Optum

Desk Reference

Coders' Desk Reference for ICD-10-CM Diagnoses

Clinical descriptions with answers to your toughest ICD-10-CM coding questions

2025

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Contents

Introduction

Coders' Desk Reference for Diagnoses is an ICD-10-CM coding reference that provides comprehensive lay descriptions of diseases, injuries, poisonings, and other conditions. It has been developed for coders, billers, and other health care professionals in all health care settings, including medical offices, hospitals, post-acute care settings, and health insurance companies. It is also a valuable reference for educators and students who seek to expand their understanding of diagnostic coding. The goal is to enrich the user's clinical understanding of ICD-10-CM so that code selection becomes more accurate.

It should be noted that this diagnostic coding reference is intended to be used with an official ICD-10-CM code book. The *Coders' Desk Reference for Diagnoses* does not include the comprehensive index or guidelines found in the official ICD-10-CM, nor does it include coding instructions from the tabular section. Information related to includes and excludes notes have also been omitted as providing this information would be redundant to what is readily available in an official ICD-10-CM code book. For these reasons, *Coders' Desk Reference for Diagnoses* does not replace an official code book; however, used in conjunction with a code book, this reference provides an unparalleled clinical roadmap to code selection.

Format

The *Coders' Desk Reference for Diagnoses* follows the organization of the tabular section of ICD-10-CM with the same 22 chapters beginning with Chapter 1: Certain Infectious and Parasitic Diseases and ending with Chapter 22: Codes for Special Purposes.

Each chapter is organized using a format similar to the tabular section of ICD-10-CM with chapters subdivided into blocks, alphanumeric categories, subcategories, and codes. Chapters begin with a general overview of diseases and other conditions classified to the chapter. Following the chapter overview, each chapter is divided into the various blocks where information is provided related to categories included in the block. This is followed by the lay descriptions. Lay descriptions may be provided at the category, subcategory, or code level.

Not all categories, subcategories, or codes have been represented in the *Coders' Desk Reference for Diagnoses*. The 2024 edition of *Coders' Desk Reference for Diagnoses* focuses on:

- A subset of the new fiscal year 2024 diagnosis codes released by the National Center for Health Statistics (NCHS) and the Centers for Medicare and Medicaid Services (CMS)
- Codes regularly encountered in various health care settings
- Codes that require in-depth clinical information in order to differentiate the represented condition from similar conditions that would be captured with other, more specific codes

Additional codes and lay descriptions will gradually be incorporated into future editions. Due to the structure of ICD-10-CM, many categories, subcategories, and codes have been updated with more robust official descriptions. In some cases, official code descriptions supply enough information about the disease process and any associated manifestations that provide additional narrative would be redundant. Also, codes in many categories and subcategories provide information related to site and/or laterality. Although site and laterality are important for valid code selection, they do not need additional explanations beyond the related disease process provided at the category or subcategory level.

ICD-10-CM Codes and Lay Descriptions

The codes in *Coders' Desk Reference for Diagnoses* are based on the official version of the *International Classification of Diseases, 10th Revision, Clinical Modification* effective October 1, 2023.

Coders' Desk Reference for Diagnoses is organized in a hierarchical context, similar to how the ICD-10-CM code book is organized with lay descriptions provided at the three, four, five, and/or six character level. Lay descriptions at the category level provide a broad overview of diseases or other conditions classified to the category. Category-level lay descriptions may be followed by subcategory and/or code level lay descriptions. Lay descriptions at the subcategory and code levels build on the information provided at the category level. The category level will be the most general and provides information relevant to all subcategories and codes in the category. The subcategory is more specific with the code level lay description providing the most detailed information about the disease, injury, or other condition.

Because some lay descriptions are not carried to the code level, the book uses a dash (-) to differentiate invalid codes from valid codes.

