# Affordable ICD-10 Code Books

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## 2018 Annual ICD-10-CM

The Educational Annotation of ICD-10-CM

Diseases Tabular List & Index

Codes Effective October 1, 2017

CRAIG D. PUCKETT

### Features:

- Definitions and Illustrations
- Anatomy and Physiology Reviews
- Color Highlighting
- DRG Principles and Medicare Code Editor Edits
- AHA Coding Clinic® Reference Notations
- Highlighted Term Differentiation
- Excludes
- Excludes 1 and Excludes 2 Note
- Highlighted 7th digit subclassifications
- Color Tab-Edge printing

## Educational & Enhanced Features

### Benefits for Coders

- Medical definitions of diseases written by a coder for coders. Anatomical illustrations with call outs of body parts.
- Anatomy and physiology reviews that help coders understand the anatomical structures and physiology of the various systems.
- Color highlighting of key terms (e.g., **Excludes 1 & Excludes 2**) and concepts. Screened areas highlight selected areas (e.g., 7th digit subclassifications).
- Identifies codes that are recognized and affected by the DRG Grouper (Red type).
- Identifies codes that are edit-reviewed for age and sex-related discrepancies and principal diagnosis criteria.
- Identifies AHA Coding Clinic® articles and Q&As (with descriptive title) that have relevant information for certain codes or code categories (Red type).
- Selected terms within code categories and code titles have been underscored to help coders easily and accurately identify the correct code in the Tabular List.
- All code categories and codes requiring additional digits in the Tabular List have a dash (-) at the end of the last digit to help coders be aware that additional characters are required for a complete code.
- All codes requiring one or more “x” placeholder characters to make a complete code have been placed in advance to help coders clearly identify when these “x” placeholders are required.
- The short descriptions of **Excludes 1** and **Excludes 2** are listed on the bottom of each page to help coders learn the difference between the two without referring back to the introduction.
- Red screen bars over the variable 7th digit subclassifications in the Tabular List help coders easily identify those code categories.
- Chapter-by-chapter, section-by-section, stair-stepped, colored tab-edge printing helps coders locate the correct section quickly.

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The Educational Annotation of ICD-10-CM

This PDF brochure contains 2017 version sample pages, including:

- Educational Annotations:
  - Definitions of Code Titles and Inclusion Terms
  - Anatomy and Physiology Reviews
  - Anatomical Illustrations

- Primary Enhanced Features:
  - Current, Official Coding Guidelines
  - AHA Coding Clinic® Reference Notations
  - DRG Principles
  - Medicare Code Edits
  - Color Highlighting, including:
    - Excludes 1 & Excludes v
    - Screened Boxes over 7th Digit Subclassifications
    - Tab-Edge Printing
  - Index Main Terms identified (– continued) in subsequent column(s)

- Additional Enhanced Coder-Helpful Features:
  - Highlighted Term Differentiation (key words)
  - Further Use of Dashes (-)
  - Further Use of Placeholder “x”
  - Excludes 1 & Excludes v
  - Key (bottom of each page)
  - Tab-Edge Printing Key
  - Special Fonts and Clear, Concise Printing

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**TABULAR LIST OF DISEASES – 2017 ICD-10-CM**

- **O30.81-** Other specified multiple gestation with two or more monochorionic fetuses
  - Excludes 1:
    - Delayed delivery of second twin, triplet, etc. (O43.2)
    - Malpresentation of one fetus or more (O32.9)

- **O31.0-** Papyraceous fetus
  - The dead fetus that is pressed flat by the development of the living twin.

- **O31.8-** Complications specific to multiple gestation
  - Excludes 1:
    - Other specified multiple gestation with two or more monochorionic fetuses
      - Excludes 2:
        - Other specified multiple gestation with two or more monoamniotic fetuses

- **031.01-** Papyraceous fetus
  - The dead fetus that is pressed flat by the development of the living twin.

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Excludes 1: = NOT CODED HERE! (Do not code both)
Excludes 0: = Not Included Here

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Use of special, clear type fonts for the letters “O” and “I”

Highlighted Term Differentiation of key word(s) in code titles

Medicare Code Edits Unacceptable PDX, Sex, Age

Further use of dashes (-) to identify codes requiring additional characters

Graphic identification and differentiation between Excludes 1 and Excludes 2

Channel Feature Excludes 1 and Excludes 2 explanations appear at the bottom of all Tabular List pages

Excludes 1 & Excludes v

Color shading of notations to guide coders in the use of 7th character extensions

Definition of code title

Further use of placeholder “x” and dashes (-)
Section I. C. 10.

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

a. Chronic Obstructive Pulmonary Disease (COPD) and Asthma

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

b. Acute Respiratory Failure

1) Acute respiratory failure as principal diagnosis

A code from subcategory J46.0, Acute respiratory failure, or subcategory J46.2, Acute and chronic respiratory failure, may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital, and the selection is supported by the Alphabetic Index and Tabular List. However, chapter-specific coding guidelines (such as obstetrics, poisoning, HIV, newborn) that provide sequencing direction take precedence.

2) Acute respiratory failure as secondary diagnosis

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

3) Sequencing of acute respiratory failure and another acute condition

When a patient is admitted with respiratory failure and another acute condition, (e.g., myocardial infarction, cerebrovascular accident, aspiration pneumonia), the principal diagnosis will not be the same in every situation. This applies whether the other acute condition is a respiratory or nonrespiratory condition. Selection of the principal condition will be dependent on the circumstances of admission. If both the respiratory failure and the other acute condition are equally responsible for occasioning the admission to the hospital, and there are no chapter-specific sequencing rules, the guideline regarding two or more diagnoses that equally meet the definition for principal diagnosis (Section II, C.) may be applied in these situations.

If the documentation is not clear as to whether acute respiratory failure and another condition are equally responsible for occasioning the admission, query the provider for clarification.

c. Influenza due to certain identified influenza viruses

Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J10). This is an exception to the hospital inpatient guideline Section II, H. (Uncertain Diagnosis).

