ICD-10-CM
Professional for Physicians

The Complete Official Code Set

2017
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ICD-10-CM 2017
Inflammation, inflamed, inflammatory — continued

respiratory, upper (see also Infection, respiratory, upper) J06.9 acute, due to radiation J07.0 chronic, due to external agent — see condition, respiratory, chronic, due to to chemicals, gases, fumes or vapors (inhalation) radiation J07.1 retina — see Chorioretinitis retrocecal — see Appendicitis retroperitoneal — see Peritonitis salivary duct or gland (any) (suppurative) — see Sialoadenitis sphenoid, above, teeth E54 sphenoid sinuses — see Sinusitis sphenoidal sinus — see Sinusitis Skene’s duct or gland — see Urethrits skin L08.0 epidermal cord N49.1 sphenoidal (sinus) — see Sinusitis, sphenoidal spinal cord — see Encephalitis membrane — see Meningitis nerve — see Disorder, nerve spine — see Spondylitis, inflammatory spleen (capsule) D73.89 stomach — see Gastritis subcutaneous tissue L08.9 supra-renal (gland) E27.1 synovial — see Tenosynovitis tendon (sheath) — see Suprarenal (gland) E27.8 subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9 stomach — see Gastritis stomach contents or secretions — see Stomach, gastric or duodenal, contents subcutaneous tissue L08.9
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obstetrical trauma D71.5.
specified type NEC S37.29.
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acoustic nerve trauma — see Injury, nerve, acoustic
bladder — see Injury, bladder
brain — see Concussion
colon — see Injury, Intestine, large
ear (primary) S90.31.
secondary S90.39.
generalized T70.8.
lung — see Injury, intrathoracic, lung
multiple body organs T70.8.
peritonsilum S36.61.
rectum S36.61.
retroperitoneum S36.89.
small intestine S36.419.
duodenum S36.419.
specified site NEC S36.418.
specified intra-abdominal organ NEC S36.898.
pelvic organ NEC S37.899.
blood vessel NEC T14.8.
abdomen S35.9.
aorta — see Injury, aorta, abdominal
celiac artery — see Injury, blood vessel, celiac
iliac vessel — see Injury, blood vessel, iliac
laceration S35.91.
mesenteric vessel — see Injury, mesenteric
portal vein — see Injury, blood vessel, portal
renal vessel — see Injury, blood vessel, renal
specified vessel NEC S35.8X.
splenic vessel — see Injury, blood vessel, splenic
vena cava — see Injury, vena cava, inferior
anterior limb, blood vessel, foot
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arm (upper) NEC S45.90.
forearm — see Injury, blood vessel, forearm
laceration S45.91.
specified site NEC S45.80.
laceration S45.81.
specified type NEC S45.80.
type NEC S45.99.
specified site NEC S45.89.
laceration S45.91.
specified site NEC S45.99.
specified type NEC S45.99.
axillary artery S45.00.
laceration S45.01.
specified type NEC S45.00.
vein S45.02.
laceration S45.21.
specified type NEC S45.29.
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specified site NEC S45.29.
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major S15.02.
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branch S35.29.
laceration (minor) (superficial) S35.29.
specified NEC S35.29.
laceration (minor) (superficial) S35.29.
specified NEC S35.29.
cerebrospinal nerve — see Injury, intracranial
deep plantar — see Injury, blood vessel, plantar
artery.
Chapter 10. Diseases of the Respiratory System

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. Chronic obstructive pulmonary disease (COPD) and asthma

1) Acute exacerbation of chronic obstructive bronchitis and asthma

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection.

Acute streptococcal bronchitis with acute exacerbation of COPD

J20.2 Acute bronchitis due to streptococcus

J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection

J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

Explanation: ICD-10-CM uses combination codes to create organism-specific classifications for acute bronchitis. Category J44 codes include combination codes with severity components, which differentiate between COPD with acute lower respiratory infection (acute bronchitis), COPD with acute exacerbation, and COPD without mention of a complication (unspecified).

An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection, as in this example.

Exacerbation of moderate persistent asthma with status asthmaticus

J45.42 Moderate persistent asthma with status asthmaticus

Explanation: Category J45 Asthma includes severity-specific subcategories and fifth-character codes to distinguish between uncomplicated cases, those in acute exacerbation, and those with status asthmaticus.

b. Acute respiratory failure

1) Acute respiratory failure as principal diagnosis

A code from subcategory J96.0 to J96.9 can be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital, and the selection is supported by the Alphabetic Index and Tabular List. However, chapter-specific coding guidelines, such as poisoning, that provide sequencing direction take precedence. When coding a poisoning or reaction to the improper use of a medication (e.g. overdose, wrong substance given or taken in error, wrong route of administration), first assign the appropriate code from categories T36–T50. Use additional code(s) for all manifestations of the poisoning. In this instance, the respiratory failure is a manifestation of the poisoning and is sequenced as a secondary diagnosis.