Valid Code

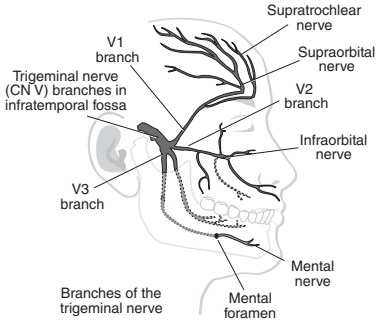
A valid code in the *Coders' Desk Reference for Diagnoses* is any code for which a dash (-) is **not** appended to the end of an alphanumeric code. Valid codes may be three characters to seven characters long.

Example: Lay description for valid three-character code

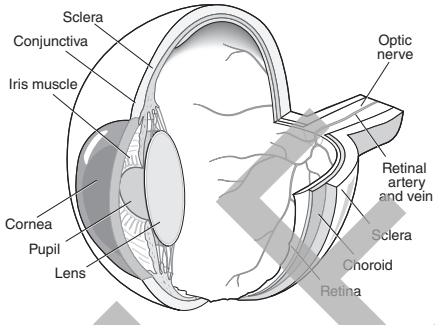
B20 **Human immunodeficiency virus [HIV] disease**

HIV is a blood-borne virus in that it is transmitted through body fluids containing blood or plasma. Transmission of HIV can occur sexually or

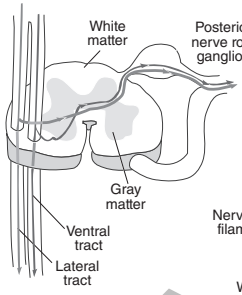
Nervous System



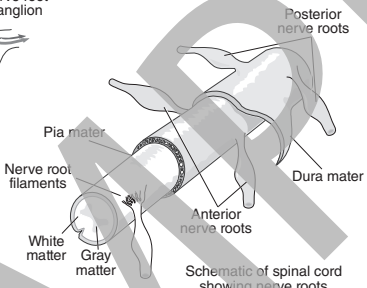
Branches of the trigeminal nerve



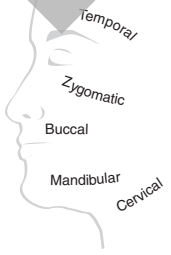
Anterior and posterior chambers of the eye



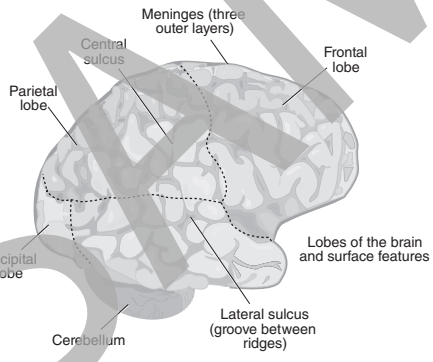
Schematic of spinal cord slice showing simplified sensory tracts and nerve roots

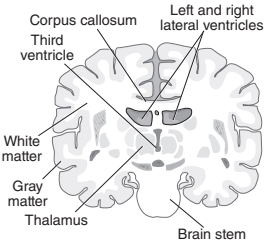


Schematic of spinal cord showing nerve roots



The main branches of the facial nerve (CN VII)





Frontal section of the brain

couple of weeks an area close to the scratch or bite becomes red with swelling and tenderness. The lymph nodes surrounding the area also become enlarged. At some point, the lymph nodes may fill with pus and drain.

Other Bacterial Diseases (A30-A49)

A wide variety of bacterial diseases are classified here. Some, like leprosy, are rare in the United States. Others, like diphtheria and whooping cough, can be prevented by vaccines. Two categories classify sepsis due to bacterial infections. Many of the codes for bacterial infections in this code block are combination codes that identify the bacterial agent and the site, manifestation, and/or complication.

