



**AAPC**  
Advancing the Business of Healthcare



**2016**  
**Clinical Modification**

**ICD~10~CM**  
**Complete Code Set**

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# Preface

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## ICD-10-CM Official Preface

This 2016 update of the International Classification of Diseases 10th revision, Clinical Modification (ICD-10-CM) is being published by the United States Government in recognition of its responsibility to promulgate this classification throughout the United States for morbidity coding. The International Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), published by the World Health Organization (WHO), is the foundation of ICD-10-CM. ICD-10 continues to be the classification used in cause-of-death coding in the United States. The ICD-10-CM is comparable with the ICD-10. The WHO Collaborating Center for the Family of International Classifications in North America, housed at the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS), has responsibility for the implementation of ICD and other WHO-FIC classifications and serves as a liaison with the WHO, fulfilling international obligations for comparable classifications and the national health data needs of the United States. The historical background of ICD and ICD-10 can be found in the Introduction to the International Classification of Diseases and Related Health Problems (ICD-10), 2008, World Health Organization, Geneva, Switzerland.

ICD-10-CM is the United States' clinical modification of the World Health Organization's ICD-10. The term "clinical" is used to emphasize the modification's intent: to serve as a useful tool in the area of classification of morbidity data for indexing of health records, medical care review, and ambulatory and other health care programs, as well as for basic health statistics. To describe the clinical picture of the patient the codes must be more precise than those needed only for statistical groupings and trend analysis.

## Characteristics of ICD-10-CM

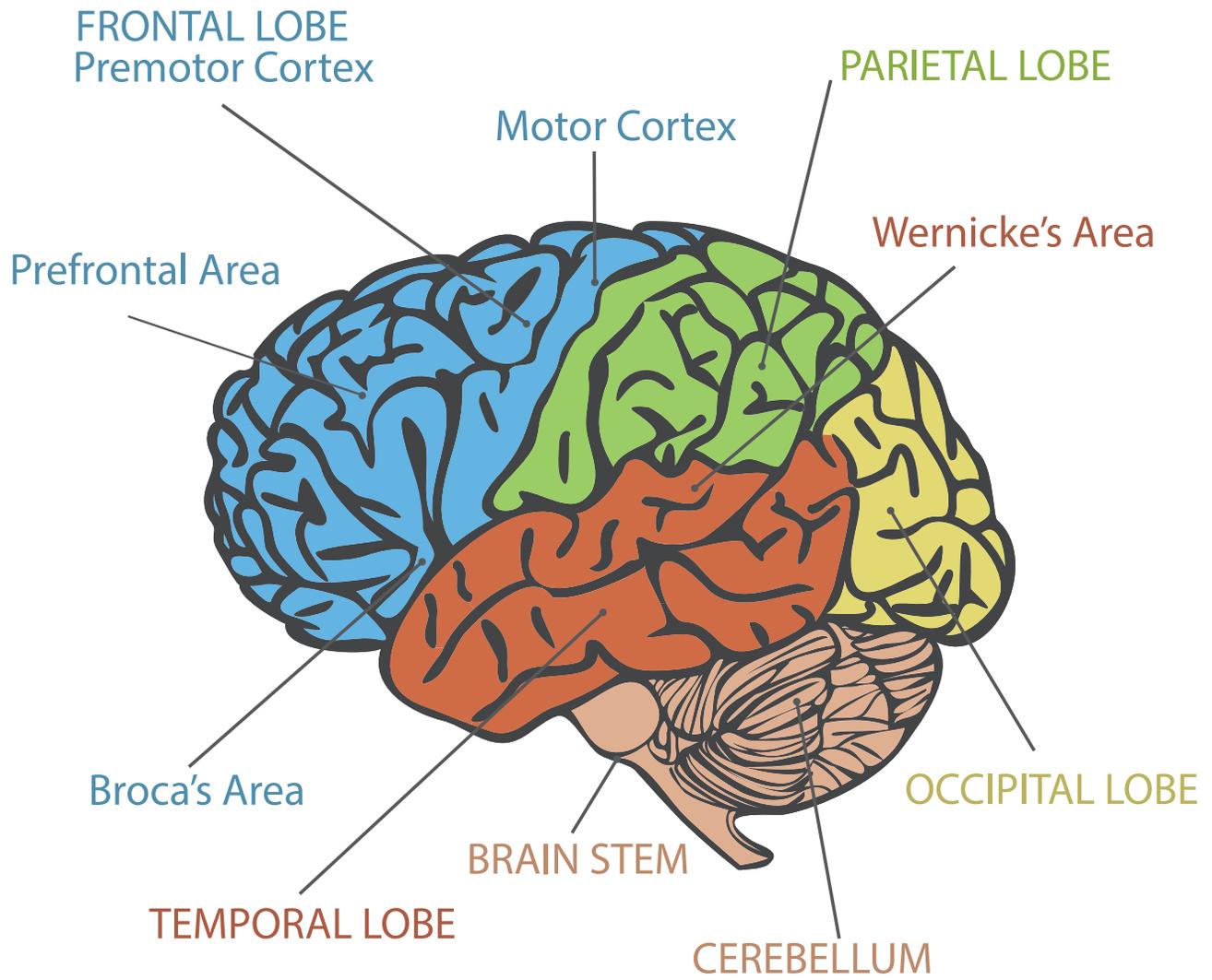
ICD-10-CM far exceeds its predecessors in the number of concepts and codes provided. The disease classification has been expanded to include health-related conditions and to provide greater specificity at the sixth and seventh character level. The sixth and seventh characters are not optional and are intended for use in recording the information documented in the clinical record.

