90
renovascular NEC	405.01	405.11	405.91
secondary NEC	405.09	405.19	405.99
due to			
aldosteronism, primary	405.09	405.19	405.99
brain tumor	405.09	405.19	405.99
bulbar poliomyelitis	405.09	405.19	405.99
calculus			

	Malignant	Benign	Unspecified
Hypertension, hypertensive— continued			
secondary NEC — <i>continued</i>			
due to — <i>continued</i>			
calculus — <i>continued</i>			
kidney	405.09	405.19	405.99
ureter	405.09	405.19	405.99
coarctation, aorta	405.09	405.19	405.99
Cushing's disease	405.09	405.19	405.99
glomerulosclerosis (see also Hypertension, kidney)	403.00	403.10	403.90
periarteritis nodosa	405.09	405.19	405.99
pheochromocytoma	405.09	405.19	405.99
polycystic kidney(s)	405.09	405.19	405.99
polycythemia	405.09	405.19	405.99
porphyria	405.09	405.19	405.99
pyelonephritis	405.09	405.19	405.99
renal (artery)			
aneurysm	405.01	405.11	405.91
anomaly	405.01	405.11	405.91
embolism	405.01	405.11	405.91
fibromuscular hyperplasia	405.01	405.11	405.91
occlusion	405.01	405.11	405.91
stenosis	405.01	405.11	405.91
thrombosis	405.01	405.11	405.91
transient	-	-	796.2
of pregnancy	-	-	642.3
venous, chronic (asymptomatic) (idiopathic)	-	-	459.30
with			
complication, NEC	-	-	459.39
inflammation	-	-	459.32
with ulcer	-	-	459.33
ulcer	-	-	459.31
with inflammation	-	-	459.33
due to			
deep vein thrombosis (see also Syndrome, postphlebotic) -	-	-	459.10

Chapter 1: Infectious and Parasitic Diseases (001-139)

Chapter 1 of ICD-9-CM includes a long list of infectious and parasitic diseases. Everything from cholera and bubonic plague to toxoplasmosis has a home here. But as you code, keep in mind that ICD-9-CM may list infections in the chapters for their specific anatomic area instead of in Chapter 1. Each time you code, search the index and then confirm your code choice in the tabular list.

List of Sections

- 001-009: Intestinal Infectious Diseases
- 010-018: Tuberculosis
- 020-027: Zoonotic Bacterial Diseases
- 030-041: Other Bacterial Diseases
- 042: Human Immunodeficiency Virus (HIV) Infection
- 045-049: Poliomyelitis And Other Non-Arthropod-Borne Viral Diseases and Prion Diseases of Central Nervous System
- 050-059: Viral Diseases Accompanied by Exanthem
- 060-066: Arthropod-Borne Viral Diseases
- 070-079: Other Diseases Due to Viruses and Chlamydiae
- 080-088: Rickettsioses and Other Arthropod-Borne Diseases
- 090-099: Syphilis and Other Venereal Diseases
- 100-104: Other Spirochetal Diseases
- 110-118: Mycoses
- 120-129: Helminthiases
- 130-136: Other Infectious And Parasitic Diseases
- 137-139: Late Effects Of Infectious And Parasitic Diseases

Highlights From the ICD-9-CM Official Guidelines for Coding and Reporting

The ICD-9-CM Official Guidelines for Coding and Reporting for Chapter 1 keep the focus on proper coding for HIV, septicemia and related conditions, and MRSA. The information below covers the major points of Section I.C.1 of the guidelines effective Oct. 1, 2011, the most recent version.

Guidelines Provide Crucial Answers for Coders Reporting HIV

The Official Guidelines give you practical coding guidance for a variety of HIV-related scenarios.

First, you must use 042 (Human immunodeficiency virus [HIV] disease) to report only confirmed cases of HIV. A diagnostic statement from the provider that the patient is positive for HIV or has an HIV-related illness counts as confirmation.

Sequencing: Whether you use 042 as the first-listed (or principal) diagnosis depends on the nature of the patient's visit.

Use 042 as the principal diagnosis for a patient admitted for an HIV-related condition (unless the patient is pregnant or recently gave birth, as explained below). You also should report additional diagnoses for the HIV-related conditions documented for the patient.

On the other hand, if the provider admits the patient for a condition unrelated to HIV, you should choose your principal diagnosis based on the reason for admission. Then report 042 and codes for the patient's other HIV-related conditions.

The guidelines indicate the above sequencing rules apply regardless of whether the patient is newly diagnosed or has had previous encounters for HIV-related conditions.

042 Isn't the Only Possibility for HIV Encounters

Asymptomatic: When documentation doesn't record any symptoms, but it does show the patient is HIV positive, you should use V08 (*Asymptomatic human immunodeficiency virus [HIV] infection status*) rather than 042. However, if the provider documents AIDS, treatment for an HIV-related illness, or one or more conditions caused by being HIV-positive, then you should use 042.

Inconclusive serology: When a patient with no definitive diagnosis or manifestations of HIV has an inconclusive HIV serology, you should not use 042. You should use 795.71 (*Nonspecific serologic evidence of human immunodeficiency virus [HIV]*).

Note that you should never use V08 or 795.71 if the patient has ever been diagnosed with an HIV illness that falls under 042. You always should use 042 for patients who have had an HIV-related illness.

Pregnancy, puerperium: When a patient presents with an HIV-related illness during pregnancy, childbirth, or the puerperium, your first-listed (or principal) code must be from the 647.6x range (*Other viral diseases complicating pregnancy childbirth or the puerperium*). Then report 042 and the code or codes for the patient's HIV-related illnesses. Sequence the conditions that ICD-9 indexes to Chapter 15, Certain Conditions Originating in the Perinatal Period (760-779), first.

If the patient's status is asymptomatic HIV, report 647.6x and V08.

HIV Test Codes Vary Based on Circumstances

The codes you report when a patient presents for determination of HIV status depends on the patient's specific case.

- You should use the screening code V73.89 (*Other specified viral diseases*) as the primary code.
- For patients without symptoms who are in a high-risk group for HIV, you should add secondary code V69.8 (*Other problems related to lifestyle*).
- When a patient has an HIV test because of signs, symptoms, or confirmation of an HIV-related illness, you should report the code(s) for the signs, symptoms, or confirmed condition. If the patient has counseling at the same session, report V65.44 (*Human immunodeficiency virus [HIV] counseling*), too.
 - ➡ Code V65.44 is also the appropriate code to use when a patient returns for the test results and learns she is HIV negative. If the test shows the patient is HIV positive, then V65.44 may also be appropriate, but first you should report either V08 for an asymptomatic patient or 042 for a symptomatic patient. For symptomatic patients, you also should add codes for the symptoms or confirmed HIV-related diagnoses.

Sort Through the Definitions for Septicemia, SIRS, and Sepsis

The Official Guidelines include a lengthy section on proper reporting of septicemia, SIRS, sepsis, severe sepsis, and septic shock.

To report 038.xx (*Septicemia*) correctly, you first need to understand how it differs from sepsis. Providers may use these terms interchangeably, so proper coding requires understanding the definitions the ICD-9-CM guidelines provide and possibly querying the provider for clarification if needed.

Definitions: Septicemia is a systemic condition that involves the presence of toxins and pathological microorganisms in the blood. Examples include bacteria, viruses, and fungi, but this is not an exclusive list.

Sepsis is infection-caused systemic inflammatory response syndrome (SIRS). If the patient has acute organ dysfunction associated with the sepsis, this qualifies as severe sepsis. When the patient has acute organ dysfunction related to a medical condition other than sepsis, you should not report severe sepsis.

Remember Sequencing Rules for SIRS, Sepsis, and Severe Sepsis

- Whether you're reporting SIRS, sepsis, or severe sepsis, you must report at least two codes so that the claim identifies both the underlying cause and the SIRS.
 - Sequence the underlying cause code first, and then include a code from 995.9x (*Systemic inflammatory response syndrome [SIRS]*).
- When the diagnosis is sepsis or severe sepsis, you must report a code for the systemic infection along with the code for sepsis (995.91) or severe sepsis (995.92).
- In some cases, the documentation will not specify the organism causing the infection. In that situation, you should report 038.9 (*Unspecified septicemia*).
- Coding for severe sepsis has another rule: report one or more additional codes for the associated acute organ dysfunction.

Documentation tips: You should follow the rules for coding severe sepsis when documentation shows the patient has sepsis with multiple organ dysfunctions.

Also, you may not report SIRS diagnoses from 995.9x unless documentation specifies sepsis or SIRS.

Note: There are separate rules for SIRS related to post procedural infection and to non-infectious processes like trauma and burns.

POA warning: Facility coders who must watch whether a diagnosis is present on admission (POA) should note that it's appropriate to use 995.91 (*Sepsis*) or 995.92 (*Severe sepsis*) as secondary when the condition develops after admission. If you can't tell from the documentation whether the condition was POA, you should ask the provider.

Lock Down Proper Coding When Patient Has Localized Infection, Too

If the provider documents both sepsis, severe sepsis, or SIRS and a localized infection as reasons for admission, you should report at least three codes:

- The systemic infection code, such as 038.xx
- The appropriate sepsis code, 995.91 or 995.92
- The localized infection code.

Urosepsis: When the documentation shows only "urosepsis," you should report 599.0 (*Urinary tract infection site not specified*). If the medical record also shows the organism causing the urosepsis, you should report a code for the organism, as well.

Turn to 038.0 for Bacterial Sepsis and Septicemia

You'll often use 038.0 with 995.9x for bacterial sepsis and septicemia. Two examples of when you'll use 038.0 include streptococcal sepsis and streptococcal septicemia:

- For streptococcal sepsis, you should report 038.0 and then 995.91.
- For streptococcal septicemia, you should report only 038.0 unless querying the provider offers additional information.

Apply This Sequencing for Septic Shock

Septic shock is a kind of acute organ dysfunction because it involves circulatory failure related to severe sepsis. When a patient has septic shock, your codes should follow this order:

- The code for the systemic infection
- 995.92 for severe sepsis; note that documentation does not need to specify "severe" sepsis because septic shock indicates severe sepsis
- 785.52 (*Septic shock*) or 998.02 (*Postoperative septic shock*); note that you may not report septic shock as a principal diagnosis
- Codes for other acute organ dysfunctions.

Note: See Chapter 11 to report sepsis and septic shock connected to pregnancy, birth, and abortion. See Chapter 15 to report newborn sepsis.