The categories in this code block are as follows:

A30	Leprosy [Hansen's disease]
A31	Infection due to other mycobacteria
A32	Listeriosis
A33	Tetanus neonatorium
A34	Obstetrical tetanus
A35	Other tetanus
A36	Diphtheria
A37	Whooping cough
A38	Scarlet fever
A39	Meningococcal infection
A40	Streptococcal sepsis
A41	Other sepsis
A42	Actinomycosis
A43	Nocardiosis
A44	Bartonellosis
A46	Erysipelas
A48	Other bacterial diseases, not elsewhere classified
A49	Bacterial infection of unspecified site

A30.- Leprosy [Hansen's disease]

Leprosy, also known as Hansen's disease, is a chronic infectious disease caused by *Mycobacterium leprae* that affects the peripheral nerves, skin, upper respiratory tract, eyes, and nasal mucosa. The bacterium is parasitic in nature requiring a host cell to survive and reproduce. Leprosy is not easily transmitted, and the mode of transmission is not well understood, but one possible mode is person-to-person transmission through nasal droplets released from an infected person. Less than 5 percent of people who are infected with *M. leprae* actually develop leprosy. For most, the immune system fights off infection. There is a wide spectrum of clinical manifestations that are tied to the individual immune response at the cellular level. Patients with good T-cell immunity to *M. leprae* develop milder forms while those with poor T-cell immunity develop more severe forms. All patients with leprosy experience some peripheral nerve damage characterized by loss of sensation and muscle weakness, particularly in the extremities. The loss of sensation is a risk factor for injury, particularly of the hands and feet. Treating leprosy using multidrug therapy can halt the progression of the disease, though there are side effects. Untreated leprosy results in progression of the disease with permanent damage to the skin, peripheral nerves, and eyes.

A30.1 Tuberculoid leprosy

Tuberculoid leprosy, also called TT leprosy or paucibacillary leprosy, is seen in patients with good T-cell immunity to *M. leprae*. These patients develop a mild form of leprosy characterized by discoloration at the site of the skin lesion. The skin lesions are few in number, small in size, and with few bacteria present.

A30.5 Lepromatous leprosy

Lepromatous leprosy, also called LL leprosy, is a more severe disease seen in patients with poor T-cell immunity to *M. leprae*. This form is characterized by widespread skin lesions and significant bacteria present. The skin lesions are symmetric with nodules, plaques, and thickening of the dermis. Often the nasal mucosa is involved with resultant congestion and nosebleeds.

A31.- Infection due to other mycobacteria

Mycobacteria are widespread in the environment. Most do not cause illness and those that do affect primarily immunocompromised individuals. Mycobacterial infections classified here include all types other than *M. leprae* and *M. tuberculosis* and may be referred to as nontuberculous mycobacteria (NTM), mycobacteria other than tuberculosis (MOTT), or atypical mycobacteria. Mycobacterial infections in category A31 are classified by site of infection rather than by the specific infectious organism.

A31.0 Pulmonary mycobacterial infection

Atypical mycobacteria that cause pulmonary infections include *Mycobacterium avium, Mycobacterium intracellulare*, and *Mycobacterium kansasii*. When *M. avium* and *M. intracellulare* occur together in a localized infection of the lungs, the infection is referred to as *M. avium-intracellulare* complex. *M. avium-intracellulare* complex affects up to 40 percent of human immunodeficiency virus (HIV)-infected people in the United States. *M. intracellulare* is also called Battey bacillus. Both *M. avium* and *M. intracellulare* are characterized by similar symptoms and are often difficult to differentiate from each other. Symptoms include productive cough, fever, night sweats, weight loss, and lethargy. *M. kansasii* causes pulmonary symptoms that are almost indistinguishable from tuberculosis including fever, chills, night sweats, productive or nonproductive cough, hemoptysis, shortness of breath, weight loss, fatigue, and chest pain. In the United States, *M. kansasii* occurs most commonly in Kansas, Texas, and Illinois. Both antibiotics and antituberculosis drugs are effective against mycobacterial infections.

