December 2014

ASA's Payment and Practice Management Team Develops ICD-10-CM Mapping Guide

Earlier this year, the Centers for Medicare and Medicaid Services (CMS) published a Final Rule implementing the Protecting Access to Medicare Act of 2014 (PAMA), delaying the transition from ICD-9-CM (International Classification of Diseases, 9th Edition, Clinical Modification) to ICD-10-CM/PCS until October 1, 2015. At this time there is no indication that Congress will further delay implementation of ICD-10-CM/PCS. This change will affect every healthcare professional, whether they participate in Medicare or not, since it mandates the use of ICD-10-CM diagnosis codes for all health care claims by any provider or payer covered by the Health Insurance Portability and Accountability Act (HIPAA). As a reminder, ICD-10-PCS codes will only be used by hospitals.

Why the Switch?

The healthcare industry is making the transition from ICD-9-CM to ICD-10-CM/PCS for a variety of reasons. Given that the ICD-9-CM diagnosis code set is nearly 30 years old, ICD-9-CM codes provide limited data about patients' medical conditions. With obsolete medical terms, the outdated code set is inconsistent with the rapidly growing medical practices. The ICD-10-CM codes allow for greater specificity in describing patient conditions and diagnoses. In addition, the structure of ICD-9-CM limits the number of new codes that can be created. As opposed to the 3 to 5 digit structure used with ICD-9-CM, the 3 to 7 digit structure of ICD-10-CM will allow for the creation of new codes to accommodate newly developed diagnoses for more accurate billing.

We Are Here to Help

The American Society of Anesthesiologists (ASA) understands the time, effort, and cost that will go into the transition for physician anesthesiologists and their practices. To help our members prepare for the transition to ICD-10-CM, the Department of Payment and Practice Management created an ICD-10-CM Mapping Guide Tool Kit. As mentioned, one of the most common reasons for the transition from ICD-9-CM to ICD-10-CM is the increased level of specificity being offered by the new ICD-10-CM code set format. The ICD-10-CM Mapping Guide will allow physician anesthesiologists to compare some common ICD-9-CM to ICD-10-CM codes pertinent to the scope of anesthesiology. Members will be able to take note of the new structure and increased level of specificity to improve both quality of patient care and their practice.

How the Mapping Guide is Set Up

The Payment and Practice Management Department has selected anesthesia CPT® codes for procedures on:

Head	*Upper Abdomen*	*Knee and Popliteal Area*
Neck	*Lower Abdomen*	*Lower Leg (Below Knee, Includes Ankle and Foot)*
Thorax (Chest Wall and Shoulder Girdle)	*Perineum*	*Shoulder and Axilla*
Intrathoracic	*Pelvis (Except Hip)*	*Upper Arm and Elbow*
Spine and Spinal Cord	*Upper Leg (Except Knee)*	*Forearm, Wrist, and Hand*

Using research and expert physician anesthesiologist advice, the most commonly reported diagnosis codes associated with each anesthesia CPT® code are provided with its ICD-9-CM descriptor and its equivalent ICD-10-CM mapping(s) and descriptor(s). With the new code set having more than five times the number of codes as ICD-9-CM, this tool will help you in mapping that expansion.

Some examples of key changes between ICD-9-CM and ICD-10-CM found in the Tool Kit are exemplified below:

ICD-10-CM Specification of Laterality

It allows reporting of laterality (right vs. left), signifying the importance of which side of the body is being examined.

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
366.15	Cortical senile cataract	H25.011	Cortical age-related cataract, right eye
		H25.012	Cortical age-related cataract, left eye
		H25.013	Cortical age-related cataract, bilateral
		H25.019	Cortical age-related cataract, unspecified eye

One-to-Many Correspondences

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
733.5	Osteitis condensans	M85.30	Osteitis condensans, unspecified site
		M85.31 [1,2,9]	Osteitis condensans, shoulder
		M85.32 [1,2,9]	Osteitis condensans, upper arm
		M85.33 [1,2,9]	Osteitis condensans, forearm
		M85.34 [1,2,9]	Osteitis condensans, hand
		M85.35 [1,2,9]	Osteitis condensans, thigh
		M85.36 [1,2,9]	Osteitis condensans, lower leg
		M85.37 [1,2,9]	Osteitis condensans, ankle and foot
		M85.38	Osteitis condensans, other site
		M85.39	Osteitis condensans, multiple sites

ICD-10-CM Consolidates the Use of Two Codes Into One

There are now single codes to describe a combination of diagnoses and symptoms, as opposed to multiple codes to describe a condition.