Post Procedural Sepsis Coding Has Variations to Watch

When documentation reveals post procedural sepsis, you should report your codes in the following order:

- The complication code, such as 998.59 (*Other postoperative infection*) or 674.3x (*Other complications of obstetrical surgical wounds*)
- The sepsis code, 995.91 or 995.92
- Codes for any acute organ dysfunction for severe sepsis

Your coding will change a bit if post procedural infection leads to severe sepsis and post procedural septic shock:

- Complication code
- Sepsis codes: systemic infection and 995.92
- 998.02 (*Postoperative shock, septic*)
- Codes for any acute organ dysfunction for severe sepsis

Don't Assume Infection Caused the Sepsis

When the sepsis results from something other than infection, use the following order for your codes:

- The code for the noninfectious condition, such as the appropriate burn or injury code, assuming this condition meets the definition of a principal diagnosis
- The code for the systemic infection
- The sepsis code, 995.91 or 995.92
- Codes for any acute organ dysfunction for severe sepsis.

Note that if the sepsis meets the principal diagnosis requirements, you should report the systemic infection and sepsis/severe sepsis codes followed by the code for the noninfectious condition. You may report either the noninfectious condition or the sepsis as principal if both meet the definition of principal diagnosis.

Caution: When a patient has a noninfectious condition that results in an infection that then leads to sepsis/severe sepsis, you should report 995.91 or 995.92 as appropriate. You should not also report 995.93 (*Systemic inflammatory response syndrome due to noninfectious process without acute organ dysfunction*) or 995.94 (*Systemic inflammatory response syndrome due to noninfectious process with acute organ dysfunction*).

Note: See Chapter 17 to report SIRS related to noninfectious causes. See Chapter 19 to report external cause of injury codes when SIRS is due to trauma.

MRSA Conditions Often Feature Combination Codes

ICD-9-CM offers combination codes for certain methicillin resistant *Staphylococcus aureus* (MRSA) diagnoses. In those cases, you should report the combination code that describes the complete condition rather than reporting the individual elements.

Example 1: The patient has septicemia caused by MRSA. You should report 038.12 (*Methicillin resistant staphylococcus aureus septicemia*).

Example 2: The patient has pneumonia due to MRSA. You should report 482.42 (*Methicillin resistant pneumonia due to staphylococcus aureus*).

Do not report: When combination codes apply, you should not report 041.12 (*Methicillin resistant staphylococcus aureus in conditions classified elsewhere and of unspecified site*). You also should not report V09.0 (*Infection with microorganisms resistant to penicillins*).

Double Up on the Codes When Necessary

You won't always have the option of using a combination code for a current MRSA infection. In those cases, you should report the condition as well as MRSA code 041.12. You shouldn't report V09.0 as an additional code.

Distinguish Between Colonization and Infection

A person may have MRSA or Methicillin susceptible *Staphylococcus aureus* (MSSA) on or in the body without being sick. In these cases, you may see the documentation refer to colonization, carriage, carrier, MRSA screen positive, or MRSA nasal swab positive.

How to code: When documentation shows MSSA colonization, you should report V02.53 (*Carrier or suspected carrier of methicillin susceptible staphylococcus aureus*).

For MSSA colonization, use V02.54 (*Carrier or suspected carrier of methicillin resistant staphylococcus aureus*). When the patient has both MRSA colonization and MRSA infection documented, you may report codes for both.

Chapter 1

Infectious and Parasitic Diseases

INFECTIOUS AND PARASITIC DISEASES (001-139)

Note: Categories for "late effects" of infectious and parasitic diseases are to be found at 137-139.

INCLUDES diseases generally recognized as communicable or transmissible as well as a few diseases of unknown but possibly infectious origin

EXCLUDES: acute respiratory infections (460-466)
carrier or suspected carrier of infectious organism (V02.0-V02.9)
certain localized infections
influenza (487.0-487.8, 488.01-488.19)

INTESTINAL INFECTIOUS DISEASES (001-009)

EXCLUDES: helminthiases (120.0-129)

4th 001 Cholera

AHA: Q2, 2002; Q4, 2002; Q1, 2005; Q1, 2006; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

001.0 Due to *Vibrio cholerae*

AHA: Q2, 2002; Q4, 2002; Q1, 2005; Q1, 2006; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2010

001.1 Due to *Vibrio cholerae* el tor

001.9 Cholera, unspecified

4th 002 Typhoid and paratyphoid fevers

002.0 Typhoid fever

Typhoid (fever) (infection) [any site]

002.1 Paratyphoid fever A

002.2 Paratyphoid fever B

002.3 Paratyphoid fever C

002.9 Paratyphoid fever, unspecified

4th 003 Other salmonella infections

INCLUDES infection or food poisoning by *Salmonella* [any serotype]

003.0 *Salmonella gastroenteritis*

Salmonellosis

003.1 *Salmonella septicemia*5th 003.2 Localized salmonella infections

003.20 Localized salmonella infection, unspecified

003.21 *Salmonella meningitis*003.22 *Salmonella pneumonia*003.23 *Salmonella arthritis*003.24 *Salmonella osteomyelitis*

003.29 Other

003.8 Other specified salmonella infections

003.9 *Salmonella* infection, unspecified4th 004 Shigellosis

INCLUDES bacillary dysentery

004.0 *Shigella dysenteriae*

Infection by group A *Shigella* (Schmitz) (Shiga)

004.1 *Shigella flexneri*

Infection by group B *Shigella*

004.2 *Shigella boydii*

Infection by group C *Shigella*

004.3 *Shigella sonnei*

Infection by group D *Shigella*

004.8 Other specified shigella infections

004.9 Shigellosis, unspecified

4th 005 Other food poisoning (bacterial)

EXCLUDES: salmonella infections (003.0-003.9)
toxic effect of:
food contaminants (989.7)
noxious foodstuffs (988.0-988.9)

005.0 Staphylococcal food poisoning

Staphylococcal toxemia specified as due to food

005.1 Botulism food poisoning

Botulism NOS

Food poisoning due to *Clostridium botulinum*

EXCLUDES: infant botulism (040.41)
wound botulism (040.42)

AHA: Q4, 2007

005.2 Food poisoning due to *Clostridium perfringens* [C. welchii]

Enteritis necroticans

005.3 Food poisoning due to other *Clostridia*005.4 Food poisoning due to *Vibrio parahaemolyticus*5th 005.8 Other bacterial food poisoning

EXCLUDES: salmonella food poisoning (003.0-003.9)

AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

005.81 Food poisoning due to *Vibrio vulnificus*

AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

005.89 Other bacterial food poisoning

Food poisoning due to *Bacillus cereus*

AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

005.9 Food poisoning, unspecified

4th 006 Amebiasis

INCLUDES infection due to *Entamoeba histolytica*

EXCLUDES: amebiasis due to organisms other than *Entamoeba histolytica* (007.8)

AHA: Q4, 2008

006.0 Acute amebic dysentery without mention of abscess

Acute amebiasis

006.1 Chronic intestinal amebiasis without mention of abscess

Chronic:
amebiasis
amebic dysentery

006.2 Amebic nondysenteric colitis

006.3 Amebic liver abscess

Hepatic amebiasis

006.4 Amebic lung abscess

Amebic abscess of lung (and liver)

4th 4th digit required 5th 5th digit required N Newborn M Maternity P Pediatric A Adult ♀ Female ♂ Male AHA AHA Coding Clinic®
Unacceptable principal diagnosis symbol per Medicare code edits POA Code exempt from diagnosis present on admission requirement

<p>006.5 Amebic brain abscess   Amebic abscess of brain (and liver) (and lung)</p> <p>006.6 Amebic skin ulceration  Cutaneous amebiasis</p> <p>006.8 Amebic infection of other sites   Amebic: appendicitis balanitis Ameboma Excludes: <i>specific infections by free-living amoebae (136.21-136.29)</i> AHA: Q4, 2008</p> <p>006.9 Amebiasis, unspecified   Amebiasis NOS</p> <p>4P 007 Other protozoal intestinal diseases INCLUDES: protozoal: colitis diarrhea dysentery AHA: Q4, 2000</p> <p>007.0 Balantidiasis  Infection by Balantidium coli</p> <p>007.1 Giardiasis   Infection by Giardia lamblia Lambliasis</p> <p>007.2 Coccidiosis   Infection by Isospora belli and Isospora hominis Isosporiasis</p> <p>007.3 Intestinal trichomoniasis </p> <p>007.4 Cryptosporidiosis   AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>007.5 Cyclosporiasis   AHA: Q4, 2000; Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>007.8 Other specified protozoal intestinal diseases   Amebiasis due to organisms other than Entamoeba histolytica AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>007.9 Unspecified protozoal intestinal disease   Flagellate diarrhea Protozoal dysentery NOS</p> <p>4P 008 Intestinal infections due to other organisms INCLUDES: <i>any condition classifiable to 009.0-009.3 with mention of the responsible organisms</i> Excludes: <i>food poisoning by these organisms (005.0-005.9)</i></p> <p>5P 008.0 Escherichia coli [E. coli] AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.00 E. coli, unspecified   E. coli enteritis NOS AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.01 Enteropathogenic E. coli  </p> <p>008.02 Enterotoxigenic E. coli  </p> <p>008.03 Enteroinvasive E. coli  </p> <p>008.04 Enterohemorrhagic E. coli  </p>	<p>008.09 Other intestinal E. coli infections   AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.1 Arizona group of paracolon bacilli  </p> <p>008.2 Aerobacter aerogenes   Enterobacter aerogenes</p> <p>008.3 Proteus (mirabilis) (morganii)  </p> <p>5P 008.4 Other specified bacteria</p> <p>008.41 Staphylococcus   Staphylococcal enterocolitis</p> <p>008.42 Pseudomonas  </p> <p>008.43 Campylobacter   AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.44 Yersinia enterocolitica  </p> <p>008.45 Clostridium difficile   Pseudomembranous colitis</p> <p>008.46 Other anaerobes   Anaerobic enteritis NOS Bacteroides (fragilis) Gram-negative anaerobes</p> <p>008.47 Other gram-negative bacteria   Gram-negative enteritis NOS Excludes: <i>gram-negative anaerobes (008.46)</i> AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.49 Other   AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.5 Bacterial enteritis, unspecified  </p> <p>5P 008.6 Enteritis due to specified virus AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.61 Rotavirus   AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.62 Adenovirus  </p> <p>008.63 Norwalk virus   Norovirus Norwalk-like agent</p> <p>008.64 Other small round viruses [SRV's]   Small round virus NOS</p> <p>008.65 Calicivirus  </p> <p>008.66 Astrovirus  </p> <p>008.67 Enterovirus NEC   Coxsackie virus Echovirus Excludes: <i>poliovirus (045.0-045.9)</i></p> <p>008.69 Other viral enteritis   Torovirus AHA: Q4, 2001; Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010</p> <p>008.8 Other organism, not elsewhere classified   Viral: enteritis NOS gastroenteritis Excludes: <i>influenza with involvement of gastrointestinal tract (487.8, 488.09, 488.19)</i> AHA: Q4, 2010</p>
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 Complication or comorbidity
  Major complication or comorbidity
  Chief morbidity exclusion
  Unspecified
  Other specified
 Questionable admission
 V code as primary diagnosis
 Manifestation not allowed as principal diagnosis
 Hospital-acquired condition (HAC) alert