In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus. However, coding should be based on the provider’s diagnostic statement that the patient has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10.

If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza, then the appropriate influenza code from category J11, Influenza due to unidentified influenza virus, should be assigned. A code from category J09, Influenza due to certain identified influenza viruses, should not be assigned nor should a code from category J10, Influenza due to other identified influenza virus.

d. Ventilator associated Pneumonia

1) Documentation of Ventilator associated Pneumonia

As with all procedural or postprocedural complications, code assignment is based on the provider’s documentation of the relationship between the condition and the procedure.

Code J95.851, Ventilator associated pneumonia, should be assigned only when the provider has documented ventilator associated pneumonia (VAP). An additional code to identify the organism (e.g., Pseudomonas aeruginosa, code B96.5) should also be assigned. Do not assign an additional code from categories J12-J18 to identify the type of pneumonia.

Code J95.851 should not be assigned for cases where the patient has pneumonia and is on a mechanical ventilator and the provider has not specifically stated that the pneumonia is ventilator-associated pneumonia. If the documentation is unclear as to whether the patient has a pneumonia that is a complication attributable to the mechanical ventilator, query the provider.

2) Ventilator associated Pneumonia Develops after Admission

A patient may be admitted with one type of pneumonia (e.g., code J13, Pneumonia due to Streptococcus pneumoniae) and subsequently develop VAP. In this instance, the principal diagnosis would be the appropriate code from categories J12-J18 for the pneumonia diagnosed at the time of admission. Code J95.851, Ventilator associated pneumonia, would be assigned as an additional diagnosis when the provider has also documented the presence of ventilator associated pneumonia.

11. Chapter 11: Diseases of the Digestive System (K00-K94)

Reserved for future guideline expansion

12. Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

a. Pressure ulcer stage codes

1) Pressure ulcer stages

Codes from category L89, Pressure ulcer, are combination codes that identify the site of the pressure ulcer as well as the stage of the ulcer.

The ICD-10-CM classifies pressure ulcer stages based on severity, which is designated by stages 1–4, unspecified stage and unstageable.

Assign as many codes from category L89 as needed to identify all the pressure ulcers the patient has, if applicable.

2) Unstageable pressure ulcers

Assignment of the code for unstageable pressure ulcer (L89, –0) should be based on the clinical documentation. These codes are used for pressure ulcers whose stage cannot be clinically determined (e.g., the ulcer is covered by eschar or has been treated with a skin or muscle graft) and pressure ulcers that are documented as deep tissue injury but not documented as due to trauma. This code should not be confused with the codes for unspecified stage (L89, 1–3). When there is no documentation regarding the stage of the pressure ulcer, assign the appropriate code for unspecified stage (L89, –9).

3) Documented pressure ulcer stage

Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index. For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried.

4) Patients admitted with pressure ulcers documented as healed

No code is assigned if the documentation states that the pressure ulcer is completely healed.

5) Patients admitted with pressure ulcers documented as healing

Pressure ulcers described as healing should be assigned the appropriate pressure ulcer stage code based on the documentation in the medical record. If the documentation does not provide information about the stage of the healing pressure ulcer, assign the appropriate code for unspecified stage.

If the documentation is unclear as to whether the patient has a current (new) pressure ulcer or if the patient is being treated for a healing pressure ulcer, query the provider.

6) Patient admitted with pressure ulcer evolving into another stage during the admission

If a patient is admitted with a pressure ulcer at one stage and it progresses to a higher stage, assign the code for the highest stage reported for that site.
INDEX TO DISEASES – 2017 ICD-10-CM

Failure, continued

Faber's syndrome (achlorhydric anemia) D50.9
Fabry (Anderson) disease E75.21
Faciocephalalgia, autonomic (see also Neurhypophysis, peripheral, autonomic) G90.09
Factor(s) associated with diseases classified elsewhere F54
Physical conditions F54
Fahr's syndrome (achlorhydric anemia) D50.9
with acute pulmonary edema — see Failure, ventricular, left
decompenstation — see Failure, heart, congestive
dilation — see Disease, heart
to atherosclerotic I70.9
biventricular I50.9
combined left-right sided I50.9
compensated I50.9
complicating anaphylaxis (general) local or other
sedation in labor and delivery O74.2
in pregnancy O29.12
postpartum, puerperal O89.1
delivery (cesarean) (instrumental) O75.4
congestive (decompensated) (decompensated) I50.9
with rheumatic fever (conditions in 100)
active I10.8
inactive or quiescent (with chorea) I10.81
newborn P29.0
rheumatic (chronic) (inactive) (with chorea) I10.81
active or acute I10.8
with chorea I10.2
decompensated I150.9
degenerative — see Degeneration, myocardial
diastolic (congestive) I50.30
acute (congestive) I50.31
and (on) chronic (congestive) I50.33
chronic (congestive) I50.32
and (on) acute (congestive) I50.33
combined with systolic (congestive) I50.40
acute (congestive) I50.41
and (on) chronic (congestive) I50.43
chronic (congestive) I50.42
and (on) acute (congestive) I50.43
due to presence of cardiac prosthesis I97.13-
following cardiac surgery I97.13-
high output NOS I50.9
hypertension — see Hypertension, heart left (ventricular) — see Failure, ventricular, left
low output (syndrome) NOS I50.9
newborn P29.0
organic — see Disease, heart peripartum O90.3
postprocedural I97.13-
rheumatic (chronic) (inactive) I10.9
right (ventricular) (secondary to left heart
failure) — see Failure, heart, congestive
systolic (congestive) I50.20
acute (congestive) I50.21
and (on) chronic (congestive) I50.23
chronic (congestive) I50.22
and (on) acute (congestive) I50.23
combined with diastolic (congestive) I50.40
acute (congestive) I50.41
and (on) chronic (congestive) I50.43
chronic (congestive) I50.42
and (on) acute (congestive) I50.43
thyrotoxicosis (see also Thyrotoxicosis) E05.90
I43
with thyroid storm E05.91 I43
valvular — see Endocarditis
Gout, chronic (see also Gout, gouty) M1A.9
(follows M08) — continued
secondary NEC M1A.40 (follows M08)
ankle M1A.47— (follows M08)
foot joint M1A.47— (follows M08)
hand joint M1A.44— (follows M08)
hip M1A.45— (follows M08)
knuckle joint M1A.46— (follows M08)
multiple site M1A.49— (follows M08)
shoulder M1A.41— (follows M08)
vertebrae M1A.48— (follows M08)
wrist M1A.43— (follows M08)
true syphilitic (see also subcategory M14.8-) A52.77
taphi M1A.79— (follows M08)