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
652.10 (code first any associated obstructed labor (660.0))	Breech or other malpresentation successfully converted to cephalic presentation, unspecified as to episode of care or not applicable	O32.1XX0	Maternal care for breech presentation, not applicable or unspecified

Keep In Mind…

Please keep in mind the ICD-10-CM Mapping Guide is merely a tool to present the expansion of ICD-9-CM to ICD-10-CM and compare the old code set to the new code set. It is ***not*** intended to serve as an ICD-9-CM to ICD-10-CM converter. In addition, we have used our best efforts to identify an ICD-9-CM code that describes a condition commonly associated with the anesthesia CPT code. Nevertheless, the ICD-9-CM diagnosis codes associated with the anesthesia CPT® code are only the most commonly reported codes and are ***not the only*** diagnosis codes associated with the given anesthesia CPT® code.

Please contact ASA's Payment and Practice Management Department at (202) 289-2222 for questions and/or suggestions.

For more information on the transition to ICD-10-CM, please visit [CMS ICD-10-CM](#).

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the head: CPT® codes 00100-00222

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
527.2	Sialoadenitis	K11.20	Sialoadenitis, unspecified
		K11.21	Acute sialoadenitis
		K11.22	Acute recurrent sialoadenitis
		K11.23	Chronic sialoadenitis
749.14	Cleft lip, bilateral, incomplete	Q36.0	Cleft lip, bilateral
374.30	Unspecified Ptosis of eyelid	H02.401	Unspecified ptosis of right eyelid
		H02.402	Unspecified ptosis of left eyelid
		H02.403	Unspecified ptosis of bilateral eyelids
		H02.409	Unspecified ptosis of unspecified eyelid
296.00	Bipolar I disorder, single manic episode, unspecified	F30.10	Manic episode without psychotic symptoms, unspecified
		F30.9	Manic episode, unspecified
311	Depressive disorder, not elsewhere classified	F32.9	Major depressive disorder, single episode, unspecified

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
389.01	Conductive hearing loss, external ear	H90.0	Conductive hearing loss, bilateral
		H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
		H90.12	Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
		H90.2	Conductive hearing loss, unspecified
380.53	Acquired stenosis of external ear canal secondary to inflammation	H61.321	Acquired stenosis of right external ear canal secondary to inflammation and infection
		H61.322	Acquired stenosis of left external ear canal secondary to inflammation and infection
		H61.323	Acquired stenosis of external ear canal secondary to inflammation and infection, bilateral
		H61.329	Acquired stenosis of external ear canal secondary to inflammation and infection, unspecified ear

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
381.01	Acute serous otitis media	H65.00	Acute serous otitis media, unspecified ear
		H65.01	Acute serous otitis media, right ear
		H65.02	Acute serous otitis media, left ear
		H65.03	Acute serous otitis media, bilateral
		H65.04	Acute serous otitis media, recurrent, right ear
		H65.05	Acute serous otitis media, recurrent, left ear
		H65.06	Acute serous otitis media, recurrent, bilateral
		H65.07	Acute serous otitis media, recurrent, unspecified ear

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
382.00	Acute suppurative otitis media without spontaneous rupture of eardrum	H66.001	Acute suppurative otitis media without spontaneous rupture of ear drum, right ear
		H66.002	Acute suppurative otitis media without spontaneous rupture of ear drum, left ear
		H66.003	Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral
		H66.004	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, right ear
		H66.005	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, left ear
		H66.006	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral
		H66.007	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, unspecified ear
		H66.009	Acute suppurative otitis media without spontaneous rupture of ear drum, unspecified ear
364.9	Unspecified disorder of iris and ciliary body	H21.9	Unspecified disorder of iris and ciliary body