Chapter 0

Procedures And Interventions , Not Elsewhere Classified

PROCEDURES AND INTERVENTIONS, NOT ELSEWHERE CLASSIFIED (00)

3rd 00 Procedures and interventions, Not Elsewhere Classified

4th 00.0 Therapeutic ultrasound

Excludes: diagnostic ultrasound (non-invasive) (88.71-88.79)
intracardiac echocardiography [ICE] (heart chamber(s)) (37.28)
intravascular imaging (adjunctive) (00.21-00.29)

AHA: Q4, 2002

00.01 Therapeutic ultrasound of vessels of head and neck

Anti-restenotic ultrasound
Intravascular non-ablative ultrasound

Excludes: diagnostic ultrasound of:
eye (95.13)
head and neck (88.71)
that of inner ear (20.79)

ultrasonic:
angioplasty of non-coronary vessel (39.50)
embolectomy (38.01, 38.02)
endarterectomy (38.11, 38.12)
thrombectomy (38.01, 38.02)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.02 Therapeutic ultrasound of heart

Anti-restenotic ultrasound
Intravascular non-ablative ultrasound

Excludes: diagnostic ultrasound of heart (88.72)
ultrasonic ablation of heart lesion (37.34)

ultrasonic angioplasty of coronary vessels (00.66, 36.09)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.03 Therapeutic ultrasound of peripheral vascular vessels

Anti-restenotic ultrasound
Intravascular non-ablative ultrasound

Excludes: diagnostic ultrasound of peripheral vascular system (88.77)

ultrasonic angioplasty of:
non-coronary vessel (39.50)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.09 Other therapeutic ultrasound

Excludes: ultrasonic:
fragmentation of urinary stones (59.95)
percutaneous nephrostomy with fragmentation (55.04)
physical therapy (93.35)
transurethral guided laser induced prostatectomy (TULIP) (60.21)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

4th 00.1 Pharmaceuticals

00.10 Implantation of chemotherapeutic agent

Brain wafer chemotherapy
Interstitial/ intracavitary

Excludes: injection or infusion of cancer chemotherapeutic substance (99.25)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.11 Infusion of drotrecogin alfa (activated)

Infusion of recombinant protein

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.12 Administration of inhaled nitric oxide

Nitric oxide therapy

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.13 Injection or infusion of nesiritide

Human B-type natriuretic peptide (hBNP)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.14 Injection or infusion of oxazolidinone class of antibiotics

Linezolid injection

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.15 High-dose infusion interleukin-2 [IL-2]

Infusion (IV bolus, CIV) interleukin

Injection of aldesleukin

Excludes: low-dose infusion interleukin-2 (99.28)

AHA: Q4, 2003; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.16 Pressurized treatment of venous bypass graft [conduit] with pharmaceutical substance

Ex-vivo treatment of vessel

Hyperbaric pressurized graft [conduit]

AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.17 Infusion of vasopressor agent

AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.18 Infusion of immunosuppressive antibody therapy

INCLUDES: during induction phase of solid organ transplantation
monoclonal antibody therapy
polyclonal antibody therapy

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.19 Disruption of blood brain barrier via infusion [BBBD]

Infusion of substance to disrupt blood brain barrier

Code also chemotherapy (99.25)

Excludes: other perfusion (39.97)

AHA: Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

3rd digit required 4th digit required Bilateral procedure Non-covered procedure
Limited coverage procedure Non-OR Procedure Valid OR Procedure Female Male

00.2 Intravascular imaging of blood vessels
 Endovascular ultrasonography
 Intravascular ultrasound (IVUS)
 Intravascular [ultrasound] imaging of blood vessels
 Virtual histology intravascular ultrasound [VH-IVUS]
Note: real-time imaging of lumen of blood vessel(s) using sound waves
Code also any synchronous diagnostic or therapeutic procedures
Excludes: adjunct vascular system procedures, number of vessels treated (00.40-00.43)
 diagnostic procedures on blood vessels (38.21-38.29)
 diagnostic ultrasound of peripheral vascular system (88.77)
 intravascular imaging of vessel(s) by OCT (38.24-38.25)
 magnetic resonance imaging (MRI) (88.91-88.97)
 therapeutic ultrasound (00.01-00.09)
AHA: Q4, 2004

00.21 Intravascular imaging of extracranial cerebral vessels
 Common carotid vessels and branches
 Intravascular ultrasound (IVUS), extracranial cerebral vessels
Excludes: diagnostic ultrasound (non-invasive) of head and neck (88.71)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.22 Intravascular imaging of intrathoracic vessels
 Aorta and aortic arch
 Intravascular ultrasound (IVUS), intrathoracic vessels
 Vena cava (superior) (inferior)
Excludes: diagnostic ultrasound (non-invasive) of other sites of thorax (88.73)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.23 Intravascular imaging of peripheral vessels
 Imaging of:
 vessels of arm(s)
 vessels of leg(s)
 Intravascular ultrasound (IVUS), peripheral vessels
Excludes: diagnostic ultrasound (non-invasive) of peripheral vascular system (88.77)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q1, 2010; Q4, 2010

00.24 Intravascular imaging of coronary vessels
 Intravascular ultrasound (IVUS), coronary vessels
Excludes: diagnostic ultrasound (non-invasive) of heart (88.72)
 intracardiac echocardiography [ICE] (ultrasound of heart chamber(s)) (37.28)
AHA: Q4, 2004; Q4, 2005; Q3, 2006; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q1, 2010; Q4, 2010

00.25 Intravascular imaging of renal vessels
 Intravascular ultrasound (IVUS), renal vessels
 Renal artery
Excludes: diagnostic ultrasound (non-invasive) of urinary system (88.75)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.28 Intravascular imaging, other specified vessel(s)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.29 Intravascular imaging, unspecified vessel(s)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.3 Computer assisted surgery [CAS]
 CT-free navigation
 Image guided navigation (IGN)
 Image guided surgery (IGS)
 Imageless navigation
 That without the use of robotic(s) technology
Code also diagnostic or therapeutic procedure
Excludes: robotic assisted procedures (17.41-17.49)
 stereotactic frame application only (93.59)
AHA: Q4, 2004

00.31 Computer assisted surgery with CT/CTA
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.32 Computer assisted surgery with MR/MRA
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.33 Computer assisted surgery with fluoroscopy
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.34 Imageless computer assisted surgery
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.35 Computer assisted surgery with multiple datasets
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.39 Other computer assisted surgery
 Computer assisted surgery NOS
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.4 Adjunct Vascular System Procedures
Note: These codes can apply to both coronary and peripheral vessels. These codes are to be used in conjunction with other therapeutic procedure codes to provide additional information on the number of vessels upon which a procedure was performed and/or the number of stents inserted. As appropriate, code both the number of vessels operated on (00.40-00.43), and the number of stents inserted (00.45-00.48).
Code also any:
 angioplasty (00.61-00.62, 00.66, 39.50)
 atherectomy (17.53-17.56)
 endarterectomy (38.10-38.18)
 insertion of vascular stent(s) (00.55, 00.63-00.65, 36.06-36.07, 39.90)
 other removal of coronary artery obstruction (36.09)
AHA: Q4, 2005

00.40 Procedure on single vessel
 Number of vessels, unspecified
Excludes: (aorto)coronary bypass (36.10-36.19)
 intravascular imaging of blood vessels (00.21-00.29)
AHA: Q4, 2005; Q3, 2006; Q4, 2006; Q1, 2007; Q4, 2007; Q4, 2008; Q2, 2009; Q3, 2009; Q4, 2009; Q2, 2010; Q4, 2010; Q2, 2012; Q4, 2013

3rd digit required
4th digit required
Bilateral procedure
NC Non-covered procedure
LC Limited coverage procedure
OR Non-OR Procedure
Valid OR Procedure
♀ Female
♂ Male

00.41 Procedure on two vessels

Excludes: (aorto) coronary bypass (36.10-36.19)
intravascular imaging of blood vessels (00.21-00.29)

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q3, 2012

00.42 Procedure on three vessels

Excludes: (aorto) coronary bypass (36.10-36.19)
intravascular imaging of blood vessels (00.21-00.29)

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.43 Procedure on four or more vessels

Excludes: (aorto) coronary bypass (36.10-36.19)
intravascular imaging of blood vessels (00.21-00.29)

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.44 Procedure on vessel bifurcation

Note: This code is to be used to identify the presence of a vessel bifurcation; it does not describe a specific bifurcation stent. Use this code only once per operative episode, irrespective of the number of bifurcations in vessels.

AHA: Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011; Q1, 2013

00.45 Insertion of one vascular stent

Number of stents, unspecified

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q3, 2009; Q4, 2009; Q4, 2010

00.46 Insertion of two vascular stents

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q2, 2009; Q4, 2009; Q4, 2010; Q3, 2012; Q4, 2013

00.47 Insertion of three vascular stents

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.48 Insertion of four or more vascular stents

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.49 SuperSaturated oxygen therapy

Aqueous oxygen (AO) therapy

SSO₂

SuperOxygenation infusion therapy

Code also any: injection or infusion of thrombolytic agent (99.10)

insertion of coronary artery stent(s) (36.06-36.07)

intracoronary artery thrombolytic infusion (36.04)

number of vascular stents inserted (00.45-00.48)

number of vessels treated (00.40-00.43)

open chest coronary artery angioplasty (36.03)

other removal of coronary obstruction (36.09)

percutaneous transluminal coronary angioplasty [PTCA] (00.66)

procedure on vessel bifurcation (00.44)

transluminal coronary atherectomy (17.55)

Excludes: other oxygen enrichment (93.96)
other perfusion (39.97)

AHA: Q4, 2008; Q4, 2009; Q4, 2010

00.5 Other cardiovascular procedures

AHA: Q4, 2002

00.50 Implantation of cardiac resynchronization pacemaker without mention of defibrillation, total system [CRT-P]

Biventricular pacemaker

Biventricular pacing without internal cardiac defibrillator

BiV pacemaker

Implantation of cardiac resynchronization (biventricular) pulse generator pacing device, formation of

pocket, transvenous leads including placement of lead into left ventricular coronary venous system, and intraoperative procedures for evaluation of lead signals.

