



ICD-10-CM 2022

The Complete Official Codebook

AMA publications fund initiatives that drive improvements in patient health, practice innovation and medical education.



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Preface

ICD-10-CM Official Preface

This FY 2022 update of the International Statistical Classification of Diseases and Related Health Problems, 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 Statistical 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), 2010, 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 extensions, interpretations, modifications, addenda, or errata other than those approved by the Centers for Disease Control and Prevention are not to be considered official and should not be utilized. Continuous maintenance of the ICD-10-CM is the responsibility of the aforementioned agencies. However, because the ICD-10-CM represents the best in contemporary thinking of clinicians, nosologists, epidemiologists, and statisticians from both public and private sectors, when future modifications are considered, advice will be sought from all stakeholders.

All official authorized addenda since the last complete update (October 1, 2021) have been included in this revision. For more detailed information please see the complete official authorized addenda to ICD-10-CM, including the "ICD-10-CM Official Guidelines for Coding and Reporting," and a description of the ICD-10-CM updating and maintenance process.

How to Use ICD-10-CM: The Complete Official Codebook 2022

Introduction

ICD-10-CM: The Complete Official Codebook 2022 is your definitive coding resource, combining the work of the National Center for Health Statistics (NCHS), Centers for Medicare and Medicaid Services (CMS), American Hospital Association (AHA), and Publisher experts to provide the information you need for coding accuracy.

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), is an adaptation of ICD-10, copyrighted by the World Health Organization (WHO). The development and maintenance of this clinical modification (CM) is the responsibility of the NCHS as authorized by WHO. Any new concepts added to ICD-10-CM are based on an established update process through the collaboration of WHO's Update and Revision Committee and the ICD-10-CM Coordination and Maintenance Committee.

In addition to the ICD-10-CM classification, other official government source information has been included in this manual. Depending on the source, updates to information may be annual or quarterly. This manual provides the most current information that was available at the time of publication. For updates to the source

documents that may have occurred after this manual was published, please refer to the following:

- **NCHS, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)**
<https://www.cdc.gov/nchs/icd/icd10cm.htm>
<https://www.cms.gov/medicare/icd-10/2022-icd-10-cm>
- **CMS Integrated Outpatient Code Editor (IOCE), version 22.2**
<https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs.html>
- **CMS Risk Adjustment Model, version 24**
<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>
- **CMS Quality Payment Program (QPP)**
<https://qpp.cms.gov/mips/explore-measures/quality-measures?tab=qualityMeasures&py=2021>
- **American Hospital Association (AHA) Coding Clinics**
<https://www.codingclinicadvisor.com/>

The official NCHS ICD-10-CM classification includes three main sections: the guidelines, the indexes, and the tabular list, all of which make up the bulk of this coding manual. To complement the classification, Optum360's coding experts have incorporated Medicare-related coding edits and proprietary features, such as supplementary notations, coding tools, and appendixes, into a comprehensive and easy-to-use reference. This publication is organized as follows:

What's New for 2022

This section provides a high-level overview of the changes made to the ICD-10-CM official code set for fiscal 2022, identifying codes that have been added and deleted from the classification, codes that had validity changes as a result of these additions and deletions, as well as codes that had revisions to their descriptions. All changes are based on the 2022 official addendum, posted June 23, 2021, by the National Center for Health Statistics (NCHS), the agency charged with maintaining and updating ICD-10-CM. NCHS is part of the Centers for Disease Control and Prevention (CDC).

Conversion Table

The conversion table was developed by National Center for Healthcare Statistics (NCHS) to help facilitate data retrieval as new codes are added to the ICD-10-CM classification. This table provides a crosswalk from each FY 2022 new code to the equivalent code(s) assigned prior to October 1, 2021, for that particular diagnosis or condition. For the full conversion table, including code crosswalks before October 1, 2021, refer to the 2022 Conversion Table zip file at

<https://www.cms.gov/Medicare/Coding/ICD10/2022-ICD-10-CM.html>.

10 Steps to Correct Coding

This step-by-step tutorial walks the coder through the process of finding the correct code — from locating the code in the official indexes to verifying the code in the tabular section — while following applicable conventions, guidelines, and instructional notes. Specific examples are provided with detailed explanations of each coding step along with advice for proper sequencing.

Official ICD-10-CM Guidelines for Coding and Reporting

This section provides the full official conventions and guidelines regulating the appropriate assignment and reporting of ICD-10-CM codes. These conventions and guidelines are published by the U.S. Department of Health and Human Services (DHHS) and approved by the cooperating parties (American Health Information Management Association [AHIMA], National Center for Health Statistics [NCHS], Centers for Disease Control and Prevention [CDC], and the American Hospital Association [AHA]).

