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FY2024 ICD-10-CM Updates

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Learning Objectives

- Review Official Guideline changes effective 10/1/2023
- Examine the new ICD-10-CM codes that will be implemented on 10/1/2023
- Review pertinent clinical information necessary to understand new codes
- Summarize ICD-10 Coordination and Maintenance Committee materials for rationale behind new codes

FY 2024 ICD-10-CM Guideline Changes

FY 2024 Guideline Updates

- Section C.1.g.1.f: Screening for COVID-10
  - **For screening for COVID-19, including preoperative testing, assign code Z11.52, Encounter for screening for COVID-10.**
- Section C.9.e.6: Myocardial Infarction with Coronary Microvascular Dysfunction
  - **Coronary microvascular dysfunction (CMD) is a condition that impacts the microvasculature by restricting microvascular flow and increasing microvascular resistance. Code I21.B, Myocardial infarction with coronary microvascular dysfunction, is assigned for myocardial infarction with coronary microvascular disease, myocardial infarction with coronary microvascular dysfunction, and myocardial infarction with non-obstructive coronary arteries (MINOCA) with microvascular disease.**
- Section C.18.e: Coma
  - R40.20, Unspecified coma **should** be assigned **when the underlying cause of the coma is not known, or the cause is a traumatic brain injury and the coma scale is not documented in the medical record**.
- Section C.18.e.1: Coma Scale
  - The coma scale codes (r40.21- to R40.24-) can be used in conjunction with traumatic brain injury. These codes **cannot be used with R40.2A, Nontraumatic coma due to underlying condition.** They are primarily for use by trauma registries, but they may be used in any setting where this information is collected. The coma scale codes should be sequenced after the diagnosis code(s).

FY 2024 Guideline Updates Cont.

- Section C.21.c.4: History (of)
  - Addition of code: **Z91.85 – Personal history of military service**
- Section C.21.c.8: Follow-up
  - **Codes Z08, Encounter for follow-up examination after completed treatment for malignant neoplasm, and Z09, Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm, may be assigned following any type of completed treatment modality (including both medical and surgical treatments).**
- Section C.21.c.14: Miscellaneous Z Codes
  - Addition of code: **Z91.A- Caregiver's noncompliance with patient's medical treatment and regimen**

FY 2024 ICD-10-CM
Code Changes

Chapter 1: Infection & Parasitic Diseases (A00-B99)

Acinetobacter Baumannii Infections

Code	Description	CC/MCC
A41.54	Sepsis due to Acinetobacter baumannii	MCC
B96.83	Acinetobacter baumannii as the cause of diseases classified elsewhere	N/A

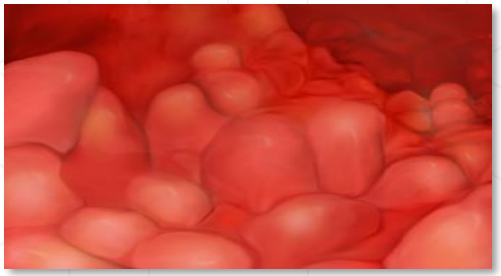
- Acinetobacter are commonly found in the environment, like in soil and water. Acinetobacter baumannii accounts for most Acinetobacter infections in humans.
- It is a gram-negative bacteria which can cause infections in the blood, urinary tract, lungs, or in wounds in different parts of the body.
- It can also “colonize” or live in a patient without causing infections or symptoms, especially in respiratory secretions or open wounds.
  - Z22.340 Carrier of carbapenem-resistant Acinetobacter baumannii
  - Z22.340 Carrier of carbapenem-sensitive Acinetobacter baumannii
  - Z22.349 Carrier of cinetobacter baumannii unspecified
- Antibiotic resistance is common in Acinetobacter baumannii, and carbapenem resistance (Z16.13) is a challenging threat to hospitalized patients.

Chapter 2: Neoplasms (C00-D49)

Familial Adenomatous Polyposis

- Classic familial adenomatous polyposis, called FAP or classic FAP, is a genetic condition.
- It is diagnosed when a person develops more than 100 adenomatous colon polyps.
- The average age for polyps to develop in people with FAP is in the mid-teens. Most people with FAP will have multiple colon polyps by age 35. If FAP is not recognized and treated, there is a very high likelihood that a person will develop colorectal cancer.

Code	Description	CC/MCC
D13.91	Familial adenomatous polyposis	N/A
D13.99	Benign neoplasm of ill-defined sites within the digestive system	N/A

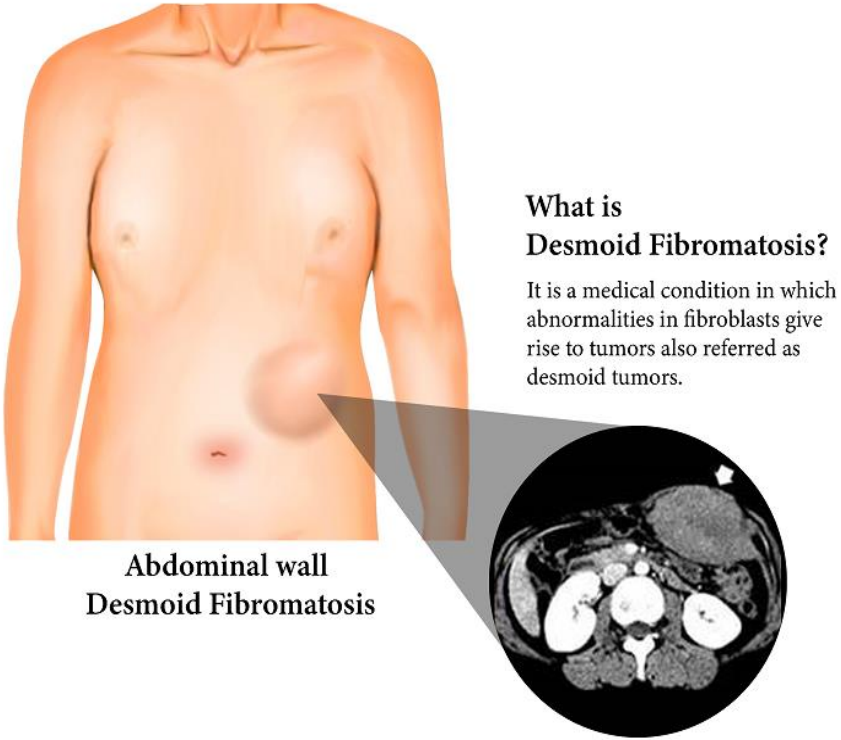


Chapter 2: Neoplasms (C00-D49)

Desmoid Tumors

- Desmoid tumors are a rare type of tumor arising in deep connective and soft tissues which often have a variable and unpredictable course. Because desmoid tumors do not metastasize, they are not classified as malignant. However, desmoid tumors tend to be locally aggressive, infiltrative, and destructive, such that the condition is also known as aggressive fibromatosis.
- Desmoid tumors can occur in any soft or connective tissue throughout the body. In practice, the locations are typically categorized into four general areas:
  - abdominal wall
  - extremities/shoulder and pelvic girdles/chest wall
  - intraabdominal/retroperitoneal/pelvic cavity
  - head and neck/intrathoracic
- Abdominal wall tumors may present as a noticeable mass, which is sometimes revealed as pregnancy stretches the wall. Extremity tumors often present with significant pain and restricted mobility. Intraabdominal/retroperitoneal/pelvic cavity desmoid tumors can be asymptomatic, or they may present as weight loss or with significant comorbidities such as bowel obstruction or renal failure. Head and neck/intrathoracic tumors may present with symptoms such as dysphagia or shortness of breath.
- Desmoid tumors are often excised and may also be ablated. However, they frequently prove difficult to completely remove, especially when nearby tissues are infiltrated. Moreover, even after apparent complete removal, desmoid tumors quite commonly recur locally. For this reason, medical treatments are heavily used. These include chemotherapy, either systemic or via isolated limb perfusion; hormone-blocking agents such as tamoxifen; kinase inhibitors to arrest tumor progression; and radiation therapy.