## ICD-10-CM: The Complete Code Set

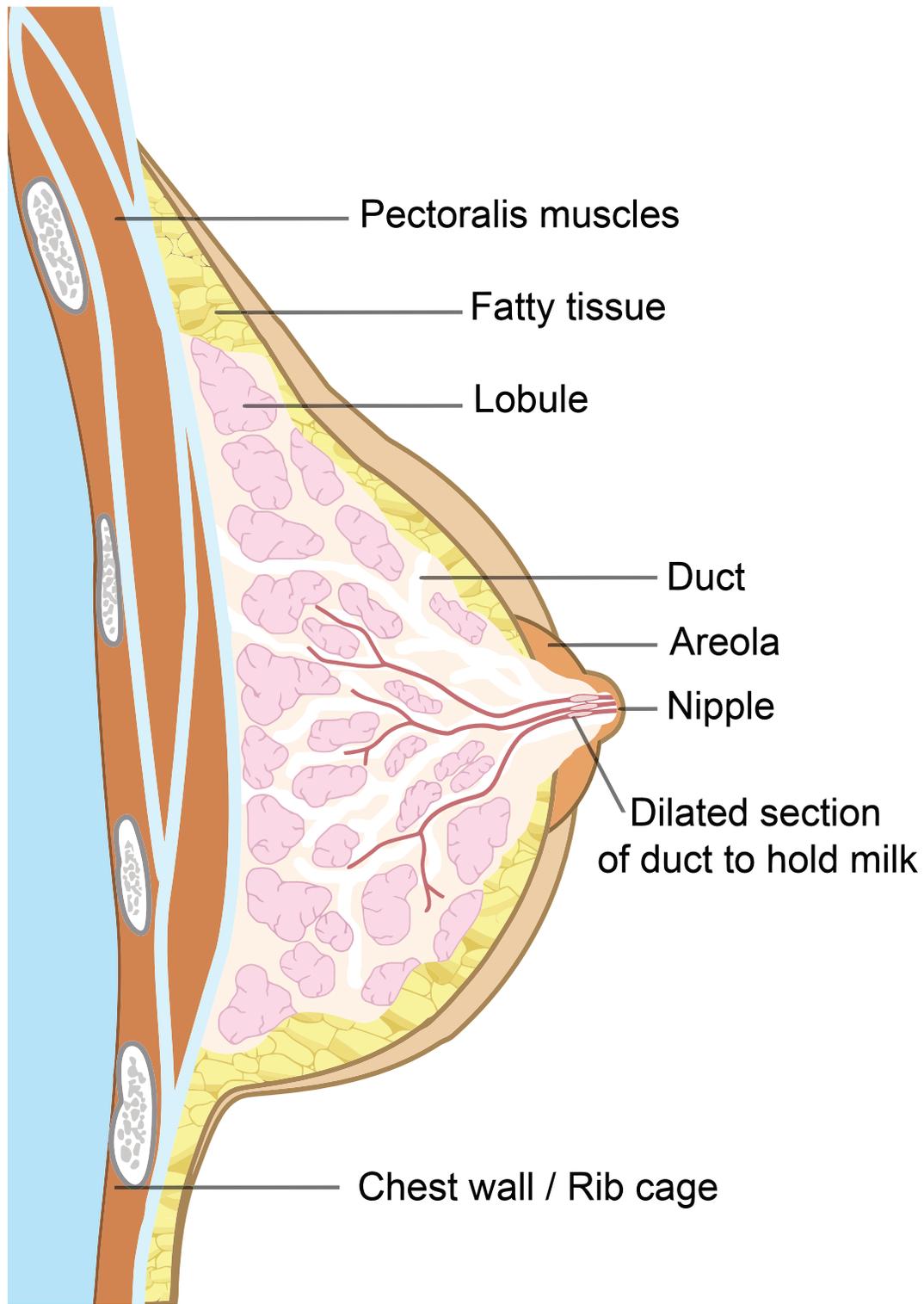
This *ICD-10-CM: The Complete Code Set* edition includes the following features, designed in consultation with coding consultants and ICD-10 trainers, to provide a comprehensive and easy-to-use reference manual:

- A table of contents page
- The complete 2016 ICD-10-CM code set
- Full code descriptions
- Special color coding throughout to highlight instructional notes, bilateral and unilateral indicators, and other features
- Color coding for Medicare code edits to highlight age, sex, manifestation, other specified and unspecified codes
- Illustrations at the beginning of the book and throughout the Tabular List
- ICD-10-CM conventions
- ICD-10-CM Official Coding Guidelines
- Official Index to Diseases and Injuries
- Official External Cause of Injuries Index
- Table of Drugs and Chemicals
- Table of Neoplasms
- Extension "X" alert symbol to alert readers to the new ICD-10-CM placeholder "x" convention
- Anatomy and physiology for various body systems, including illustrations and pathologies
- Trimester icon for O30 and O31 categories

# BRAIN FUNCTION



# BREAST ANATOMY



## Aarskog's - Abnormal

## A

**Aarskog's syndrome** Q87.1  
**Abandonment** — see Maltreatment  
**Abasia** (-astasia) (hysterical) F44.4  
**Abderhalden-Kaufmann-Lignac syndrome** (cystinosis) E72.04  
**Abdomen, abdominal** (see also condition)  
acute R10.0  
angina K55.1  
muscle deficiency syndrome Q79.4  
**Abdominalgia** — see Pain, abdominal  
**Abduction** contracture, hip or other joint — see Contraction, joint  
**Aberrant** (congenital) (see also Malposition, congenital)  
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artery (peripheral) Q27.8  
basilar NEC Q28.1  
cerebral Q28.3  
coronary Q24.5  
digestive system Q27.8  
eye Q15.8  
lower limb Q27.8  
precerebral Q28.1  
pulmonary Q25.79  
renal Q27.2  
retina Q14.1  
specified site NEC Q27.8  
subclavian Q27.8  
upper limb Q27.8  
vertebral Q28.1  
breast Q83.8  
endocrine gland NEC Q89.2  
hepatic duct Q44.5  
pancreas Q45.3  
parathyroid gland Q89.2  
pituitary gland Q89.2  
sebaceous glands, mucous membrane, mouth, congenital Q38.6  
spleen Q89.09  
subclavian artery Q27.8  
thymus (gland) Q89.2  
thyroid gland Q89.2  
vein (peripheral) NEC Q27.8  
cerebral Q28.3  
digestive system Q27.8  
lower limb Q27.8  
precerebral Q28.1  
specified site NEC Q27.8  
upper limb Q27.8  
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mental F99  
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**Abiotrophy** R68.89  
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**Ablepharia, ablepharon** Q10.3  
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alpha-fetoprotein R77.2  
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anatomical relationship Q89.9  
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auditory perception H93.29- ☑  
diplacsis — see Diplacsis  
hyperacusis — see Hyperacusis  
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fragile site Q95.5  
basal metabolic rate R94.8  
biosynthesis, testicular androgen E29.1  
bleeding time R79.1  
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cobalt R79.0  
copper R79.0  
iron R79.0  
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magnesium R79.0  
mineral NEC R79.0  
zinc R79.0  
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elevated R03.0  
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blood sugar R73.09  
bowel sounds R19.15