Indexes

Index to Diseases and Injuries

The Index to Diseases and Injuries is arranged in alphabetic order by terms specific to a disease, condition, illness, injury, eponym, or abbreviation as well as terms that describe circumstances other than a disease or injury that may require attention from a health care professional.

Neoplasm Table

The Neoplasm Table is arranged in alphabetic order by anatomical site. Codes are then listed in individual columns based upon the histological behavior (malignant, in situ, benign, uncertain, or unspecified) of the neoplasm.

Table of Drugs and Chemicals

The Table of Drugs and Chemicals is arranged in alphabetic order by the specific drug or chemical name. Codes are listed in individual columns based upon the associated intent (poisoning, adverse effect, or underdosing).

External Causes Index

The External Causes Index is arranged in alphabetic order by main terms that describe the cause, the intent, the place of occurrence, the activity, and the status of the patient at the time the injury occurred or health condition arose.

Index Notations

With

The word “with” or “in” should be interpreted to mean “associated with” or “due to.” The classification presumes a causal relationship between the two conditions linked by these terms in the index.

These conditions should be coded as related even in the absence of provider documentation explicitly linking them unless the documentation clearly states the conditions are unrelated or when another guideline specifically requires a documented linkage between two conditions (e.g., the sepsis guideline for “acute organ dysfunction that is not clearly associated with the sepsis”). For conditions not specifically linked by these relational terms in the classification or when a guideline requires explicit documentation of a linkage between two conditions, provider documentation must link the conditions to code them as related.

The word “with” in the index is sequenced immediately following the main term, not in alphabetical order.

Dermatopolymyositis M33.90

with

myopathy M33.92

respiratory involvement M33.91

specified organ involvement NEC M33.99

in neoplastic disease — *see also* Neoplasm D49.9 [*M36.0*]

See

When the instruction “see” follows a term in the index, it indicates that another term must be referenced to locate the correct code.

Hematoperitoneum — *see* Hemoperitoneum

See Also

The instructional note “see also” simply provides alternative terms the coder may reference that may be useful in determining the correct code but are not necessary to follow if the main term supplies the appropriate code.

Hematuria — *see also* Hemaglobinuria
malarial B50.8

Default Codes

In the index, the default code is the code listed next to the main term and represents the condition most commonly associated with that main term. This code may be assigned when documentation does not support reporting a more specific code. Alternatively, it may provide an unspecified code for the condition.

Hemiatrophy R68.89
cerebellar G31.9
face, facial, progressive (Romberg) G51.8
tongue K14.8

Parentheses

Parentheses in the indexes enclose nonessential modifiers, supplementary words that may be present or absent in the statement of a disease without affecting the code.

Pseudomeningocele (cerebral) (infective) (post-traumatic)
G96.198

postprocedural (spinal) G97.82

Brackets

ICD-10-CM has a coding convention addressing code assignment for manifestations that occur as a result of an underlying condition. This convention requires the underlying condition to be sequenced first, followed by the code or codes for the associated manifestation. In the index, italicized codes in brackets identify manifestation codes.

Polyneuropathy (peripheral) G62.9

alcoholic G62.1

amyloid (Portuguese) E85.1 [*G63*]

transthyretin-related (ATTR) familial E85.1 [*G63*]

Shaded Guides

Exclusive vertical shaded guides in the Index to Diseases and Injuries and External Causes Index help the user easily follow the indent levels for the subentries under a main term. Sequencing rules may apply depending on the level of indent for separate subentries.

Hemicrania

congenital malformation Q00.0

continua G44.51

meaning migraine — see also Migraine G43.909

paroxysmal G44.039

chronic G44.049

intractable G44.041

not intractable G44.049

episodic G44.039

intractable G44.031

not intractable G44.039

intractable G44.031

not intractable G44.039

Following References

The Index to Diseases and Injuries includes following references to assist in locating out-of-sequence codes in the tabular list. Out-of-sequence codes contain an alphabetic character (letter) in the third- or fourth-character position. These codes are placed according to the classification rules — according to condition — not according to alphabetic or numeric sequencing rules.