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
366.15	Cortical senile cataract	H25.011	Cortical age-related cataract, right eye
		H25.012	Cortical age-related cataract, left eye
		H25.013	Cortical age-related cataract, bilateral
		H25.019	Cortical age-related cataract, unspecified eye
371.10	Corneal deposit, unspecified	H18.001	Unspecified corneal deposit, right eye
		H18.002	Unspecified corneal deposit, left eye
		H18.003	Unspecified corneal deposit, bilateral
		H18.009	Unspecified corneal deposit, unspecified eye
361.01	Recent retinal detachment, partial, with single defect	H33.011	Retinal detachment with single break, right eye
		H33.012	Retinal detachment with single break, left eye
		H33.013	Retinal detachment with single break, bilateral
		H33.019	Retinal detachment with single break, unspecified eye

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
362.43	Hemorrhagic detachment of retinal pigment epithelium	H35.731	Hemorrhagic detachment of retinal pigment epithelium, right eye
		H35.732	Hemorrhagic detachment of retinal pigment epithelium, left eye
		H35.733	Hemorrhagic detachment of retinal pigment epithelium, bilateral
		H35.739	Hemorrhagic detachment of retinal pigment epithelium, unspecified eye
365.11	Primary open angle glaucoma	H40.11X0	Primary open-angle glaucoma, stage unspecified
		H40.11X1	Primary open-angle glaucoma, mild stage
		H40.11X2	Primary open-angle glaucoma, moderate stage
		H40.11X3	Primary open-angle glaucoma, severe stage
		H40.11X4	Primary open-angle glaucoma, indeterminate stage
362.13	Changes in vascular appearance of retina	H35.011	Changes in retinal vascular appearance, right eye
		H35.012	Changes in retinal vascular appearance, left eye
		H35.013	Changes in retinal vascular appearance, bilateral
		H35.019	Changes in retinal vascular appearance, unspecified eye

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
473.0	Chronic maxillary sinusitis	J32.0	Chronic maxillary sinusitis
160.2	Malignant neoplasm of maxillary sinus	C31.0	Malignant neoplasm of maxillary sinus
238.0	Neoplasm of uncertain behavior of bone and articular cartilage	D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
529.9	Unspecified condition of the tongue	K14.9	Disease of tongue, unspecified
749.01	Cleft palate, unilateral, complete	Q35.9	Cleft palate, unspecified
149.0	Malignant neoplasm of pharynx, unspecified	C14.0	Malignant neoplasm of pharynx, unspecified

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
146.5	Malignant neoplasm of junctional region of oropharynx	C10.8	Malignant neoplasm of overlapping sites of oropharynx
802.25	Closed fracture of mandible, angle of jaw	S02.65XA	Fracture of angle of mandible, initial encounter for closed fracture
802.33	Open fracture of mandible, coronoid process	S02.63XB	Fracture of coronoid process of mandible, initial encounter for open fracture
239.6	Neoplasm of unspecified nature of brain	D49.6	Neoplasm of unspecified behavior of brain
432.1	Subdural hemorrhage	I62.00	Nontraumatic subdural hemorrhage, unspecified
		I62.01	Nontraumatic acute subdural hemorrhage
		I62.02	Nontraumatic subacute subdural hemorrhage
		I62.03	Nontraumatic chronic subdural hemorrhage
324.0	Intracranial abscess	G06.0	Intracranial abscess and granuloma
738.19	Other specified acquired deformity of head	M95.2	Other acquired deformity of head
		M99.80	Other biomechanical lesions of head region
437.0	Cerebral atherosclerosis	I67.2	Cerebral atherosclerosis

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
239.6	Neoplasm of unspecified nature of brain	D49.6	Neoplasm of unspecified behavior of brain
331.4	Obstructive hydrocephalus	G91.1	Obstructive hydrocephalus
		G91.3	Post-traumatic hydrocephalus, unspecified
		G91.8	Other hydrocephalus
		G91.9	Hydrocephalus, unspecified