**Abnormal — continued**  
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hyperactive R19.12  
brain scan R94.02  
breathing R06.9  
caloric test R94.138  
cerebrospinal fluid R83.9  
cytology R83.6  
drug level R83.2  
enzyme level R83.0  
hormones R83.1  
immunology R83.4  
microbiology R83.5  
nonmedicinal level R83.3  
specified type NEC R83.8  
chemistry, blood R79.9  
C-reactive protein R79.82  
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pancytopenia D61.818  
PTT R79.1  
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nasal secretions R84.8  
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prostatic secretions R86.8  
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specified NEC Q98.8  
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atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H) R85.611  
atypical squamous cells of undetermined significance (ASC-US) R85.610  
cytologic evidence of malignancy R85.614  
high grade squamous intraepithelial lesion (HGSIL) R85.613  
human papillomavirus (HPV) DNA test  
high risk positive R85.81  
low risk positive R85.82  
inadequate smear R85.615  
low grade squamous intraepithelial lesion (LGSIL) R85.612  
satisfactory anal smear but lacking transformation zone R85.616  
specified NEC R85.618  
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partial loss — see Loss, ossicles, ear (partial)  
Ebstein Q22.5  
echocardiogram R93.1  
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bladder R94.8  
brain R94.09  
cardiovascular R94.30  
ear R94.128  
endocrine NEC R94.7  
eye NEC R94.118  
kidney R94.4  
liver R94.5  
nervous system  
central NEC R94.09  
peripheral NEC R94.138  
pancreas R94.8  
placenta R94.8  
pulmonary R94.2  
special senses NEC R94.128  
spleen R94.8  
thyroid R94.6  
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 tremor R25.1  
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 cytologic evidence of malignancy R85.614  
 high grade squamous intraepithelial lesion (HGSIL) R85.613  
 human papillomavirus (HPV) DNA test  
 high risk positive R85.81  
 low risk positive R85.82  
 inadequate smear R85.615  
 low grade squamous intraepithelial lesion (LGSIL) R85.612  
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 atypical squamous cells cannot exclude high grade squamous intraepithelial lesion (ASC-H) R87.621  
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 plasma  
 protein R77.9  
 specified NEC R77.8  
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 product of conception O02.9  
 specified type NEC O02.89  
 prothrombin time (PT) R79.1  
 pulmonary  
 artery, congenital Q25.79  
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 pulsations in neck R00.2  
 pupillary H21.56- ☐  
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 liver R93.2  
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 gastrin E16.4  
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 acid phosphatase R74.8  
 alkaline phosphatase R74.8  
 amylase R74.8  
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 specified NEC R74.8  
 lipase R74.8  
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 shape  
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 sinus venosus Q21.1  
 size, tooth, teeth K00.2  
 spacing, tooth, teeth, fully erupted M26.30  
 specimen  
 digestive organs (peritoneal fluid) (saliva) R85.9  
 cytology R85.69  
 drug level R85.2  
 enzyme level R85.0  
 histology R85.7  
 hormones R85.1  
 immunology R85.4  
 microbiology R85.5  
 nonmedicinal level R85.3  
 specified type NEC R85.89

**Abnormal** — *continued*

female genital organs (secretions) (smears) R87.9  
 cytology R87.69  
 cervix R87.619  
 human papillomavirus (HPV) DNA test  
 high risk positive R87.810  
 low risk positive R87.820  
 inadequate (unsatisfactory) smear R87.615  
 non-atypical endometrial cells R87.618  
 specified NEC R87.618  
 vagina R87.629  
 human papillomavirus (HPV) DNA test  
 high risk positive R87.811  
 low risk positive R87.821  
 inadequate (unsatisfactory) smear R87.625  
 vulva R87.69  
 drug level R87.2  
 enzyme level R87.0  
 histological R87.7  
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 microbiology R87.5  
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## Abnormal - Abrasion

**Abnormal** — *continued*

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 glucose R81  
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 imaging

**Abnormity** (any organ or part) — see Anomaly

**Abocclusion** M26.29

hemolytic disease (newborn) P55.1  
 incompatibility reaction ABO — see  
 Complication(s), transfusion, incompatibility  
 reaction, ABO