Gout, gouty (acute) (attack) (flare) (Gout, gouty) M1A.9
(follows M08)
Gout, chronic M1A.9
(follows M08)

Gower’s muscular dystrophy G71.0
syndrome (vasovagal attack) R55

Gradenigo’s syndrome (see Otitis, media, supplicative, acute)
Graefe’s disease — see Strabismus, paralytic, external, progressive
(follows ...)

helps coders easily find the mid-code alpha character code in the Tabular List

Grainhandler’s disease or lung J67.8
Granuloma — see also Reticulohistiocytosis, chronic
Granulocytopenia (primary) — see Agranulocytosis
Granulomatous glomerulonephritis (primary) — see Nephrotic syndrome, primary (nephritic), primary (nephritic)
Granulomatous polyarteritis (primary) — see Polyarteritis, granulomatous
Granulomatous pyelonephritis (primary) — see Nephritis, granulomatous
Granulomatous salpingitis (primary) — see Salpingitis, granulomatous
Granulomatous uveitis (primary) — see Uveitis, granulomatous

Granuloma — continued
foreign body (in soft tissue) NEC M60.20 — continued
thigh M60.25—
upper arm M60.22—
gangraenescens M31.2
GI tract NEC —
gastrointestinal (Gastrointestinal) —
gastrointestinal obstruction M35.3
hepatic NEC M39.3
(intestinal) NEC M60.28
(follows ...)
(follows ...)
(follows ...)
The list below gives the code numbers for neoplasms by anatomical site. For each site there are six possible code numbers according to whether the neoplasm in question is malignant, benign, in situ, of uncertain behavior, or of unspecified nature. The description of the neoplasm will often indicate which of the six columns is appropriate; e.g., malignant melanoma of skin, benign fibroadenoma of breast, carcinoma in situ of cervix uteri.

Where such descriptors are not present, the remainder of the Index should be consulted where guidance is given to the appropriate column for each morphological (histological) variety listed; e.g., Mesonephroma — see Neoplasm, malignant; Embryoma — see also Neoplasm, uncertain behavior; Disease, Bowen’s — see Neoplasm, skin, in situ. However, the guidance in the Index can be overridden if one of the descriptors mentioned above is present; e.g., malignant adenoma of colon is coded to C18.9 and not to D12.6 as the adjective “malignant” overrides the Index entry “Adenoma — see also Neoplasm, benign.”

Codes listed with a dash -, following the code have a required additional character for laterality. The tabular list must be reviewed for the complete code.
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**Clearly identified Poisoning columns**