Carcinoma (malignant) — *see also* Neoplasm, by site, malignant neuroendocrine — *see also* Tumor, neuroendocrine
high grade, any site C7A.1 (*following* C75)
poorly differentiated, any site C7A.1 (*following* C75)

Additional Character Required

The Index to Diseases and Injuries, Neoplasm Table, and External Causes Index provide an icon after certain codes to signify to the user that additional characters are required to make the code valid. The tabular list should be consulted for appropriate character selection.

Fall, falling (accidental) W19 ✓
building W20.1 ✓

Tabular List of Diseases

ICD-10-CM codes and descriptions are arranged numerically within the tabular list of diseases with 19 separate chapters providing codes associated with a particular body system or nature of injury or disease. There is also a chapter providing codes for external causes of an injury or health conditions, a chapter for codes that address encounters with healthcare facilities for

circumstances other than a disease or injury, and finally, a chapter for codes that capture special circumstances such as new diseases of uncertain etiology or emergency use codes.

Code and Code Descriptions

ICD-10-CM is an alphanumeric classification system that contains categories, subcategories, and valid codes. The first character is always a letter with any additional characters represented by either a letter or number. A three-character category without further subclassification is equivalent to a valid three-character code. Valid codes may be three, four, five, six, or seven characters in length, with each level of subdivision after a three-character category representing a subcategory. The final level of subdivision is a valid code.

Boldface

Boldface type is used for all codes and descriptions in the tabular list.

Italics

Italicized type is used to identify manifestation codes, those codes that should not be reported as first-listed diagnoses.

Deleted Text

~~Strikethrough~~ on a code and code description indicates a deletion from the classification for the current year.

Key Word

Green font is used throughout the Tabular List of Diseases to differentiate the key words that appear in similar code descriptions in a given category or subcategory. The key word convention is used only in those categories in which there are multiple codes with

very similar descriptions with only a few words that differentiate them.

For example, refer to the list of codes below from category H55:

✓4 th	H55	Nystagmus and other irregular eye movements
✓5 th	H55.0	Nystagmus
	H55.00	Unspecified nystagmus
	H55.01	Congenital nystagmus
	H55.02	Latent nystagmus
	H55.03	Visual deprivation nystagmus
	H55.04	Dissociated nystagmus
	H55.09	Other forms of nystagmus

The portion of the code description that appears in **green font** in the tabular list helps the coder quickly identify the key terms and the correct code. This convention is especially useful when the codes describe laterality, such as the following codes from subcategory H40.22:

✓6 th	H40.22	Chronic angle-closure glaucoma Chronic primary angle-closure glaucoma
✓7 th	H40.221	Chronic angle-closure glaucoma, right eye
✓7 th	H40.222	Chronic angle-closure glaucoma, left eye
✓7 th	H40.223	Chronic angle-closure glaucoma, bilateral
✓7 th	H40.229	Chronic angle-closure glaucoma, unspecified eye

Tabular Notations

Official parenthetical notes as well as Optum360's supplementary notations are provided at the chapter, code block, category,

subcategory, and individual code level to help the user assign proper codes. The information in the notation can apply to one or more codes depending on where the citation is placed.

Official Notations

Includes Notes

The word **INCLUDES** appears immediately under certain categories to further define, clarify, or give examples of the content of a code category.

Inclusion Terms

Lists of inclusion terms are included under certain codes. These terms indicate some of the conditions for which that code number may be used. Inclusion terms may be synonyms with the code title, or, in the case of “other specified” codes, the terms may also provide a list of various conditions included within a classification code. The inclusion terms are not exhaustive. The index may provide additional terms that may also be assigned to a given code.

Excludes Notes

ICD-10-CM has two types of excludes notes. Each note has a different definition for use. However, they are similar in that they both indicate that codes excluded from each other are independent of each other.

Excludes 1

An **EXCLUDES 1** note is a “pure” excludes. It means “NOT CODED HERE!” An Excludes 1 note indicates mutually exclusive codes: two conditions that cannot be reported together. An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used

when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

An exception to the Excludes 1 definition is when the two conditions are unrelated to each other. If it is not clear whether the two conditions involving an Excludes 1 note are related or not, query the provider. For example, code F45.8 Other somatoform disorders, has an Excludes 1 note for “sleep related teeth grinding (G47.63)” because “teeth grinding” is an inclusion term under F45.8. Only one of these two codes should be assigned for teeth grinding. However psychogenic dysmenorrhea is also an inclusion term under F45.8, and a patient could have both this condition and sleep-related teeth grinding. In this case, the two conditions are clearly unrelated to each other, so it would be appropriate to report F45.8 and G47.63 together.