**Abolition**, language R48.8

**Aborter**, habitual or recurrent — see Loss (of),  
 pregnancy, recurrent

**Abortion** (complete) (spontaneous) O03.9

with  
 retained products of conception — see  
 Abortion, incomplete  
 attempted (elective) (failed) O07.4  
 complicated by O07.30  
 afibrinogenemia O07.1  
 cardiac arrest O07.36  
 chemical damage of pelvic organ (s) O07.34  
 circulatory collapse O07.31  
 cystitis O07.38  
 defibrination syndrome O07.1  
 electrolyte imbalance O07.33  
 embolism (air) (amniotic fluid) (blood clot)  
 (fat) (pulmonary) (septic) (soap) O07.2  
 endometritis O07.0  
 genital tract and pelvic infection O07.0  
 hemolysis O07.1  
 hemorrhage (delayed) (excessive) O07.1  
 infection  
 genital tract or pelvic O07.0  
 urinary tract O07.38  
 intravascular coagulation O07.1  
 laceration of pelvic organ (s) O07.34  
 metabolic disorder O07.33  
 oliguria O07.32  
 oophoritis O07.0  
 parametritis O07.0  
 pelvic peritonitis O07.0  
 perforation of pelvic organ (s) O07.34  
 renal failure or shutdown O07.32  
 salpingitis or salpingo-oophoritis O07.0  
 sepsis O07.37  
 shock O07.31  
 specified condition NEC O07.39  
 tubular necrosis (renal) O07.32  
 uremia O07.32  
 urinary tract infection O07.38  
 venous complication NEC O07.35  
 embolism (air) (amniotic fluid) (blood clot)  
 (fat) (pulmonary) (septic) (soap) O07.2  
 complicated (by) (following) O03.80  
 afibrinogenemia O03.6  
 cardiac arrest O03.86  
 chemical damage of pelvic organ (s) O03.84  
 circulatory collapse O03.81  
 cystitis O03.88  
 defibrination syndrome O03.6  
 electrolyte imbalance O03.83  
 embolism (air) (amniotic fluid) (blood clot) (fat)  
 (pulmonary) (septic) (soap) O03.7  
 endometritis O03.5  
 genital tract and pelvic infection O03.5  
 hemolysis O03.6  
 hemorrhage (delayed) (excessive) O03.6  
 infection  
 genital tract or pelvic O03.5  
 urinary tract O03.88  
 intravascular coagulation O03.6  
 laceration of pelvic organ (s) O03.84  
 metabolic disorder O03.83  
 oliguria O03.82

**Abortion** — *continued*

oophoritis O03.5  
 parametritis O03.5  
 pelvic peritonitis O03.5  
 perforation of pelvic organ (s) O03.84  
 renal failure or shutdown O03.82  
 salpingitis or salpingo-oophoritis O03.5  
 sepsis O03.87  
 shock O03.81  
 specified condition NEC O03.89  
 tubular necrosis (renal) O03.82  
 uremia O03.82  
 urinary tract infection O03.88  
 venous complication NEC O03.85  
 embolism (air) (amniotic fluid) (blood clot)  
 (fat) (pulmonary) (septic) (soap) O03.7  
 failed — see Abortion, attempted  
 habitual or recurrent N96  
 with current abortion — see categories  
 O03-O06  
 without current pregnancy N96  
 care in current pregnancy O26.2-   
 incomplete (spontaneous) O03.4  
 complicated (by) (following) O03.30  
 afibrinogenemia O03.1  
 cardiac arrest O03.36  
 chemical damage of pelvic organ (s) O03.34  
 circulatory collapse O03.31  
 cystitis O03.38  
 defibrination syndrome O03.1  
 electrolyte imbalance O03.33  
 embolism (air) (amniotic fluid) (blood clot)  
 (fat) (pulmonary) (septic) (soap) O03.2  
 endometritis O03.0  
 genital tract and pelvic infection O03.0  
 hemolysis O03.1  
 hemorrhage (delayed) (excessive) O03.1  
 infection  
 genital tract or pelvic O03.0  
 urinary tract O03.38  
 intravascular coagulation O03.1  
 laceration of pelvic organ (s) O03.34  
 metabolic disorder O03.33  
 oliguria O03.32  
 oophoritis O03.0  
 parametritis O03.0  
 pelvic peritonitis O03.0  
 perforation of pelvic organ (s) O03.34  
 renal failure or shutdown O03.32  
 salpingitis or salpingo-oophoritis O03.0  
 sepsis O03.37  
 shock O03.31  
 specified condition NEC O03.39  
 tubular necrosis (renal) O03.32  
 uremia O03.32  
 urinary infection O03.38  
 venous complication NEC O03.35  
 embolism (air) (amniotic fluid) (blood clot)  
 (fat) (pulmonary) (septic) (soap) O03.2  
 induced (encounter for) Z33.2  
 complicated by O04.80  
 afibrinogenemia O04.6  
 cardiac arrest O04.86  
 chemical damage of pelvic organ (s) O04.84  
 circulatory collapse O04.81  
 cystitis O04.88  
 defibrination syndrome O04.6  
 electrolyte imbalance O04.83  
 embolism (air) (amniotic fluid) (blood clot)  
 (fat) (pulmonary) (septic) (soap) O04.7  
 endometritis O04.5  
 genital tract and pelvic infection O04.5  
 hemolysis O04.6  
 hemorrhage (delayed) (excessive) O04.6  
 infection  
 genital tract or pelvic O04.5  
 urinary tract O04.88  
 intravascular coagulation O04.6  
 laceration of pelvic organ (s) O04.84  
 metabolic disorder O04.83  
 oliguria O04.82  
 oophoritis O04.5  
 parametritis O04.5  
 pelvic peritonitis O04.5  
 perforation of pelvic organ (s) O04.84  
 renal failure or shutdown O04.82  
 salpingitis or salpingo-oophoritis O04.5  
 sepsis O04.87  
 shock O04.81  
 specified condition NEC O04.89  
 tubular necrosis (renal) O04.82  
 uremia O04.82