Chapter 2: Neoplasms (CØØ-D49)

Neoplasms are classified primarily by site, with broad groupings for behavior such as malignant, benign, in situ, uncertain behavior, and unspecified. The Table of Neoplasms should be used to identify the correct site (topography) code. In some cases, such as malignant melanoma and certain neuroendocrine tumors, the morphology is included in the category and codes. The tabular section should be consulted for the specific code.

Malignant neoplasms have the potential to invade surrounding tissue or shed cells that seed malignancies in other body sites. Malignant neoplasms are, therefore, classified as primary, meaning the site of origin of the malignant neoplasm; secondary, meaning a remote or metastatic site; and carcinoma in situ, meaning that the malignancy is localized and has not invaded deeper or surrounding tissues at the site of origin. When a primary malignancy overlaps two or more contiguous sites, it should be coded to the subcategory/code 8 (overlapping lesion) unless the combination is specifically indexed elsewhere. If there are multiple neoplasms of adjacent sites that are not contiguous, codes for each site should be assigned. For example, tumors of different breast quadrants in the same breast should be assigned separate codes for each site.

In addition to these classifications for solid tissue malignant neoplasms, there are additional classifications for blood cancers of lymphoid, hematopoietic, and other related tissues; some specific histological types of cancer such as malignant and benign neuroendocrine tumors, and some specific types of skin cancers, such as melanoma, basal cell carcinoma, and squamous cell carcinoma.

A benign neoplasm may grow, but does not invade surrounding tissues or remote sites. Benign neoplasms remain confined to the site of origin.

Neoplasms of uncertain behavior are those that currently exhibit benign characteristics but have the potential to transform and become malignant.

Only when the nature of the neoplasm is not specified is the neoplasm classified as unspecified behavior.

All neoplasms are classified to this chapter, whether or not they are functionally active. A functionally active neoplasm is a growth that performs functions ascribed to surrounding tissue, as in a thyroid tumor that secretes thyroxine and causes hyperthyroidism in the patient. An additional code from Chapter 4 may be used to identify functional activity associated with any neoplasm.

Focus Point

In most cases, encounters for treatment of complications of a neoplasm (e.g., dehydration, pain) are reported with the neoplasm complication sequenced first, followed by the appropriate neoplasm code. However, when the neoplasm complication is anemia, an exception is made. In these cases, the malignancy code is sequenced as the first-listed diagnosis followed by code D63.Ø Anemia in neoplastic disease.

The chapter is broken down into the following code blocks:

CØØ-C14	Malignant neoplasms of lip, oral cavity and pharynx
C15-C26	Malignant neoplasms of digestive organs
C30-C39	Malignant neoplasms of respiratory and intrathoracic organs
C4Ø-C41	Malignant neoplasms of bone and articular cartilage
C43-C44	Melanoma and other malignant neoplasms of skin
C45-C49	Malignant neoplasms of mesothelial and soft tissue
C5Ø	Malignant neoplasms of breast
C51-C58	Malignant neoplasms of female genital organs
C6Ø-C63	Malignant neoplasms of male genital organs
C64-C68	Malignant neoplasms of urinary tract
C69-C72	Malignant neoplasms of eye, brain and other parts of central nervous system
C73-C75	Malignant neoplasms of thyroid and other endocrine glands
C7A	Malignant neuroendocrine tumors
C7B	Secondary neuroendocrine tumors
C76-C8Ø	Malignant neoplasms of ill-defined, other secondary and unspecified sites
C81-C96	Malignant neoplasms of lymphoid, hematopoietic and related tissue
DØØ-DØ9	In situ neoplasms
D1Ø-D36	Benign neoplasms, except benign neuroendocrine tumors
D3A	Benign neuroendocrine tumors
D37-D48	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes
D49	Neoplasms of unspecified behavior

Mood [Affective] Disorders (F30-F39)

A mood or affective disorder is a disturbance in an individual's emotional state that also affects thought and behavior.