Acute pneumococcal pneumonia with subsequent development of acute respiratory failure

J13 Pneumonia due to Streptococcus pneumoniae

J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

Explanation: Acute respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or if it is present on admission but does not meet the definition of principal diagnosis.

Acute pneumococcal pneumonia and acute respiratory failure, both present on admission

J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

J13 Pneumonia due to Streptococcus pneumoniae

2) Acute respiratory failure as secondary diagnosis

Respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or if it is present on admission, but does not meet the definition of principal diagnosis.

Acute respiratory failure due to accidental oxynadene overdose

T40.2X1A Poisoning by other opioids, accidental (unintentional), initial encounter

J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

Explanation: Respiratory failure may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital, and the selection is supported by the Alphabetic Index and Tabular List. However, chapter-specific coding guidelines, such as poisoning, that provide sequencing direction take precedence. When coding a poisoning or reaction to the improper use of a medication (e.g. overdose, wrong substance given or taken in error, wrong route of administration), first assign the appropriate code from categories T36–T50. Use additional code(s) for all manifestations of the poisoning. In this instance, the respiratory failure is a manifestation of the poisoning and is sequenced as a secondary diagnosis.

Acute pneumococcal pneumonia with subsequent development of acute respiratory failure

c. Influenza due to certain identified influenza viruses

Code only confirmed cases of influenza due to certain identified influenza viruses (category J89), and due to other identified influenza virus (category J80). This is an exception to the hospital inpatient guideline Section II, H: (Uncertain Diagnosis).

In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus. However, coding should be based on the provider’s diagnostic statement that the patient has avian influenza, or other novel influenza A, for category J89, or has another particular identified strain of influenza, such as H5N1 or H1N1, but not identified as novel or variant, for category J80.
### Muscle/Tendon Table

ICD-10-CM categorizes certain muscles and tendons in the upper and lower extremities by their action (e.g., extension, flexion), their anatomical location (e.g., posterior, anterior), and/or whether they are intrinsic or extrinsic to a certain anatomical area. The Muscle/Tendon Table is provided at the beginning of chapters 13 and 19 as a resource to help users when code selection depends on one or more of these characteristics. The categories and subcategories that relate to this table are identified by the icon ✦. Please note that this table is not all-inclusive, and proper code assignment should be based on the provider’s documentation.

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<tr>
<th>Body Region</th>
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<th>Extensor Tendon</th>
<th>Flexor Tendon</th>
<th>Other Tendon</th>
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<td></td>
<td>Deltoid</td>
<td>Posterior-deltoid</td>
<td>Anterior-deltoid</td>
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<td>Rotator cuff</td>
<td>Infra-scapular</td>
<td>Supra-scapular</td>
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<td>Medial-scapularis</td>
<td>Lateral-scapularis</td>
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<td>Supra-scapularis</td>
<td>Infra-scapularis</td>
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<td>Teres minor</td>
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<td>Teres minor</td>
<td>Teres minor</td>
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<td>Upper arm</td>
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<td>Anterior muscles</td>
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<td>Forearm</td>
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<tr>
<td>Anterior muscles</td>
<td>Flexors</td>
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**Chapter 14. Diseases of Genitourinary System N07.4–N14.0**

### N07.4 Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis

- Congenital nephrotic syndrome (D59.1)
- Mesangiocapillary glomerulonephritis, IgA (N18.8)

### N07.5 Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis

- Congenital nephrotic syndrome (D59.1)
- Mesangiocapillary glomerulonephritis, IgA (N18.8)

### N07.6 Hereditary nephropathy, not elsewhere classified with other morphologic lesions

- Nephritic nephropathy
  - Use additional code (B95-B97), to identify infectious agent
- Myoglobin nephrosis
- Acute pyelitis
- Acute infectious interstitial nephritis
- Conditions in N13.1-N13.5 with infection
- *Use additional code (T65.71), to identify infectious agent*
- Pyelonephritis in diseases classified elsewhere (N16)