**Clearly identified Adverse Effect columns**

**Clearly identified Accidental (Unintentional) columns**
### Tabular List of Diseases – 2017 ICD-10-CM

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B08-</strong></td>
<td>Other viral infections characterized by skin and mucous membrane lesions, not elsewhere classified</td>
</tr>
<tr>
<td><strong>B08.0-</strong></td>
<td>Other orthopoxvirus infections</td>
</tr>
<tr>
<td><strong>B08.01-</strong></td>
<td>Cowpox and vaccinia not from vaccine</td>
</tr>
<tr>
<td><strong>B08.010-</strong></td>
<td>Cowpox — A viral infectious disease of cattle that is caused by the Cowpox virus, which infects man through skin contact and is characterized by vesicopustular lesions on the hands, face, and/or other cutaneous sites.</td>
</tr>
<tr>
<td><strong>B08.011-</strong></td>
<td>Vaccinia not from vaccine — An infection that results from the accidentally induced vaccinia virus and is not from an intentional medical care vaccination.</td>
</tr>
<tr>
<td><strong>B08.02-</strong></td>
<td>Orf virus disease</td>
</tr>
<tr>
<td><strong>B08.03-</strong></td>
<td>Pseudocowpox [miller’s node] — A viral disease characterized by circumscribed nodules on the hands of workers who milk cows infected with cowpox.</td>
</tr>
<tr>
<td><strong>B08.04-</strong></td>
<td>Paravaccinia, unspecified</td>
</tr>
<tr>
<td><strong>B08.09-</strong></td>
<td>Other orthopoxvirus infections</td>
</tr>
<tr>
<td><strong>B08.099-</strong></td>
<td>Orf virus infection NOS</td>
</tr>
<tr>
<td><strong>B08.1-</strong></td>
<td>Molluscum contagiosum — An infectious viral disease caused by a Poxvirus, and characterized by discrete pearly skin papules containing caseous matter.</td>
</tr>
<tr>
<td><strong>B08.2-</strong></td>
<td>Exanthema subitum [sixth disease] — A sudden, mild viral illness caused by the human herpesvirus that is characterized by a few days of fever, followed by a faint pink rash, usually seen on the trunk.</td>
</tr>
<tr>
<td><strong>B08.20-</strong></td>
<td>Roseola infantum</td>
</tr>
<tr>
<td><strong>B08.21-</strong></td>
<td>Exanthema subitum [sixth disease], unspecified — [Age/0-17]</td>
</tr>
<tr>
<td><strong>B08.22-</strong></td>
<td>Exanthema subitum [sixth disease] due to human herpesvirus 6 — [Age/0-17]</td>
</tr>
<tr>
<td><strong>B08.23-</strong></td>
<td>Exanthema subitum [sixth disease] due to human herpesvirus 7 — [Age/0-17]</td>
</tr>
<tr>
<td><strong>B08.4-</strong></td>
<td>Enteroctal vesicular stomatitis with exanthem — An infectious viral disease caused by Coxsackie A virus, and characterized by vesicular eruption of hands, feet, and mouth. NOTE: Foot and mouth disease (B08.8) is a separate and different infection.</td>
</tr>
<tr>
<td><strong>B08.5-</strong></td>
<td>Enteroctal vesicular pharyngitis</td>
</tr>
<tr>
<td><strong>B08.6-</strong></td>
<td>Parapoxvirus infections</td>
</tr>
<tr>
<td><strong>B08.60-</strong></td>
<td>Parapoxvirus infection, unspecified</td>
</tr>
<tr>
<td><strong>B08.61-</strong></td>
<td>Bovine stomatitis — A cutaneous infection in humans caused by contact with cattle infected with bovine papular stomatitis.</td>
</tr>
<tr>
<td><strong>B08.62-</strong></td>
<td>Sealpox — A cutaneous infection in humans caused by contact with seals and sea lions infected with the sealpox virus.</td>
</tr>
<tr>
<td><strong>B08.69-</strong></td>
<td>Other parapoxvirus infections</td>
</tr>
<tr>
<td><strong>B08.7-</strong></td>
<td>Yatapoxvirus infections</td>
</tr>
<tr>
<td><strong>B08.70-</strong></td>
<td>Yatapoxvirus infection, unspecified</td>
</tr>
<tr>
<td><strong>B08.71-</strong></td>
<td>Tanapox virus disease — A viral infection caused by the Tanapox virus that is characterized by fever, headaches, and often itching at the cutaneous lesion sites.</td>
</tr>
<tr>
<td><strong>B08.72-</strong></td>
<td>Yaba pox virus disease — A viral infection caused by the Yaba monkey tumor virus that is characterized by a tumor or nodule containing histiocytes.</td>
</tr>
<tr>
<td><strong>B08.79-</strong></td>
<td>Other yatapoxvirus infections</td>
</tr>
<tr>
<td><strong>B08.8-</strong></td>
<td>Other specified viral infections characterized by skin and mucous membrane lesions</td>
</tr>
<tr>
<td><strong>B08.80-</strong></td>
<td>Enteroctal lymphonodular pharyngitis</td>
</tr>
<tr>
<td><strong>B08.81-</strong></td>
<td>Foot-and-mouth disease — An infectious viral disease caused by picornavirus affecting cattle and rarely humans.</td>
</tr>
<tr>
<td><strong>B09-</strong></td>
<td>Unspecified viral infection characterized by skin and mucous membrane lesions</td>
</tr>
<tr>
<td><strong>B09.0-</strong></td>
<td>Viral enanthema NOS</td>
</tr>
<tr>
<td><strong>B09.1-</strong></td>
<td>Viral exanthema NOS</td>
</tr>
<tr>
<td><strong>B10-</strong></td>
<td>Other human herpesviruses</td>
</tr>
<tr>
<td><strong>B10.0-</strong></td>
<td>Other human herpesvirus encephalitis — Inflammation of the brain caused by a human herpesvirus infection.</td>
</tr>
<tr>
<td><strong>B10.01-</strong></td>
<td>Human herpesvirus 6 encephalitis</td>
</tr>
<tr>
<td><strong>B10.09-</strong></td>
<td>Other human herpesvirus encephalitis</td>
</tr>
<tr>
<td><strong>B10.8-</strong></td>
<td>Other human herpesvirus infection</td>
</tr>
<tr>
<td><strong>B10.81-</strong></td>
<td>Human herpesvirus 6 infection</td>
</tr>
<tr>
<td><strong>B10.82-</strong></td>
<td>Human herpesvirus 7 infection</td>
</tr>
<tr>
<td><strong>B10.89-</strong></td>
<td>Other human herpesvirus infection</td>
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<td><strong>B15-</strong></td>
<td>Acute hepatitis A — The initial/first stage (within the first 6 months after someone is exposed) of an infection and inflammation of the liver caused by the hepatitis A virus, that is characterized by jaundice, anorexia, nausea, dark urine, pale stool, and vomiting.</td>
</tr>
<tr>
<td><strong>B15.0-</strong></td>
<td>Hepatitis A with hepatic coma</td>
</tr>
<tr>
<td><strong>B15.9-</strong></td>
<td>Hepatitis A without hepatic coma</td>
</tr>
</tbody>
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<td><strong>B16-</strong></td>
<td>Acute hepatitis B — The initial/first stage (within the first 6 months after someone is exposed) of an infection and inflammation of the liver caused by the hepatitis B virus, that is characterized by jaundice, urticarial skin lesions, and arthritis.</td>
</tr>
<tr>
<td><strong>B16.0-</strong></td>
<td>Acute hepatitis B with delta-agent with hepatic coma</td>
</tr>
<tr>
<td><strong>B16.1-</strong></td>
<td>Acute hepatitis B with delta-agent without hepatic coma</td>
</tr>
<tr>
<td><strong>B16.2-</strong></td>
<td>Acute hepatitis B without delta-agent with hepatic coma</td>
</tr>
<tr>
<td><strong>B16.9-</strong></td>
<td>Acute hepatitis B without delta-agent and without hepatic coma</td>
</tr>
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<tr>
<td><strong>B17-</strong></td>
<td>Other acute viral hepatitis — The initial/first stage (within the first 6 months after someone is exposed) of an infection and inflammation of the liver caused by a hepatitis virus.</td>
</tr>
<tr>
<td><strong>B17.0-</strong></td>
<td>Acute delta-(super) infection of hepatitis B carrier</td>
</tr>
<tr>
<td><strong>B17.1-</strong></td>
<td>Acute hepatitis C</td>
</tr>
<tr>
<td><strong>B17.10-</strong></td>
<td>Acute hepatitis C without hepatic coma</td>
</tr>
<tr>
<td><strong>B17.11-</strong></td>
<td>Acute hepatitis C with hepatic coma</td>
</tr>
<tr>
<td><strong>B17.2-</strong></td>
<td>Acute hepatitis E</td>
</tr>
<tr>
<td><strong>B17.7-</strong></td>
<td>Other specified acute viral hepatitis</td>
</tr>
<tr>
<td><strong>B17.8-</strong></td>
<td>Hepatitis non-A non-B (acute) (viral) NEC</td>
</tr>
<tr>
<td><strong>B17.9-</strong></td>
<td>Acute viral hepatitis, unspecified</td>
</tr>
</tbody>
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<tr>
<td><strong>B18-</strong></td>
<td>Chronic viral hepatitis — The second, long-term illness stage of an infection and inflammation of the liver caused by a hepatitis virus.</td>
</tr>
<tr>
<td><strong>B18.0-</strong></td>
<td>Chronic viral hepatitis B with delta-agent</td>
</tr>
<tr>
<td><strong>B18.1-</strong></td>
<td>Chronic viral hepatitis B without delta-agent</td>
</tr>
</tbody>
</table>