The categories in this code block are as follows:

F30	Manic episode
F31	Bipolar disorder
F32	Major depressive disorder, single episode
F33	Major depressive disorder, recurrent
F34	Persistent mood [affective] disorders
F39	Unspecified mood [affective] disorder

F30.- Manic episode

A manic episode may be elevated, expansive, or irritable in nature. Manic episode mood changes typically last for at least a week or, if less than a week, are severe enough to require hospitalization. Symptoms that characterize a manic episode include elation, excitement, elevated self-esteem, grandiose ideas, rapid thought process, rapid or frenzied speech pattern, distractibility, flight of ideas, increased goal directed activity, increased psychomotor activity, and pleasure seeking behaviors without concern for risk or adverse consequences. Emotional instability may also be present and is characterized by euphoria alternating with irritability.

F30.1- Manic episode without psychotic symptoms

Manic episodes may vary significantly in severity and are subclassified as mild, moderate, or severe.

F30.11 Manic episode without psychotic symptoms, mild

During a mild manic episode there may be only a mildly elevated or expansive mood change or minimally increased level of irritability and the individual may act out of character, saying or doing things that he or she would not normally do.

F30.12 Manic episode without psychotic symptoms, moderate

Related manic symptoms are extremely out of proportion to how the patient typically acts and impaired judgement may be observed.

F30.13 Manic episode, severe, without psychotic symptoms

During a severe manic episode the potential for the patient to cause harm to themselves or others is high and often the patient needs constant supervision.

F30.2 Manic episode, severe with psychotic symptoms

Psychotic symptoms in a manic episode usually present as delusions and/or hallucinations. As with other manic episodes, the patient is experiencing higher energy levels, elevated mood, irritability, and distractibility. Delusions and hallucinations can exacerbate the manic symptoms or the manic symptoms can feed into the delusions creating an extremely volatile experience for the patient that in most cases requires hospitalization in order to keep the patient safe.

F31.- Bipolar disorder

Bipolar disorder, also known as manic-depressive disorder or manic-depressive psychosis, is a major affective disorder that has appeared in both the depressive and manic form, in a cyclical pattern, either alternating or separated by an interval of normality (recurrence and remission). It is marked by severe mood swings and repeated (at least two) episodes of disturbances consisting of either elevation of mood and increased energy and activity (mania or hypomania), or lowering of mood and decreased energy and activity (depression). The frequency of recurrences and remissions can vary.

Category F31 Bipolar disorder, includes bipolar I disorder, bipolar type I disorder, manic-depressive illness, manic-depressive psychosis, manic-depressive reaction, with codes and subcategories for current episode hypomanic, current episode manic without psychotic features with severity levels, current episode manic severe with psychotic features, current episode depressed with severity levels, current episode depressed, severe, with and without psychotic features, current episode mixed with severity levels, currently in remission, and other and unspecified bipolar disorders.

F31.6- Bipolar disorder, current episode mixed

This subcategory includes bipolar disorder, current episode mixed, in which the patient currently has symptoms of depressed mood and mania occurring at the same time, or alternating within a single episode. Codes in this category specify levels of severity as unspecified, mild, moderate, severe without psychotic features, and severe with psychotic features which includes with mood-congruent and mood-incongruent psychotic symptoms.

F32.- Major depressive disorder, single episode

Depression goes beyond the occasional sad or down feelings. The feelings that occur in depression do not pass within a couple days but last weeks or longer and severely interfere with work, sleep, personal relationships, and the overall ability of the patient to enjoy life.

Major depressive disorder is a severe form of depression where in addition to a depressed mood and loss of interest in doing any activity, the patient also experiences changes in weight or appetite, too much or too little sleep, slowed motor function, loss of energy, indecisiveness, and feelings of worthlessness that may be accompanied by suicidal thoughts.

