Optum

2025 coding guidelines included

Expert

ICD-10-CM Expert for Physicians

The complete official code set

Codes valid from October 1, 2024 through September 30, 2025

2025

optumcoding.com

Contents

Code Also

A "code also" note alerts the coder that more than one code may be required to fully describe the condition. The sequencing depends on the circumstances of the encounter. Factors that may determine sequencing include severity and reason for the encounter.

Revised Text

The revised text ▶◀ "bow ties" alert the user to changes in official notations for the current year. Revised text may include the following:

- A change in a current parenthetical description
- A change in the code(s) associated with a current parenthetical note
- A change in how a current parenthetical note is classified (e.g., an Excludes 1 note that changed to an Excludes 2 note)
- Addition of a new parenthetical note(s) to a code

Deleted Text

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

Optum Notations

AHA Coding Clinic Citations

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

Coding Clinic citations included in this manual are current up to the second quarter of 2023.

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

I15.1 Hypertension secondary to other renal disorders
AHA: 2Ø16, 3Q, 22

Definitions

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

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

Coding Tips

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

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

Icons

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

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

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

● **New Code — Midyear**

▲ **Revised Code — Midyear**

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

● **New Code**

▲ **Revised Code**

☑ **Additional Characters Required**

- This symbol indicates that the code requires a 4th character.
- This symbol indicates that the code requires a 5th character.
- This symbol indicates that the code requires a 6th character.
- This symbol indicates that the code requires a 7th character.

H60.3 Other infective otitis externa
H60.31 Diffuse otitis externa
H60.311 Diffuse otitis externa, right ear
H60.312 Diffuse otitis externa, left ear
H60.313 Diffuse otitis externa, bilateral
H60.319 Diffuse otitis externa, unspecified ear

Placeholder Alert

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

T16.1 Foreign body in right ear

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

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

In most instances, FY 2025 data from the above sources were not available at the time this book was printed. In an effort to make available the most current source information, Optum has provided a document identifying FY 2024 changes to edit designations for ICD-10-CM codes. Edit changes identified in this document may include:

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

10 Steps to Correct Coding

Follow the 10 steps below to correctly code encounters for health care services.

Step 1: Identify the reason for the visit or encounter (i.e., a sign, symptom, diagnosis and/or condition).

The medical record documentation should accurately reflect the patient's condition, using terminology that includes specific diagnoses and symptoms or clearly states the reasons for the encounter.

Choosing the main term that best describes the reason chiefly responsible for the service provided is the most important step in coding. If symptoms are present and documented but a definitive diagnosis has not yet been determined, code the symptoms. *For outpatient cases, do not code conditions that are referred to as "rule out," "suspected," "probable," or "questionable."* Diagnoses often are not established at the time of the initial encounter/visit and may require two or more visits to be established. Code only what is documented in the available outpatient records and only to the highest degree of certainty known at the time of the patient's visit. For inpatient medical records, uncertain diagnoses may be reported if documented at the time of discharge.

Step 2: After selecting the reason for the encounter, consult the alphabetic index.

The most critical rule is to begin code selection in the alphabetic index. Never turn first to the tabular list. The index provides cross-references, essential and nonessential modifiers, and other instructional notations that may not be found in the tabular list.

Step 3: Locate the main term entry.

The alphabetic index lists conditions, which may be expressed as nouns or eponyms, with critical use of adjectives. Some conditions known by several names have multiple main entries. Reasons for encounters may be located under general terms such as admission, encounter, and examination. Other general terms such as history, status (post), or presence (of) can be used to locate other factors influencing health.

Step 4: Scan subterm entries.

Scan the subterm entries, as appropriate, being sure to review continued lines and additional subterms that may appear in the next column or on the next page. Shaded vertical guidelines in the index indicate the indentation level for each subterm in relation to the main terms.

Step 5: Pay close attention to index instructions.