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<tr>
<td><strong>B19-</strong></td>
<td>Chronic viral hepatitis NOS</td>
</tr>
</tbody>
</table>

Excludes 1: = NOT CODED HERE! (Do not code both)
C16- Malignant neoplasm of stomach — Any new and abnormal growth of the stomach in which tissue growth is uncontrolled and has the properties of anaplasia, invasion, and metastases.

Use additional code to identify:
Alcohol abuse and dependence (F10.-)

Excludes: malignant carcinoid tumor of the stomach (C7A.092)

ANATOMY OF THE STOMACH — The stomach, located in the upper abdomen, is a pouch-like organ of the alimentary tract connecting with the esophagus in the proximal (upper) portion and the duodenum in the distal (lower) portion and is about 10 to 12 inches (25 to 30 cm) long. The cardia lies at the opening of the esophagus at the fundus of the stomach. The fundus is the upper ballooned area of the stomach. The body is the main part of the stomach and is located between the fundus and the pyloric antrum and duodenum. When empty, the mucous membrane on the interior surface forms longitudinal folds, called rugae. There are three mucosal glands which secrete digestive juices and mucus. These are the gastric glands, which are located throughout the body of the stomach, the cardiac glands, which are found near the esophageal opening, and the pyloric glands, which are located in the pyloric (distal) region. There are three layers of smooth muscle, and a serosal covering of visceral peritoneum. The vagus nerve stimulates the gastric glands. The stomach has a rich arterial blood supply through the celiac artery. The venous blood is drained into the hepatic portal system.

PHYSIOLOGY OF THE STOMACH — The stomach functions to receive food from the esophagus, mix it with the gastric juice, initiates the digestion of proteins with pepsin, carries on a limited amount of absorption, and moves food into the small intestine by peristaltic muscle action. The gastric glands produce mucus, digestive enzymes (pepsin), hydrochloric acid, and an intrinsic factor, forming the gastric juice. The mucous is thought to help prevent the pepsin and hydrochloric acid from digesting the stomach surface. The stomach may absorb small quantities of water, glucose, certain salts, and alcohol. The parasympathetic vagus nerve stimulates the gastric glands to secrete large amounts of gastric juice which, in turn, releases gastrin, a hormone that causes the gastric glands to increase their secretory activity.

Physiology of the small intestine — The small intestine functions to absorb water and the nutrients produced through digestion. The food is passed through the small intestine by the contraction of its circular smooth muscle layer, called peristalsis. The duodenum releases several enzymes and mixes the pancreatic and bile juices with food from the stomach. The jejunum and ileum continue mixing and absorbing until the remaining substances pass into the large intestine.

C17- Malignant neoplasm of small intestine — Any new and abnormal growth of the small intestine, including duodenum, in which tissue growth is uncontrolled and has the properties of anaplasia, invasion, and metastases.

Excludes: malignant carcinoid tumors of the small intestine (C7A.01)

ANATOMY OF THE SMALL INTESTINE — The small intestine is the tubular organ of the alimentary tract between the stomach and large intestine and is about 16 to 20 feet (5 to 6 m) long, and has 3 parts: Duodenum, jejunum, and ileum. The duodenum is the first portion about 10 inches (25 cm) long connected at its proximal end to the stomach. The jejunum is the middle, approximately two-thirds, portion. The ileum is the distal portion which connects with the large intestine. Both the jejunum and ileum are suspended from the posterior abdominal wall by the mesentery.

PHYSIOLOGY OF THE SMALL INTESTINE — The small intestine functions to absorb water and the nutrients produced through digestion. The food is passed through the small intestine by the contraction of its circular smooth muscle layer, called peristalsis. The duodenum releases several enzymes and mixes the pancreatic and bile juices with food from the stomach. The jejunum and ileum continue mixing and absorbing until the remaining substances pass into the large intestine.

C16.5 Malignant neoplasm of lesser curvature of stomach, unspecified — The smaller, innermost curved vertical portion from the esophagus to the duodenum.

Malignant neoplasm of lesser curvature of stomach, not classifiable to C16.0-C16.4

C16.6 Malignant neoplasm of greater curvature of stomach, unspecified — The larger, outermost curved vertical portion from the esophagus to the duodenum.

Malignant neoplasm of greater curvature of stomach, not classifiable to C16.0-C16.4

C16.8 Malignant neoplasm of overlapping sites of stomach

C16.9 Malignant neoplasm of stomach, unspecified

Gastric cancer NOS

C17.0 Malignant neoplasm of duodenum — The most proximal portion connected with the stomach.

C17.1 Malignant neoplasm of jejunum — The middle portion which is larger in diameter than the ileum.

C17.2 Malignant neoplasm of ileum — The distal portion connecting with the cecum.

Excludes: malignant neoplasm of ileocecal valve (C18.0)

C17.3 Meckel’s diverticulum, malignant — A sacculations or appendage of the ileum, specified as malignant.