A single episode of a major depressive disorder lasts a minimum of two weeks with persistent symptoms throughout the day, every day. An individual can experience only one single depressive episode during

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

This chapter classifies diseases and disorders of the two main parts of the respiratory system: the upper respiratory tract and the lower respiratory tract. The upper respiratory tract contains the nose (external, nasal cavity), sinuses (frontal, ethmoid, sphenoid, maxillary), pharynx (nasopharynx, oropharynx), larynx (true and false vocal cords, glottis), and trachea. The lower respiratory tract contains the bronchi (left, right, main, carina), and lungs (intrapulmonary bronchi, bronchioli, lobes, alveoli, pleura).

This complex of organs is responsible for pulmonary ventilation and the exchange of oxygen and carbon dioxide between the lungs and ambient air. The organs of the respiratory system also perform nonrespiratory functions such as warming and moisturizing the air passing into the lungs, providing airflow for the larynx and vocal cords for speech, and releasing excess body heat in the process of thermoregulation for homeostasis. The lungs also perform important metabolic and embolic filtering functions by excreting gaseous wastes. Air moves into the lungs and bronchial tubes, reaching the alveoli. Running by these alveoli are capillaries carrying blood that has traveled through the body and been pumped from the right side of the heart through the pulmonary artery and then into capillaries. The alveoli transport the oxygen to the capillaries where hemoglobin helps the oxygen flow into the bloodstream. As the oxygen is absorbed, the carbon dioxide is extracted from the capillaries into the alveoli and is exhaled as a waste gas. The oxygenated blood then travels through the pulmonary vein to the left side of the heart, which pumps it to the rest of the body. Any malfunction in this process leads to cell death within the tissues of the various organs of the body due to the reduced amount of oxygen distributed to these organs and it may cause excess waste to accumulate within the body's tissues.

An instructional note at the beginning of this chapter directs that if a respiratory condition exists in more than one site and does not have its own specific, separate entry in the Alphabetic Index it should be classified to the lower anatomical site.

Since inhaled tobacco smoke travels from the mouth through the upper airway, reaching the alveoli, tobacco use has proven implications on the entire respiratory system, prompting directions indicating that a code for tobacco exposure, use, or dependence be added if applicable.

The chapter is broken down into the following code blocks:

J00-J06	Acute upper respiratory infections
J09-J18	Influenza and pneumonia
J20-J22	Other acute lower respiratory infections
J30-J39	Other diseases of upper respiratory tract
J40-J4A	Chronic lower respiratory diseases
J60-J70	Lung diseases due to external agents
J80-J84	Other respiratory diseases principally affecting the interstitium
J85-J86	Suppurative and necrotic conditions of the lower respiratory tract
J90-J94	Other diseases of the pleura
J95	Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J96-J99	Other diseases of the respiratory system

Acute Upper Respiratory Infections (J00-J06)

Infections of the upper respiratory system are those that affect the nose or nares, nasal cavity, nasopharynx, sinuses, oropharynx, hypopharynx, larynx, trachea, and epiglottis. Acute infections are generally sudden in onset with immediately recognizable signs and symptoms, such as fever, chills, and body aches.

The categories in this code block are as follows:

J00	Acute nasopharyngitis [common cold]
J01	Acute sinusitis
J02	Acute pharyngitis
J03	Acute tonsillitis
J04	Acute laryngitis and tracheitis
J05	Acute obstructive laryngitis [croup] and epiglottitis
J06	Acute upper respiratory infections of multiple and unspecified sites

Focus Point

Pneumonia and influenza are excluded from this code block and can be found in the next block J09-J18.

J00 Acute nasopharyngitis [common cold]

This code classifies nasopharyngitis, rhinitis, coryza, or nasal catarrh of an acute nature. Acute nasopharyngitis is the most common of the upper respiratory infections and is characterized by edema of the nasal mucous membrane, discharge, and obstruction.