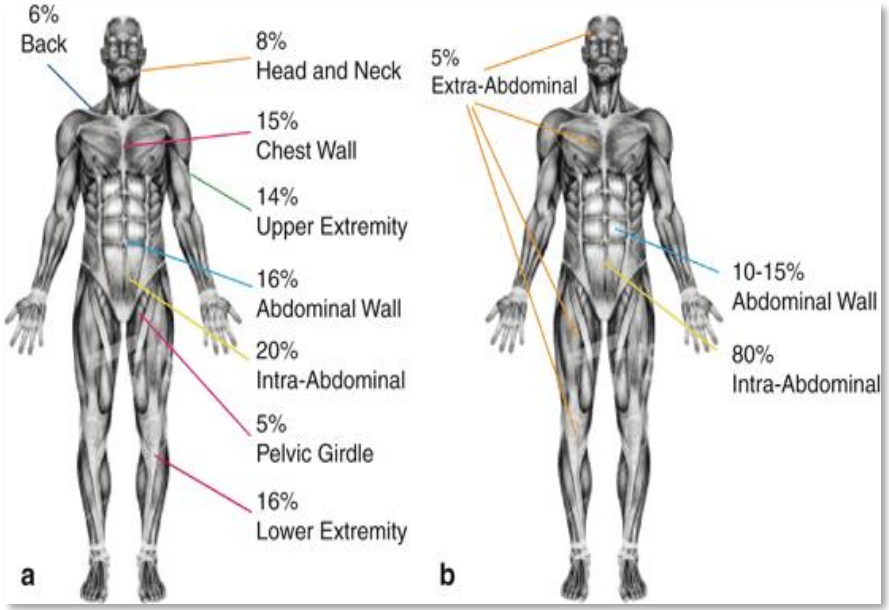
Desmoid Tumors



Abdominal wall
Desmoid Fibromatosis

What is Desmoid Fibromatosis?

It is a medical condition in which abnormalities in fibroblasts give rise to tumors also referred as desmoid tumors.



Chapter 2: Neoplasms (C00-D49)

Desmoid Tumors

Code	Description	CC/MCC
D48.110	Desmoid tumor of head and neck	N/A
D48.111	Desmoid tumor of chest wall	N/A
D48.112	Desmoid tumor, intrathoracic	N/A
D48.113	Desmoid tumor of abdominal wall	N/A
D48.114	Desmoid tumor, intraabdominal	N/A
D48.115	Desmoid tumor of upper extremity and shoulder girdle	N/A
D48.116	Desmoid tumor of lower extremity and pelvic girdle	N/A
D48.117	Desmoid tumor of back	N/A
D48.118	Desmoid tumor of other site	N/A
D48.119	Desmoid tumor of unspecified site	N/A
D48.19	Other specified neoplasm of uncertain behavior of connective and other soft tissue	N/A

Chapter 3: Diseases of the Blood (D50-D89)

Sickle-Cell Dactylitis and Vaso-Occlusive Crisis

Code	Description	CC/MCC
D57.04	Hb-SS disease with dactylitis	MCC
D57.214	Sickle-cell/Hb-C disease with dactylitis	MCC
D57.414	Sickle-cell thalassemia, unspecified, with dactylitis	MCC
D57.434	Sickle-cell thalassemia beta zero with dactylitis	MCC
D57.454	Sickle-cell thalassemia beta plus with dactylitis	MCC
D57.814	Other sickle-cell disorders with dactylitis	MCC

- Vaso-occlusive crisis is the most frequent reason for inpatient care of children with sickle cell anemia. Acute episodes of pain, also commonly referred to as sickle cell pain crises, or vasoocclusive crises (VOCs), are not only the primary presenting morbidity associated with sickle cell disease, (SCD) but also the cause of hospitalization in approximately 95% of cases
- Dactylitis is a severe inflammation of the fingers and toes commonly seen in infants with sickle cell anemia. In the pre-verbal child, it may be the only clinical indication of vaso-occlusive pain crisis. Early recognition of dactylitis and care for the underlying condition helps prevent later complications of sickle cell disease.
- ACDIS proposes that “vaso-occlusive” be made a non-essential modifier for sickle cell disease with pain. It is of the opinion of ACDIS, that this request is supported by review of hospitalization documentation that demonstrates that the documentation of ‘pain’ in SCD patients is commonly not further described as ‘vaso-occlusive’ pain.

Sickle-Cell Dactylitis & Vaso-Occlusive Crisis

Disease

- No Change - sickle-cell D57.1
- No Change - - with
- No Change - - - crisis (painful) D57.00
- Delete - - - - with complication specified NEC D57.09
- Add - - - - with
- Add - - - - - complication specified NEC D57.09
- Add - - - - - dactylitis D57.04
- Delete - - - vasoocclusive pain D57.00
- Add - - - dactylitis D57.04
- Add - - - pain (vaso-occlusive) D57.00
- Add - - - priaprism D57.09

Chapter 3: Diseases of the Blood (D50-D89)

Code	Description	CC/MCC
D61.02	Shwachman-Diamond syndrome	CC
D89.84	IgG4-related disease	N/A

Shwachman-Diamond Syndrome

- Is a genetic multi-system disorder characterized by bone marrow failure, exocrine pancreatic dysfunction, and predisposition to myeloid malignancies.
- The major cause of mortality from SDS are hematological complications, such as severe bone marrow failure, myelodysplastic syndrome (MDS) and acute myeloid leukemia (AML)
- Creation of a new code would enable more readily tracking morbidity rates, hospital admissions, and treatment outcomes for SDS, and will be of benefit for clinical and policy research efforts.

Immunoglobulin G4-Related Disease

- A chronic, relapsing-remitting, immune-mediated fibroinflammatory disorder that if not diagnosed and left untreated can lead to impaired organ function. Patients with IgG4-RD are generally responsive to treatment with glucocorticoids.

Chapter 4: Endocrine Diseases (E00-E89)

Autosomal Dominant Hypocalcemia

Code	Description	CC/MCC
E20.810	Autosomal dominant hypocalcemia	N/A
E20.811	Secondary hypoparathyroidism in diseases classified elsewhere	N/A
E20.812	Autoimmune hypoparathyroidism	N/A
E20.818	Other specified hypoparathyroidism due to impaired parathyroid hormone secretion	N/A
E20.819	Hypoparathyroidism due to impaired parathyroid hormone secretion, unspecified	N/A
E20.89	Other specified hypoparathyroidism	N/A

- Autosomal dominant hypocalcemia, commonly abbreviated as ADH, is a genetic disorder of calcium metabolism mediated by hypoparathyroidism associated with impaired secretion of parathyroid hormone.
- There are two types of ADH. ADH type1 is caused by mutations in the gene CASR. ADH type 2, which is rarer, is caused by mutations in the GNA11 gene, with similar effect.
- Individuals with ADH may remain asymptomatic. Otherwise, the disorder causes a variety of symptoms which vary from mild, to severe, to debilitating. Symptoms and complications may impact multiple organ systems, particularly the musculoskeletal, nervous, and renal systems.

Chapter 4: Endocrine Diseases (E00-E89)

Metabolic Disorders

Code	Description	CC/MCC
E74.05	Lysosome-associated membrane protein 2 [LAMP2] deficiency	CC
E75.27	Pelizaeus-Merzbacher disease	CC
E75.28	Canavan disease	CC
E79.81	Aicardi-Goutières syndrome	CC
E79.82	Hereditary xanthinuria	CC
E79.89	Other specified disorders of purine and pyrimidine metabolism	CC

Metabolic Disorders

- **Lysosome-Associated Membrane Protein 2 (LAMP2) Deficiency (Danon Disease) E74.05** A multi-systemic disorder and represents one of the most aggressive cardiomyopathies ever characterized, especially for male patients. There currently are no available disease-modifying therapies that mitigate progression to end stage heart failure and death. As a result, most male Danon patients do not live beyond adolescence or early adulthood in the absence of heart transplantation.
- **Pelizaeus-Merzbacher disease (PMD) E75.27** is a rare, progressive, and degenerative central nervous system disorder that deteriorates coordination, motor abilities, and cognitive function.
- **Canavan disease E75.28** is a neurological disorder in which the brain degenerates into spongy tissue full of small fluid-filled spaces.
- **Aicardi-Goutières syndrome (AGS) E78.81** - also known as pseudotoxoplasmosis syndrome, encephalopathy with basal ganglia calcification, or Cree encephalitis—is a rare inherited disease that mainly affects the brain, immune system, and the skin.
- **Hereditary xanthinuria E79.82** is a condition that most often affects the kidneys. It is characterized by high levels of a compound called xanthine and very low levels of another compound called uric acid in the blood and urine. The excess xanthine can accumulate in the kidneys and other tissues.