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the neck: CPT® codes 00300-00352

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
173.41	Basal cell carcinoma of scalp and skin of neck	C44.41	Basal cell carcinoma of skin of scalp and neck
478.4	Polyp of vocal cord or larynx	J38.1	Polyp of vocal cord or larynx
241.0	Nontoxic uninodular goiter	E04.1	Nontoxic single thyroid nodule
748.3	Other congenital anomalies of larynx, trachea, and bronchus	Q31.1	Congenital subglottic stenosis
		Q31.2	Laryngeal hypoplasia
		Q31.3	Laryngocele
		Q31.5	Congenital laryngomalacia
		Q31.8	Other congenital malformations of larynx
		Q31.9	Congenital malformation of larynx, unspecified
		Q32.0	Congenital tracheomalacia
		Q32.1	Other congenital malformations of trachea
		Q32.2	Congenital bronchomalacia

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the neck: CPT® codes 00300-00352

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		Q32.3	Congenital stenosis of bronchus
		Q32.4	Other congenital malformations of bronchus
433.11	Occlusion and stenosis of carotid artery with cerebral infarction	I63.031	Cerebral infarction due to thrombosis of right carotid artery
		I63.032	Cerebral infarction due to thrombosis of left carotid artery
		I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
		I63.131	Cerebral infarction due to embolism of right carotid artery
		I63.132	Cerebral infarction due to embolism of left carotid artery
		I63.139	Cerebral infarction due to embolism of unspecified carotid artery
		I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries
		I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the neck: CPT® codes 00300-00352

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid arteries
446.0	Polyarteritis nodosa	M30.0	Polyarteritis nodosa
		M30.2	Juvenile polyarteritis
		M30.8	Other conditions related to polyarteritis nodosa
		M31.7	Microscopic polyangiitis

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the thorax (chest wall and shoulder girdle): CPT® codes 00400-00474

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
611.72	Lump or mass in breast	N63	Unspecified lump in breast
174.2	Malignant neoplasm of upper-inner quadrant of female breast	C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
		C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
		C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
174.5	Malignant neoplasm of lower-outer quadrant of female breast	C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
		C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
		C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
174.6	Malignant neoplasm of axillary tail of female breast	C50.611	Malignant neoplasm of axillary tail of right female breast
		C50.612	Malignant neoplasm of axillary tail of left female breast
		C50.619	Malignant neoplasm of axillary tail of unspecified female breast

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the thorax (chest wall and shoulder girdle): CPT® codes 00400-00474

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
427.31	Atrial fibrillation	I48.0	Paroxysmal atrial fibrillation
		I48.2	Chronic atrial fibrillation
		I48.91	Unspecified atrial fibrillation
810.12	Open fracture of shaft of clavicle	S42.021B	Displaced fracture of shaft of right clavicle, initial encounter for open fracture
		S42.022B	Displaced fracture of shaft of left clavicle, initial encounter for open fracture
		S42.023B	Displaced fracture of shaft of unspecified clavicle, initial encounter for open fracture
		S42.024B	Nondisplaced fracture of shaft of right clavicle, initial encounter for open fracture
		S42.025B	Nondisplaced fracture of shaft of left clavicle, initial encounter for open fracture
		S42.026B	Nondisplaced fracture of shaft of unspecified clavicle, initial encounter for open fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the thorax (chest wall and shoulder girdle): CPT® codes 00400-00474

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
170.4	Malignant neoplasm of scapula and long bones of upper limb	C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
		C40.01	Malignant neoplasm of scapula and long bones of right upper limb
		C40.02	Malignant neoplasm of scapula and long bones of left upper limb
733.22	Aneurysmal bone cysts	M85.50	Aneurysmal bone cyst, unspecified site
		M85.51 [1,2,9]	Aneurysmal bone cyst, shoulder
		M85.52 [1,2,9]	Aneurysmal bone cyst, upper arm
		M85.53 [1,2,9]	Aneurysmal bone cyst, forearm
		M85.54 [1,2,9]	Aneurysmal bone cyst, hand
		M85.55 [1,2,9]	Aneurysmal bone cyst, thigh
		M85.56 [1,2,9]	Aneurysmal bone cyst, lower leg
		M85.57 [1,2,9]	Aneurysmal bone cyst, ankle and foot
		M85.58	Aneurysmal bone cyst, other site
		M85.59	Aneurysmal bone cyst, multiple sites