**Abortion** — *continued*

urinary tract infection O04.88  
 venous complication NEC O04.85  
 embolism (air) (amniotic fluid) (blood clot)  
 (fat) (pulmonary) (septic) (soap) O04.7  
 missed O02.1  
 spontaneous — see Abortion (complete)  
 (spontaneous)  
 threatened O20.0  
 threatened (spontaneous) O20.0  
 tubal O00.1  
**Abortus** fever A23.1  
**Aboulomania** F60.7  
**Abram's** disease D59.8  
**Abramov-Fiedler** myocarditis (acute isolated  
 myocarditis) I40.1  
**Abrasion** T14.8  
 abdomen, abdominal (wall) S30.811   
 alveolar process S00.512   
 ankle S90.51-   
 antecubital space — see Abrasion, elbow  
 anus S30.817   
 arm (upper) S40.81-   
 auditory canal — see Abrasion, ear  
 auricle — see Abrasion, ear  
 axilla — see Abrasion, arm  
 back, lower S30.810   
 breast S20.11-   
 brow S00.81   
 buttock S30.810   
 calf — see Abrasion, leg  
 canthus — see Abrasion, eyelid  
 cheek S00.81   
 internal S00.512   
 chest wall — see Abrasion, thorax  
 chin S00.81   
 clitoris S30.814   
 cornea S05.0-   
 costal region — see Abrasion, thorax  
 dental K03.1  
 digit (s)  
 foot — see Abrasion, toe  
 hand — see Abrasion, finger  
 ear S00.41-   
 elbow S50.31-   
 epididymis S30.813   
 epigastric region S30.811   
 epiglottis S10.11   
 esophagus (thoracic) S27.818   
 cervical S10.11   
 eyebrow — see Abrasion, eyelid  
 eyelid S00.21-   
 face S00.81   
 finger (s) S60.41-   
 index S60.41-   
 little S60.41-   
 middle S60.41-   
 ring S60.41-   
 flank S30.811   
 foot (except toe(s) alone) S90.81-   
 toe — see Abrasion, toe  
 forearm S50.81-   
 elbow only — see Abrasion, elbow  
 forehead S00.81   
 genital organs, external  
 female S30.816   
 male S30.815   
 groin S30.811   
 gum S00.512   
 hand S60.51-   
 head S00.91   
 ear — see Abrasion, ear  
 eyelid — see Abrasion, eyelid  
 lip S00.511   
 nose S00.31   
 oral cavity S00.512   
 scalp S00.01   
 specified site NEC S00.81   
 heel — see Abrasion, foot  
 hip S70.21-   
 inguinal region S30.811   
 interscapular region S20.419   
 jaw S00.81   
 knee S80.21-   
 labium (majus) (minus) S30.814   
 larynx S10.11   
 leg (lower) S80.81-   
 knee — see Abrasion, knee  
 upper — see Abrasion, thigh  
 lip S00.511   
 lower back S30.810   
 lumbar region S30.810

# ICD-10-CM Table of Drugs and Chemicals

Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse effect	Underdosing
<b>1-propanol</b>	T51.3X1	T51.3X2	T51.3X3	T51.3X4	—	—
<b>2-propanol</b>	T51.2X1	T51.2X2	T51.2X3	T51.2X4	—	—
<b>2,4-D</b> (dichlorophen-oxyacetic acid)	T60.3X1	T60.3X2	T60.3X3	T60.3X4	—	—
<b>2,4-toluene diisocyanate</b>	T65.0X1	T65.0X2	T65.0X3	T65.0X4	—	—
<b>2,4,5-T</b> (trichloro-phenoxyacetic acid)	T60.1X1	T60.1X2	T60.1X3	T60.1X4	—	—
<b>14-hydroxydihydro-morphinone</b>	T40.2X1	T40.2X2	T40.2X3	T40.2X4	T40.2X5	T40.2X6
<b>A</b>						
<b>ABOB</b>	T37.5X1	T37.5X2	T37.5X3	T37.5X4	T37.5X5	T37.5X6
<b>Abrine</b>	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—
<b>Abrus</b> (seed)	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—
<b>Absinthe</b>	T51.0X1	T51.0X2	T51.0X3	T51.0X4	—	—
beverage	T51.0X1	T51.0X2	T51.0X3	T51.0X4	—	—
<b>Acaricide</b>	T60.8X1	T60.8X2	T60.8X3	T60.8X4	—	—
<b>Acebutolol</b>	T44.7X1	T44.7X2	T44.7X3	T44.7X4	T44.7X5	T44.7X6
<b>Acecarbromal</b>	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6
<b>Aceclidine</b>	T44.1X1	T44.1X2	T44.1X3	T44.1X4	T44.1X5	T44.1X6
<b>Acedapsone</b>	T37.0X1	T37.0X2	T37.0X3	T37.0X4	T37.0X5	T37.0X6
<b>Acefylline piperazine</b>	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6
<b>Acemorphan</b>	T40.2X1	T40.2X2	T40.2X3	T40.2X4	T40.2X5	T40.2X6
<b>Acenocoumarin</b>	T45.511	T45.512	T45.513	T45.514	T45.515	T45.516
<b>Acenocoumarol</b>	T45.511	T45.512	T45.513	T45.514	T45.515	T45.516
<b>Acepyfylline</b>	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6
<b>Acepromazine</b>	T43.3X1	T43.3X2	T43.3X3	T43.3X4	T43.3X5	T43.3X6
<b>Acesulfamethoxy-pyridazine</b>	T37.0X1	T37.0X2	T37.0X3	T37.0X4	T37.0X5	T37.0X6
<b>Acetal</b>	T52.8X1	T52.8X2	T52.8X3	T52.8X4	—	—
<b>Acetaldehyde</b> (vapor)	T52.8X1	T52.8X2	T52.8X3	T52.8X4	—	—
liquid	T65.891	T65.892	T65.893	T65.894	—	—
<b>P-Acetamidophenol</b>	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6
<b>Acetaminophen</b>	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6
<b>Acetaminosalol</b>	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6
<b>Acetanilide</b>	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6
<b>Acetarsol</b>	T37.3X1	T37.3X2	T37.3X3	T37.3X4	T37.3X5	T37.3X6
<b>Acetazolamide</b>	T50.2X1	T50.2X2	T50.2X3	T50.2X4	T50.2X5	T50.2X6
<b>Acetiamine</b>	T45.2X1	T45.2X2	T45.2X3	T45.2X4	T45.2X5	T45.2X6
<b>Acetic</b>						
acid	T54.2X1	T54.2X2	T54.2X3	T54.2X4	—	—
with sodium acetate (ointment)	T49.3X1	T49.3X2	T49.3X3	T49.3X4	T49.3X5	T49.3X6
ester (solvent) (vapor)	T52.8X1	T52.8X2	T52.8X3	T52.8X4	—	—
irrigating solution	T50.3X1	T50.3X2	T50.3X3	T50.3X4	T50.3X5	T50.3X6
medicinal (lotion)	T49.2X1	T49.2X2	T49.2X3	T49.2X4	T49.2X5	T49.2X6
anhydride	T65.891	T65.892	T65.893	T65.894	—	—
ether (vapor)	T52.8X1	T52.8X2	T52.8X3	T52.8X4	—	—
<b>Acetohexamide</b>	T38.3X1	T38.3X2	T38.3X3	T38.3X4	T38.3X5	T38.3X6
<b>Acetohydroxamic acid</b>	T50.991	T50.992	T50.993	T50.994	T50.995	T50.996
<b>Acetomenaphthone</b>	T45.7X1	T45.7X2	T45.7X3	T45.7X4	T45.7X5	T45.7X6
<b>Acetomorphine</b>	T40.1X1	T40.1X2	T40.1X3	T40.1X4	—	—
<b>Acetone</b> (oils)	T52.4X1	T52.4X2	T52.4X3	T52.4X4	—	—
chlorinated	T52.4X1	T52.4X2	T52.4X3	T52.4X4	—	—
vapor	T52.4X1	T52.4X2	T52.4X3	T52.4X4	—	—
<b>Acetonitrile</b>	T52.8X1	T52.8X2	T52.8X3	T52.8X4	—	—
<b>Acetophenazine</b>	T43.3X1	T43.3X2	T43.3X3	T43.3X4	T43.3X5	T43.3X6
<b>Acetophenetidin</b>	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6
<b>Acetophenone</b>	T52.4X1	T52.4X2	T52.4X3	T52.4X4	—	—
<b>Acetorphine</b>	T40.2X1	T40.2X2	T40.2X3	T40.2X4	—	—

Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse effect	Underdosing
<b>Acetosulfone</b> (sodium)	T37.1X1	T37.1X2	T37.1X3	T37.1X4	T37.1X5	T37.1X6
<b>Acetrizoate</b> (sodium)	T50.8X1	T50.8X2	T50.8X3	T50.8X4	T50.8X5	T50.8X6
<b>Acetizoic acid</b>	T50.8X1	T50.8X2	T50.8X3	T50.8X4	T50.8X5	T50.8X6
<b>Acetyl</b>						
bromide	T53.6X1	T53.6X2	T53.6X3	T53.6X4	—	—
chloride	T53.6X1	T53.6X2	T53.6X3	T53.6X4	—	—
<b>Acetylcarbromal</b>	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6
<b>Acetylcholine</b>						
chloride	T44.1X1	T44.1X2	T44.1X3	T44.1X4	T44.1X5	T44.1X6
derivative	T44.1X1	T44.1X2	T44.1X3	T44.1X4	T44.1X5	T44.1X6
<b>Acetylcysteine</b>	T48.4X1	T48.4X2	T48.4X3	T48.4X4	T48.4X5	T48.4X6
<b>Acetyldigitoxin</b>	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
<b>Acetyldigoxin</b>	T46.0X1	T46.0X2	T46.0X3	T46.0X4	T46.0X5	T46.0X6
<b>Acetyldihydrocodeine</b>	T40.2X1	T40.2X2	T40.2X3	T40.2X4	—	—
<b>Acetyldihydrocodeinone</b>	T40.2X1	T40.2X2	T40.2X3	T40.2X4	—	—
<b>Acetylene</b> (gas)	T59.891	T59.892	T59.893	T59.894	—	—
dichloride	T53.6X1	T53.6X2	T53.6X3	T53.6X4	—	—
incomplete combustion of	T58.11	T58.12	T58.13	T58.14	—	—
industrial	T59.891	T59.892	T59.893	T59.894	—	—
tetrachloride	T53.6X1	T53.6X2	T53.6X3	T53.6X4	—	—
vapor	T53.6X1	T53.6X2	T53.6X3	T53.6X4	—	—
<b>Acetylpheneturide</b>	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6
<b>Acetylphenylhydrazine</b>	T39.8X1	T39.8X2	T39.8X3	T39.8X4	T39.8X5	T39.8X6
<b>Acetylsalicylic acid</b> (salts)	T39.011	T39.012	T39.013	T39.014	T39.015	T39.016
enteric coated	T39.011	T39.012	T39.013	T39.014	T39.015	T39.016
<b>Acetylsulfamethoxy-pyridazine</b>	T37.0X1	T37.0X2	T37.0X3	T37.0X4	T37.0X5	T37.0X6
<b>Achromycin</b>	T36.4X1	T36.4X2	T36.4X3	T36.4X4	T36.4X5	T36.4X6
ophthalmic preparation	T49.5X1	T49.5X2	T49.5X3	T49.5X4	T49.5X5	T49.5X6
topical NEC	T49.0X1	T49.0X2	T49.0X3	T49.0X4	T49.0X5	T49.0X6
<b>Aciclovir</b>	T37.5X1	T37.5X2	T37.5X3	T37.5X4	T37.5X5	T37.5X6
<b>Acid</b> (corrosive) NEC	T54.2X1	T54.2X2	T54.2X3	T54.2X4	—	—
<b>Acidifying agent NEC</b>	T50.901	T50.902	T50.903	T50.904	T50.905	T50.906
<b>Acipimox</b>	T46.6X1	T46.6X2	T46.6X3	T46.6X4	T46.6X5	T46.6X6
<b>Acitretin</b>	T50.991	T50.992	T50.993	T50.994	T50.995	T50.996
<b>Aclarubicin</b>	T45.1X1	T45.1X2	T45.1X3	T45.1X4	T45.1X5	T45.1X6
<b>Aclatonium napadisilate</b>	T48.1X1	T48.1X2	T48.1X3	T48.1X4	T48.1X5	T48.1X6
<b>Aconite</b> (wild)	T46.991	T46.992	T46.993	T46.994	T46.995	T46.996
<b>Aconitine</b>	T46.991	T46.992	T46.993	T46.994	T46.995	T46.996
<b>Aconitum ferox</b>	T46.991	T46.992	T46.993	T46.994	T46.995	T46.996
<b>Acridine</b>	T65.6X1	T65.6X2	T65.6X3	T65.6X4	—	—
vapor	T59.891	T59.892	T59.893	T59.894	—	—
<b>Acriflavine</b>	T37.91	T37.92	T37.93	T37.94	T37.95	T37.96
<b>Acriflavinium chloride</b>	T49.0X1	T49.0X2	T49.0X3	T49.0X4	T49.0X5	T49.0X6
<b>Acrinol</b>	T49.0X1	T49.0X2	T49.0X3	T49.0X4	T49.0X5	T49.0X6
<b>Acrisorcin</b>	T49.0X1	T49.0X2	T49.0X3	T49.0X4	T49.0X5	T49.0X6
<b>Acrivastine</b>	T45.0X1	T45.0X2	T45.0X3	T45.0X4	T45.0X5	T45.0X6
<b>Acrolein</b> (gas)	T59.891	T59.892	T59.893	T59.894	—	—
liquid	T54.1X1	T54.1X2	T54.1X3	T54.1X4	—	—
<b>Acrylamide</b>	T65.891	T65.892	T65.893	T65.894	—	—
<b>Acrylic resin</b>	T49.3X1	T49.3X2	T49.3X3	T49.3X4	T49.3X5	T49.3X6
<b>Acrylonitrile</b>	T65.891	T65.892	T65.893	T65.894	—	—
<b>Actaea spicata</b>	T62.2X1	T62.2X2	T62.2X3	T62.2X4	—	—
berry	T62.1X1	T62.1X2	T62.1X3	T62.1X4	—	—
<b>Acterol</b>	T37.3X1	T37.3X2	T37.3X3	T37.3X4	T37.3X5	T37.3X6
<b>ACTH</b>	T38.811	T38.812	T38.813	T38.814	T38.815	T38.816
<b>Actinomycin C</b>	T45.1X1	T45.1X2	T45.1X3	T45.1X4	T45.1X5	T45.1X6
<b>Actinomycin D</b>	T45.1X1	T45.1X2	T45.1X3	T45.1X4	T45.1X5	T45.1X6