Chapter 4: Endocrine Diseases (E00-E89)

Code	Description	CC/MCC
E88.43	Disorders of mitochondrial tRNA synthetases	CC
E88.810	Metabolic syndrome	N/A
E88.811	Insulin resistance syndrome, Type A	N/A
E88.818	Other insulin resistance (Includes Type B)	N/A
E88.819	Insulin resistance, unspecified	N/A
E88.A	Wasting disease (syndrome) due to underlying condition (code first underlying condition)	N/A

Insulin Resistant Syndrome

- Insulin resistance can be linked to diabetes, hypertension, dyslipidemia, cardiovascular disease and other abnormalities. Because resistance usually develops long before these diseases appear, identifying and treating insulin-resistant patients has potentially great preventive value.
- The National Center for Health Statistics (NCHS) received a request to create ICD-10-CM codes for Type A and Type B insulin resistance-syndrome for coding specificity

Wasting Disease (Syndrome) Due to Underlying Condition

- Wasting disease (syndrome) is a metabolic-catabolic syndrome that is a severe complication of a chronic, primary disease. It has a constellation of signs and symptoms and is a manifestation signaling the later end-stage or morbidity of an underlying condition and is typically irreversible.

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

Hereditary Ataxia

Code	Description	CC/MCC
G11.5	Hypomyelination - hypogonadotropic hypogonadism - hypodontia	CC
G11.6	Leukodystrophy with vanishing white matter disease	CC

- Hypomyelination means that there is a lack of myelin in the central nervous system. Hypogonadotropic hypogonadism means that normal puberty development is absent because the central nervous system is not able to initiate it properly. Hypodontia means that not all teeth are present.
- Leukoencephalopathy with vanishing white matter is a progressive disorder that mainly affects the brain and spinal cord (central nervous system). This disorder causes deterioration of the central nervous system's white matter, which consists of nerve fibers covered by myelin.

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

Parkinson's Disease with OFF Episodes

Code	Description	CC/MCC
G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations	N/A
G20.A2	Parkinson's disease without dyskinesia, with fluctuations	N/A
G20.B1	Parkinson's disease with dyskinesia, without mention of fluctuations	N/A
G20.B2	Parkinson's disease with dyskinesia, with fluctuations	N/A
G20.C	Parkinsonism, unspecified	N/A

- Parkinson's disease (PD) is a progressive neurodegenerative disease that presents with motor symptoms such as bradykinesia with muscle rigidity, tremor, and/or postural instability, as well as non-motor symptoms such as anxiety/panic attacks, problems with executive function, and pain.
- As PD is a progressive disease, patients receiving standard maintenance treatment with levodopa will experience a narrowing duration of effect, leading to complications/fluctuations (dyskinesias/OFF episodes) that become difficult to control.
- A wide range of symptoms have been observed during OFF states such as tremor, rigidity, bradykinesia, difficulty with speech and balance, weakness, and reduced dexterity.
- Fluctuations such as OFF episodes may also increase hospitalizations and emergency department (ED) visits, as well as increasing intensive care unit (ICU) admission and prolonging the length of stay

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

Leukodystrophies

Code	Description	CC/MCC
G23.3	Hypomyelination with atrophy of the basal ganglia and cerebellum	CC
G31.80	Leukodystrophy, unspecified	N/A
G31.86	Alexander disease	N/A
G37.81	Myelin oligodendrocyte glycoprotein antibody disease	CC
G37.89	Other specified demyelinating diseases of central nervous system	CC

Leukodystrophy,

- Leukodystrophies, or more specifically inherited leukodystrophies, are a group of diseases affecting the white matter of the brain, that cause significant morbidities and death in 1 of 3 patients by age 8 years.

Alexander disease

- is a rare disorder of the nervous system. It is one of a group of disorders, called leukodystrophies, that involve the destruction of myelin

Myelin Oligodendrocyte Glycoprotein Antibody Disease

- Myelin oligodendrocyte glycoprotein (MOG) antibody disease (MOG-AD) is an inflammatory demyelinating condition of the central nervous system (CNS) characterized by a monophasic or relapsing course of neurological dysfunction, which does not meet the typical criteria for multiple sclerosis (MS) or other known neuroinflammatory conditions, and occurs in the presence of serum MOG antibodies detected using specific cell-based assays

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

Lafora Body Disease

Code	Description	CC/MCC
G40.C01	Lafora progressive myoclonus epilepsy, not intractable, with status epilepticus	CC
G40.C09	Lafora progressive myoclonus epilepsy, not intractable, without status epilepticus	CC
G40.C11	Lafora progressive myoclonus epilepsy, intractable, with status epilepticus	CC
G40.C19	Lafora progressive myoclonus epilepsy, intractable, without status epilepticus	CC

- Lafora Body Disease, or Lafora progressive myoclonus epilepsy, is a neurodegenerative condition caused by a glycogen metabolism disorder that results in the accumulation of abnormal glycogen aggregates called Lafora Bodies in the brain, heart, and liver.
- This accumulation of Lafora Bodies causes the progressive degeneration of the nervous system resulting in generalized tonic-clonic seizures, occipital seizures, myoclonic seizures, tonic, absence and atonic seizures.
- In addition to the progression of seizures, patients also experience a rapid cognitive decline and gross and fine motor regression. Other symptoms include behavioral changes such as depression and confusion, and physical symptoms such as “ataxia (difficulty controlling muscles), difficulty walking, difficulty eating, dysarthria (difficulty speaking), and childhood dementia.

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

Chronic Migraine with Aura

Code	Description	CC/MCC
G43.E01	Chronic migraine with aura, not intractable, with status migrainosus	N/A
G43.E09	Chronic migraine with aura, not intractable, without status migrainosus	N/A
G43.E11	Chronic migraine with aura, intractable, with status migrainosus	N/A
G43.E19	Chronic migraine with aura, intractable, without status migrainosus	N/A

- Migraine is a common, multifactorial brain disorder with recurring disabling attacks of headache and associated features. These features include migraine with and without auras.
- The international Classification of Headache Disorders, third edition defines Chronic Migraine as a headache occurring on 15 or more days a month for more than three months, which, on at least eight days a month has the features of migraine headache.
- Chronic headache criteria includes both migraine with and without aura.

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

Other Disorders of the Nervous System (G89-G99)

Code	Description	CC/MCC
G90.B	LMNB1-related autosomal dominant leukodystrophy	N/A
G93.42	Megaloencephalic leukoencephalopathy with subcortical cysts	CC
G93.43	Leukoencephalopathy with calcifications and cysts	CC
G93.44	Adult-onset leukodystrophy with axonal spheroids	CC

- LMNB1-related autosomal dominant leukodystrophy (ADLD) is a slowly progressive disorder of central nervous system white matter characterized by onset of autonomic dysfunction in the fourth to fifth decade, followed by pyramidal and cerebellar abnormalities resulting in spasticity, ataxia, and tremor.
- Megalencephalic leukoencephalopathy with subcortical cysts is a progressive condition that affects brain development and function. Individuals with this condition typically have an enlarged brain (megalencephaly) that is evident at birth or within the first year of life.

Chapter 7: Diseases of the Eye (H00-H59)

Autosomal Dominant Hypocalcemia

Code	Description	CC/MCC
H36.811	Nonproliferative sickle-cell retinopathy, right eye	N/A
H36.812	Nonproliferative sickle-cell retinopathy, left eye	N/A
H36.813	Nonproliferative sickle-cell retinopathy, bilateral	N/A
H36.819	Nonproliferative sickle-cell retinopathy, unspecified eye	N/A
H36.821	Proliferative sickle-cell retinopathy, right eye	N/A
H36.822	Proliferative sickle-cell retinopathy, left eye	N/A
H36.823	Proliferative sickle-cell retinopathy, bilateral	N/A
H36.829	Proliferative sickle-cell retinopathy, unspecified eye	N/A
H36.89	Other retinal disorders in diseases classified elsewhere	N/A

- Sickle cell retinopathy is characterized by the blockage of outer retinal vessels, resulting in both non-proliferative and proliferative retinopathy, that can lead to complications such as vision impairment and blindness.

Sickle-Cell Retinopathy

The 4 Stages of Diabetic Retinopathy

Stage 1: Mild nonproliferative diabetic retinopathy

- This is the earliest stage of diabetic retinopathy, characterized by tiny swellings/bulges in the blood vessels of the retina. These areas of swelling are known as microaneurysms.