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the thorax (chest wall and shoulder girdle): CPT® codes 00400-00474

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
807.12	Open fracture of two ribs	S22.41XB	Multiple fractures of ribs, right side, initial encounter for open fracture
		S22.42XB	Multiple fractures of ribs, left side, initial encounter for open fracture
		S22.43XB	Multiple fractures of ribs, bilateral, initial encounter for open fracture
		S22.49XB	Multiple fractures of ribs, unspecified side, initial encounter for open fracture
860.0	Traumatic pneumothorax without mention of open wound into thorax	S27.0XXA	Traumatic pneumothorax, initial encounter
754.81	Pectus excavatum	Q67.6	Pectus excavatum

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
150.0	Malignant neoplasm of cervical esophagus	C15.3	Malignant neoplasm of upper third of esophagus
934.9	Foreign body in respiratory tree, unspecified	T17.900A	Unspecified foreign body in respiratory tract, part unspecified causing asphyxiation, initial encounter
		T17.908A	Unspecified foreign body in respiratory tract, part unspecified causing other injury, initial encounter
		T17.910A	Gastric contents in respiratory tract, part unspecified causing asphyxiation, initial encounter
		T17.918A	Gastric contents in respiratory tract, part unspecified causing other injury, initial encounter
		T17.920A	Food in respiratory tract, part unspecified causing asphyxiation, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		T17.928A	Food in respiratory tract, part unspecified causing other injury, initial encounter
		T17.990A	Other foreign object in respiratory tract, part unspecified in causing asphyxiation, initial encounter
		T17.998A	Other foreign object in respiratory tract, part unspecified causing other injury, initial encounter
786.52	Painful respiration	R07.1	Chest pain on breathing
		R07.81	Pleurodynia
511.9	Unspecified pleural effusion	J91.8	Pleural effusion in other conditions classified elsewhere

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Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
162.3	Malignant neoplasm of upper lobe, bronchus or lung	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
		C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
		C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
511.89	Other specified forms of effusion, except tuberculous	J90	Pleural effusion, not elsewhere classified
		J94.0	Chylous effusion
		J94.2	Hemothorax
		J94.8	Other specified pleural conditions
426.0	Atrioventricular block, complete	I44.2	Atrioventricular block, complete
585.4	Chronic kidney disease, Stage IV (severe)	N18.4	Chronic kidney disease, stage 4 (severe)

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
996.61	Infection and inflammatory reaction due to cardiac device, implant, and graft	T82.6XXA	Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter
		T82.7XXA	Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
427.0	Paroxysmal supraventricular tachycardia	I47.1	Supraventricular tachycardia
		I49.2	Junctional premature depolarization
519.9	Unspecified disease of respiratory system	J98.9	Respiratory disorder, unspecified
162.5	Malignant neoplasm of lower lobe, bronchus or lung	C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
		C34.31	Malignant neoplasm of lower lobe, right bronchus or lung

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
162.2	Malignant neoplasm of main bronchus	C34.00	Malignant neoplasm of unspecified main bronchus
		C34.01	Malignant neoplasm of right main bronchus
		C34.02	Malignant neoplasm of left main bronchus
510.9	Empyema without mention of fistula	J86.9	Pyothorax without fistula

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
162.3	Malignant neoplasm of upper lobe, bronchus or lung	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
		C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
		C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
162.0	Malignant neoplasm of trachea	C33	Malignant neoplasm of trachea
998.59	Other postoperative infection	K68.11	Postprocedural retroperitoneal abscess
		T81.4XXA	Infection following a procedure, initial encounter
423.3	Cardiac tamponade	I31.4	Cardiac tamponade