Excludes: Meckel’s diverticulum, congenital (Q43.0)

C17.8 Malignant neoplasm of overlapping sites of small intestine

C17.9 Malignant neoplasm of small intestine, unspecified
Malignant neoplasms of male genital organs — [●]

Malignant neoplasm of seminal vesicle — The tube-like glands attached to the vas deferens near the base of the bladder which secrete a slightly alkaline fluid rich in nutrients and prostatic glandular secretions.

Malignant neoplasm of tunica vaginalis — The serous membrane covering the front and sides of the testis and epididymis.

Malignant neoplasms of overlapping sites of male genital organs — [●]

Primary malignant neoplasm of two or more contiguous sites of male genital organs whose point of origin cannot be determined — [●]

C63.9 Malignant neoplasm of male genital organ, unspecified

Malignant neoplasm of male genital organ, unspecified — [●]

Malignant neoplasm of male genitourinary tract NOS

Malignant neoplasms of the urinary tract (C64-C68)

C64- Malignant neoplasm of kidney, except renal pelvis — Any new and abnormal growth of the kidney in which the tissue growth is uncontrolled and has the properties of anaplasia, invasion, and metastases.

Excludes 1: Malignant carcinoid tumor of the kidney (C7A.093)

Malignant neoplasm of renal calyces (C65.-)

Malignant neoplasm of renal pelvis (C65.-)

ANATOMY OF THE KIDNEYS — The kidneys are reddish-brown, bean-shaped organs about 4.7 inches (12 cm) long, 2.3 inches (6 cm) wide, and 1.2 inches (3 cm) thick, and are located on either side of the vertebral column in the retroperitoneal space. The kidneys are supplied with arterial blood from the renal arteries which branch off from the aorta, and are drained by the renal veins which connect with the inferior vena cava. The renal pelvis is the funnel-shaped urinary collecting system of the kidney at the upper end of a ureter.

PHYSIOLOGY OF THE KIDNEYS — The kidneys function to remove metabolic wastes from the blood by transferring them into the urine. They also regulate red blood cell production, blood pressure, calcium absorption, and the pH level of the blood.

C65- Malignant neoplasm of renal pelvis — Any new and abnormal growth of the kidney pelvis in which the tissue growth is uncontrolled and has the properties of anaplasia, invasion, and metastases.

Includes:

Malignant neoplasm of pelviureteric junction — The funnel-shaped urine collecting system of the kidneys.

Malignant neoplasm of renal calyces — The minor subdivisions of the renal pelvis.

C65.1 Malignant neoplasm of right renal pelvis

C65.2 Malignant neoplasm of left renal pelvis

C65.9 Malignant neoplasm of unspecified renal pelvis

Excludes 1: Malignant neoplasm of ureteric orifice of bladder (C67.6)

C66- Malignant neoplasm of ureter — Any new and abnormal growth of the ureter (the musculomembranous tubes which convey urine from the kidneys to the bladder) in which the tissue growth is uncontrolled and has the properties of anaplasia, invasion, and metastases.

Excludes 1: Malignant neoplasm of ureteric orifice of bladder (C67.6)

C67- Malignant neoplasm of bladder — Any new and abnormal growth of the bladder in which the tissue growth is uncontrolled and has the properties of anaplasia, invasion, and metastases.

ANATOMY OF THE BLADDER — The urinary bladder is a hollow, collapsible musculomembranous organ, and is located within the pelvic cavity, behind the symphysis pubis. In the male, it lies against the rectum, and in the female it lies against the vagina and uterus. When filled it may contain about 1.5 fluid ounces (50 ml) of urine and pushes upward indenting the abdominal cavity. The trigone area is the floor of the bladder formed by three points, the two ureteral orifices and the urethral orifice. The dome is the expandable superior surface of the bladder. The bladder neck is that area surrounding the urethral orifice. The ureteric orifice is that area surrounding the ureteral openings. The urachus in the adult forms the middle umbilical ligament of the bladder.

PHYSIOLOGY OF THE BLADDER — The urinary bladder functions as a reservoir for the urine produced by the kidneys until the individual expels the urine (micturition). Micturition occurs when the bladder becomes distended with urine and stretch receptor nerves signal the micturition center in the sacral spinal cord. Parasympathetic nerve impulses start rhythmically contracting the bladder and the individual senses an urgency to urinate. Following the midbrain decision to urinate, the external urethral sphincter is relaxed, and urination begins as the bladder muscle contracts.

C66.1 Malignant neoplasm of right ureter

C66.2 Malignant neoplasm of left ureter

C66.9 Malignant neoplasm of unspecified ureter

C67.0 Malignant neoplasm of trigone of bladder — The area of the bladder floor formed by the ureteral orifices and the urethral orifice.

C67.1 Malignant neoplasm of dome of bladder — The expandable superior surface of the bladder.

C67.2 Malignant neoplasm of lateral wall of bladder

C67.3 Malignant neoplasm of anterior wall of bladder

C67.4 Malignant neoplasm of posterior wall of bladder

C67.5 Malignant neoplasm of bladder neck — The outlet area of bladder surrounding the urethral orifice.

Malignant neoplasm of internal urethral orifice

C67.6 Malignant neoplasm of ureteric orifice — The opening of a ureter into the bladder.

C67.7 Malignant neoplasm of urachus — The fetal urinary tract that in the adult forms the middle umbilical ligament of the bladder.

C67.8 Malignant neoplasm of overlapping sites of bladder

C67.9 Malignant neoplasm of bladder, unspecified
**Diseases of esophagus, stomach and duodenum (K20-K31)**

Excludes Θ: hiatus hernia (K44.-)

**K20-** Esophagitis — Inflammation of the esophagus.

Use additional code to identify:

- Alcohol abuse and dependence (F10.-)
- Excludes 1: erosion of esophagus (K22.1-)

Excludes Θ: eosinophilic gastritis or gastroenteritis (K52.81)

**K20.0** Eosinophilic esophagitis — A condition involving eosinophil accumulation in the tissues lining the esophagus and characterized by severe inflammation that affects the ability to swallow.