- Parentheses ( ) enclose nonessential modifiers, terms that are supplementary words or explanatory information that may or may not appear in the diagnostic statement and do not affect code selection.
- Brackets [ ] enclose manifestation codes that can be used only as secondary codes to the underlying condition code immediately preceding it. If used, manifestation codes must be reported with the appropriate etiology codes.
- Default codes are listed next to the main term and represent the condition most commonly associated with the main term or the unspecified code for the main term.
- "*See*" cross-references, identified by italicized type and "code by" cross-references indicate that another term *must be referenced* to locate the correct code.
- "*See also*" cross-references, identified by italicized type, provide alternative terms that may be useful to look up but *are not mandatory*.
- "Omit code" cross-references identify instances when a code is not applicable depending on the condition being coded.
- "With" subterms are listed out of alphabetic order and identify a presumed causal relationship between the two conditions they link.
- "Due to" subterms identify a relationship between the two conditions they link.
- "NEC," abbreviation for "not elsewhere classified," follows some main terms or subterms and indicates that there is no specific code for the condition even though the medical documentation may be very specific.
- "NOS," abbreviation for "not otherwise specified," follows some main terms or subterms and is the equivalent of unspecified; NOS signifies that the information in the medical record is insufficient for assigning a more specific code.
- *Following* references help coders locate alphanumeric codes that are out of sequence in the tabular section.
- Check-additional-character symbols flag codes that require additional characters to make the code valid; the characters available to complete the code should be verified in the tabular section.

Step 6: Choose a potential code and locate it in the tabular list.

To prevent coding errors, always use both the alphabetic index (to identify a code) and the tabular list (to verify a code), as the index does not include the important instructional notes found in the tabular list. An added benefit of using the tabular list, which groups like things together, is that while looking at one code in the list, a coder might see a more specific one that would have been missed had the coder relied solely on the alphabetic index. Additionally, many of the codes require a fourth, fifth, sixth, or seventh character to be valid, and many of these characters can be found only in the tabular list.

Step 7: Read all instructional material in the tabular section.

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as "Code first" and "Use additional code," listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A00.0–T88.9, Z00–Z99.8, and U00–U85 may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system, etc.).

Codes that describe symptoms and signs, as opposed to definitive diagnoses, should be reported when an established diagnosis has not been made (confirmed) by the physician. Chapter 18 of the ICD-10-CM code book, "Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified" (codes R00–R99), contains many, but not all, codes for symptoms.

ICD-10-CM classifies encounters with health care providers for circumstances other than a disease or injury in chapter 21, "Factors Influencing Health Status and Contact with Health Services" (codes Z00–Z99). Circumstances other than a disease or injury often are recorded as chiefly responsible for the encounter.

A code is invalid if it does not include the full number of characters (greatest level of specificity) required. Codes in ICD-10-CM can contain from three to seven alphanumeric characters. A three-character code is to be used only if the category is not further subdivided into four-, five-, six-, or seven-character codes. Placeholder character X is used as part of an alphanumeric code to allow for future expansion and as a placeholder for empty characters in a code that requires a seventh character but has no fourth, fifth, or sixth character. Note that certain categories require seventh characters that apply to all codes in that category. Always check the category level for applicable seventh characters for that category.

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

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

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

Chapter 1. Certain Infectious and Parasitic Diseases (A00–B99), U07.1, U09.9

Chapter-specific Guidelines with Coding Examples

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

a. Human immunodeficiency virus (HIV) infections

1) Code only confirmed cases

Code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline Section II, H.

In this context, "confirmation" does not require documentation of positive serology or culture for HIV; the provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.

Patient being seen for hypothyroidism with possible HIV infection

E03.9 **Hypothyroidism, unspecified**

Explanation: Only the hypothyroidism is coded in this scenario because it has not been confirmed that an HIV infection is present.

2) Selection and sequencing of HIV codes

(a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions.

An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.

HIV with CMV

B20 **Human immunodeficiency virus [HIV] disease**

B25.9 **Cytomegaloviral disease, unspecified**

Explanation: Cytomegaloviral infection is an HIV related condition, so the HIV diagnosis code is reported first, followed by the code for the CMV.

(b) Patient with HIV disease admitted for unrelated condition

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Other diagnoses would be B20 followed by additional diagnosis codes for all reported HIV-related conditions.

Sprain of the internal collateral ligament, right ankle; HIV

S93.491A **Sprain of other ligament of right ankle, initial encounter**

B20 **Human immunodeficiency virus [HIV] disease**

Explanation: The ankle sprain is not related to HIV, so it is the first-listed diagnosis code, and HIV is reported secondarily.