That with CRT-P generator and one or more leads

Note: Device testing during procedure - omit code

Excludes: implantation of cardiac resynchronization defibrillator, total system [CRT-D] (00.51)
insertion or replacement of any type pacemaker device (37.80-37.87)
replacement of cardiac resynchronization defibrillator pulse generator only [CRT-D](00.54)
replacement of cardiac resynchronization pacemaker pulse generator only [CRT-P] (00.53)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q3, 2008; Q4, 2008; Q4, 2009; Q4, 2010

00.51 Implantation of cardiac resynchronization defibrillator, total system [CRT-D]

BiV defibrillator

Biventricular defibrillator

Biventricular pacing with internal cardiac defibrillator

BiV ICD

BiV pacemaker with defibrillator

BiV pacing with defibrillator

Implantation of a cardiac resynchronization (biventricular) pulse generator with defibrillator [AICD], formation

of pocket, transvenous leads, including placement of lead into left ventricular coronary venous system, intraoperative procedures for evaluation of lead signals, and obtaining defibrillator threshold measurements.

That with CRT-D generator and one or more leads

Note: Device testing during procedure - omit code

Excludes: implantation of cardiac resynchronization pacemaker, total system [CRT-P](00.50)
implantation or replacement of automatic cardioverter/defibrillator, total system [AICD] (37.94)
replacement of cardiac resynchronization defibrillator pulse generator, only [CRT-D](00.54)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q1, 2007; Q4, 2007; Q3, 2008; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

3rd digit required 4th digit required Bilateral procedure Non-covered procedure
Limited coverage procedure Non-OR Procedure Valid OR Procedure Female Male

00.52 Implantation or replacement of transvenous lead [electrode] into left ventricular coronary venous system 

Excludes: implantation of cardiac resynchronization defibrillator, total system [CRT-D](00.51)
 implantation of cardiac resynchronization pacemaker, total system [CRT-P](00.50)
 initial insertion of transvenous lead [electrode] (37.70-37.72)
 replacement of transvenous atrial and/or ventricular lead(s) [electrodes] (37.76)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q3, 2008; Q4, 2008; Q4, 2009; Q4, 2010

00.53 Implantation or replacement of cardiac resynchronization pacemaker pulse generator only [CRT-P] 

Implantation of CRT-P device with removal of any existing CRT-P or other pacemaker device

Note: Device testing during procedure - omit code

Excludes: implantation of cardiac resynchronization pacemaker, total system [CRT-P] (00.50)
 implantation or replacement of cardiac resynchronization defibrillator pulse generator only [CRT-D] (00.54)
 insertion or replacement of any type pacemaker device (37.80-37.87)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

00.54 Implantation or replacement of cardiac resynchronization defibrillator pulse generator device only [CRT-D] 

Implantation of CRT-D device with removal of any existing CRT-D, CRT-P, pacemaker, or defibrillator device

Note: Device testing during procedure - omit code

Excludes: implantation of automatic cardioverter/defibrillator pulse generator only (37.96)
 implantation of cardiac resynchronization defibrillator, total system [CRT-D] (00.51)
 implantation or replacement of cardiac resynchronization pacemaker pulse generator only [CRT-P] (00.53)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011; Q2, 2012

00.55 Insertion of drug-eluting stent(s) of other peripheral vessel(s)

Endograft(s)
 Endovascular graft(s)
 Stent grafts

Code also any:
 angioplasty of other non-coronary vessel(s) (39.50)
 atherectomy of other non-coronary vessel(s) (17.56)

number of vascular stents inserted (00.45-00.48)
 number of vessels treated (00.40-00.43)
 procedure on vessel bifurcation (00.44)

Excludes: drug-coated peripheral stents, e.g., heparin coated (39.90)
 insertion of cerebrovascular stent(s) (00.63-00.65)
 insertion of drug-eluting coronary artery stent (36.07)
 insertion of drug-eluting stent(s) of superficial femoral artery (00.60)
 insertion of non-drug-eluting stent(s): coronary artery (36.06)
 peripheral vessel (39.90)
 that for other endovascular procedure (39.71-39.79)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q3, 2012

00.56 Insertion or replacement of implantable pressure sensor with lead for intracardiac or great vessel hemodynamic monitoring 

Note: The sensor is physically connected by a lead to a separately implanted monitor.

Code also any associated implantation or replacement of subcutaneous monitor (00.57)

Excludes: circulatory monitoring (blood gas, arterial or venous pressure, cardiac output and coronary blood flow) (89.60-89.69)
 insertion of implantable pressure sensor without lead for intracardiac or great vessel hemodynamic monitoring (38.26)

AHA: Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

00.57 Implantation or replacement of subcutaneous device for intracardiac or great vessel hemodynamic monitoring 

Implantation of monitoring device with formation of subcutaneous pocket and connection to intracardiac pressure sensor via lead

Code also any associated insertion or replacement of implanted pressure sensor with lead (00.56)

AHA: Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

00.58 Insertion of intra-aneurysm sac pressure monitoring device (intraoperative)

Insertion of pressure sensor during endovascular repair of abdominal or thoracic aortic aneurysm(s)

AHA: Q4, 2008; Q4, 2009; Q4, 2010

00.59 Intravascular pressure measurement of coronary arteries

INCLUDES: fractional flow reserve (FFR)

Code also any synchronous diagnostic or therapeutic procedures

Excludes: intravascular pressure measurement of intrathoracic arteries (00.67)

AHA: Q4, 2008; Q4, 2009; Q4, 2010

00.6 Procedures on blood vessels

AHA: Q4, 2004; Q4, 2005

 3rd digit required  4th digit required  Bilateral procedure  Non-covered procedure
 Limited coverage procedure  Non-OR Procedure  Valid OR Procedure  Female  Male

Abbe - Alexander

A

Abbe operation
 construction of vagina 70.61
 with graft or prosthesis 70.63
 intestinal anastomosis -- see
 Anastomosis, intestine

Abciximab, infusion 99.20

Abdominocentesis 54.91

Abdominohysterectomy 68.49
 laparoscopic 68.41

Abdominoplasty 86.83

Abdominoscopy 54.21

Abdominouterotomy 68.0
 obstetrical 74.99

Abduction, arytenoid 31.69

AbioCor[®] total replacement heart
 37.52

Ablation
 biliary tract (lesion) by ERCP
 51.64
 endometrial (hysteroscopic)
 68.23
 inner ear (cryosurgery)
 (ultrasound) 20.79
 by injection 20.72
 lesion
 esophagus 42.39
 endoscopic 42.33
 heart
 by peripherally inserted
 catheter 37.34
 endovascular approach
 37.34
 maze procedure (Cox-maze)
 endovascular approach
 37.34
 open approach 37.33
 thoracoscopic approach
 37.37
 thoracoscopic approach
 37.37
 intestine
 large 45.49
 endoscopic 45.43
 large intestine 45.49
 endoscopic 45.43
 liver 50.26
 laparoscopic 50.25
 open 50.23
 percutaneous 50.24
 lung 32.26
 bronchoscopic
 thermoplasty 32.27
 open 32.23
 percutaneous 32.24
 thoracoscopic 32.25
 renal 55.35
 laparoscopic 55.34
 open 55.32
 percutaneous 55.33
 pituitary 07.69
 by
 Cobalt-60 92.32
 implantation (strontium-
 yttrium) (Y) NEC 07.68
 transfrontal approach
 07.64
 transphenoidal approach
 07.65
 proton beam (Bragg peak)
 92.33

Ablation — *continued*
 prostate
 by
 cryoablation 60.62
 laser, transurethral 60.21
 radical cryosurgical ablation
 (RCSA) 60.62
 radiofrequency
 thermotherapy 60.97
 transurethral needle
 ablation (TUNA) 60.97
 tissue
 heart - see Ablation, lesion,
 heart
 liver - see Ablation, lesion,
 liver
 lung - see Ablation, lesion,
 lung
 renal - see Ablation, lesion,
 renal

Abortion, therapeutic 69.51
 by
 aspiration curettage 69.51
 dilation and curettage 69.01
 hysterectomy -- see
 Hysterectomy
 hysterotomy 74.91
 insertion
 laminaria 69.93
 prostaglandin suppository
 96.49
 intra-amniotic injection
 (saline) 75.0

Abrasion
 corneal epithelium 11.41
 for smear or culture 11.21
 epicardial surface 36.39
 pleural 34.6
 skin 86.25

Abscission, cornea 11.49

Absorptiometry photon (dual)
 (single) 88.98

Aburel operation (intra-amniotic
 injection for abortion) 75.0

Accouchement forcé 73.99

Acetabulectomy 77.85

Acetabuloplasty NEC 81.40
 with prosthetic implant 81.52

Achillorrhaphy 83.64
 delayed 83.62

Achillotomomy 83.11
 plastic 83.85

Achillotomy 83.11
 plastic 83.85

Acid peel, skin 86.24

Acromionectomy 77.81

Acromioplasty 81.83
 for recurrent dislocation of
 shoulder 81.82
 partial replacement 81.81
 total replacement, NEC 81.80
 other 81.80
 reverse 81.88

Actinotherapy 99.82

Activities of daily living (ADL)
 therapy 93.83
 training for the blind 93.78

Acupuncture 99.92
 with smouldering moxa 93.35
 for anesthesia 99.91

Adams operation
 advancement of round
 ligament 69.22

Adams — *continued*
 crushing of nasal septum
 21.88
 excision of palmar fascia 82.35

Adenectomy -- *see also* Excision,
 by site
 prostate NEC 60.69
 retropubic 60.4

Adenoidectomy (without
 tonsillectomy) 28.6
 with tonsillectomy 28.3

Adhesiolysis -- *see also* Lysis,
 adhesions
 for collapse of lung 33.39
 middle ear 20.23