**K20.8** Other esophagitis

Excludes Θ: acute gastritis (K29.0-)

**K20.9** Esophagitis, unspecified

Esophagitis NOS

**K21-** Gastro-esophageal reflux disease — A disease caused by a reflux of acid and pepsin from the stomach.

Excludes 1: newborn esophageal reflex (P78.83)

**K21.0** Gastro-esophageal reflux disease with esophagitis — A form with inflammation of the esophagus.

**K21.1** Reflex esophagitis

**K21.9** Gastro-esophageal reflux disease without esophagitis

Esophageal reflux NOS

**K22-** Other diseases of esophagus

Excludes Θ: esophageal varices (J85.-)

**K22.0** Achalasia of cardia — Failure to relax the smooth muscle fibers of the esophagogastric sphincter due to degeneration of the ganglion cells in the wall of the esophagus.

Achalasia NOS

Cardiospasm

Excludes 1: congenital cardiospasm (Q39.5)

**K22.1-** Ulcer of esophagus — An open sore of the lining of the esophagus.

- Barrett’s ulcer — See Ulcer of Esophagus above.

Erosion of esophagus — The eating-away of the lining of the esophagus.

Fungal ulcer of esophagus — A form caused by necrotic fungal infection.

Pepitic ulcer of esophagus — A form caused by the action of the acid gastric juice.

Ulcer of esophagus due to ingestion of chemicals

Ulcer of esophagus due to ingestion of drugs and medicaments

Ulcerative esophagitis — See Ulcer of Esophagus above.

Use additional code for adverse effect, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)

Use additional code to identify:

- Alcohol abuse and dependence (F10.-)

Excludes 1: Barrett’s ulcer (K22.1)

**K22.10** Ulcer of esophagus without bleeding

Ulcer of esophagus NOS

**MCC K22.11** Ulcer of esophagus with bleeding — A form with the escape of blood from the ulcer site.

Excludes Θ: bleeding esophageal varices (J85.01, J85.11)

**K22.2** Esophageal obstruction — Blocking or clogging of the esophagus.

Compression of esophagus — External pressure on the esophagus causing narrowing of the esophageal lumen.

Constriction of esophagus — The narrowing of the esophagus.

Stenosis of esophagus — The decrease in caliber of the esophagus.

Stricture of esophagus — The narrowing of the esophagus.

Excludes 1: congenital stenosis or stricture of esophagus (Q39.3)

**MCC K22.3** Perforation of esophagus — A hole or opening through the esophageal wall.

Rupture of esophagus — Forceful tearing or disruption through the esophageal wall.

Excludes 1: traumatic perforation of (thoracic) esophagus (S27.8-)

**K22.4** Dyskinesia of esophagus — Impairment of the muscular control of the esophagus.

Corkscrew esophagus — Esophageal spasm giving the appearance of a corkscrew.

Diffuse esophageal spasm — The strong, painful, incoordinated, nonpropulsive contractions of the esophagus.

Spasm of esophagus — The painful contractions of the esophagus.

Excludes 1: cardiospasm (K22.0)

**K22.5** Diverticulum of esophagus, acquired — A defect in the esophagus creating a herniated sac or pouch of tissue.

Esophageal pouch, acquired — A pocket-like space or sac in the esophagus.

**MCC K22.6** Gastro-esophageal laceration-hemorrhage syndrome — The slit-like bleeding lacerations of the esophagogastric junction following several days of severe vomiting.

Mallory-Weiss syndrome

**K22.7-** Barrett’s esophagus — A metaplastic disorder of the lining of the lower esophagus caused by gastroesophageal reflux damage to the esophageal mucosa that is characterized by esophageal lining cells changing from squamous cells to goblet cells (usually found in the small intestine).

Barrett’s disease

Barrett’s syndrome

Excludes 1: Barrett’s ulcer (K22.1)

**K22.70** Barrett’s esophagus without dysplasia

Barrett’s esophagus NOS

**K22.71-** Barrett’s esophagus with dysplasia — A form with the development and presence of abnormal, potentially cancerous cells.

**K22.710** Barrett’s esophagus with low grade dysplasia

**K22.711** Barrett’s esophagus with high grade dysplasia

**K22.719** Barrett’s esophagus with dysplasia, unspecified

**K22.8** Other specified diseases of esophagus

**MCC K22.8** Hemorrhage of esophagus NOS

Excludes Θ: esophageal varices (J85.-)

Paterson-Kelly syndrome (D50.1)

**K22.9** Disease of esophagus, unspecified

**K23** Disorders of esophagus in diseases classified elsewhere —

[Not Allowed as PDX]

Code first underlying disease, such as:

- Congenital syphilis (A50.5)

Excludes 1: late syphilis (A52.79)

- Megacranosplasias due to Chagas’ disease (B57.31)

- Tuberculosis (A18.83)

**K25-** Gastric ulcer — An inflammatory, necrotic, sloughing defect (open sore) in the stomach.

Includes:

- Erosion (acute) of stomach

- Pylorus ulcer (peptic) — A form located in the pyloric antrum of the stomach.

- Stomach ulcer (peptic) — A form located in any portion of the stomach.

Use additional code to identify:

- Alcohol abuse and dependence (F10.-)

Excludes 1: acute gastritis (K29.0-)

peptic ulcer NOS (K27.-)

**MCC K25.0** Acute gastric ulcer with hemorrhage — A form marked by sudden, severe onset with hemorrhage at the site of the ulcer.

**MCC K25.1** Acute gastric ulcer with perforation — A form marked by sudden, severe onset with the creation of a hole through the stomach wall into the abdominal cavity.

**MCC K25.2** Acute gastric ulcer with both hemorrhage and perforation — A form marked by sudden, severe onset with hemorrhage and a hole through the stomach wall into the abdominal cavity.

**CC K25.3** Acute gastric ulcer without hemorrhage or perforation

**MCC K25.4** Chronic or unspecified gastric ulcer with hemorrhage — A form marked by slow, persistent progression with hemorrhage at the site of the ulcer.