Excludes 2

An **EXCLUDES 2** note means “NOT INCLUDED HERE.” An Excludes 2 note indicates that although the excluded condition is not part of the condition it is excluded from, a patient may have both conditions at the same time. Therefore, when an Excludes 2 note appears under a code, it may be acceptable to use both the code and the excluded code together if supported by the medical documentation.

Note

The term “NOTE” appears as an icon and precedes the instructional information. These notes function as alerts to highlight coding instructions within the text.

Code First/Use additional code

These instructional notes provide sequencing instruction. They may appear independently of each other or to designate certain

etiology/manifestation paired codes. These instructions signal the coder that an additional code should be reported to provide a more complete picture of that diagnosis.

In etiology/manifestation coding, ICD-10-CM requires the underlying condition to be sequenced first, followed by the manifestation. In these situations, codes with “In diseases classified elsewhere” in the code description are never permitted as a first-listed or principal diagnosis code and must be sequenced following the underlying condition code.

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.

Publisher 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 2021.

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: 2016, 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.

√5th 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.

√5th 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.

- **New Code**

Codes that have been added to the classification system for the current year.

- ▲ **Revised Code Title**

Codes that have had a change to their description or validity change for the current year. For additional information on codes with validity changes, see the “What’s New” section.

- ✓ **Additional Characters Required**

√4th This symbol indicates that the code requires a 4th character.

√5th This symbol indicates that the code requires a 5th character.

√6th This symbol indicates that the code requires a 6th character.

√7th This symbol indicates that the code requires a 7th character.

√5th H60.3 Other **infective otitis externa**

√6th H60.31 **Diffuse otitis externa**

H60.311 Diffuse otitis externa, **right ear** **Q**

H60.312 Diffuse otitis externa, **left ear** **Q**

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**

This manual provides the most current information that was available at the time of publication. Except where otherwise noted, the icons and/or color bars reflect edits provided in the Integrated Outpatient Code Editor (IOCE) quarterly files utilized under the outpatient prospective payment system (OPPS). Because the October 2021 quarterly files were not available at the time this book was printed, the edits in this manual are based on the July 2021 quarterly files.

The following is a list of IOCE edits specifically identified in this manual:

- Age
- Sex
- Manifestation
- Unacceptable principal diagnosis

Note: The following icons are placed at the end of the code description.

Age Edits

N Newborn Age: 0

These diagnoses are intended for newborns and neonates and the patient's age must be 0 years.

N47.0 Adherent prepuce, newborn

N ♂

P Pediatric Age: 0-17

These diagnoses are intended for children and the patient's age must be between 0 and 17 years.

L21.1 Seborrheic infantile dermatitis

P

M Maternity Age: 9-64

These diagnoses are intended for childbearing patients between the age of 9 and 64 years.

O02.9 Abnormal product of conception, unspecified

M ♀

A Adult Age: 15-124

These diagnoses are intended for patients between the age of 15 and 124 years.

R54 Age-related physical debility

Q **A**

Frailty

Old age

Senescence

Senile asthenia

Senile debility

EXCLUDES 1 *age-related cognitive decline (R41.81)*
sarcopenia (M62.84)
senile psychosis (F03)
senility NOS (R41.81)

Sex Edits

♂ **Male diagnosis only**

Q98.0 Klinefelter syndrome karyotype 47, XXY



Female diagnosis only

N35.12 Postinfective urethral stricture, not elsewhere classified, female



Unacceptable Principal Diagnosis

This symbol identifies codes that should not be assigned as the first-listed code for *outpatient* admissions. Codes with an unacceptable principal diagnosis edit are considered supplementary (describing circumstances that influence an individual's health status or an additional code), identifying conditions that are not specific manifestations but may be due to an underlying cause.

√7th T48.5X5 Adverse effect of other anti-common-cold drugs



CMS-HCC Condition

This icon identifies conditions that are considered a CMS-HCC (hierarchical condition category) diagnosis.

The HCC codes represented in this manual have been updated to reflect the 2022 Initial ICD-10-CM Mappings for CMS-HCC Model v24. Midyear final mappings were not available at the time this publication went to print; refer to the following CMS website for final mappings:

<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors.html>.

Y62.2 Failure of sterile precautions during kidney dialysis and other perfusion



QPP Condition

This icon identifies conditions recognized as a quality measure for claims-based reporting under CMS's Merit-based Incentive Payment System (MIPS) Claims Single Source v5.0.

G44.52 New daily persistent headache (NDPH)



PDx

Z-code as First-Listed Diagnosis

Identify Z codes that generally are for use as a first-listed diagnosis only but may be used as an additional diagnosis if the patient has more than one encounter on the same day or there is more than one reason for the encounter.