(c) Whether the patient is newly diagnosed

Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions is irrelevant to the sequencing decision.

Newly diagnosed multiple cutaneous Kaposi's sarcoma lesions in previously diagnosed HIV disease

B20 **Human immunodeficiency virus [HIV] disease**

C46.0 **Kaposi's sarcoma of skin**

Explanation: Even though the HIV was diagnosed on a previous encounter, it is still sequenced first when coded with an HIV-related condition. Kaposi's sarcoma is an HIV-related condition.

(d) Asymptomatic human immunodeficiency virus

Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being "HIV positive," "known HIV," "HIV test positive," or similar terminology. Do not use this code if the term "AIDS" or "HIV disease" is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use B20 in these cases.

(e) Patients with inconclusive HIV serology

Patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness, may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].

(f) Previously diagnosed HIV-related illness

Patients with any known prior diagnosis of an HIV-related illness should be coded to B20. Once a patient has developed an HIV-related illness, the patient should always be assigned code B20 on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75 or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

(g) HIV infection in pregnancy, childbirth and the puerperium

During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of an HIV-related illness should receive a principal diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by B20 and the code(s) for the HIV-related illness(es). Codes from Chapter 15 always take sequencing priority.

Patients with asymptomatic HIV infection status admitted (or presenting for a health care encounter) during pregnancy, childbirth, or the puerperium should receive codes of O98.7- and Z21.

(h) Encounters for testing for HIV

If a patient is being seen to determine his/her HIV status, use code Z11.4, Encounter for screening for human immunodeficiency virus [HIV]. Use additional codes for any associated high-risk behavior, if applicable.

If a patient with signs or symptoms is being seen for HIV testing, code the signs and symptoms. An additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be used if counseling is provided during the encounter for the test.

When a patient returns to be informed of his/her HIV test results and the test result is negative, use code Z71.7, Human immunodeficiency virus [HIV] counseling.

If the results are positive, see previous guidelines and assign codes as appropriate.

(i) HIV managed by antiretroviral medication

If a patient with documented HIV disease, HIV-related illness or AIDS is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.

(j) Encounter for HIV Prophylaxis Measure

When a patient is seen for administration of pre-exposure prophylaxis medication for HIV, assign code Z29.81, Encounter for HIV pre-exposure prophylaxis. Pre-exposure prophylaxis (PrEP) is intended to prevent infection in people who are at risk for getting HIV through sex or injection drug use. Any risk factors for HIV should also be coded.

b. Infectious agents as the cause of diseases classified to other chapters

Certain infections are classified in chapters other than Chapter 1 and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from Chapter 1 to identify the organism. A code from category B95, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified to other chapters, B96, Other bacterial agents as the cause of diseases classified to other chapters, or B97, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism. An instructional note will be found at the infection code advising that an additional organism code is required.

Acute *E. coli* cystitis

N30.00 **Acute cystitis without hematuria**

B96.20 **Unspecified Escherichia coli [E.coli] as the cause of diseases classified elsewhere**

Explanation: An instructional note under the category for the cystitis indicates to code also the specific organism.

D83 Common variable immunodeficiency

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

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

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

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

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

D84 Other immunodeficiencies

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

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

D84.8 Other specified immunodeficiencies

AHA: 2020,4Q,10-12

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

AHA: 2021,1Q,52

D84.82 Immunodeficiency due to drugs and external causes

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

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

D84.89 Other immunodeficiencies HCC Rx ESR COM Q

D84.9 Immunodeficiency, unspecified HCC Rx ESR COM Q
Immunocompromised NOS
Immunodeficient NOS
Immunosuppressed NOS