Stage 2: Moderate nonproliferative diabetic retinopathy

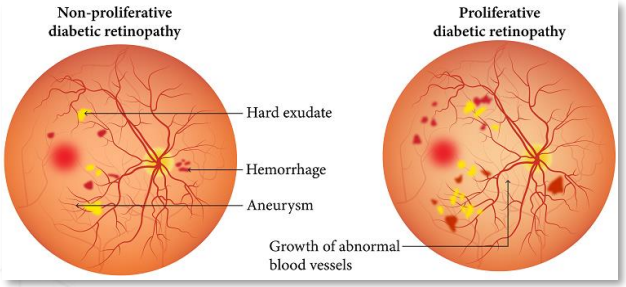
- At this stage, the tiny blood vessels further swell up, blocking blood flow to the retina and preventing proper nourishment. This stage will only cause noticeable signs if there is a build-up of blood and other fluids in the macula, causing vision to become blurry.

Stage 3: Severe nonproliferative diabetic retinopathy

- During this stage, a larger section of blood vessels in the retina becomes blocked, causing a significant decrease in blood flow to this area. The lack of blood triggers a signal to the body to start growing new blood vessels in the retina.
- These new blood vessels are extremely thin and fragile and cause retinal swelling, resulting in noticeably blurry vision, dark spots and even patches of vision loss.. At this stage, there is a high chance of irreversible vision loss.

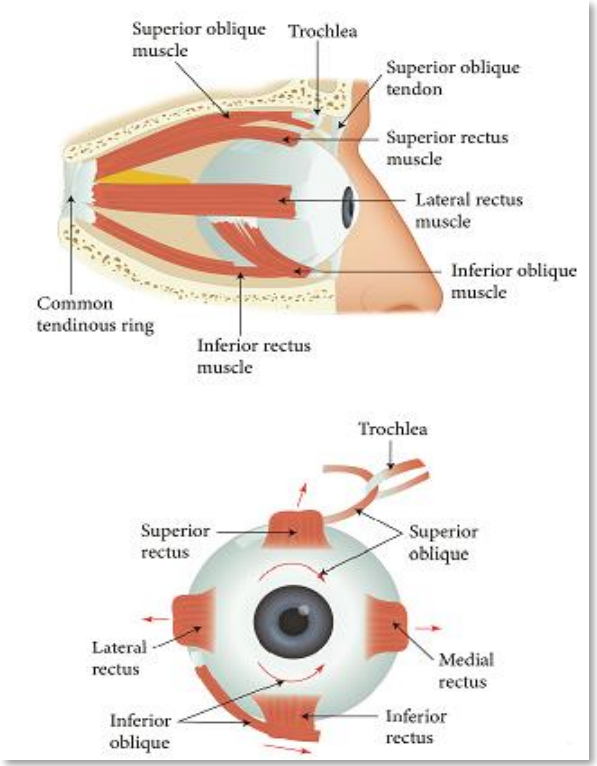
Stage 4: Proliferative diabetic retinopathy

- At this advanced stage of the disease, new blood vessels continue to grow in the retina. These blood vessels, which are thin and weak and prone to bleeding, cause scar tissue to form inside the eye. This scar tissue can pull the retina away from the back of your eye, causing retinal detachment.



Chapter 7: Diseases of the Eye (H00-H59)

- When extraocular muscles or associated soft tissue become trapped in an orbital bone fracture, the entrapment can lead to bradycardia, permanent diplopia, or even death.
- Extraocular muscle entrapment in a nondisplaced orbital fracture, although a well-known entity in pediatric trauma, is atypical in adults.
- Entrapment requires urgent freeing of the muscle to prevent necrosis of the incarcerated muscle.



Chapter 7: Diseases of the Eye (H00-H59)

Extraocular Muscle Entrapment

Code	Description	CC/MCC
H50.621	Inferior oblique muscle entrapment, right eye	N/A
H50.622	Inferior oblique muscle entrapment, left eye	N/A
H50.629	Inferior oblique muscle entrapment, unspecified eye	N/A
H50.631	Inferior rectus muscle entrapment, right eye	N/A
H50.632	Inferior rectus muscle entrapment, left eye	N/A
H50.639	Inferior rectus muscle entrapment, unspecified eye	N/A
H50.641	Lateral rectus muscle entrapment, right eye	N/A
H50.642	Lateral rectus muscle entrapment, left eye	N/A
H50.649	Lateral rectus muscle entrapment, unspecified eye	N/A

Chapter 7: Diseases of the Eye (H00-H59)

Extraocular Muscle Entrapment

Code	Description	CC/MCC
H50.651	Medial rectus muscle entrapment, right eye	N.A
H50.652	Medial rectus muscle entrapment, left eye	N/A
H50.659	Medial rectus muscle entrapment, unspecified eye	N/A
H50.661	Superior oblique muscle entrapment, right eye	N/A
H50.662	Superior oblique muscle entrapment, left eye	N/A
H50.669	Superior oblique muscle entrapment, unspecified eye	N/A
H50.671	Superior rectus muscle entrapment, right eye	N/A
H50.672	Superior rectus muscle entrapment, left eye	N/A
H50.679	Superior rectus muscle entrapment, unspecified eye	N/A
H50.681	Extraocular muscle entrapment, unspecified, right eye	N/A
H50.682	Extraocular muscle entrapment, unspecified, left eye	N/A
H50.689	Extraocular muscle entrapment, unspecified, unspecified eye	N/A

Chapter 7: Diseases of the Eye (H00-H59)

Foreign Body Sensation

Code	Description	CC/MCC
H57.8A1	Foreign body sensation, right eye	N/A
H57.8A2	Foreign body sensation, left eye	N/A
H57.8A3	Foreign body sensation, bilateral eyes	N/A
H57.8A9	Foreign body sensation, unspecified eye	N/A

Chapter 9: Diseases of the Circulatory System (I00-I99)

Resistant Hypertension

Code	Description	CC/MCC
I1A.0	Resistant hypertension	N/A
I20.81	Angina pectoris with coronary microvascular dysfunction	N/A
I20.89	Other forms of angina pectoris	N/A

- Resistant hypertension (RH) is a condition where the blood pressure (BP) of a patient with hypertension remains above goal in spite of the concurrent use of at least three antihypertensive medications of different pharmacologic classes, commonly including a long-acting calcium channel blocker, a blocker of the renin-angiotensin system (angiotensin converting enzyme inhibitor or angiotensin receptor blocker) and a diuretic.
- RH, as defined above, identifies patients who are at significantly higher risk for target organ damage, morbid CVD events, end-stage kidney disease and death compared with hypertensive patients without treatment resistance.

Chapter 9: Diseases of the Circulatory System (I00-I99)

Coronary Microvascular Dysfunction

Code	Description	CC/MCC
I21.B	Myocardial infarction with coronary microvascular dysfunction	MCC
I24.81	Acute coronary microvascular dysfunction	CC
I24.89	Other forms of acute ischemic heart disease	CC
I25.85	Chronic coronary microvascular dysfunction	N/A

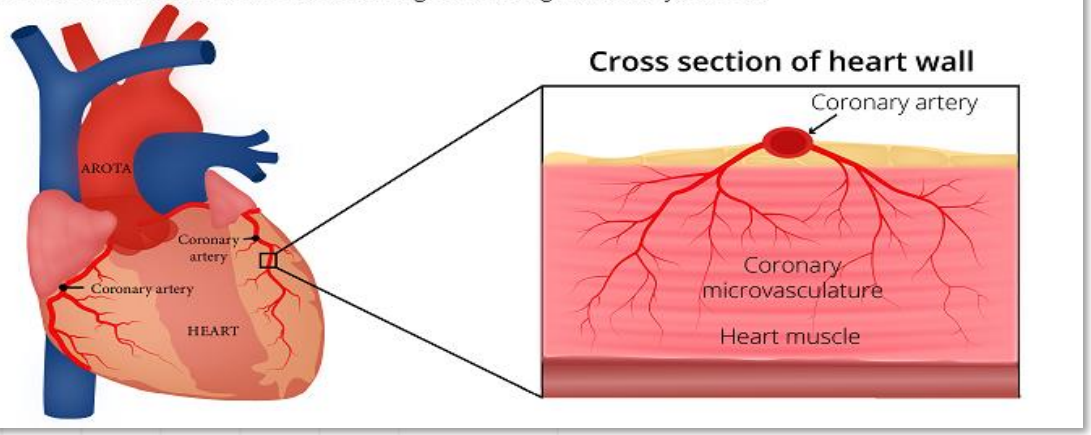
- Approximately 112 million people globally are affected by angina and a significant proportion of these patients experience ischemia with non-obstructive coronary arteries (INOCA) and myocardial infarction with non-obstructive coronary arteries (MINOCA) due to pathologies in the microvasculature.
- The microcirculatory system is largely responsible for the regulation and distribution of blood flow to the myocardium and is composed of an extensive network of narrow vessels downstream from the epicardial arteries.
- Coronary microvascular dysfunction (CMD) is a condition that impacts the microvasculature by restricting microvascular flow and increasing microvascular resistance.
- A proposal to create specific ICD-10-CM codes for CMD was received from Abbott Laboratories, Inc., to ensure afflicted patients receive appropriate diagnosis and care.