The instructions for Z code use contained in the ICD-10-CM official coding guidelines identify those Z codes that can be used only as a PDx. All other Z codes may either be SDx or PDx, depending upon circumstances of the encounter, by meeting the definition of first-listed or principal diagnosis, and by following any specific Z code guidelines in section I.C.21 a-c. The responsibility of those assigning the Z codes as PDx is to make sure the circumstances of the encounter meet the definition of first-listed or principal diagnosis, follow all coding instructions, and follow the Z code specific guidelines. Optum360 does not include any SDx edit since there is no official source for it and the Z code use is determined by circumstances of the encounter.

Note: Please note that the symbols indicating the Z code “principal or first-listed only” designation and the Z codes that may be principal or first-listed diagnoses included in the official coding guidelines [section I.C.21.c.16] are consistent with reporting guidelines for health care encounters *excluding acute care inpatient admissions*. These Z code edits are often

in conflict with the inpatient prospective payment system (IPPS) edits. For example, code Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester, may be an appropriate primary reason for an outpatient encounter. However, supervision for a normal pregnancy is not an acceptable principal diagnosis or reason for an inpatient admission and will have an unacceptable principal diagnosis edit under the inpatient prospective payment system (IPPS).

Z51.12 Encounter for antineoplastic **immunotherapy**

PDx

Color Bars

Manifestation Code

Codes defined as manifestation codes appear in italic type, with a blue color bar over the code description. A manifestation cannot be reported as a first-listed code; it is sequenced as a secondary diagnosis with the underlying disease code listed first.

G32.89 *Other specified degenerative disorders of nervous system in diseases classified elsewhere*

Degenerative encephalopathy in diseases classified elsewhere

Unspecified Diagnosis

Codes that appear with a gray color bar over the alphanumeric code identify unspecified diagnoses. These codes should be used in limited circumstances, when neither the diagnostic statement nor the documentation provides enough information to assign a more specific diagnosis code.



The abbreviation NOS, “not otherwise specified,” in the tabular list may be interpreted as “unspecified.”

G03.9 Meningitis, unspecified Arachnoiditis (spinal) NOS

Footnotes

Certain codes in the tabular section have a numerical superscript located to the upper left of the code. This numerical superscript corresponds to a specific footnote description.

For example:

1  M48.51 Collapsed vertebra, not elsewhere classified,  occipito-atlanto-axial region

For convenience, the footnote descriptions are provided on the front cover.

The following list also provides the footnote descriptions of all numerical superscripts found in the Tabular List of Diseases:

- 1** These codes are considered an HCC when reported as an initial encounter (7th character A, B, or C).
- 2** These codes are considered an HCC when reported as an initial encounter (7th character A or B) OR sequela (7th character S).
- 3** These codes are considered an HCC when reported as a sequela (7th character S).

Chapter-Level Notations

Chapter-specific Guidelines with Coding Examples

Each chapter begins with the Official Guidelines for Coding and Reporting specific to that chapter, where provided. Coding examples specific to outpatient care settings have been provided to illustrate the coding and/or sequencing guidance in these guidelines.

Muscle and Tendon Table

ICD-10-CM categorizes certain muscles and tendons in the upper and lower extremities by their action (e.g., extension or flexion) as well as their anatomical location. The Muscle/Tendon table is provided at the beginning of [chapter 13](#) and [chapter 19](#) to help users when code selection depends on the action of the muscle and/or tendon.

Note: This table is not all-inclusive, and proper code assignment should be based on the provider's documentation.

Appendixes

The additional resources described below have been included as appendixes for this book. These resources further instruct the professional coder on the appropriate application of the ICD-10-CM code set.

Appendix A: Valid 3-character ICD-10-CM Codes

The user may consult this table to confirm that no further specificity, such as the use of 4th, 5th, 6th, or 7th characters or placeholders (X), is necessary. All ICD-10-CM codes that are valid at the three-character level are listed.

Appendix B: Pharmacology List 2022

This reference is a comprehensive but not all-inclusive list of pharmacological agents used to treat acute and/or chronic conditions. Drugs are listed in alphabetical order by their brand

and/or generic names along with their drug action and indications for which they may commonly be prescribed. Some drugs have also been mapped to their appropriate Z code for long-term drug use.

Appendix C: Z Codes for Long-Term Drug Use with Associated Drugs

This resource correlates Z codes that are used to identify current long-term drug use with a list of drugs that are typically categorized to that class of drug.