AHA: 2020,4Q,10

D86 Sarcoidosis

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

D86.Ø Sarcoidosis of lung HCC Rx ESR COM

D86.1 Sarcoidosis of lymph nodes

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

D86.3 Sarcoidosis of skin

D86.8 Sarcoidosis of other sites

D86.81 Sarcoid meningitis COM

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

D86.83 Sarcoid iridocyclitis

D86.84 Sarcoid pyelonephritis
Tubulo-interstitial nephropathy in sarcoidosis

D86.85 Sarcoid myocarditis COM

D86.86 Sarcoid arthropathy
Polyarthritis in sarcoidosis

D86.87 Sarcoid myositis

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

D86.9 Sarcoidosis, unspecified

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

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

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

D89.2 Hypergammaglobulinemia, unspecified

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

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

AHA: 2016,4Q,11

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

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

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

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

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

AHA: 2021,4Q,8

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

D89.8 Other specified disorders involving the immune mechanism, not elsewhere classified

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

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

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

F31.6 Bipolar disorder, current episode mixed ✓5th

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

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

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

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

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

F31.7 Bipolar disorder, currently in remission ✓5th

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

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

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

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

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

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

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

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

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

F31.8 Other bipolar disorders ✓5th

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

I30.1 Infective pericarditis COM
Pneumococcal pericarditis
Pneumopyopericardium
Purulent pericarditis
Pyopericarditis
Pyopericardium
Pyopneumopericardium
Staphylococcal pericarditis
Streptococcal pericarditis
Suppurative pericarditis
Viral pericarditis
Use additional code (B95-B97) to identify infectious agent

I30.8 Other forms of acute pericarditis COM

I30.9 Acute pericarditis, unspecified COM

I31 Other diseases of pericardium
EXCLUDES 1 *diseases of pericardium specified as rheumatic (I09.2)*
postcardiotomy syndrome (I97.0)
traumatic injury to pericardium (S26.-)

I31.0 Chronic adhesive pericarditis COM
Accretio cordis
Adherent pericardium
Adhesive mediastinopericarditis

I31.1 Chronic constrictive pericarditis COM
Concretio cordis
Pericardial calcification

I31.2 Hemopericardium, not elsewhere classified COM
EXCLUDES 1 *hemopericardium as current complication following acute myocardial infarction (I23.0)*
malignant pericardial effusion (I31.31)
DEF: Presence of blood in the pericardial sac (pericardium). It can lead to potentially fatal cardiac tamponade if enough blood enters the pericardial cavity.

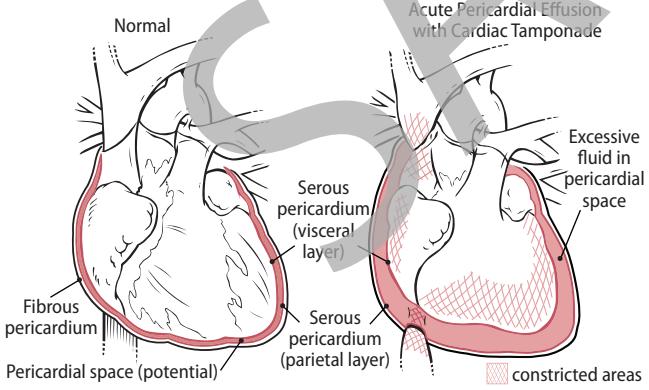
I31.3 Pericardial effusion (noninflammatory)
EXCLUDES 1 *acute pericardial effusion (I30.9)*
AHA: 2022,4Q,22; 2019,1Q,16

I31.31 Malignant pericardial effusion in diseases classified elsewhere COM
Code first underlying neoplasm (C00-D49)
AHA: 2022,4Q,22

I31.39 Other pericardial effusion (noninflammatory) COM
Chylopericardium

I31.4 Cardiac tamponade COM UPD
Code first underlying cause
DEF: Life-threatening condition in which fluid or blood accumulates in the space between the muscle of the heart (myocardium) and the outer sac that covers the heart (pericardium), resulting in compression of the heart.

Cardiac Tamponade



I31.8 Other specified diseases of pericardium COM
Epicardial plaques
Focal pericardial adhesions

I31.9 Disease of pericardium, unspecified COM
Pericarditis (chronic) NOS

I32 Pericarditis in diseases classified elsewhere COM
Code first underlying disease
EXCLUDES 1 *pericarditis (in):*
coxsackie (virus) (B33.23)
gonococcal (A54.83)
meningococcal (A39.53)
rheumatoid (arthritis) (M05.31)
syphilitic (A52.06)
systemic lupus erythematosus (M32.12)
tuberculosis (A18.84)
DEF: Pericarditis: Inflammation affecting the pericardium, the fibroserous membrane that surrounds the heart.