## Tabular List Chapter Blocks

### Chapter 1:

A00-A09-Intestinal infectious diseases  
A15-A19-Tuberculosis  
A20-A28-Certain zoonotic bacterial diseases  
A30-A49-Other bacterial diseases  
A50-A64-Infections with a predominantly sexual mode of transmission  
A65-A69-Other spirochetal diseases  
A70-A74-Other diseases caused by chlamydiae  
A75-A79-Rickettsioses  
A80-A89-Viral and prion infections of the central nervous system  
A90-A99-Arthropod-borne viral fevers and viral hemorrhagic fevers  
B00-B09-Viral infections characterized by skin and mucous membrane lesions  
B10-Other human herpesviruses  
B15-B19-Viral hepatitis  
B20-Human immunodeficiency virus [HIV] disease  
B25-B34-Other viral diseases  
B35-B49-Mycoses  
B50-B64-Protozoal diseases  
B65-B83-Helminthiases  
B85-B89-Pediculosis, acariasis and other infestations  
B90-B94-Sequelae of infectious and parasitic diseases  
B95-B97-Bacterial and viral infectious agents  
B99-Other infectious diseases

### Chapter 2:

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

D37-D48-Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes  
D49-Neoplasms of unspecified behavior

### Chapter 3:

D50-D53-Nutritional anemias  
D55-D59-Hemolytic anemias  
D60-D64-Aplastic and other anemias and other bone marrow failure syndromes  
D65-D69-Coagulation defects, purpura and other hemorrhagic conditions  
D70-D77-Other disorders of blood and blood-forming organs  
D78-Intraoperative and postprocedural complications of the spleen  
D80-D89-Certain disorders involving the immune mechanism

### Chapter 4:

E00-E07-Disorders of thyroid gland  
E08-E13-Diabetes mellitus  
E15-E16-Other disorders of glucose regulation and pancreatic internal secretion  
E20-E35-Disorders of other endocrine glands  
E36-Intraoperative complications of endocrine system  
E40-E46-Malnutrition  
E50-E64-Other nutritional deficiencies  
E65-E68-Overweight, obesity and other hyperalimentation  
E70-E88-Metabolic disorders  
E89-Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified

### Chapter 5:

F01-F09-Mental disorders due to known physiological conditions  
F10-F19-Mental and behavioral disorders due to psychoactive substance use  
F20-F29-Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders  
F30-F39-Mood [affective] disorders  
F40-F48-Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders  
F50-F59-Behavioral syndromes associated with physiological disturbances and physical factors  
F60-F69-Disorders of adult personality and behavior  
F70-F79-Intellectual disabilities  
F80-F89-Pervasive and specific developmental disorders  
F90-F98-Behavioral and emotional disorders with onset usually occurring in childhood and adolescence  
F99-Unspecified mental disorder

### Chapter 6:

G00-G09-Inflammatory diseases of the central nervous system  
G10-G14-Systemic atrophies primarily affecting the central nervous system  
G20-G26-Extrapyramidal and movement disorders

## Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

### Chapter Specific Coding Guidelines

#### a. Diabetes mellitus

The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. As many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all of the associated conditions that the patient has.

##### 1) Type of diabetes

The age of a patient is not the sole determining factor, though most type 1 diabetics develop the condition before reaching puberty. For this reason, type 1 diabetes mellitus is also referred to as juvenile diabetes.

##### 2) Type of diabetes mellitus not documented

If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

##### 3) Diabetes mellitus and the use of insulin

If the documentation in a medical record does not indicate the type of diabetes but does indicate that the patient uses insulin, code E11, Type 2 diabetes mellitus, should be assigned. Code Z79.4, Long-term (current) use of insulin, should also be assigned to indicate that the patient uses insulin. Code Z79.4 should not be assigned if insulin is given temporarily to bring a type 2 patient's blood sugar under control during an encounter.

##### 4) Diabetes mellitus in pregnancy and gestational diabetes

*See Section I.C.15. Diabetes mellitus in pregnancy.*

*See Section I.C.15. Gestational (pregnancy induced) diabetes*

##### 5) Complications due to insulin pump malfunction

###### (a) Underdose of insulin due to insulin pump failure

An underdose of insulin due to an insulin pump failure should be assigned to a code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, that specifies the type of pump malfunction, as the principal or first-listed code, followed by code T38.3x6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs. Additional codes for the type of diabetes mellitus and any associated complications due to the underdosing should also be assigned.