Adipectomy 86.83

Adjustment
 cardiac pacemaker program
 (reprogramming) -- omit
 code
 cochlear prosthetic device
 (external components)
 95.49
 dental 99.97
 gastric restrictive device
 (laparoscopic) 44.98
 occlusal 24.8
 orthopedic device
 (noninvasive)
 external fixator - omit code
 spectacles 95.31

Administration (of) -- *see also*
 Injection
 Activase[®] 99.10
 adhesion barrier substance
 99.77
 Alteplase (tPA, generic) 99.10
 Anistreplase (tPA, generic)
 99.10
 antitoxins NEC 99.58
 botulism 99.57
 diphtheria 99.58
 gas gangrene 99.58
 scarlet fever 99.58
 tetanus 99.56
 Bender Visual-Motor Gestalt
 test 94.02
 Benton Visual Retention test
 94.02
 DrotAA 00.11
 Eminase[®] 99.10
 inhaled nitric oxide 00.12
 intelligence test or scale
 (Stanford-Binet) (Wechsler)
 (adult) (children) 94.01
 Minnesota Multiphasic
 Personality Inventory
 (MMPI) 94.02
 MMPI (Minnesota Multiphasic
 Personality Inventory)
 94.02
 neuroprotective agent 99.75
 Proleukin[®] (low-dose) 99.28
 high-dose 00.15
 psychologic test 94.02
 Retavase[®] 99.10
 Reteplase (tPA, generic) 99.10
 Stanford-Binet test 94.01
 Streptase[®] 99.10
 Streptokinase (tPA, generic)
 99.10
 Tenecteplase (tPA, generic)
 99.10

Administration — *continued*
 TNKase[™] 99.10
 toxoid
 diphtheria 99.36
 with tetanus and pertussis,
 combined (DTP) 99.39
 tetanus 99.38
 with diphtheria and
 pertussis, combined
 (DTP) 99.39
 vaccine -- *see also* Vaccination
 BCG 99.33
 measles-mumps-rubella
 (MMR) 99.48
 poliomyelitis 99.41
 TAB 99.32
 Wechsler
 Intelligence Scale (adult)
 (children) 94.01
 Memory Scale 94.02
 Xigris[®] 00.11

Adrenalectomy (unilateral) 07.22
 with partial removal of
 remaining gland 07.29
 bilateral 07.3
 partial 07.29
 subtotal 07.29
 complete 07.3
 partial NEC 07.29
 remaining gland 07.3
 subtotal NEC 07.29
 total 07.3

Adrenorrhaphy 07.44

Adrenotomy (with drainage)
 07.41

Advancement
 extraocular muscle 15.12
 multiple (with resection or
 recession) 15.3
 eyelid muscle 08.59
 eye muscle 15.12
 multiple (with resection or
 recession) 15.3
 graft -- *see* Graft
 leaflet (heart) 35.10
 pedicle (flap) 86.72
 profundus tendon (Wagner)
 82.51
 round ligament 69.22
 tendon 83.71
 hand 82.51
 profundus (Wagner) 82.51
 Wagner (profundus tendon)
 82.51

AESOP[®] (Automated Endoscopic
 System for Optimal
 Positioning) - *see category*
 17.4 4b

Albee operation
 bone peg, femoral neck 78.05
 graft for slipping patella
 78.06
 sliding inlay graft, tibia 78.07

Albert operation (arthrodesis of
 knee) 81.22

Aldridge (-Studdiford) operation
 (urethral sling) 59.5

Alexander operation
 prostatectomy
 perineal 60.62
 suprapubic 60.3
 shortening of round ligaments
 69.22

Alexander-Adams - Anastomosis

Alexander-Adams operation (shortening of round ligaments) 69.22
Alimentation, parenteral 99.29
Allograft -- see Graft
Almoor operation (extrapetrosal drainage) 20.22
Alteimeier operation (perineal rectal pull-through) 48.49
Alveolectomy (interradicular) (intraseptal) (radical) (simple) (with graft) (with implant) 24.5
Alveoloplasty (with graft or implant) 24.5
Alveolotomy (apical) 24.0
Ambulatory cardiac monitoring (ACM) 89.50
Ammon operation (dacryocystotomy) 09.53
Amniocentesis (transuterine) (diagnostic) 75.1 with intra-amniotic injection of saline 75.0
Amniography 87.81
Amnioinfusion 75.37
Amnioscopy, internal 75.31
Amniotomy 73.09 to induce labor 73.01
Amputation (cineplastic) (closed flap) (guillotine) (kineplastic) (open) 84.91
 abdominopelvic 84.19
 above-elbow 84.07
 above-knee (AK) 84.17
 ankle (disarticulation) 84.13 through malleoli of tibia and fibula 84.14
 arm NEC 84.00 through
 carpals 84.03
 elbow (disarticulation) 84.06
 forearm 84.05
 humerus 84.07
 shoulder (disarticulation) 84.08
 wrist (disarticulation) 84.04
 upper 84.07
 Batch-Spittler-McFaddin (knee disarticulation) 84.16
 below-knee (BK) NEC 84.15 conversion into above-knee amputation 84.17
 Boyd (hip disarticulation) 84.18
 Callander's (knee disarticulation) 84.16
 carpals 84.03
 cervix 67.4
 Chopart's (midtarsal) 84.12
 clitoris 71.4
 Dieffenbach (hip disarticulation) 84.18
 Dupuytren's (shoulder disarticulation) 84.08
 ear, external 18.39
 elbow (disarticulation) 84.06
 finger, except thumb 84.01 thumb 84.02
 foot (middle) 84.12
 forearm 84.05
 forefoot 84.12

Amputation — *continued*
 forequarter 84.09
 Gordon-Taylor (hindquarter) 84.19
 Gritti-Stokes (knee disarticulation) 84.16
 Guyon (ankle) 84.13
 hallux 84.11
 hand 84.03
 Hey's (foot) 84.12
 hindquarter 84.19
 hip (disarticulation) 84.18
 humerus 84.07
 interscapulothoracic 84.09
 interthoracoscapular 84.09
 King-Steelquist (hindquarter) 84.19
 Kirk (thigh) 84.17
 knee (disarticulation) 84.16
 Kutler (revision of current traumatic amputation of finger) 84.01
 Larry (shoulder disarticulation) 84.08
 leg NEC 84.10
 above knee (AK) 84.17
 below knee (BK) 84.15 through
 ankle (disarticulation) 84.13
 femur (AK) 84.17
 foot 84.12
 hip (disarticulation) 84.18
 tibia and fibula (BK) 84.15
 Lisfranc
 foot 84.12
 shoulder (disarticulation) 84.08
 Littlewood (forequarter) 84.09
 lower limb NEC -- see also Amputation, leg 84.10
 Mazet (knee disarticulation) 84.16
 metacarpal 84.03
 metatarsal 84.11 head (bunionectomy) 77.59
 metatarsophalangeal (joint) 84.11
 midtarsal 84.12
 nose 21.4
 penis (circle) (complete) (flap) (partial) (radical) 64.3
 Pirogoff's (ankle amputation through malleoli of tibia and fibula) 84.14
 ray
 finger 84.01
 foot 84.11
 toe (metatarsal head) 84.11
 root (apex) (tooth) 23.73 with root canal therapy 23.72
 shoulder (disarticulation) 84.08
 Sorondo-Ferre (hindquarter) 84.19
 S. P. Rogers (knee disarticulation) 84.16
 supracondyler, above-knee 84.17
 supramalleolar, foot 84.14
 Syme's (ankle amputation through malleoli of tibia and fibula) 84.14

Amputation — *continued*
 thigh 84.17
 thumb 84.02
 toe (through metatarsophalangeal joint) 84.11
 transcarpal 84.03
 transmetatarsal 84.12
 upper limb NEC -- see also Amputation, arm 84.00
 wrist (disarticulation) 84.04
Amygdalohippocampotomy 01.39
Amygdalohippocampectomy 01.59
Amygdalotomy 01.39
Analysis
 cardiac rhythm device (AICD) (CRT-D) (CRT-P) (pacemaker) - see Interrogation
 character 94.03
 gastric 89.39
 psychologic 94.31
 transactional
 group 94.44
 individual 94.39
Anastomosis
 abdominal artery to coronary artery 37.17
 accessory-facial nerve 04.72
 accessory-hypoglossal nerve 04.73
 anus (with formation of endorectal ileal pouch) 45.95
 aorta (descending)-pulmonary (artery) 39.0
 aorta-renal artery 39.24
 aorta-subclavian artery 39.22
 aortoceliac 39.26
 aorto(ilio)femoral 39.25
 aortomesenteric 39.26
 appendix 47.99
 arteriovenous NEC 39.29 for renal dialysis 39.27
 artery (suture of distal to proximal end) 39.31 with
 bypass graft 39.29
 extracranial-intracranial [EC-IC] 39.28
 excision or resection of vessel -- see Arteriectomy, with anastomosis, by site
 revision 39.49
 bile ducts 51.39
 bladder NEC 57.88 with
 isolated segment of
 intestine 57.87 [45.50]
 colon (sigmoid) 57.87 [45.52]
 ileum 57.87 [45.51]
 open loop of ileum 57.87 [45.51]
 to intestine 57.88
 ileum 57.87 [45.51]
 bowel -- see also Anastomosis, intestine 45.90
 bronchotracheal 33.48
 bronchus 33.48

Anastomosis — *continued*
 carotid-subclavian artery 39.22
 caval-mesenteric vein 39.1
 caval-pulmonary artery 39.21
 cervicoesophageal 42.59
 colohypopharyngeal (intrathoracic) 42.55 antesternal or antethoracic 42.65
 common bile duct 51.39
 common pulmonary trunk and left atrium (posterior wall) 35.82
 cystic bile duct 51.39
 cystocolic 57.88
 epididymis to vas deferens 63.83
 esophagocolic (intrathoracic) NEC 42.56 with interposition 42.55 antesternal or antethoracic NEC 42.66 with interposition 42.65
 esophagocologastric (intrathoracic) 42.55 antesternal or antethoracic 42.65
 esophagoduodenal (intrathoracic) NEC 42.54 with interposition 42.53
 esophagoenteric (intrathoracic) NEC -- see also Anastomosis, esophagus, to intestinal segment 42.54 antesternal or antethoracic NEC -- see also Anastomosis, esophagus, to intestinal segment 42.64
 esophagoesophageal (intrathoracic) 42.51 antesternal or antethoracic 42.61
 esophagogastric (intrathoracic) 42.52 antesternal or antethoracic 42.62
 esophagus (intrapleural) (intrathoracic) (retrosternal) NEC 42.59 with
 gastrectomy (partial) 43.5
 complete or total 43.99
 interposition (of) NEC 42.58
 colon 42.55
 jejunum 42.53
 small bowel 42.53
 antesternal or antethoracic NEC 42.69 with
 interposition (of) NEC 42.68
 colon 42.65
 jejunal loop 42.63
 small bowel 42.63
 rubber tube 42.68
 to intestinal segment NEC 42.64 with interposition 42.68
 colon NEC 42.66 with interposition 42.65