J01.- Acute sinusitis

Acute sinusitis is a sudden and severe inflammation or infection of the paranasal sinuses. The paranasal sinuses are air spaces adjacent to the nose that open into the nasal passages for the exchange of air and mucus. Anything that triggers a swelling in the nose, such as an infection or an allergic reaction, can affect the sinuses. When a virus causes inflammation in the

M66.- Spontaneous rupture of synovium and tendon

Rupture of tendon, nontraumatic, is a rupture due to pathology rather than trauma or injury. A normal tendon seldom ruptures even with strenuous activity, but if it has become damaged by disease (e.g., secondary to tenosynovitis) or degenerated due to the fraying caused by friction (e.g., due to bony erosion), it may rupture even with normal activity. Degeneration occurs in rheumatic arthritis, lupus erythematosus, hyperparathyroidism, and systemic steroid use, or when steroids are injected directly into a tendon. Therapies include reconstructive surgery to repair or replace the abnormal part of the ruptured tendon.

M66.Ø Rupture of popliteal cyst

Synovial cysts of the popliteal space are Baker's cysts, sometimes called popliteal cysts. In children, Baker's cysts are common but usually are asymptomatic and regress spontaneously. In adults, Baker's cysts, in conjunction with synovial effusion due to rheumatoid arthritis or degenerative joint disease, may produce significant impairment. When a Baker's cyst interferes with normal knee function, surgical exploration and excision of the cyst is indicated. The cysts usually communicate with the knee joint through a long and tortuous duct, allowing the cyst to become distended by any synovial effusion and possibly extend down as far as the midcalf.

M66.1- Rupture of synovium

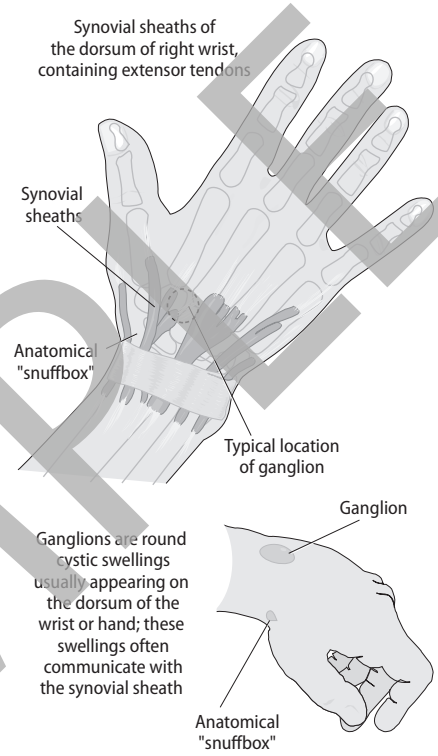
Rupture of tendon, nontraumatic, is a rupture due to pathology rather than trauma or injury. A normal tendon seldom ruptures even with strenuous activity, but if it has become damaged by disease (e.g., secondary to tenosynovitis) or degenerated due to the fraying caused by friction (e.g., due to bony erosion), it may rupture even with normal activity. Degeneration occurs from rheumatic arthritis, lupus erythematosus, hyperparathyroidism, and systemic steroid use or when steroids are injected directly into a tendon. Therapies include reconstructive surgery to repair or replace the abnormal part of the ruptured tendon.

M67.- Other disorders of synovium and tendon

Conditions represented in this category include acquired short Achilles tendon, synovial hypertrophy, transient synovitis, toxic synovitis, ganglion, and plica syndrome.

M67.4- Ganglion

A ganglion of synovium, tendon, and bursa is a thin-walled cystic lesion of unknown etiology containing thick, clear, mucinous fluid, possibly due to mucoid degeneration. Arising in relation to periarticular tissues, joint capsules, and tendon sheaths, ganglia are typically in the hands and feet and are most common in the dorsum of the wrist. Depending on the size, cysts may feel firm or spongy. Usually a single cyst appears, although on occasion multiple cysts may develop. They may have a common stalk within the deeper tissue connecting them. They rarely exceed 2 cm in diameter. Ganglion cysts are generally asymptomatic or minimally symptomatic. Signs and symptoms include limitation of motion, pain, paresthesias, and weakness. Treatment may not be necessary as many ganglions spontaneously resolve over time. Others may need to be aspirated or surgical excision may be required due to pain or limited motion. Ganglions have a high rate of recurrence.