Chapter 9: Diseases of the Circulatory System (I00-I99)

CMD can cause chest pain, shortness of breath, heart attack, and heart failure.

Coronary microvascular dysfunction (CMD)

The coronary arteries carry blood from the aorta to the heart muscle. damage to the small blood vessels that branch off of the main coronary arteries, the coronary microvasculature, can lead to problems with the blood supply to the heart. CMD can occur even if there is no blockage of the larger coronary arteries.



Chapter 9: Diseases of the Circulatory System (I00-I99)

Inappropriate Sinus Tachycardia

Code	Description	CC/MCC
I47.10	Supraventricular tachycardia, unspecified	CC
I47.11	Inappropriate sinus tachycardia, so stated	CC
I47.19	Other supraventricular tachycardia	CC

- Inappropriate sinus tachycardia (IST) is defined as a sinus heart rate >100 bpm at rest (with a mean 24-hour heart rate >90 bpm not due to primary causes) and is associated with distressing symptoms of palpitations.
- The mechanisms leading to IST are not completely understood, but there are several underlying diseases that can result in this syndrome
- The National Center for Health Statistics (NCHS) received a request to create an ICD-10-CM code for inappropriate sinus tachycardia for coding specificity to accurately track cases, allowing for etiology related research, patient segmentation, and therapeutic selection.

Chapter 10: Diseases of the Respiratory System (J00-J99)

Pneumonia due to Acinetobacter baumannii

Code	Description	CC/MCC
J15.61	Pneumonia due to Acinetobacter baumannii	MCC
J15.69	Pneumonia due to other Gram-negative bacteria	MCC

- It is a gram-negative bacteria which can cause infections in the blood, urinary tract, lungs, or in wounds in different parts of the body.

Chapter 10: Diseases of the Respiratory System (J00-J99)

Bronchiolitis Obliterans and Bronchiolitis Obliterans Syndrome

Code	Description	CC/MCC
J44.81	Bronchiolitis obliterans and bronchiolitis obliterans syndrome	N/A
J44.89	Other specified chronic obstructive pulmonary disease	N/A
J4A.0	Restrictive allograft syndrome	N/A
J4A.8	Other chronic lung allograft dysfunction	N/A
J4A.9	Chronic lung allograft dysfunction, unspecified	N/A

- Bronchiolitis obliterans and bronchiolitis obliterans syndrome (BOS) together with chronic lung allograft dysfunction had a prior proposal for ICD-10-CM code expansion, September 2021.
- In brief, bronchiolitis obliterans or obliterative bronchiolitis may occur for a number of reasons, in a clinical syndrome characterized by airflow limitation not reversible with inhaled bronchodilators which may be associated with progressive dyspnea. BOS may occur following lung transplant, with fibrosis involving terminal and respiratory bronchioles.
- Chronic lung allograft dysfunction may involve BOS, or restrictive allograft syndrome (RAS), or a mix of these, and potentially other clinical issues.

Chapter 11: Diseases of the Digestive System (K00-K95)

Appendicitis with Generalized Peritonitis with or without Perforation

- New codes for acute appendicitis with generalized peritonitis, with perforation and without perforation, and unspecified as to perforation. This proposal is based on internal discussions within CDC and CMS.

Code	Description	CC/MCC
K35.200	Acute appendicitis with generalized peritonitis, without perforation or abscess	CC
K35.201	Acute appendicitis with generalized peritonitis, with perforation, without abscess	CC
K35.209	Acute appendicitis with generalized peritonitis, without abscess, unspecified as to perforation	CC
K35.210	Acute appendicitis with generalized peritonitis, without perforation, with abscess	MCC
K35.211	Acute appendicitis with generalized peritonitis, with perforation and abscess	MCC
K35.219	Acute appendicitis with generalized peritonitis, with abscess, unspecified as to perforation	MCC

Chapter 11: Diseases of the Digestive System (K00-K95)

Code	Description	CC/MCC
K63.8211	Small intestinal bacterial overgrowth, hydrogen-subtype	N/A
K63.8212	Small intestinal bacterial overgrowth, hydrogen sulfide-subtype	N/A
K63.8219	Small intestinal bacterial overgrowth, unspecified	N/A
K63.822	Small intestinal fungal overgrowth	N/A
K63.829	Intestinal methanogen overgrowth, unspecified	N/A
K68.2	Retroperitoneal fibrosis	MCC
K68.3	Retroperitoneal hematoma	MCC

Intestinal Microbial Overgrowth

- Intestinal microbial overgrowth includes several diseases including small intestinal bacterial overgrowth (SIBO), intestinal methanogen overgrowth (IMO) and small intestinal fungal overgrowth (SIFO). These diseases result from the overpopulation of bacteria, methanogenic archaea or fungi in the intestines and can lead to debilitating symptoms with significant effect on quality of life

Retroperitoneal Fibrosis/Hematoma

- The National Center for Health Statistics (NCHS) received a request to create ICD-10-CM codes for nontraumatic retroperitoneal hemorrhage and retroperitoneal fibrosis. Retroperitoneal hemorrhage is a particularly important site of occult or concealed hemorrhage. Retroperitoneal fibrosis is a slowly progressive disorder in which the ureters and other abdominal organs or vessels may become blocked by a fibrous mass and inflammation in the back of the abdomen.

Chapter 11: Diseases of the Digestive System (K00-K95)

Short Bowel Syndrome and Intestinal Failure

Code	Description	CC/MCC
K90.821	Short bowel syndrome with colon in continuity	CC
K90.822	Short bowel syndrome without colon in continuity	CC
K90.829	Short bowel syndrome, unspecified	CC
K90.83	Intestinal failure	CC

- Short bowel syndrome (SBS) is a condition that occurs when your body is unable to absorb enough nutrients from the foods you eat because you do not have enough small intestine. Short bowel syndrome is caused by the physical absence or loss of massive portions of intestine (typically to < 200 cm of residual intestine).
- Many, but not all individuals with SBS may also develop intestinal failure (IF), which is the inability to absorb enough nutrients and/or fluid necessary to maintain nutritional autonomy
- SBS with colon in continuity is when the colon has been anastomosed to residual small bowel. This includes ileocolonic and jejunocolonic anastomoses.
- SBS with no colon in continuity is when all colon has been resected, or otherwise is not in continuity with the residual small bowel. This includes mucus fistula, ileostomy, jejunostomy, duodenostomy patients and jejuno/ileo-rectal anastomosis that meet the definition for SBS.

Age-Related Osteoporosis with Current Pathological Fracture, Pelvis

- Autologous bone graft is used in a variety of orthopedic and maxillofacial procedures. The iliac crest of the pelvis is the most common site of autologous bone graft harvesting. In patients with osteoporosis, pathological fracture of the iliac crest can occur, either during or after the bone graft harvesting. Autologous bone graft is used in a variety of orthopedic and maxillofacial procedures. The iliac crest of the pelvis is the most common site of autologous bone graft harvesting. In patients with osteoporosis, pathological fracture of the iliac crest can occur, either during or after the bone graft harvesting.
- Osteoporosis with pathological fracture of pelvis is currently coded as “osteoporosis with current pathological fracture, femur”. This is anatomically incorrect. Codes specific to pelvis are needed to accurately identify this condition. These would allow more accurate reporting of the location of osteoporotic fractures.