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
745.2	Tetralogy of Fallot	Q21.3	Tetralogy of Fallot
424.1	Aortic valve disorders	I35.0	Nonrheumatic aortic (valve) stenosis
		I35.1	Nonrheumatic aortic (valve) insufficiency
		I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency
		I35.8	Other nonrheumatic aortic valve disorders
		I35.9	Nonrheumatic aortic valve disorder, unspecified
441.2	Thoracic aneurysm without mention of rupture	I71.2	Thoracic aortic aneurysm, without rupture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
414.04 (use additional code, if applicable, to identify chronic total occulsion of coronary artery (414.2)	Coronary atherosclerosis of artery bypass graft	I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
		I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
		I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
		I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
		I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
		I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
		I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
		I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
414.07 (use additional code, if applicable, to identify chronic total occulsion of coronary artery (414.2)	Coronary atherosclerosis of bypass graft (artery) (vein) of transplanted heart	I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the intrathoracic: CPT® codes 00500-00580

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
		I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
		I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
		I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
746.7	Hypoplastic left heart syndrome	Q23.4	Hypoplastic left heart syndrome

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
723.0	Spinal stenosis in cervical region	M48.01	Spinal stenosis, occipito-atlanto-axial region
		M48.02	Spinal stenosis, cervical region
		M48.03	Spinal stenosis, cervicothoracic region
		M99.20	Subluxation stenosis of neural canal of head region
		M99.21	Subluxation stenosis of neural canal of cervical region
		M99.30	Osseous stenosis of neural canal of head region
		M99.31	Osseous stenosis of neural canal of cervical region
		M99.40	Connective tissue stenosis of neural canal of head region
		M99.41	Connective tissue stenosis of neural canal of cervical region
		M99.50	Intervertebral disc stenosis of neural canal of head region
		M99.51	Intervertebral disc stenosis of neural canal of cervical region

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		M99.60	Osseous and subluxation stenosis of intervertebral foramina of head region
		M99.61	Osseous and subluxation stenosis of intervertebral foramina of cervical region
		M99.70	Connective tissue and disc stenosis of intervertebral foramina of head region
		M99.71	Connective tissue and disc stenosis of intervertebral foramina of cervical region
721.1	Cervical spondylosis with myelopathy	M47.011	Anterior spinal artery compression syndromes, occipito-atlanto-axial region
		M47.012	Anterior spinal artery compression syndromes, cervical region
		M47.013	Anterior spinal artery compression syndromes, cervicothoracic region
		M47.014	Anterior spinal artery compression syndromes, thoracic region
		M47.015	Anterior spinal artery compression syndromes, thoracolumbar region

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		M47.016	Anterior spinal artery compression syndromes, lumbar region
		M47.019	Anterior spinal artery compression syndromes, site unspecified
		M47.021	Vertebral artery compression syndromes, occipito-atlanto-axial region
		M47.022	Vertebral artery compression syndromes, cervical region
		M47.029	Vertebral artery compression syndromes, site unspecified
		M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
		M47.12	Other spondylosis with myelopathy, cervical region
		M47.13	Other spondylosis with myelopathy, cervicothoracic region

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
724.01	Spinal stenosis, thoracic region	M48.04	Spinal stenosis, thoracic region
		M48.05	Spinal stenosis, thoracolumbar region
		M99.22	Subluxation stenosis of neural canal of thoracic region
		M99.32	Osseous stenosis of neural canal of thoracic region
		M99.42	Connective tissue stenosis of neural canal of thoracic region
		M99.52	Intervertebral disc stenosis of neural canal of thoracic region
		M99.62	Osseous and subluxation stenosis of intervertebral foramina of thoracic region
		M99.72	Connective tissue and disc stenosis of intervertebral foramina of thoracic region
780.8	Generalized hyperhidrosis	R61	Generalized hyperhidrosis