I33 Acute and subacute endocarditis
EXCLUDES 1 *acute rheumatic endocarditis (I01.1)*
endocarditis NOS (I38)
DEF: Endocarditis: Inflammatory disease of the interior lining of the heart chamber and heart valves.

I33.0 Acute and subacute infective endocarditis COM
Bacterial endocarditis (acute) (subacute)
Infective endocarditis (acute) (subacute) NOS
Endocarditis lenta (acute) (subacute)
Malignant endocarditis (acute) (subacute)
Purulent endocarditis (acute) (subacute)
Septic endocarditis (acute) (subacute)
Ulcerative endocarditis (acute) (subacute)
Vegetative endocarditis (acute) (subacute)
Use additional code (B95-B97) to identify infectious agent

I33.9 Acute and subacute endocarditis, unspecified COM
Acute endocarditis NOS
Acute myoendocarditis NOS
Acute periendocarditis NOS
Subacute endocarditis NOS
Subacute myoendocarditis NOS
Subacute periendocarditis NOS

I34 Nonrheumatic mitral valve disorders
EXCLUDES 1 *mitral valve disease (I05.9)*
mitral valve failure (I05.8)
mitral valve stenosis (I05.0)
mitral valve disorder of unspecified cause with diseases of aortic and/or tricuspid valve(s) (I08.-)
mitral valve disorder of unspecified cause with mitral stenosis or obstruction (I05.0)
mitral valve disorder specified as congenital (Q23.2, Q23.9)
mitral valve disorder specified as rheumatic (I05.-)

I34.0 Nonrheumatic mitral (valve) insufficiency
Nonrheumatic mitral (valve) incompetence NOS
Nonrheumatic mitral (valve) regurgitation NOS
Code also, if applicable:
nonrheumatic mitral (valve) annulus calcification (I34.81)

I34.1 Nonrheumatic mitral (valve) prolapse
Floppy nonrheumatic mitral valve syndrome
EXCLUDES 1 *Marfan's syndrome (Q87.4-)*

I34.2 Nonrheumatic mitral (valve) stenosis
Code also, if applicable:
nonrheumatic mitral (valve) annulus calcification (I34.81)

I34.8 Other nonrheumatic mitral valve disorders
AHA: 2022,4Q,23

I34.81 Nonrheumatic mitral (valve) annulus calcification
Nonrheumatic mitral (valve) annular calcification
Mitral (valve) annulus calcification NOS
Code also, if applicable:
nonrheumatic mitral (valve) insufficiency (I34.0)
nonrheumatic mitral (valve) stenosis (I34.2)

I34.89 Other nonrheumatic mitral valve disorders

I34.9 Nonrheumatic mitral valve disorder, unspecified

I35 Nonrheumatic aortic valve disorders
EXCLUDES 1 *aortic valve disorder of unspecified cause but with diseases of mitral and/or tricuspid valve(s) (I08.-)*
aortic valve disorder specified as congenital (Q23.0, Q23.1)
aortic valve disorder specified as rheumatic (I06.-)
hypertrophic subaortic stenosis (I42.1)

I35.0 Nonrheumatic aortic (valve) stenosis

I35.1 Nonrheumatic aortic (valve) insufficiency
Nonrheumatic aortic (valve) incompetence NOS
Nonrheumatic aortic (valve) regurgitation NOS

I35.2 Nonrheumatic aortic (valve) stenosis with insufficiency

I35.8 Other nonrheumatic aortic valve disorders

I35.9 Nonrheumatic aortic valve disorder, unspecified

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

O86.09 Infection of obstetric surgical wound, other surgical site

O86.1 Other infection of genital tract following delivery

O86.11 Cervicitis following delivery

O86.12 Endometritis following delivery

O86.13 Vaginitis following delivery

O86.19 Other infection of genital tract following delivery

O86.2 Urinary tract infection following delivery

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

O86.21 Infection of kidney following delivery

O86.22 Infection of bladder following delivery
Infection of urethra following delivery

