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ICD-10-CM 2016
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
BREAST ANATOMY

- Pectoralis muscles
- Fatty tissue
- Lobule
- Duct
- Areola
- Nipple
- Dilated section of duct to hold milk
- Chest wall / Rib cage
Aarskog’s - Abnormal

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abdomen, abdominal region NEC R93.5
biliary tract NEC R93.2
breast R92.8
central nervous system NEC R90.89
cerebrovascular NEC R96.0
coronary circulation R93.1
digestive tract NEC R93.3
gastrointestinal (tract) R93.3
genitourinary organs R93.8
head R93.0
intrathoracic organ NEC R93.8
limbs R93.6
liver R93.2
lung (feud) R91.8
musculoskeletal system NEC R93.7
retropitoneum R93.5
site specified NEC R93.8
skin and subcutaneous tissue NEC R93.8
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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
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
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B50-B64-Protozoal diseases
B65-B83-Helminthiases
B85-B89-Pediculosis, acariasis and other infestations
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Chapter 1 (continued):
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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
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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
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E08-E13-Diabetes mellitus
E15-E16-Other disorders of glucose regulation and pancreatic internal secretion
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E36-Intraoperative complications of endocrine system
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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
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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 patient’s blood sugar under control during an encounter.

4) Diabetes mellitus in pregnancy and gestational 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 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