Note: These tables are not all-inclusive but list some of the more commonly used drugs.

Appendix D: Z Codes Only as Principal/First-Listed Diagnosis

[Chapter 21](#), “Factors Influencing Health Status and Contact with Health Services,” provides codes to deal with encounters for circumstances other than a disease or injury. Many of these codes may be reported *only* as the principal/first-listed diagnosis. This resource lists all of these codes in one table for quick and easy reference to ensure accurate reporting.

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

This resource provides the framework behind the Centers for Medicare and Medicaid Services’ (CMS) Medicare Advantage (MA) program, a risk-adjustment model developed as a means of compensating health care plans with large numbers of Medicare Part C beneficiaries. It includes a brief synopsis of the evolution of the program from its inception; insight into the various elements needed to predict risk, including the principles used to develop the hierarchical condition categories (HCCs), which make up one of the fundamental components of the risk-adjustment model. This

appendix also outlines the audit process used to ensure the accuracy of payments made to MA plans.

Appendix F: Centers for Medicare & Medicaid Services Quality Payment Program

This resource provides an overview of the Medicare Access and CHIP Reauthorization Act (MACRA), which replaced Medicare's sustainable growth rate (SGR) methodology with the Quality Payment Program (QPP). It summarizes the Merit-based Incentive Payment System (MIPS) track used by those who opt to participate in traditional Medicare and not an advanced alternative payment model (APM). This includes eligibility requirements and an overview of the four performance categories that combine to make up the MIPS.

Illustrations

This section includes illustrations of normal anatomy with ICD-10-CM-specific terminology.

What's New for 2022

Official Updates

The official ICD-10-CM addendum identifies changes to the ICD-10-CM code set for fiscal 2022, effective October 1, 2021, to September 30, 2022. These changes were made by the agency charged with maintaining and updating the ICD-10-CM code set, the National Center for Health Statistics (NCHS), a section of the Centers for Disease Control and Prevention (CDC). A summary of the changes is provided below.

14 Codes with a Change in Validity

Note: Validity changes are the result of codes being added to or deleted from the classification. Codes that change from valid to invalid allow the creation of a new subcategory to which new codes can be assigned that provide greater detail about the condition. Codes that change from invalid to valid are the result of codes being deleted from a subcategory in the classification, when the detail provided in those codes is no longer required.

Valid to Invalid

D55.2	F78	G92	K22.8	M31.1	M54.5	P09
R05	R35.8	R63.3	Z59.0	Z59.4	Z59.8	Z91.5

Invalid to Valid

No applicable codes

18 Codes Deleted from the Classification

- T40.7X1A Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter
- T40.7X1D Poisoning by cannabis (derivatives), accidental (unintentional), subsequent encounter
- T40.7X1S Poisoning by cannabis (derivatives), accidental (unintentional), sequela
- T40.7X2A Poisoning by cannabis (derivatives), intentional self-harm, initial encounter
- T40.7X2D Poisoning by cannabis (derivatives), intentional self-harm, subsequent encounter
- T40.7X2S Poisoning by cannabis (derivatives), intentional self-harm, sequela
- T40.7X3A Poisoning by cannabis (derivatives), assault, initial encounter
- T40.7X3D Poisoning by cannabis (derivatives), assault, subsequent encounter
- T40.7X3S Poisoning by cannabis (derivatives), assault, sequela
- T40.7X4A Poisoning by cannabis (derivatives), undetermined, initial encounter
- T40.7X4D Poisoning by cannabis (derivatives), undetermined, subsequent encounter
- T40.7X4S Poisoning by cannabis (derivatives), undetermined, sequela
- T40.7X5A Adverse effect of cannabis (derivatives), initial encounter
- T40.7X5D Adverse effect of cannabis (derivatives), subsequent encounter
- T40.7X5S Adverse effect of cannabis (derivatives), sequela

- T40.7X6A Underdosing of cannabis (derivatives), initial encounter
- T40.7X6D Underdosing of cannabis (derivatives), subsequent encounter
- T40.7X6S Underdosing of cannabis (derivatives), sequela