O86.29 Other urinary tract infection following delivery

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

O86.8 Other specified puerperal infections

O86.81 Puerperal septic thrombophlebitis

O86.89 Other specified puerperal infections

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

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

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

O87.2 Hemorrhoids in the puerperium

O87.3 Cerebral venous thrombosis in the puerperium
Cerebrovenous sinus thrombosis in the puerperium

O87.4 Varicose veins of lower extremity in the puerperium

O87.8 Other venous complications in the puerperium
Genital varices in the puerperium

O87.9 Venous complication in the puerperium, unspecified
Puerperal phlebopathy NOS

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

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

O88.01 Obstetric air embolism in pregnancy

O88.011 Air embolism in pregnancy, first trimester

O88.012 Air embolism in pregnancy, second trimester

O88.013 Air embolism in pregnancy, third trimester

O88.019 Air embolism in pregnancy, unspecified trimester

O88.02 Air embolism in childbirth

O88.03 Air embolism in the puerperium

O88.1 Amniotic fluid embolism
Anaphylactoid syndrome in pregnancy

O88.11 Amniotic fluid embolism in pregnancy

O88.111 Amniotic fluid embolism in pregnancy, first trimester

O88.112 Amniotic fluid embolism in pregnancy, second trimester

O88.113 Amniotic fluid embolism in pregnancy, third trimester

O88.119 Amniotic fluid embolism in pregnancy, unspecified trimester

O88.12 Amniotic fluid embolism in childbirth

O88.13 Amniotic fluid embolism in the puerperium

O88.2 Obstetric thromboembolism

O88.21 Thromboembolism in pregnancy
Obstetric (pulmonary) embolism NOS

O88.211 Thromboembolism in pregnancy, first trimester

O88.212 Thromboembolism in pregnancy, second trimester

O88.213 Thromboembolism in pregnancy, third trimester

O88.219 Thromboembolism in pregnancy, unspecified trimester

O88.22 Thromboembolism in childbirth

O88.23 Thromboembolism in the puerperium
Puerperal (pulmonary) embolism NOS

O88.3 Obstetric pyemic and septic embolism

O88.31 Pyemic and septic embolism in pregnancy

O88.311 Pyemic and septic embolism in pregnancy, first trimester

O88.312 Pyemic and septic embolism in pregnancy, second trimester

O88.313 Pyemic and septic embolism in pregnancy, third trimester

O88.319 Pyemic and septic embolism in pregnancy, unspecified trimester

O88.32 Pyemic and septic embolism in childbirth

O88.33 Pyemic and septic embolism in the puerperium

O88.8 Other obstetric embolism
Obstetric fat embolism

O88.81 Other embolism in pregnancy

O88.811 Other embolism in pregnancy, first trimester

O88.812 Other embolism in pregnancy, second trimester

O88.813 Other embolism in pregnancy, third trimester

O88.819 Other embolism in pregnancy, unspecified trimester

O88.82 Other embolism in childbirth

O88.83 Other embolism in the puerperium

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

O89.0 Pulmonary complications of anesthesia during the puerperium

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

O89.09 Other pulmonary complications of anesthesia during the puerperium

O89.1 Cardiac complications of anesthesia during the puerperium

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

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

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

Z12.0 Encounter for screening for malignant neoplasm of stomach

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

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

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

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

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

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

Z12.3 Encounter for screening for malignant neoplasm of breast

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

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

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

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

Z12.6 Encounter for screening for malignant neoplasm of bladder

Z12.7 Encounter for screening for malignant neoplasm of other genitourinary organs

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

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

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

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

Z12.8 Encounter for screening for malignant neoplasm of other sites

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

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

Z12.83 Encounter for screening for malignant neoplasm of skin

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

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

Z13 Encounter for screening for other diseases and disorders
Screening is the testing for disease or disease precursors in asymptomatic individuals so that early detection and treatment can be provided for those who test positive for the disease.
EXCLUDES 1 *encounter for diagnostic examination - code to sign or symptom*

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

Z13.1 Encounter for screening for diabetes mellitus

Z13.2 Encounter for screening for nutritional, metabolic and other endocrine disorders