Anastomosis - Angiectomy

Anastomosis — *continued*

small bowel NEC 42.64
with interposition
42.63
to intestinal segment
(intrathoracic) NEC 42.54
with interposition 42.58
antesternal or antethoracic
NEC 42.64
with interposition 42.68
colon (intrathoracic) NEC
42.56
with interposition 42.55
antesternal or
antethoracic 42.66
with interposition
42.65
small bowel NEC 42.54
with interposition 42.53
antesternal or
antethoracic 42.64
with interposition
42.63
facial-accessory nerve 04.72
facial-hypoglossal nerve 04.71
fallopian tube 66.73
by reanastomosis 66.79
gallbladder 51.35
to
hepatic ducts 51.31
intestine 51.32
pancreas 51.33
stomach 51.34
gastroepiploic artery to
coronary artery 36.17
hepatic duct 51.39
hypoglossal-accessory nerve
04.73
hypoglossal-facial nerve 04.71
ileal loop to bladder 57.87
[45.51]
ileoanal 45.95
ileorectal 45.93
inferior vena cava and portal
vein 39.1
internal mammary artery (to)
coronary artery (single vessel)
36.15
double vessel 36.16
myocardium 36.2
intestine 45.90
large-to-anus 45.95
large-to-large 45.94
large-to-rectum 45.94
large-to-small 45.93
small-to-anus 45.95
small-to-large 45.93
small-to-rectal stump 45.92
small-to-small 45.91
intrahepatic 51.79
intrathoracic vessel NEC 39.23
kidney (pelvis) 55.86
lacrimal sac to conjunctiva
09.82
left-to-right (systemic-
pulmonary artery) 39.0
lymphatic (channel)
(peripheral) 40.9
mesenteric-caval 39.1
mesocaval 39.1
nasolacrimal 09.81
nerve (cranial) (peripheral)
NEC 04.74

Anastomosis — *continued*

accessory-facial 04.72
accessory-hypoglossal 04.73
hypoglossal-facial 04.71
pancreas (duct) (to) 52.96
bile duct 51.39
gall bladder 51.33
intestine 52.96
jejunum 52.96
stomach 52.96
pleurothecal (with valve) 03.79
portacaval 39.1
portal vein to inferior vena
cava 39.1
pulmonary-aortic (Pott's) 39.0
pulmonary artery and superior
vena cava 39.21
pulmonary-innominate artery
(Blalock) 39.0
pulmonary-subclavian artery
(Blalock-Taussig) 39.0
pulmonary vein and azygos
vein 39.23
pyeloileocutaneous 56.51
pyeloureterovesical 55.86
radial artery 36.19
rectum, rectal NEC 48.74
stump to small intestine
45.92
renal (pelvis) 55.86
vein and splenic vein 39.1
renoportal 39.1
salpingothecal (with valve)
03.79
splenic to renal veins 39.1
splenorenal (venous) 39.1
arterial 39.26
subarachnoid-peritoneal (with
valve) 03.71
subarachnoid-ureteral (with
valve) 03.72
subclavian-aortic 39.22
superior vena cava to
pulmonary artery 39.21
systemic-pulmonary artery
39.0
thoracic artery (to)
coronary artery (single) 36.15
double 36.16
myocardium 36.2
ureter (to) NEC 56.79
bladder 56.74
colon 56.71
ileal pouch (bladder) 56.51
ileum 56.71
intestine 56.71
skin 56.61
ureterocalyceal 55.86
ureterocolic 56.71
ureterovesical 56.74
urethra (end-to-end) 58.44
vas deferens 63.82
veins (suture of proximal to
distal end) (with bypass
graft) 39.29
with excision or resection of
vessel -- see Phlebectomy,
with anastomosis, by site
mesenteric to vena cava 39.1
portal to inferior vena cava
39.1
revision 39.49
splenic and renal 39.1

Anastomosis — *continued*

ventricle, ventricular
(intracerebral) (with
valve) -- see also Shunt,
ventricular 02.22
ventriculoatrial (with valve)
02.32
ventriculocaval (with valve)
02.32
ventriculomastoid (with valve)
02.31
ventriculopleural (with valve)
02.33
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bladder
Anderson operation (tibial
lengthening) 78.37
Anel operation (dilation of
lacrimal duct) 09.42
Anesthesia
acupuncture for 99.91
cryoanalgesia nerve (cranial)
(peripheral) 04.2
spinal -- omit code
Aneurysmectomy 38.60
with
anastomosis 38.30
abdominal
artery 38.36
vein 38.37
aorta (arch) (ascending)
(descending) 38.34
head and neck NEC 38.32
intracranial NEC 38.31
lower limb
artery 38.38
vein 38.39
thoracic NEC 38.35
upper limb (artery) (vein)
38.33
graft replacement
(interposition) 38.40
abdominal
aorta
endovascular approach
39.71
fenestrated
(branching) graft
39.78
open approach 38.44
Zenith® Renu™ AAA
graft 39.71
artery 38.46
vein 38.47
aorta (arch) (ascending)
(descending thoracic)
abdominal 38.44
thoracic 38.45
thoracoabdominal 38.45
[38.44]
head and neck NEC 38.42
intracranial NEC 38.41
lower limb
artery 38.48
vein 38.49
thoracic NEC 38.45
upper limb (artery) (vein)
38.43
abdominal
artery 38.66
vein 38.67
aorta (arch) (ascending)
(descending) 38.64

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atrial, auricular 37.32
head and neck NEC 38.62
heart 37.32
intracranial NEC 38.61
lower limb
artery 38.68
vein 38.69
sinus of Valsalva 35.39
thoracic NEC 38.65
upper limb (artery) (vein)
38.63
ventricle (myocardium) 37.32
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Aneurysmorrhaphy
Aneurysmorrhaphy NEC 39.52
by or with
anastomosis -- see
Aneurysmectomy, with
anastomosis, by site
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coagulation 39.52
electrocoagulation 39.52
endovascular graft
abdominal aorta 39.71
fenestrated (branching)
graft 39.78
lower extremity artery(s)
39.79
thoracic aorta 39.73
upper extremity artery(s)
39.79
excision or resection -- see
also Aneurysmectomy,
by site
with
anastomosis -- see
Aneurysmectomy,
with anastomosis,
by site
graft replacement -- see
Aneurysmectomy,
with graft
replacement, by site
filipuncture 39.52
graft replacement -- see
Aneurysmectomy, with
graft replacement, by site
methyl methacrylate 39.52
suture 39.52
wiring 39.52
wrapping 39.52
Matas' 39.52
Aneurysmotomy -- see
Aneurysmectomy
Angiectomy
with
anastomosis 38.30
abdominal
artery 38.36
vein 38.37
aorta (arch) (ascending)
(descending) 38.34
head and neck NEC 38.32
intracranial NEC 38.31
lower limb
artery 38.38
vein 38.39
thoracic vessel NEC 38.35
upper limb (artery) (vein)
38.33
graft replacement
(interposition) 38.40

Angiectomy - Application**Angiectomy** — *continued*

abdominal
 aorta 38.44
 artery 38.46
 vein 38.47
 aorta (arch) (ascending)
 (descending thoracic)
 abdominal 38.44
 thoracic 38.45
 thoracoabdominal 38.45
 [38.44]
 head and neck NEC 38.42
 intracranial NEC 38.41
 lower limb
 artery 38.48
 vein 38.49
 thoracic vessel NEC 38.45
 upper limb (artery) (vein)
 38.43

Angiocardiography (selective)

88.50
 carbon dioxide (negative
 contrast) 88.58
 combined right and left heart
 88.54
 intra-operative coronary
 fluorescence vascular
 88.59
 left heart (aortic valve)
 (atrium) (ventricle)
 (ventricular outflow tract)
 88.53
 combined with right heart
 88.54
 right heart (atrium)
 (pulmonary valve)
 (ventricle) (ventricular
 outflow tract) 88.52
 combined with left heart
 88.54
 SPY, coronary 88.59
 vena cava (inferior) (superior)
 88.51

Angiography (arterial) -- *see also*

Arteriography 88.40
 by C.A.T. - *see* Scan, C.A.T., by
 site
 by computed tomography -
see Scan, C.A.T., by site
 by magnetic resonance -
see Imaging, magnetic
 resonance, by site
 by radioisotope -- *see* Scan,
 radioisotope, by site
 by ultrasound -- *see*
 Ultrasonography, by site
 basilar 88.41
 brachial 88.49
 carotid (internal) 88.41
 celiac 88.47
 cerebral (posterior circulation)
 88.41
 coronary NEC 88.57
 intra-operative fluorescence
 vascular 88.59
 eye (fluorescein) 95.12
 femoral 88.48
 heart 88.50
 intra-abdominal NEC 88.47
 intracranial 88.41
 intrathoracic vessels NEC 88.44
 lower extremity NEC 88.48
 neck 88.41

Angiography — *continued*

non-coronary, intra-operative
 fluorescence 17.71
 placenta 88.46
 pulmonary 88.43
 renal 88.45
 specified artery NEC 88.49
 transfemoral 88.48
 upper extremity NEC 88.49
 veins -- *see* Phlebography
 vertebral 88.41