M67.5- Plica syndrome

Synovial plica refers to a fold in the synovial tissue formed before birth, creating a septum or membrane between two pockets of synovial tissue. The most common are the medial patellar plica and the suprapatellar plica. Plica syndrome, or plica knee, refers to symptomatic plica from irritation and inflammation.

Other Soft Tissue Disorders (M7Ø-M79)

This section represents other disorders of bursa, which is the fluid-filled sac located between articulating surfaces that reduce friction from the moving parts. Also located here are various other disorders of tendons, synovium, and generalized soft tissue.

Chapter 16: Certain Conditions Originating in the Perinatal Period (P00-P96)

Codes in this chapter are assigned for conditions that have their origin in the fetal or perinatal period, which is defined as the period before birth through the first 28 days after birth. While the condition must originate in the perinatal period, diagnosis and/or treatment may continue long after the perinatal period and would still be reported with codes from this chapter, no matter the patient's age.

The chapter is broken down into the following code blocks:

P00-P04	Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery
P05-P08	Disorders of newborn related to length of gestation and fetal growth
P09	Abnormal findings on neonatal screening
P10-P15	Birth trauma
P19-P29	Respiratory and cardiovascular disorders specific to the perinatal period
P35-P39	Infections specific to the perinatal period
P50-P61	Hemorrhagic and hematological disorders of newborn
P70-P74	Transitory endocrine and metabolic disorders specific to newborn
P76-P78	Digestive system disorders of newborn
P80-P83	Conditions involving the integument and temperature regulation of newborn
P84	Other problems with newborn
P90-P96	Other disorders originating in the perinatal period

Newborn Affected by Maternal Factors and by Complications of Pregnancy, Labor, and Delivery (P00-P04)

Maternal conditions, both preexisting and those arising during the pregnancy, that have the potential to affect the health of the fetus or newborn are represented by the categories in this code block.

The categories in this code block are as follows:

P00	Newborn affected by maternal conditions that may be unrelated to present pregnancy
P01	Newborn affected by maternal complications of pregnancy
P02	Newborn affected by complications of placenta, cord and membranes
P03	Newborn affected by other complications of labor and delivery
P04	Newborn affected by noxious substances transmitted via placenta or breast milk

P00.- Newborn affected by maternal conditions that may be unrelated to present pregnancy

The mother's overall health status has the potential to affect the health of the newborn, including preexisting conditions from hypertension to periodontal disease to surgical or medical procedures performed directly on the mother. When the maternal condition is currently affecting the health of the newborn, it is reported with a code from this category.

P00.0 Newborn affected by maternal hypertensive disorders

Hypertensive disorders in the mother include preexisting or gestational hypertension, preeclampsia, and eclampsia. The fetus or infant of a mother with hypertension has a 25 to 30 percent risk of prematurity and a 10 to 15 percent chance of being small for gestational age (SGA). These risks are largely associated with a reduction of blood flow to the placenta, which limits oxygen and nutrient transport from the mother to the baby. The more severe the hypertensive condition the greater the risk for associated adverse conditions in the newborn.

P00.2 Newborn affected by maternal infectious and parasitic diseases

Maternal infectious and parasitic diseases may affect the health of the fetus or newborn even when the infectious or parasitic disease is not currently manifesting symptoms in the fetus or newborn.

P00.6 Newborn affected by surgical procedure on mother

This code covers surgical procedures on the mother performed to diagnose or treat maternal conditions, as well as diagnostic procedures such as diagnostic amniocentesis that have affected the health of the fetus or newborn.

Focus Point

This code is for procedures performed on the mother that could impact the fetus; it does not classify procedures performed directly on the fetus while still in utero. When a fetal complication arises from an in utero procedure, it is reported with code P96.5 Complication to newborn due to (fetal) intrauterine procedure.