Z13.21 Encounter for screening for nutritional disorder

Z13.22 Encounter for screening for metabolic disorder

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

Z13.228 Encounter for screening for other metabolic disorders

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

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

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

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

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

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

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

Z13.40 Encounter for screening for unspecified developmental delays

Z13.41 Encounter for autism screening

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

Z13.49 Encounter for screening for other developmental delays

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

Z13.6 Encounter for screening for cardiovascular disorders

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

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

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

Appendix E: Centers for Medicare & Medicaid Services Hierarchical Condition Categories (CMS-HCC)

In the 1970s, Medicare began demonstration projects that contracted with health maintenance organizations (HMOs) to provide care for Medicare beneficiaries in exchange for prospective payments. In 1985, this project changed from demonstration status to a regular part of the Medicare program, Medicare Part C. The Balanced Budget Act (BBA) of 1997 named Medicare's Part C managed care program Medicare+Choice, and the Medicare Modernization Act (MMA) of 2003 again renamed it to Medicare Advantage (MA).

Medicare is one of the world's largest health insurance programs, and about one-third of the beneficiaries on Medicare are enrolled in a MA private health care plan. Due to the great variance in the health status of Medicare beneficiaries, risk adjustment provides a means of adequately compensating those plans with large numbers of seriously ill patients while not overburdening other plans that have healthier individuals. Medicare Advantage (MA) plans have been using the Hierarchical Condition Category (HCC) risk adjustment model since 2004.

The Risk Adjustment Model

The primary purpose of a risk adjustment model is to predict (on average) the future health care costs for specific consortiums enrolled in Medicare Advantage (MA) health plans. CMS is then able to provide capitation payments to these private health plans. Capitation payments are an incentive for health plans to enroll not only healthier individuals but those with chronic conditions or who are more seriously ill by removing some of the financial burden.

The MA risk adjustment model uses HCCs to assess the disease burden of its enrollees. HCC diagnostic groupings were created after examining claims data so that enrollees with similar disease processes, and consequently similar health care expenditures, could be pooled into a larger data set in which an average expenditure rate could be determined. The medical conditions included in HCC categories are those that were determined to most predictably affect the health status and health care costs of any individual. Several important principles to the risk adjustment model and the development of the HCC categories include but are not limited to:

1. The HCC diagnostic categories should be clinically meaningful.
   - Diagnostic categories are well-defined.
   - Clinically specific diseases or medical conditions are grouped to each category.
2. The HCC diagnostic categories should predict medical expenditures.
   - The diagnoses grouped to a specific category should have as close to the same cost burden not only in the current year but also in the future.
3. The HCC diagnostic categories should have adequate sample sizes and discretionary categories excluded to be as accurate and stable in their estimate of costs as possible.
   - A diagnostic category that groups extremely rare diseases or conditions would not be reliably effective in determining current or future costs.
   - Codes that are not credible as cost predictors or may be subject to coding variation should be excluded, when possible.
4. The HCC diagnostic categories should be both hierarchical and additive.
   - Hierarchical measurement is used within a specific disease process.
   - Disease processes that are unrelated to each other are measured additively.
   - The diagnostic classification should encourage specificity and should not reward coding proliferation.
   - More diagnosis codes and vague diagnosis codes do not equal greater disease burden.

For CY 2024, CMS finalized implementing a revised version of the CMS-HCC risk-adjustment model. This proposed model will have the same structure as the 2020 CMS-HCC risk-adjustment model currently used for payment in that it incorporates all of the following:

- Updated data years used for model calibration
- Updated denominator year used in determining the average per capita predicted expenditures to create relative factors in the model
- A clinical reclassification of the hierarchical condition categories (HCCs) using ICD-10-CM codes.

The model will use more recent data and denominator year and reflect a reclassification by which CMS rebuilt the condition categories to reflect diagnosis coding under the ICD-10-CM diagnosis classification system. CMS assessed conditions that are coded more frequently for Medicare Advantage and as a result the proposed model includes additional constraints and the removal of several HCCs in order to reduce the impact on risk scores of MA coding variation. The 2024 CMS-HCC model has 115 payment HCCs, up from 86 in the current model. This increase in HCCs is due to newly created HCCs added to the model and the splitting of several existing HCCs resulting from changes in the structure and clinical specificity of codes from ICD-9 to ICD-10, as well as changes in clinical concepts for some conditions. The model results in more appropriate relative weights because they reflect more recent utilization, coding, and expenditure patterns. Beneficiary risk scores or plan average risk scores may change depending on each individual beneficiary's combination of diagnoses or the clinical profile of a plan's enrollee population.