Chapter 13: Diseases of the Musculoskeletal System (M00-M99)

Age-Related Osteoporosis with Current Pathological Fracture, Pelvis

Code	Description	CC/MCC
M80.0B1-	Age-related osteoporosis with current pathological fracture, right pelvis	CC [A,K,P]
M80.0B2-	Age-related osteoporosis with current pathological fracture, left pelvis	CC [A,K,P]
M80.0B9-	Age-related osteoporosis with current pathological fracture, unspecified pelvis	CC [A,K,P]
M80.8B1-	Other osteoporosis with current pathological fracture, right pelvis	CC [A,K,P]
M80.8B2-	Other osteoporosis with current pathological fracture, left pelvis	CC [A,K,P]
M80.8B9-	Other osteoporosis with current pathological fracture, unspecified pelvis	CC [A,K,P]

The appropriate 7th character is to be added to each code from category M80:

A - initial encounter for fracture

D - subsequent encounter for fracture with routine healing

G - subsequent encounter for fracture with delayed healing

K - subsequent encounter for fracture with nonunion

P - subsequent encounter for fracture with malunion

S - sequela

Chapter 14: Diseases of the Genitourinary System (N00-N99)

Immunoglobulin A Nephropathy (IgAN)

- The Renal Physicians Association (RPA) is requesting a new ICD-10-CM code for Immunoglobulin A Nephropathy (IgAN), the most common form of glomerulonephropathy.
- IgAN is characterized by deposition of immune complexes containing Immunoglobulin A in the glomerulus and proliferation of mesangial cells. The course of disease progression in IgAN can usually be predicted by clinical signs (hypertension, proteinuria, impaired renal function) and histologic lesions (extent of sclerosis and tubulointerstitial damage)
- IgAN is diagnosed by renal biopsy.

Code	Description	CC/MCC
N02.B1	Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion	CC
N02.B2	Recurrent and persistent immunoglobulin A nephropathy with focal and segmental glomerular lesion	CC
N02.B3	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranoproliferative glomerulonephritis	CC
N02.B4	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranous glomerulonephritis	CC
N02.B5	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangial proliferative glomerulonephritis	CC
N02.B6	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangiocapillary glomerulonephritis	CC
N02.B9	Other recurrent and persistent immunoglobulin A nephropathy	CC

Chapter 14: Diseases of the Genitourinary System (N00-N99)

Membranous Nephropathy

Code	Description	CC/MCC
N04.20	Nephrotic syndrome with diffuse membranous glomerulonephritis, unspecified	CC
N04.21	Primary membranous nephropathy with nephrotic syndrome	CC
N04.22	Secondary membranous nephropathy with nephrotic syndrome	CC
N04.29	Other nephrotic syndrome with diffuse membranous glomerulonephritis	CC
N06.20	Isolated proteinuria with diffuse membranous glomerulonephritis, unspecified	CC
N06.21	Primary membranous nephropathy with isolated proteinuria	CC
N06.22	Secondary membranous nephropathy with isolated proteinuria	CC
N06.29	Other isolated proteinuria with diffuse membranous glomerulonephritis	CC

- Membranous nephropathy (MN), a common cause of nephrotic syndrome in adults,1 is characterized by thickening of the renal glomerular basement membrane (GBM), resulting from the accumulation of immune reactants in this structure.
- MN has been historically classified into two subtypes: “primary” and “secondary” forms of MN. Primary and secondary forms of MN have distinct treatment pathways.

Chapter 15: Pregnancy & Childbirth (O00 – O9A)

Intrahepatic Cholestasis in Pregnancy

- ICP is a pregnancy-specific disorder where bile acid transport in the liver is altered. This leads to a build-up of bile acid in both the maternal circulation as well as the fetal amniotic fluid.
- Maternal risks include an increased risk of pre-eclampsia and gestational diabetes. Fetal risks include preterm birth, increased respiratory distress after birth when matched to the same gestational age non ICP pregnancies, meconium staining of the amniotic fluid and stillbirth.
- Intrahepatic cholestasis of pregnancy resolves after the peripartum period is over. Some patients might have underlying liver disorders that predisposed them to the development of intrahepatic cholestasis of pregnancy, but the disorder itself is pregnancy-specific.

Code	Description	CC/MCC
026.641	Intrahepatic cholestasis of pregnancy, first trimester	CC
026.642	Intrahepatic cholestasis of pregnancy, second trimester	CC
026.643	Intrahepatic cholestasis of pregnancy, third trimester	CC
026.649	Intrahepatic cholestasis of pregnancy, unspecified trimester	N/A
090.41	Hepatorenal syndrome following labor and delivery	MCC
090.49	Other postpartum acute kidney failure	MCC

Chapter 17: Congenital Malformations (Q00-Q99)

Alagille Syndrome

Code	Description	CC/MCC
Q44.70	Other congenital malformation of liver, unspecified	CC
Q44.71	Alagille syndrome	CC
Q44.79	Other congenital malformations of liver	CC

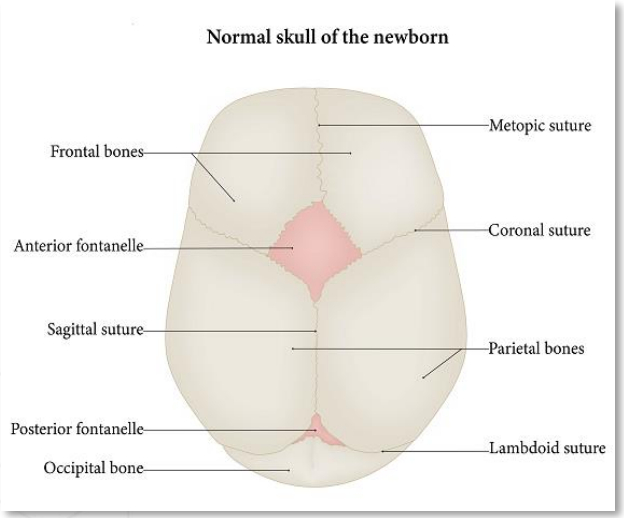
- Alagille syndrome is a rare genetic disorder that primarily affects the liver. However, this syndrome can affect multiple organ systems of the body including the cardiovascular system, skeletal system, eyes, and kidneys.
- The specific symptoms and severity of Alagille syndrome can vary greatly from one person to another, even within the same family.
- Common symptoms, which often develop during the first three months of life, include blockage of the flow of bile from the liver (cholestasis), jaundice, poor weight gain and growth, pruritus and pale, loose stools. Additional symptoms include heart murmurs, congenital heart defects, vertebral differences, thickening of the ring that normally lines the cornea in the eye (posterior embryotoxon) and distinctive facial features.
- A specific code for Alagille syndrome will effectively enable meeting the needs of clinical practice, patient and provider education, and epidemiology research for a condition for which the medical and scientific information and public health implications have been rapidly evolving.

Chapter 17: Congenital Malformations (Q00-Q99)

Craniosynostosis and Other Congenital Deformities of Skull, Face and Jaw

- In a newborn, the bones of the cranium are separated by intervening sutures (i.e., gaps) that enable the infant's skull to pass through the birth canal and to allow for both growth of the skull and brain. Craniosynostosis is the premature closure of one or more cranial sutures.
- When one or more sutures closes prematurely, an abnormally shaped skull and also, in more severe cases, increased intracranial pressure can occur.
- Classification of the type of the craniosynostosis is essential for several reasons, including (1) to accurately measure and assess worldwide trends in the epidemiology of craniosynostosis types, (2) outcomes and treatments vary by craniosynostosis type and (3) the removal of antiquated terms (acrocephaly, oxycephaly) in the tabular, but will remain indexed.
- The following revisions are proposed to achieve sufficient, clinical granularity of the type of skull deformities. This granularity will significantly improve international classification, tracking, and surveillance of infants and children with craniosynostosis and skull characteristics that prompt evaluation for craniosynostosis

Craniosynostosis



Chapter 17: Congenital Malformations (Q00-Q99)

Craniosynostosis and Other Congenital Deformities of Skull, Face and Jaw

Code	Description	CC/MCC
Q75.001	Craniosynostosis unspecified, unilateral	N/A
Q75.002	Craniosynostosis unspecified, bilateral	N/A
Q75.009	Craniosynostosis unspecified	N/A
Q75.01	Sagittal craniosynostosis	N/A
Q75.021	Coronal craniosynostosis unilateral	N/A
Q75.022	Coronal craniosynostosis bilateral	N/A
Q75.029	Coronal craniosynostosis unspecified	N/A
Q75.03	Metopic craniosynostosis	N/A
Q75.041	Lambdoid craniosynostosis, unilateral	N/A
Q75.042	Lambdoid craniosynostosis, bilateral	N/A
Q75.049	Lambdoid craniosynostosis, unspecified	N/A

Chapter 17: Congenital Malformations (Q00-Q99)