###### (b) Overdose of insulin due to insulin pump failure

The principal or first-listed code for an encounter due to an insulin pump malfunction resulting in an overdose of insulin, should also be T85.6-, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts, followed by code T38.3x1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional).

#### 6) Secondary diabetes mellitus

Codes under categories E08, Diabetes mellitus due to underlying condition, E09, Drug or chemical induced diabetes mellitus, and E13, Other specified diabetes mellitus, identify complications/manifestations associated with secondary diabetes mellitus. Secondary diabetes is always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, pancreatectomy, adverse effect of drug, or poisoning).

##### (a) Secondary diabetes mellitus and the use of insulin

For patients who routinely use insulin, code Z79.4, Long-term (current) use of insulin, should also be assigned. Code Z79.4 should not be assigned if insulin is given temporarily to bring a patient's blood sugar under control during an encounter.

##### (b) Assigning and sequencing secondary diabetes codes and its causes

The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the Tabular List instructions for categories E08, E09 and E13.

###### (i) Secondary diabetes mellitus due to pancreatectomy

For postpancreatectomy diabetes mellitus (lack of insulin due to the surgical removal of all or part of the pancreas), assign code E89.1, Postprocedural hypoinsulinemia. Assign a code from category E13 and a code from subcategory Z90.41-, Acquired absence of pancreas, as additional codes.

###### (ii) Secondary diabetes due to drugs

Secondary diabetes may be caused by an adverse effect of correctly administered medications, poisoning or sequela of poisoning.

*See section I.C.19.e for coding of adverse effects and poisoning, and section I.C.20 for external cause code reporting.*

## Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01 – F99)

### Chapter Specific Coding Guidelines

**a. Pain disorders related to psychological factors**

Assign code F45.41 for pain that is exclusively related to psychological disorders. As indicated by the Excludes 1 note under category G89, a code from category G89 should not be assigned with code F45.41.

Code F45.42, Pain disorders with related psychological factors, should be used with a code from category G89, Pain, not elsewhere classified, if there is documentation of a psychological component for a patient with acute or chronic pain.

*See Section I.C.6. Pain*

**b. Mental and behavioral disorders due to psychoactive substance use**

**1) In Remission**

Selection of codes for “in remission” for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.21) requires the provider’s clinical judgment. The appropriate codes for “in remission” are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting).

**2) Psychoactive Substance Use, Abuse And Dependence**

When the provider documentation refers to use, abuse and dependence of the same substance (e.g., alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

- If both use and abuse are documented, assign only the code for abuse.
- If both abuse and dependence are documented, assign only the code for dependence.
- If use, abuse and dependence are all documented, assign only the code for dependence.
- If both use and dependence are documented, assign only the code for dependence.

**3) Psychoactive Substance Use**

As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). The codes are to be used only when the psychoactive substance use is associated with a mental or behavioral disorder, and such a relationship is documented by the provider.

## Chapter 6: Diseases of the Nervous System (G00-G99)

### Chapter Specific Coding Guidelines

#### a. Dominant/nondominant side

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

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

#### b. Pain - Category G89

##### 1) General coding information

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

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

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

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

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

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

- When pain control or pain management is the reason for the admission/encounter (e.g., a patient with displaced intervertebral disc, nerve impingement and severe back pain presents for injection of steroid into the spinal canal). The underlying cause of the pain should be reported as an additional diagnosis, if known.
- When a patient is admitted for the insertion of a neurostimulator for pain control, assign the appropriate pain code as the principal or first-listed diagnosis. When an admission or encounter is for a procedure aimed at treating the underlying condition and a neurostimulator is inserted for pain control during the same admission/encounter, a code for the underlying condition should be assigned as the principal diagnosis and the appropriate pain code should be assigned as a secondary diagnosis.

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

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

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

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

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

- If the encounter is for pain control or pain management, assign the code from category G89 followed by the code identifying the specific site of pain (e.g., encounter for pain management for acute neck pain from trauma is assigned code G89.11, Acute pain due to trauma, followed by code M54.2, Cervicalgia, to identify the site of pain).
- If the encounter is for any other reason except pain control or pain management, and a related definitive diagnosis has not been established (confirmed) by the provider, assign the code for the specific site of pain first, followed by the appropriate code from category G89.

##### 2) Pain due to devices, implants and grafts

See Section I.C.19. Pain due to medical devices

##### 3) Postoperative Pain

The provider's documentation should be used to guide the coding of postoperative pain, as well as Section III. Reporting Additional Diagnoses and Section IV. Diagnostic Coding and Reporting in the Outpatient Setting.

The default for post-thoracotomy and other postoperative pain not specified as acute or chronic is the code for the acute form.

Routine or expected postoperative pain immediately after surgery should not be coded.

###### (a) Postoperative pain not associated with specific postoperative complication

Postoperative pain not associated with a specific postoperative complication is assigned to the appropriate postoperative pain code in category G89.

###### (b) Postoperative pain associated with specific postoperative complication

Postoperative pain associated with a specific postoperative complication (such as painful wire sutures) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes. If appropriate, use additional code(s) from category G89 to identify acute or chronic pain (G89.18 or G89.28).

##### 4) Chronic pain

Chronic pain is classified to subcategory G89.2. There is no time frame defining when pain becomes chronic pain. The provider's documentation should be used to guide use of these codes.

##### 5) Neoplasm Related Pain

Code G89.3 is assigned to pain documented as being related, associated or due to cancer, primary or secondary malignancy, or tumor. This code is assigned regardless of whether the pain is acute or chronic.

This code may be assigned as the principal or first-listed code when the stated reason for the admission/encounter is documented as pain control/pain management. The underlying neoplasm should be reported as an additional diagnosis.

When the reason for the admission/encounter is management of the neoplasm and the pain associated with the neoplasm is also documented, code G89.3 may be