159 New Codes Added to the Classification

- A79.82 Anaplasmosis [*A. phagocytophilum*]
- C56.3 Malignant neoplasm of bilateral ovaries
- C79.63 Secondary malignant neoplasm of bilateral ovaries
- C84.7A Anaplastic large cell lymphoma, ALK-negative, breast
- D55.21 Anemia due to pyruvate kinase deficiency
- D55.29 Anemia due to other disorders of glycolytic enzymes
- D75.838 Other thrombocytosis
- D75.839 Thrombocytosis, unspecified
- D89.44 Hereditary alpha tryptasemia
- E75.244 Niemann-Pick disease type A/B
- F32.A Depression, unspecified
- F78.A1 SYNGAP1-related intellectual disability
- F78.A9 Other genetic related intellectual disability
- G04.82 Acute flaccid myelitis
- G44.86 Cervicogenic headache
- G92.00 Immune effector cell-associated neurotoxicity syndrome, grade unspecified
- G92.01 Immune effector cell-associated neurotoxicity syndrome, grade 1

G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2
G92.03	Immune effector cell-associated neurotoxicity syndrome, grade 3
G92.04	Immune effector cell-associated neurotoxicity syndrome, grade 4
G92.05	Immune effector cell-associated neurotoxicity syndrome, grade 5
G92.8	Other toxic encephalopathy
G92.9	Unspecified toxic encephalopathy
I5A	Non-ischemic myocardial injury (non-traumatic)
K22.81	Esophageal polyp
K22.82	Esophagogastric junction polyp
K22.89	Other specified disease of esophagus
K31.A0	Gastric intestinal metaplasia, unspecified
K31.A11	Gastric intestinal metaplasia without dysplasia, involving the antrum
K31.A12	Gastric intestinal metaplasia without dysplasia, involving the body (corpus)
K31.A13	Gastric intestinal metaplasia without dysplasia, involving the fundus
K31.A14	Gastric intestinal metaplasia without dysplasia, involving the cardia
K31.A15	Gastric intestinal metaplasia without dysplasia, involving multiple sites
K31.A19	Gastric intestinal metaplasia without dysplasia, unspecified site
K31.A21	Gastric intestinal metaplasia with low grade

dysplasia

K31.A22 Gastric intestinal metaplasia with high grade dysplasia

K31.A29 Gastric intestinal metaplasia with dysplasia, unspecified

L24.A0 Irritant contact dermatitis due to friction or contact with body fluids, unspecified

L24.A1 Irritant contact dermatitis due to saliva

L24.A2 Irritant contact dermatitis due to fecal, urinary or dual incontinence

D55.2 F78 G92 K22.8 M31.1 M54.5 P09

R05 R35.8 R63.3 Z59.0 Z59.4 Z59.8 Z91.5

L24.A9 Irritant contact dermatitis due friction or contact with other specified body fluids

L24.B0 Irritant contact dermatitis related to unspecified stoma or fistula

L24.B1 Irritant contact dermatitis related to digestive stoma or fistula

L24.B2 Irritant contact dermatitis related to respiratory stoma or fistula

L24.B3 Irritant contact dermatitis related to fecal or urinary stoma or fistula

M31.10 Thrombotic microangiopathy, unspecified

M31.11 Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]

M31.19 Other thrombotic microangiopathy

M35.05 Sjögren syndrome with inflammatory arthritis

M35.06 Sjögren syndrome with peripheral nervous system

	involvement
M35.07	Sjögren syndrome with central nervous system involvement
M35.08	Sjögren syndrome with gastrointestinal involvement
M35.0A	Sjögren syndrome with glomerular disease
M35.0B	Sjögren syndrome with vasculitis
M35.0C	Sjögren syndrome with dental involvement
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
M54.50	Low back pain, unspecified

M54.51 Vertebrogenic low back pain

M54.59 Other low back pain

P00.82 Newborn affected by (positive) maternal group B streptococcus (GBS) colonization

P09.1 Abnormal findings on neonatal screening for inborn errors of metabolism

P09.2 Abnormal findings on neonatal screening for congenital endocrine disease

P09.3 Abnormal findings on neonatal screening for congenital hematologic disorders

P09.4 Abnormal findings on neonatal screening for cystic fibrosis

P09.5 Abnormal findings on neonatal screening for critical congenital heart disease