Craniosynostosis and Other Congenital Deformities of Skull, Face and Jaw

Code	Description	CC/MCC
Q75.051	Cloverleaf skull	N/A
Q75.052	Pansynostosis	N/A
Q75.058	Other multi-suture craniosynostosis	N/A
Q75.08	Other single-suture craniosynostosis	N/A
Q87.83	Bardet-Biedl syndrome	CC
Q87.84	Laurence-Moon syndrome	CC
Q87.85	MED13L syndrome	CC
Q93.52	Phelan-McDermid syndrome	CC

- Cloverleaf deformity is an extremely rare skull deformity that happens when several joints (sutures) between a baby's skull bones begin to fuse too early. Also known as Kleeblattschädel syndrome, the cloverleaf deformity causes bulging at the front and sides of the skull, resembling a cloverleaf shape

Chapter 17: Congenital Malformations (Q00-Q99)

Bardet-Biedl syndrome (Q87.83)

- Often diagnosed in childhood or adolescence, BBS is an inherited disease causing progressive loss of night and peripheral vision from retinitis pigmentosa. BBS can also cause a number of other symptoms and problems including: obesity, extra fingers and toes, kidney disease, and developmental disabilities.
- Creation of a new ICD-10-CM diagnosis code for Bardet-Biedl syndrome (BBS) has been proposed by Rhythm Pharmaceuticals, Inc. A new code is needed to bring awareness to the BBS population, as well as to identify, diagnose and track patients and the clinical interventions used to treat and manage patients, and the outcomes of treatments. Given the way that LNMS and BBS have been grouped in the past, a separate code for LNMS is also being proposed

Laurence-Moon-Bardet-Biedl syndrome (LMBBS) (Q87.84)

- A rare autosomal recessive (AR) disorder associated with five fundamental characteristics including retinitis pigmentosa, polydactyly, obesity, and hypogonadism and mental retardation.

MED13L syndrome (Q87.85)

- A developmental disorder characterized by developmental delay, intellectual disability, and minor differences in facial features. Additionally, some people with this condition have recurrent seizures (epilepsy) or heart abnormalities that are present from birth (congenital heart defects).

Phelan-McDermid Syndrome (PMS) (Q93.52)

- A rare genetic condition that causes developmental and speech delays, behavioral problems and a weakened or no ability to feel pain or sweat

Chapter 18: Symptoms (R00 – R99)

Code	Description	CC/MCC
R09.A0	Foreign body sensation, unspecified	N/A
R09.A1	Foreign body sensation, nose	N/A
R09.A2	Foreign body sensation, throat	N/A
R09.A9	Foreign body sensation, other site	N/A
R40.2A	Nontraumatic coma due to underlying condition	MCC

- After the recent coding guideline changes which limits Glasgow coma scale codes to traumatic brain injury (TBI), National Center for Health Statistics received a proposal for the creation of a new ICD-10-CM code for “Coma NEC.”

Chapter 18: Symptoms (R00 – R99)

Dense Breast(s) on Mammography

- Breasts are made up of lobules, ducts, fatty and fibrous connective tissue.
- Lobules are the small glands that produce milk, while ducts are the tiny tubes that carry the milk from the lobules to the nipple. Together, the lobules and ducts are referred to as glandular tissue.
- Fibrous tissue and fat give breasts their size and shape and hold the other structures in place.
- The Breast Imaging Reporting and Data System, called BI-RADS, classifies breast density into four categories, as follows:
  - (a) Almost entirely fatty breast tissue, found in about 10% of women
  - (b) Scattered areas of dense glandular tissue and fibrous connective tissue (scattered fibroglandular breast tissue) found in about 40% of women
  - (c) Heterogeneously dense breast tissue with many areas of glandular tissue and fibrous connective tissue, found in about 40% of women
  - (d) Extremely dense breast tissue, found in about 10% of women

Chapter 18: Symptoms (R00 – R99)

Dense Breast(s) on Mammography

Code	Description	CC/MCC
R92.30	Dense breasts, unspecified	N/A
R92.311	Mammographic fatty tissue density, right breast	N/A
R92.312	Mammographic fatty tissue density, left breast	N/A
R92.313	Mammographic fatty tissue density, bilateral breasts	N/A
R92.321	Mammographic fibroglandular density, right breast	N/A
R92.322	Mammographic fibroglandular density, left breast	N/A
R92.323	Mammographic fibroglandular density, bilateral breasts	N/A
R92.331	Mammographic heterogeneous density, right breast	N/A
R92.332	Mammographic heterogeneous density, left breast	N/A
R92.333	Mammographic heterogeneous density, bilateral breasts	N/A
R92.341	Mammographic extreme density, right breast	N/A
R92.342	Mammographic extreme density, left breast	N/A
R92.343	Mammographic extreme density, bilateral breasts	N/A

Chapter 19: Injury Poisoning & Adverse Effects (S00-T88)

Gadolinium Toxicity

Code	Description	CC/MCC
T56.821 [A,D,S]	Toxic effect of gadolinium, accidental (unintentional)	N/A
T56.822 [A,D,S]	Toxic effect of gadolinium, intentional self-harm	N/A
T56.823 [A,D,S]	Toxic effect of gadolinium, assault	N/A
T56.824 [A,D,S]	Toxic effect of gadolinium, undetermined	N/A

- When injected into the body, gadolinium contrast medium enhances and improves the quality of the MRI images.
- Gadolinium toxicity has the potential to cause disease in humans, and even in small amounts may be associated with significant morbidity and mortality . Gadolinium toxicity can affect many body systems, including the musculoskeletal, brain, skin, renal and neurologic systems.
- Symptoms can be mild in some patients, while others develop severe life-threatening illness similar to cytokine storm response
- New codes will ensure gadolinium toxic patients are recognized, diagnosed properly, treated appropriately4 and timely in order to prevent progressive disease and damages in the human body that is caused by gadolinium toxicity.

Chapter 19: Injury Poisoning & Adverse Effects (S00-T88)

Code	Description	CC/MCC
T74.A1X [A,D,S] ^	Adult financial abuse, confirmed	N/A
T74.A2X [A,D,S] ^	Child financial abuse, confirmed	N/A
T76.A1X [A,D,S] ^	Adult financial abuse, suspected	N/A
T76.A2X [A,D,S] ^	Child financial abuse, suspected	N/A

Chapter 20: External Causes (V00 – Y99)

Foreign Body Entering Into or Through a Natural Orifice

- Foreign bodies can enter through natural body orifices. Some of which are benign and cause irritation (i.e. bead in the ear or nose). However other types of foreign bodies can have significant morbidity or mortality.
- Button batteries can result in rapid caustic tissue injury with both acute and chronic complications. It has been reported that 12.6% of children under age 6 who ingested a 20 mm button battery suffered a major complication .
- Ingestion of multiple magnets can cause serious conditions such as pinch the intestine walls quickly resulting in tissue necrosis and bowel perforation.
- The American Academy of Pediatrics is requesting that the WHO ICD-10 code category W44, Foreign body entering into or through eye or natural orifice be incorporated in the ICD-10-CM classification structure.

Code	Description	CC/MCC
W44.8XX [A,D,S]	Other foreign body entering into or through a natural orifice	N/A
W44.9XX [A,D,S]	Unspecified foreign body entering into or through a natural orifice	N/A
W44.A0X [A,D,S]	Battery unspecified, entering into or through a natural orifice, initial encounter	N/A
W44.A1X [A,D,S]	Button battery entering into or through a natural orifice, initial encounter	N/A
W44.A9X [A,D,S]	Other batteries entering into or through a natural orifice, initial encounter	N/A

Chapter 20: External Causes (V00 – Y99)

Foreign Body Entering Into or Through a Natural Orifice

Code	Description	CC/MCC
W44.B0X [A,D,S]	Plastic object unspecified, entering into or through a natural orifice	N/A
W44.B1X [A,D,S]	Plastic bead entering into or through a natural orifice	N/A
W44.B2X [A,D,S]	Plastic coin entering into or through a natural orifice	N/A
W44.B3X [A,D,S]	Plastic toy and toy part entering into or through a natural orifice	N/A
W44.B4X [A,D,S]	Plastic jewelry entering into or through a natural orifice	N/A
W44.B5X [A,D,S]	Plastic bottle entering into or through a natural orifice	N/A
W44.B9X [A,D,S]	Other plastic object entering into or through a natural orifice	N/A
W44.C0X [A,D,S]	Glass unspecified, entering into or through a natural orifice, initial encounter	N/A
W44.C1X [A,D,S]	Sharp glass entering into or through a natural orifice, initial encounter	N/A
W44.C2X [A,D,S]	Intact glass entering into or through a natural orifice, initial encounter	N/A