Angioplasty (laser) -- *see also*
 Repair, blood vessel

*Note: Also use 00.40, 00.41,
 00.42, or 00.43 to show the
 total number of vessels treated.
 Use code 00.44 once to show
 procedure on a bifurcated
 vessel. In addition, use 00.45,
 00.46, 00.47, or 00.48 to show
 the number of vascular stents
 inserted.*

balloon (percutaneous
 transluminal) NEC 39.50
 coronary artery 00.66
 coronary 36.09
 open chest approach 36.03
 percutaneous transluminal
 (balloon) 00.66
 percutaneous transluminal
 (balloon)
 basilar 00.62
 carotid 00.61
 cerebrovascular
 extracranial 00.61
 intracranial 00.62
 coronary (balloon) 00.66
 extracranial 00.61
 femoropopliteal 39.50
 iliac 39.50
 intracranial 00.62
 lower extremity NOS 39.50
 mesenteric 39.50
 peripheral NEC 39.50
 renal 39.50
 subclavian 39.50
 upper extremity NOS 39.50
 vertebral 00.61
 intracranial portion 00.62
 specified site NEC 39.50
 cerebrovascular
 extracranial 00.61
 intracranial 00.62
 peripheral 39.50
Angiorrhaphy 39.30
 artery 39.31
 vein 39.32
Angioscopy, percutaneous 38.22
 eye (fluorescein) 95.12
Angiotomy 38.00
 abdominal
 artery 38.06
 vein 38.07
 aorta (arch) (ascending)
 (descending) 38.04
 head and neck NEC 38.02
 intracranial NEC 38.01
 lower limb
 artery 38.08
 vein 38.09
 thoracic NEC 38.05
 upper limb (artery) (vein) 38.03

Angiotripsy 39.98**Ankylosis**, production of -- *see*

Arthrodesis

Annuloplasty (heart)

(posteromedial) 35.33

Anoplasty 49.79

with hemorrhoidectomy 49.46

Anoscopy 49.21**Antibiogram** -- *see* Examination,
 microscopic**Antibiotic** filter, vena cava 38.7

Antiphobic treatment 94.39

Antrectomy

mastoid 20.49

maxillary 22.39

radical 22.31

pyloric 43.6

Antrostomy -- *see* Antrotomy**Antrotomy** (exploratory) (nasal
 sinus) 22.2

Caldwell-Luc (maxillary sinus)
 22.39

with removal of membrane
 lining 22.31

intranasal 22.2

with external approach
 (Caldwell-Luc) 22.39

radical 22.31

maxillary (simple) 22.2

with Caldwell-Luc approach
 22.39

with removal of membrane
 lining 22.31

external (Caldwell-Luc
 approach) 22.39

with removal of membrane
 lining 22.31

radical (with removal of
 membrane lining) 22.31

Antrum window operation -- *see*

Antrotomy, maxillary

Aorticpulmonary window
 operation 39.59**Aortogram**, aortography

(abdominal) (retrograde)

(selective) (translumbar)

88.42

Aortoplasty (aortic valve) (gusset
 type) 35.11**Aortotomy** 38.04**Apexcardiogram** (with ECG lead)

89.57

Apheresis, therapeutic - *see*
 category 99.7**Apicectomy**

lung 32.39

thoroscopic 32.30

petrous pyramid 20.59

tooth (root) 23.73

with root canal therapy 23.72

Apicoectomy 23.73

with root canal therapy 23.72

Apicolysis (lung) 33.39**Apicostomy**, alveolar 24.0**Aponeurectomy** 83.42

hand 82.33

Aponeurorrhaphy -- *see also*

Suture, tendon 83.64

hand -- *see also* Suture,
 tendon, hand 82.45

Aponeurotomy 83.13

hand 82.11

Appendectomy (with drainage)
 47.09

incidental 47.19

laparoscopic 47.11

laparoscopic 47.01

Appendicectomy (with

drainage) 47.09

incidental 47.19

laparoscopic 47.11

laparoscopic 47.01

Appendicocostomy 47.91**Appendicostomy** 47.91**Appendicolysis** 54.59

with appendectomy 47.09

laparoscopic 47.01

other 47.09

laparoscopic 54.51

Appendicostomy 47.91

closure 47.92

Appendicotomy 47.2**Application**

adhesion barrier substance
 99.77

anti-shock trousers 93.58

arch bars (orthodontic) 24.7
 for immobilization (fracture)
 93.55

barrier substance, adhesion
 99.77

Barton's tongs (skull) (with

synchronous skeletal

traction) 02.94

bone growth stimulator
 (surface) (transcutaneous)
 99.86

bone morphogenetic
 protein (Infuse™)(OP-1™)
 (recombinant)(rhBMP)
 84.52

Bryant's traction 93.44

with reduction of fracture

or dislocation -- *see*

Reduction, fracture and

Reduction, dislocation

Buck's traction 93.46

caliper tongs (skull) (with

synchronous skeletal

traction) 02.94

cast (fiberglass) (plaster)

(plastic) NEC 93.53

with reduction of fracture

or dislocation -- *see*

Reduction, fracture and

Reduction, dislocation

spica 93.51

cervical collar 93.52

with reduction of fracture

or dislocation -- *see*

Reduction, fracture and

Reduction, dislocation

clasp, cerebral aneurysm

(Crutchfield) (Silverstone)

39.51

croupette, croup tent 93.94

crown (artificial) 23.41

Crutchfield tongs (skull) (with

synchronous skeletal

traction) 02.94

Dunlop's traction 93.44

with reduction of fracture

or dislocation -- *see*

Reduction, fracture and

Reduction, dislocation

Chapter 0

Procedures And Interventions , Not Elsewhere Classified

PROCEDURES AND INTERVENTIONS, NOT ELSEWHERE CLASSIFIED (00)

3rd 00 Procedures and interventions, Not Elsewhere Classified

4th 00.0 Therapeutic ultrasound

Excludes: diagnostic ultrasound (non-invasive) (88.71-88.79)
intracardiac echocardiography [ICE] (heart chamber(s)) (37.28)
intravascular imaging (adjunctive) (00.21-00.29)

AHA: Q4, 2002

00.01 Therapeutic ultrasound of vessels of head and neck

Anti-restenotic ultrasound
Intravascular non-ablative ultrasound

Excludes: diagnostic ultrasound of:
eye (95.13)
head and neck (88.71)
that of inner ear (20.79)

ultrasonic:
angioplasty of non-coronary vessel (39.50)
embolectomy (38.01, 38.02)
endarterectomy (38.11, 38.12)
thrombectomy (38.01, 38.02)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.02 Therapeutic ultrasound of heart

Anti-restenotic ultrasound
Intravascular non-ablative ultrasound

Excludes: diagnostic ultrasound of heart (88.72)
ultrasonic ablation of heart lesion (37.34)

ultrasonic angioplasty of coronary vessels (00.66, 36.09)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.03 Therapeutic ultrasound of peripheral vascular vessels

Anti-restenotic ultrasound
Intravascular non-ablative ultrasound

Excludes: diagnostic ultrasound of peripheral vascular system (88.77)

ultrasonic angioplasty of:
non-coronary vessel (39.50)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.09 Other therapeutic ultrasound

Excludes: ultrasonic:
fragmentation of urinary stones (59.95)
percutaneous nephrostomy with fragmentation (55.04)
physical therapy (93.35)
transurethral guided laser induced prostatectomy (TULIP) (60.21)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

4th 00.1 Pharmaceuticals

00.10 Implantation of chemotherapeutic agent

Brain wafer chemotherapy
Interstitial/ intracavitary

Excludes: injection or infusion of cancer chemotherapeutic substance (99.25)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.11 Infusion of drotrecogin alfa (activated)

Infusion of recombinant protein

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.12 Administration of inhaled nitric oxide

Nitric oxide therapy

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.13 Injection or infusion of nesiritide

Human B-type natriuretic peptide (hBNP)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.14 Injection or infusion of oxazolidinone class of antibiotics

Linezolid injection

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.15 High-dose infusion interleukin-2 [IL-2]

Infusion (IV bolus, CIV) interleukin

Injection of aldesleukin

Excludes: low-dose infusion interleukin-2 (99.28)

AHA: Q4, 2003; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.16 Pressurized treatment of venous bypass graft [conduit] with pharmaceutical substance

Ex-vivo treatment of vessel

Hyperbaric pressurized graft [conduit]

AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.17 Infusion of vasopressor agent

AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.18 Infusion of immunosuppressive antibody therapy

INCLUDES: during induction phase of solid organ transplantation
monoclonal antibody therapy
polyclonal antibody therapy

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.19 Disruption of blood brain barrier via infusion [BBBD]

Infusion of substance to disrupt blood brain barrier

Code also chemotherapy (99.25)

Excludes: other perfusion (39.97)

AHA: Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

3rd digit required 4th digit required Bilateral procedure Non-covered procedure
Limited coverage procedure Non-OR Procedure Valid OR Procedure Female Male

00.2 Intravascular imaging of blood vessels
 Endovascular ultrasonography
 Intravascular ultrasound (IVUS)
 Intravascular [ultrasound] imaging of blood vessels
 Virtual histology intravascular ultrasound [VH-IVUS]
Note: real-time imaging of lumen of blood vessel(s) using sound waves
Code also any synchronous diagnostic or therapeutic procedures
Excludes: adjunct vascular system procedures, number of vessels treated (00.40-00.43)
 diagnostic procedures on blood vessels (38.21-38.29)
 diagnostic ultrasound of peripheral vascular system (88.77)
 intravascular imaging of vessel(s) by OCT (38.24-38.25)
 magnetic resonance imaging (MRI) (88.91-88.97)
 therapeutic ultrasound (00.01-00.09)
AHA: Q4, 2004

00.21 Intravascular imaging of extracranial cerebral vessels
 Common carotid vessels and branches
 Intravascular ultrasound (IVUS), extracranial cerebral vessels
Excludes: diagnostic ultrasound (non-invasive) of head and neck (88.71)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.22 Intravascular imaging of intrathoracic vessels
 Aorta and aortic arch
 Intravascular ultrasound (IVUS), intrathoracic vessels
 Vena cava (superior) (inferior)
Excludes: diagnostic ultrasound (non-invasive) of other sites of thorax (88.73)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.23 Intravascular imaging of peripheral vessels
 Imaging of:
 vessels of arm(s)
 vessels of leg(s)
 Intravascular ultrasound (IVUS), peripheral vessels
Excludes: diagnostic ultrasound (non-invasive) of peripheral vascular system (88.77)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q1, 2010; Q4, 2010

00.24 Intravascular imaging of coronary vessels
 Intravascular ultrasound (IVUS), coronary vessels
Excludes: diagnostic ultrasound (non-invasive) of heart (88.72)
 intracardiac echocardiography [ICE] (ultrasound of heart chamber(s)) (37.28)
AHA: Q4, 2004; Q4, 2005; Q3, 2006; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q1, 2010; Q4, 2010