**MCC K25.5** Chronic or unspecified gastric ulcer with perforation — A form marked by slow, persistent progression with the creation of a hole through the stomach wall into the abdominal cavity.

**MCC K25.6** Chronic or unspecified gastric ulcer with both hemorrhage and perforation — A form marked by slow, persistent progression with hemorrhage and a hole through the stomach wall into the abdominal cavity.

**K25.7** Chronic gastric ulcer without hemorrhage or perforation
## O35- Maternal care for known or suspected fetal abnormality and damage

**Inclusion:**
The listed conditions in the fetus as a reason for hospitalization or other obstetric care to the mother, or for termination of pregnancy.

**Excludes:**
- codes also any associated maternal condition
- encounter for suspected maternal and fetal conditions ruled out (O20.3-)

One of the following 7th characters is to be assigned to each code under category O35. 7th character 0 is for single gestations and multiple gestations where the fetus is unspecified. 7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies. The appropriate code from category O30. Multiple gestation, must also be assigned when assigning a code from category O35 that has a 7th character 1 through 9.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not applicable or unspecified</td>
</tr>
<tr>
<td>1</td>
<td>Fetus 1</td>
</tr>
<tr>
<td>2</td>
<td>Fetus 2</td>
</tr>
<tr>
<td>3</td>
<td>Fetus 3</td>
</tr>
<tr>
<td>4</td>
<td>Fetus 4</td>
</tr>
<tr>
<td>5</td>
<td>Fetus 5</td>
</tr>
<tr>
<td>9</td>
<td>Other fetus</td>
</tr>
</tbody>
</table>

### O35.0xx Maternal care for (suspected) central nervous system malformation in fetus

- O35.00x Maternal care for (suspected) central nervous system malformation in fetus — [♀, Age/12-55]

### O35.1xx Maternal care for (suspected) chromosomal abnormality in fetus

- O35.10x Maternal care for (suspected) chromosomal abnormality in fetus — [♀, Age/12-55]

### O35.2xx Maternal care for (suspected) hereditary disease in fetus

- O35.20x Maternal care for (suspected) hereditary disease in fetus — [♀, Age/12-55]

### O35.3xx Maternal care for (suspected) damage to fetus from viral disease in mother

- O35.30x Maternal care for (suspected) damage to fetus from viral disease in mother — [♀, Age/12-55]

### O35.4xx Maternal care for (suspected) damage to fetus from maternal rubella

- O35.40x Maternal care for (suspected) damage to fetus from maternal rubella — [♀, Age/12-55]

### O35.5xx Maternal care for (suspected) damage to fetus by drugs

- O35.50x Maternal care for (suspected) damage to fetus by drugs — [♀, Age/12-55]

### O35.6xx Maternal care for (suspected) damage to fetus by radiation

- O35.60x Maternal care for (suspected) damage to fetus by radiation — [♀, Age/12-55]

### O35.7xx Maternal care for (suspected) damage to fetus by other medical procedures

- O35.70x Maternal care for (suspected) damage to fetus by other medical procedures — [♀, Age/12-55]

### O35.8xx Maternal care for other (suspected) fetal abnormality and damage

- O35.80x Maternal care for other (suspected) fetal abnormality and damage — [♀, Age/12-55]

### O35.9xx Maternal care for (suspected) fetal abnormality and damage, unspecified

- O35.90x Maternal care for (suspected) fetal abnormality and damage, unspecified — [♀, Age/12-55]

## O36- Maternal care for other fetal problems

**Inclusion:**
The listed conditions in the fetus as a reason for hospitalization or other obstetric care of the mother, or for termination of pregnancy.

**Excludes:**
- encounter for suspected maternal and fetal conditions ruled out (O20.3-)
- placental transfusion syndromes (O43.0-)

One of the following 7th characters is to be assigned to each code under category O36. 7th character 0 is for single gestations and multiple gestations where the fetus is unspecified. 7th characters 1 through 9 are for cases of multiple gestations to identify the fetus for which the code applies. The appropriate code from category O30. Multiple gestation, must also be assigned when assigning a code from category O36 that has a 7th character 1 through 9.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not applicable or unspecified</td>
</tr>
<tr>
<td>1</td>
<td>Fetus 1</td>
</tr>
<tr>
<td>2</td>
<td>Fetus 2</td>
</tr>
<tr>
<td>3</td>
<td>Fetus 3</td>
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<tr>
<td>4</td>
<td>Fetus 4</td>
</tr>
<tr>
<td>5</td>
<td>Fetus 5</td>
</tr>
<tr>
<td>9</td>
<td>Other fetus</td>
</tr>
</tbody>
</table>

### O36.0xx Maternal care for fetal spina bifida

- O36.00x Maternal care for fetal spina bifida — [♀, Age/12-55]

### O36.1xx Maternal care for other fetal problems

- O36.10x Maternal care for other fetal problems — [♀, Age/12-55]

### O36.2xx Maternal care for other isoimmunization

- O36.20x Maternal care for other isoimmunization — [♀, Age/12-55]

### O36.3xx Maternal care for other fetal problems

- O36.30x Maternal care for other fetal problems — [♀, Age/12-55]

### O36.4xx Maternal care for other fetal problems

- O36.40x Maternal care for other fetal problems — [♀, Age/12-55]

### O36.5xx Maternal care for other fetal problems

- O36.50x Maternal care for other fetal problems — [♀, Age/12-55]

### O36.6xx Maternal care for other fetal problems

- O36.60x Maternal care for other fetal problems — [♀, Age/12-55]

### O36.7xx Maternal care for other fetal problems

- O36.70x Maternal care for other fetal problems — [♀, Age/12-55]

### O36.8xx Maternal care for other fetal problems

- O36.80x Maternal care for other fetal problems — [♀, Age/12-55]

### O36.9xx Maternal care for other fetal problems

- O36.90x Maternal care for other fetal problems — [♀, Age/12-55]