Chapter 20: External Causes (V00 – Y99)

Foreign Body Entering Into or Through a Natural Orifice

Code	Description	CC/MCC
W44.D0X [A,D,S]	Magnetic metal object unspecified, entering into or through a natural orifice, initial encounter	N/A
W44.D1X [A,D,S]	Magnetic metal bead entering into or through a natural orifice, initial encounter	N/A
W44.D2X [A,D,S]	Magnetic metal coin entering into or through a natural orifice, initial encounter	N/A
W44.D3X [A,D,S]	Magnetic metal toy entering into or through a natural orifice, initial encounter	N/A
W44.D4X [A,D,S]	Magnetic metal jewelry entering into or through a natural orifice, initial encounter	N/A
W44.D9X [A,D,S]	Other magnetic metal objects entering into or through a natural orifice, initial encounter	N/A
W44.E0X [A,D,S]	Non-magnetic metal object unspecified, entering into or through a natural orifice, initial encounter	N/A
W44.E1X [A,D,S]	Non-magnetic metal bead entering into or through a natural orifice, initial encounter	N/A
W44.E2X [A,D,S]	Non-magnetic metal coin entering into or through a natural orifice, initial encounter	N/A
W44.E3X [A,D,S]	Non-magnetic metal toy entering into or through a natural orifice, initial encounter	N/A
W44.E4X [A,D,S]	Non-magnetic metal jewelry entering into or through a natural orifice, initial encounter	N/A
W44.E9X [A,D,S]	Other non-magnetic metal objects entering into or through a natural orifice, initial encounter	N/A

Chapter 20: External Causes (V00 – Y99)

Foreign Body Entering Into or Through a Natural Orifice

Code	Description	CC/MCC
W44.F0X [A,D,S]	Objects of natural or organic material unspecified, entering into or through a natural orifice, initial encounter	N/A
W44.F1X [A,D,S]	Bezoar entering into or through a natural orifice, initial encounter	N/A
W44.F2X [A,D,S]	Rubber band entering into or through a natural orifice, initial encounter	N/A
W44.F3X [A,D,S]	Food entering into or through a natural orifice, initial encounter	N/A
W44.F4X [A,D,S]	Insect entering into or through a natural orifice, initial encounter	N/A
W44.F9X [A,D,S]	Other object of natural or organic material, entering into or through a natural orifice, initial encounter	N/A
W44.G0X [A,D,S]	Other non-organic objects unspecified, entering into or through a natural orifice, initial encounter	N/A
W44.G1X [A,D,S]	Audio device entering into or through a natural orifice, initial encounter	N/A
W44.G2X [A,D,S]	Combination metal and plastic toy and toy part entering into or through natural orifice, initial encounter	N/A
W44.G3X [A,D,S]	Combination metal and plastic jewelry entering into or through a natural orifice, initial encounter	N/A
W44.G9X [A,D,S]	Other non-organic objects entering into or through a natural orifice, initial encounter	N/A

Chapter 20: External Causes (V00 – Y99)

Code	Description	CC/MCC
W44.H0X [A,D,S]	Other sharp object unspecified, entering into or through a natural orifice, initial encounter	N/A
W44.H1X [A,D,S]	Needle entering into or through a natural orifice, initial encounter	N/A
W44.H2X [A,D,S]	Knife, sword or dagger entering into or through a natural orifice, initial encounter	N/A
Y07.010^	Husband, current, perpetrator of maltreatment and neglect	N/A
Y07.011^	Husband, former, perpetrator of maltreatment and neglect	N/A
Y07.020^	Wife, current, perpetrator of maltreatment and neglect	N/A
Y07.021^	Wife, former, perpetrator of maltreatment and neglect	N/A
Y07.030^	Male partner, current, perpetrator of maltreatment and neglect	N/A
Y07.031^	Male partner, former, perpetrator of maltreatment and neglect	N/A
Y07.040^	Female partner, current, perpetrator of maltreatment and neglect	N/A
Y07.041^	Female partner, former, perpetrator of maltreatment and neglect	N/A
Y07.050^	Non-binary partner, current, perpetrator of maltreatment and neglect	N/A
Y07.051^	Non-binary partner, former, perpetrator of maltreatment and neglect	N/A

Chapter 20: External Causes (V00 – Y99)

Code	Description	CC/MCC
Y07.44^	Child, perpetrator of maltreatment and neglect	N/A
Y07.45^	Grandchild, perpetrator of maltreatment and neglect	N/A
Y07.46^	Grandparent, perpetrator of maltreatment and neglect	N/A
Y07.47^	Parental sibling, perpetrator of maltreatment and neglect	N/A
Y07.54^	Acquaintance or friend, perpetrator of maltreatment and neglect	N/A

Chapter 21: Factors Influencing Health Status (Z00-Z99)

Code	Description	CC/MCC
Z02.84	Encounter for child welfare exam	N/A
Z05.81	Observation and evaluation of newborn for suspected condition related to home physiologic monitoring device ruled out	N/A
Z05.89	Observation and evaluation of newborn for other specified suspected condition ruled out	N/A
Z16.13	Resistance to carbapenem	CC
Z22.340	Carrier of carbapenem-resistant Acinetobacter baumannii	N/A
Z22.341	Carrier of carbapenem-sensitive Acinetobacter baumannii	N/A
Z22.349	Carrier of Acinetobacter baumannii, unspecified	N/A
Z22.350	Carrier of carbapenem-resistant Enterobacterales	N/A
Z22.358	Carrier of other Enterobacterales	N/A
Z22.359	Carrier of Enterobacterales, unspecified	N/A
Z29.81	Encounter for HIV pre-exposure prophylaxis	N/A
Z29.89	Encounter for other specified prophylactic measures	N/A

Chapter 21: Factors Influencing Health Status (Z00-Z99)

Code	Description	CC/MCC
Z55.6^	Problems related to health literacy	N/A
Z58.81^	Basic services unavailable in physical environment	N/A
Z58.89^	Other problems related to physical environment	N/A
Z59.10^	Inadequate housing, unspecified	N/A
Z59.11^	Inadequate housing environmental temperature	N/A
Z59.12^	Inadequate housing utilities	N/A
Z59.19^	Other inadequate housing	N/A
Z62.23	Child in custody of non-parental relative	N/A
Z62.24	Child in custody of non-relative guardian	N/A
Z62.814^	Personal history of child financial abuse	N/A

Chapter 21: Factors Influencing Health Status (Z00-Z99)

Code	Description	CC/MCC
Z62.823	Parent-step child conflict	N/A
Z62.831	Non-parental relative-child conflict	N/A
Z62.832	Non-relative guardian-child conflict	N/A
Z62.833	Group home staff-child conflict	N/A
Z62.892	Runaway [from current living environment]	N/A
Z83.710	Family history of adenomatous and serrated polyps	N/A
Z83.711	Family history of hyperplastic colon polyps	N/A
Z83.718	Other family history of colon polyps	N/A
Z83.719	Family history of colon polyps, unspecified	N/A
Z91.141^	Patient's other noncompliance with medication regimen due to financial hardship	N/A
Z91.148^	Patient's other noncompliance with medication regimen for other reason	N/A
Z91.151^	Patient's noncompliance with renal dialysis due to financial hardship	N/A
Z91.158^	Patient's noncompliance with renal dialysis for other reason	N/A
Z91.413^	Personal history of adult financial abuse	N/A
Z91.414^	Personal history of adult intimate partner abuse	N/A

Chapter 21: Factors Influencing Health Status (Z00-Z99)

Code	Description	CC/MCC
Z91.85	Personal history of military service	N/A
Z91.A41	Caregiver's other noncompliance with patient's medication regimen due to financial hardship	N/A
Z91.A48	Caregiver's other noncompliance with patient's medication regimen for other reason	N/A
Z91.A51	Caregiver's noncompliance with patient's renal dialysis due to financial hardship	N/A
Z91.A58	Caregiver's noncompliance with patient's renal dialysis for other reason	N/A
Z91.A91	Caregiver's noncompliance with patient's other medical treatment and regimen due to financial hardship	N/A
Z91.A98	Caregiver's noncompliance with patient's other medical treatment and regimen for other reason	N/A

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