To guide the reclassification process, CMS applied its longstanding 10 Principles of Risk Adjustment that were used to create the original CMS-HCC diagnosis classification system. Both the panel of clinicians and analyses of cost data informed CMS's creation of the revised condition categories. The new categories reflect more clinical specificity and validity available through ICD-10 coding and better reflects recent cost and utilization patterns. The new categories and updated HCCs also reflect possible changes to physician coding patterns that have developed as a result of the transition to ICD-10 that the current model does not. Changes to the condition categories are based on each condition category's ability to predict costs for Medicare Parts A and B benefits. Condition categories that do not predict costs well or do not have well-specified diagnosis coding are not included in the model.

Risk Adjustment Factors

The CMS-HCC risk adjustment model uses "risk adjustment factors" to calculate a risk score for each member. This score summarizes that particular patient's expected cost of care relative to other members'. Each member's risk score is based on demographic and health status information and is calculated as the sum of these demographic and health factors weighted by their estimated marginal contributions to total risk. The model also takes into account where the patient resides (community or institutional), Medicaid eligibility (full or partial benefits), the patient's Medicare enrollment status (new or established), age, disability status, whether the patient is frail or has end-stage renal disease (ESRD), and even prescription drug use.

No procedure codes, ICD-10-PCS or CPT, are included in the MA risk adjustment model. The model relies solely on diagnostic and demographic data. Not all ICD-10-CM diagnoses map to an HCC, and there is no specific code sequencing involved. The CMS-HCC model is additive as well as hierarchical. The additive functionality allows a patient to have more than one HCC category assigned, providing a more complete clinical picture and prediction of resource consumption. The hierarchical aspect of the model provides a means of ranking diagnoses that are similar in disease process, by severity. The hierarchy of the condition categories ensures the patient's conditions are classified to the most severe condition within the related group. Less severe conditions within a particular hierarchy are superseded by more severe diagnoses within the same group. The hierarchy and additive relationship permits this model to characterize the person's illness level within each disease process, while still allowing the effects of unrelated disease processes to be counted in the patient's overall score.

Certain combinations of coexisting diagnoses for an individual can increase medical costs. The CMS-HCC model adjusts for these higher costs by the addition of "disease interaction" factors. For each patient, multiple HCCs assigned, along with demographic and disease interaction factors, are used to calculate a single, combined risk adjustment factor (RAF). The RAF score for an individual member represents all of the HCCs that have been submitted from all sources for that member to CMS during the course of an entire calendar year.

There are separate CMS-HCC models for new enrollees and continuing enrollees. The new enrollee model uses demographic factors only, such as age, sex, and disability status, and is used when the enrollee has less than 12 months of medical history. The community model accounts for age, sex, original reason for Medicare entitlement (age or disability), Medicaid eligibility, and clinical conditions as measured by HCCs. In the second step, expected costs are adjusted for outliers based on the member's risk score and whether the patient has ESRD.

Demographic data (age, sex, eligibility) as well as health status (diagnoses codes submitted on claims to CMS) of an MA population are used to determine the reimbursement to the health plan to care for their members.

CMS considers a RAF score of 1.0 as the benchmark to indicate the score of the average healthy patient with the same demographic and diagnostic factors. These patients are expected to use average or lower-than-average resources. When the RAF score is higher than 1.0, CMS considers the patient to be sicker than the average patient with the same criteria and expects greater-than-average resource utilization.

A low RAF score may accurately indicate a healthier patient, but it may also falsely indicate a healthier patient due to incomplete or inaccurate coding, incomplete or insufficient record documentation, or patients who fail to complete an annual assessment.

A high RAF score may accurately indicate a sicker patient, or it may be falsely inflated from overcoding due to diagnoses that are reported but not documented,

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

Respiratory System