P09.6 Abnormal findings on neonatal screening for neonatal hearing loss

P09.8 Other abnormal findings on neonatal screening

P09.9 Abnormal findings on neonatal screening, unspecified

R05.1 Acute cough

R05.2 Subacute cough

R05.3 Chronic cough

R05.4 Cough syncope

R05.8 Other specified cough

R05.9 Cough, unspecified

R35.81 Nocturnal polyuria

R35.89 Other polyuria

R45.88 Nonsuicidal self-harm

R63.30 Feeding difficulties, unspecified

R63.31 Pediatric feeding disorder, acute

R63.32 Pediatric feeding disorder, chronic

R63.39 Other feeding difficulties

R79.83 Abnormal findings of blood amino-acid level

S06.A0XA Traumatic brain compression without herniation, initial encounter

S06.A0XD Traumatic brain compression without herniation, subsequent encounter

S06.A0XS Traumatic brain compression without herniation, sequela

S06.A1XA Traumatic brain compression with herniation, initial encounter

S06.A1XD Traumatic brain compression with herniation, subsequent encounter

S06.A1XS Traumatic brain compression with herniation, sequela

T40.711A Poisoning by cannabis, accidental (unintentional), initial encounter

T40.711D Poisoning by cannabis, accidental (unintentional), subsequent encounter

T40.711S Poisoning by cannabis, accidental (unintentional), sequela

T40.712A Poisoning by cannabis, intentional self-harm, initial encounter

T40.712D Poisoning by cannabis, intentional self-harm, subsequent encounter

T40.712S Poisoning by cannabis, intentional self-harm, sequela

T40.713A Poisoning by cannabis, assault, initial encounter

T40.713D Poisoning by cannabis, assault, subsequent encounter

T40.713S Poisoning by cannabis, assault, sequela

T40.714A Poisoning by cannabis, undetermined, initial encounter

T40.714D Poisoning by cannabis, undetermined, subsequent encounter

T40.714S Poisoning by cannabis, undetermined, sequela

T40.715A Adverse effect of cannabis, initial encounter

T40.715D Adverse effect of cannabis, subsequent encounter

T40.715S Adverse effect of cannabis, sequela

T40.716A Underdosing of cannabis, initial encounter

T40.716D Underdosing of cannabis, subsequent encounter

T40.716S Underdosing of cannabis, sequela

T40.721A Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter

T40.721D Poisoning by synthetic cannabinoids, accidental (unintentional), subsequent encounter

T40.721S Poisoning by synthetic cannabinoids, accidental (unintentional), sequela

T40.722A Poisoning by synthetic cannabinoids, intentional self-harm, initial encounter

T40.722D Poisoning by synthetic cannabinoids, intentional self-harm, subsequent encounter

T40.722S Poisoning by synthetic cannabinoids, intentional

- self-harm, sequela
- T40.723A Poisoning by synthetic cannabinoids, assault, initial encounter
 - T40.723D Poisoning by synthetic cannabinoids, assault, subsequent encounter
 - T40.723S Poisoning by synthetic cannabinoids, assault, sequela
 - T40.724A Poisoning by synthetic cannabinoids, undetermined, initial encounter
 - T40.724D Poisoning by synthetic cannabinoids, undetermined, subsequent encounter
 - T40.724S Poisoning by synthetic cannabinoids, undetermined, sequela
 - T40.725A Adverse effect of synthetic cannabinoids, initial encounter
 - T40.725D Adverse effect of synthetic cannabinoids, subsequent encounter
 - T40.725S Adverse effect of synthetic cannabinoids, sequela
 - T40.726A Underdosing of synthetic cannabinoids, initial encounter
 - T40.726D Underdosing of synthetic cannabinoids, subsequent encounter
 - T40.726S Underdosing of synthetic cannabinoids, sequela
 - T80.82XA Complication of immune effector cellular therapy, initial encounter
 - T80.82XD Complication of immune effector cellular therapy, subsequent encounter
 - T80.82XS Complication of immune effector cellular therapy,

sequela

U09.9 Post COVID-19 condition, unspecified

Y35.899A Legal intervention involving other specified means, unspecified person injured, initial encounter

Y35.899D Legal intervention involving other specified means, unspecified person injured, subsequent encounter

Y35.899S Legal intervention involving other specified means, unspecified person injured, sequela

Z55.5 Less than a high school diploma

Z58.6 Inadequate drinking-water supply

Z59.00 Homelessness unspecified

Z59.01 Sheltered homelessness

Z59.02 Unsheltered homelessness

Z59.41 Food insecurity

Z59.48 Other specified lack of adequate food

Z59.811 Housing instability, housed, with risk of homelessness

Z59.812 Housing instability, housed, homelessness in past 12 months

Z59.819 Housing instability, housed unspecified

Z59.89 Other problems related to housing and economic circumstances

Z71.85 Encounter for immunization safety counseling

Z91.014 Allergy to mammalian meats

Z91.51 Personal history of suicidal behavior

Z91.52 Personal history of nonsuicidal self-harm

Z92.850 Personal history of Chimeric Antigen Receptor T-