00.25 Intravascular imaging of renal vessels
 Intravascular ultrasound (IVUS), renal vessels
 Renal artery
Excludes: diagnostic ultrasound (non-invasive) of urinary system (88.75)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.28 Intravascular imaging, other specified vessel(s)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.29 Intravascular imaging, unspecified vessel(s)
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.3 Computer assisted surgery [CAS]
 CT-free navigation
 Image guided navigation (IGN)
 Image guided surgery (IGS)
 Imageless navigation
 That without the use of robotic(s) technology
Code also diagnostic or therapeutic procedure
Excludes: robotic assisted procedures (17.41-17.49)
 stereotactic frame application only (93.59)
AHA: Q4, 2004

00.31 Computer assisted surgery with CT/CTA
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.32 Computer assisted surgery with MR/MRA
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.33 Computer assisted surgery with fluoroscopy
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.34 Imageless computer assisted surgery
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.35 Computer assisted surgery with multiple datasets
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.39 Other computer assisted surgery
 Computer assisted surgery NOS
AHA: Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.4 Adjunct Vascular System Procedures
Note: These codes can apply to both coronary and peripheral vessels. These codes are to be used in conjunction with other therapeutic procedure codes to provide additional information on the number of vessels upon which a procedure was performed and/or the number of stents inserted. As appropriate, code both the number of vessels operated on (00.40-00.43), and the number of stents inserted (00.45-00.48).
Code also any:
 angioplasty (00.61-00.62, 00.66, 39.50)
 atherectomy (17.53-17.56)
 endarterectomy (38.10-38.18)
 insertion of vascular stent(s) (00.55, 00.63-00.65, 36.06-36.07, 39.90)
 other removal of coronary artery obstruction (36.09)
AHA: Q4, 2005

00.40 Procedure on single vessel
 Number of vessels, unspecified
Excludes: (aorto)coronary bypass (36.10-36.19)
 intravascular imaging of blood vessels (00.21-00.29)
AHA: Q4, 2005; Q3, 2006; Q4, 2006; Q1, 2007; Q4, 2007; Q4, 2008; Q2, 2009; Q3, 2009; Q4, 2009; Q2, 2010; Q4, 2010; Q2, 2012; Q4, 2013

3rd digit required
4th digit required
Bilateral procedure
NC Non-covered procedure
LC Limited coverage procedure
OR Non-OR Procedure
Valid OR Procedure
♀ Female
♂ Male

00.41 Procedure on two vessels

Excludes: (aorto) coronary bypass (36.10-36.19)
intravascular imaging of blood vessels (00.21-00.29)

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q3, 2012

00.42 Procedure on three vessels

Excludes: (aorto) coronary bypass (36.10-36.19)
intravascular imaging of blood vessels (00.21-00.29)

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.43 Procedure on four or more vessels

Excludes: (aorto) coronary bypass (36.10-36.19)
intravascular imaging of blood vessels (00.21-00.29)

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010

00.44 Procedure on vessel bifurcation

Note: This code is to be used to identify the presence of a vessel bifurcation; it does not describe a specific bifurcation stent. Use this code only once per operative episode, irrespective of the number of bifurcations in vessels.

AHA: Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011; Q1, 2013

00.45 Insertion of one vascular stent

Number of stents, unspecified

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q3, 2009; Q4, 2009; Q4, 2010

00.46 Insertion of two vascular stents

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q2, 2009; Q4, 2009; Q4, 2010; Q3, 2012; Q4, 2013

00.47 Insertion of three vascular stents

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.48 Insertion of four or more vascular stents

AHA: Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2013

00.49 SuperSaturated oxygen therapy

Aqueous oxygen (AO) therapy

SSO₂

SuperOxygenation infusion therapy

Code also any: injection or infusion of thrombolytic agent (99.10)

insertion of coronary artery stent(s) (36.06-36.07)

intracoronary artery thrombolytic infusion (36.04)

number of vascular stents inserted (00.45-00.48)

number of vessels treated (00.40-00.43)

open chest coronary artery angioplasty (36.03)

other removal of coronary obstruction (36.09)

percutaneous transluminal coronary angioplasty [PTCA] (00.66)

procedure on vessel bifurcation (00.44)

transluminal coronary atherectomy (17.55)

Excludes: other oxygen enrichment (93.96)
other perfusion (39.97)

AHA: Q4, 2008; Q4, 2009; Q4, 2010

00.5 Other cardiovascular procedures

AHA: Q4, 2002

00.50 Implantation of cardiac resynchronization pacemaker without mention of defibrillation, total system [CRT-P]

Biventricular pacemaker

Biventricular pacing without internal cardiac defibrillator

BiV pacemaker

Implantation of cardiac resynchronization (biventricular) pulse generator pacing device, formation of

pocket, transvenous leads including placement of lead into left ventricular coronary venous system, and intraoperative procedures for evaluation of lead signals.

That with CRT-P generator and one or more leads

Note: Device testing during procedure - omit code

Excludes: implantation of cardiac resynchronization defibrillator, total system [CRT-D] (00.51)
insertion or replacement of any type pacemaker device (37.80-37.87)
replacement of cardiac resynchronization defibrillator pulse generator only [CRT-D](00.54)
replacement of cardiac resynchronization pacemaker pulse generator only [CRT-P] (00.53)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q3, 2008; Q4, 2008; Q4, 2009; Q4, 2010

00.51 Implantation of cardiac resynchronization defibrillator, total system [CRT-D]

BiV defibrillator

Biventricular defibrillator

Biventricular pacing with internal cardiac defibrillator

BiV ICD

BiV pacemaker with defibrillator

BiV pacing with defibrillator

Implantation of a cardiac resynchronization (biventricular) pulse generator with defibrillator [AICD], formation

of pocket, transvenous leads, including placement of lead into left ventricular coronary venous system, intraoperative procedures for evaluation of lead signals, and obtaining defibrillator threshold measurements.

That with CRT-D generator and one or more leads

Note: Device testing during procedure - omit code

Excludes: implantation of cardiac resynchronization pacemaker, total system [CRT-P](00.50)
implantation or replacement of automatic cardioverter/defibrillator, total system [AICD] (37.94)
replacement of cardiac resynchronization defibrillator pulse generator, only [CRT-D](00.54)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q1, 2007; Q4, 2007; Q3, 2008; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

3rd digit required 4th digit required Bilateral procedure Non-covered procedure
Limited coverage procedure Non-OR Procedure Valid OR Procedure Female Male

00.52 Implantation or replacement of transvenous lead [electrode] into left ventricular coronary venous system 

Excludes: implantation of cardiac resynchronization defibrillator, total system [CRT-D](00.51)
 implantation of cardiac resynchronization pacemaker, total system [CRT-P](00.50)
 initial insertion of transvenous lead [electrode] (37.70-37.72)
 replacement of transvenous atrial and/or ventricular lead(s) [electrodes] (37.76)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q3, 2008; Q4, 2008; Q4, 2009; Q4, 2010

00.53 Implantation or replacement of cardiac resynchronization pacemaker pulse generator only [CRT-P] 

Implantation of CRT-P device with removal of any existing CRT-P or other pacemaker device

Note: Device testing during procedure - omit code

Excludes: implantation of cardiac resynchronization pacemaker, total system [CRT-P] (00.50)
 implantation or replacement of cardiac resynchronization defibrillator pulse generator only [CRT-D] (00.54)
 insertion or replacement of any type pacemaker device (37.80-37.87)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

00.54 Implantation or replacement of cardiac resynchronization defibrillator pulse generator device only [CRT-D] 

Implantation of CRT-D device with removal of any existing CRT-D, CRT-P, pacemaker, or defibrillator device

Note: Device testing during procedure - omit code

Excludes: implantation of automatic cardioverter/defibrillator pulse generator only (37.96)
 implantation of cardiac resynchronization defibrillator, total system [CRT-D] (00.51)
 implantation or replacement of cardiac resynchronization pacemaker pulse generator only [CRT-P] (00.53)

AHA: Q4, 2002; Q4, 2004; Q3, 2005; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011; Q2, 2012

00.55 Insertion of drug-eluting stent(s) of other peripheral vessel(s)

Endograft(s)
 Endovascular graft(s)
 Stent grafts

Code also any:
 angioplasty of other non-coronary vessel(s) (39.50)
 atherectomy of other non-coronary vessel(s) (17.56)

number of vascular stents inserted (00.45-00.48)
 number of vessels treated (00.40-00.43)
 procedure on vessel bifurcation (00.44)

Excludes: drug-coated peripheral stents, e.g., heparin coated (39.90)
 insertion of cerebrovascular stent(s) (00.63-00.65)
 insertion of drug-eluting coronary artery stent (36.07)
 insertion of drug-eluting stent(s) of superficial femoral artery (00.60)
 insertion of non-drug-eluting stent(s): coronary artery (36.06)
 peripheral vessel (39.90)
 that for other endovascular procedure (39.71-39.79)

AHA: Q4, 2002; Q4, 2004; Q4, 2005; Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q3, 2012

00.56 Insertion or replacement of implantable pressure sensor with lead for intracardiac or great vessel hemodynamic monitoring 

Note: The sensor is physically connected by a lead to a separately implanted monitor.

Code also any associated implantation or replacement of subcutaneous monitor (00.57)

Excludes: circulatory monitoring (blood gas, arterial or venous pressure, cardiac output and coronary blood flow) (89.60-89.69)
 insertion of implantable pressure sensor without lead for intracardiac or great vessel hemodynamic monitoring (38.26)

AHA: Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

00.57 Implantation or replacement of subcutaneous device for intracardiac or great vessel hemodynamic monitoring 

Implantation of monitoring device with formation of subcutaneous pocket and connection to intracardiac pressure sensor via lead

Code also any associated insertion or replacement of implanted pressure sensor with lead (00.56)

AHA: Q4, 2006; Q4, 2007; Q4, 2008; Q4, 2009; Q4, 2010; Q4, 2011

00.58 Insertion of intra-aneurysm sac pressure monitoring device (intraoperative)

Insertion of pressure sensor during endovascular repair of abdominal or thoracic aortic aneurysm(s)

AHA: Q4, 2008; Q4, 2009; Q4, 2010

00.59 Intravascular pressure measurement of coronary arteries

INCLUDES: fractional flow reserve (FFR)

Code also any synchronous diagnostic or therapeutic procedures

Excludes: intravascular pressure measurement of intrathoracic arteries (00.67)

AHA: Q4, 2008; Q4, 2009; Q4, 2010

00.6 Procedures on blood vessels

AHA: Q4, 2004; Q4, 2005

 3rd digit required  4th digit required  Bilateral procedure  Non-covered procedure
 Limited coverage procedure  Non-OR Procedure  Valid OR Procedure  Female  Male