### N07.7 Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions

- Nephrotic nephropathy
- Nephritic nephropathy
- Use additional code (B95-B97), to identify infectious agent
- Conditions in N13.1-N13.5 with infection
- *Use additional code (T65.71), to identify infectious agent*

### N07.8 Other specified interstitial nephritis

- Nephritic nephropathy
- Nephritic nephropathy
- Use additional code (B95-B97), to identify infectious agent
- Conditions in N13.1-N13.5 with infection
- *Use additional code (T65.71), to identify infectious agent*

### N07.9 Unspecified nephritis

- Nephritic nephropathy
- Nephritic nephropathy
- Use additional code (B95-B97), to identify infectious agent
- Conditions in N13.1-N13.5 with infection
- *Use additional code (T65.71), to identify infectious agent*

### N08 Glomerulonephritis in diseases classified elsewhere

- Glomerulonephritis
- Nephritic nephropathy
- Use additional code (B95-B97), to identify infectious agent
- Conditions in N13.1-N13.5 with infection
- *Use additional code (T65.71), to identify infectious agent*

### N10 Acute tubulo-interstitial nephritis

- Acute interstitial nephritis
- Acute pyelitis
- Acute pyelonephritis
- Hemoglobin nephrosis
- Myoglobin nephrosis
- *Use additional code (B95-B97), to identify infectious agent*

### N11 Chronic tubulo-interstitial nephritis

- Congenital nephrotic syndrome (D59.1)
- Mesangiocapillary glomerulonephritis, IgA (N18.8)
- Nephritic nephropathy
- Nephritic nephropathy
- Use additional code (B95-B97), to identify infectious agent

### N13 Obstructive and reflex uropathy

- Obstructive pyelonephritis
- Pyelonephritis with ureteral obstruction
- Ureteral obstruction with infection
- *Use additional code (T65.71), to identify infectious agent*

### N14 Drug- and heavy-metal-induced tubulo-interstitial and tubular conditions

- Drug- and heavy-metal-induced interstitial nephritis
- Drug- and heavy-metal-induced proximal tubular necrosis

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**Additional Character Required**

- **Revised Code Title**
- **Revised Text**
- **Uncertain Dx**
- **Other Specified Dx**
- **Other Specified Dx**
- **Mandated Code**
- **Current Code**
- **Revised Code Title**
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>O36.8</td>
<td>Maternal care for other specified fetal problems, unspecified trimester</td>
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<tr>
<td>O36.9</td>
<td>Maternal care for fetal problem, unspecified trimester, unspecified trimester</td>
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<tr>
<td>O41.0</td>
<td>Polyhydramnios, unspecified trimester</td>
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<td>Polyhydramnios, unspecified trimester</td>
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<td>O41.2</td>
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<td>O41.7</td>
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<tr>
<td>O41.8</td>
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<tr>
<td>O41.9</td>
<td>Polyhydramnios, unspecified trimester</td>
</tr>
<tr>
<td>O42.0</td>
<td>Premature rupture of membranes, unspecified trimester</td>
</tr>
<tr>
<td>O42.1</td>
<td>Premature rupture of membranes, unspecified trimester</td>
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<td>O42.2</td>
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<td>O43.1</td>
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</table>

Additional Character Required: **0**  | Placeholders Alert: No  | Unspecified Dx: Yes  | Other Specific Dx: No  | Manifestations: No  | A: Revised Text  | E: New Code  | R: Revised Code Table
Z81.3 Encounter for examination of blood pressure

Z81.30 Encounter for examination of blood pressure without abnormal findings

Z81.31 Encounter for examination of blood pressure with abnormal findings

Z81.4 Encounter for gynecological examination

Z81.41 Encounter for routine gynecological examination

Z81.411 Encounter for gynecological examination (general) with abnormal findings

Z81.419 Encounter for gynecological examination (general) (routine) without abnormal findings

Z81.42 Encounter for cervical smear to confirm findings of recent smear in patient following initial examination

Z81.8 Encounter for other specified examinations

Z81.81 Encounter for preprocedural examinations

Z81.810 Encounter for preprocedural radiological examination

Z81.811 Encounter for preprocedural respiratory examination

Z81.812 Encounter for preprocedural laboratory examination

Z81.818 Encounter for other preprocedural examinations

Z81.82 Encounter for allergy testing

Z81.83 Encounter for blood typing

Z81.84 Encounter for antibody response examination

Z81.85 Encounter for other specified special examinations

Z82 Encounter for administrative examination

Z82.0 Encounter for examination for admission to educational institution

Z82.1 Encounter for pre-employment examination