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
722.51	Degeneration of thoracic or thoracolumbar intervertebral disc	M51.34	Other intervertebral disc degeneration, thoracic region
		M51.35	Other intervertebral disc degeneration, thoracolumbar region
170.2	Malignant neoplasm of vertebral column, excluding sacrum and coccyx	C41.2	Malignant neoplasm of vertebral column
724.03	Spinal stenosis, lumbar region, with neurogenic claudication	M48.06	Spinal stenosis, lumbar region
195.5	Malignant neoplasm of lower limb	C76.50	Malignant neoplasm of unspecified lower limb
		C76.51	Malignant neoplasm of right lower limb
		C76.52	Malignant neoplasm of left lower limb

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
322.9	Meningitis, unspecified	G03.9	Meningitis, unspecified
805.4	Closed fracture of lumbar vertebra without mention of spinal cord injury	S32.000A	Wedge compression fracture of unspecified lumbar vertebra, initial encounter
		S32.001A	Stable burst fracture of unspecified lumbar vertebra, initial encounter
		S32.002A	Unstable burst fracture of unspecified lumbar vertebra, initial encounter
		S32.008A	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture
		S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
		S32.010A	Wedge compression fracture of first lumbar vertebra, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S32.011A	Stable burst fracture of first lumbar vertebra, initial encounterr
		S32.012A	Unstable burst fracture of first lumbar vertebra, initial encounter
		S32.018A	Other fracture of first lumbar vertebra, initial encounter for closed fracture
		S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
		S32.020A	Wedge compression fracture of second lumbar vertebra, initial encounter
		S32.021A	Stable burst fracture of second lumbar vertebra, initial encounter
		S32.022A	Unstable burst fracture of second lumbar, initial encounter
		S32.028A	Other fracture of second lumbar vertebra, initial encounter for closed fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
		S32.030A	Wedge compression fracture of third lumbar vertebra, initial encounter
		S32.031A	Stable burst fracture of third lumbar vertebra, initial encounter
		S32.032A	Unstable burst fracture of third lumbar vertebra, initial encounter
		S32.038A	Other fracture of third lumbar vertebra, initial encounter for closed fracture
		S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
		S32.040A	Wedge compression fracture of fourth lumbar vertebra, initial encounter
		S32.041A	Stable burst fracture of fourth lumbar vertebra, initial encounter
		S32.042A	Unstable burst fracture of fourth lumbar vertebra, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the Spine and Spinal Cord: CPT® codes 00600-00670

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S32.048A	Other fracture of fourth lumbar vertebra, initial encounter for closed fracture
		S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
		S32.050A	Wedge compression fracture of fifth lumbar vertebra, initial encounter
		S32.051A	Stable burst fracture of fifth lumbar vertebra, initial encounter
		S32.052A	Unstable burst fracture of fifth lumbar vertebra, initial encounter
		S32.058A	Other fracture of fifth lumbar vertebra, initial encounter for closed fracture
		S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
737.34	Thoracogenic scoliosis	M41.30	Thoracogenic scoliosis, site unspecified
		M41.34	Thoracogenic scoliosis, thoracic region
		M41.35	Thoracogenic scoliosis, thoracolumbar region

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper abdomen: CPT® codes 00700-00797

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
214.3	Lipoma of intra-abdominal organs	D17.5	Benign lipomatous neoplasm of intra-abdominal organs
		D17.71	Benign lipomatous neoplasm of kidney
573.9	Unspecified disorder of liver	K76.9	Liver disease, unspecified
593.2	Cyst of kidney, acquired	N28.1	Cyst of kidney, acquired
536.2	Persistent vomiting	R11.10	Vomiting, unspecified
553.1	Umbilical hernia without mention of obstruction or gangrene	K42.9	Umbilical hernia without obstruction or gangrene
553.21	Incisional hernia without mention of obstruction or gangrene	K43.2	Incisional hernia without obstruction or gangrene
756.72	Omphalocele	Q79.2	Exomphalos
553.3	Diaphragmatic hernia without mention of obstruction or gangrene	K44.9	Diaphragmatic hernia without obstruction or gangrene

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper abdomen: CPT® codes 00700-00797

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
441.3	Abdominal aneurysm, ruptured	I71.3	Abdominal aortic aneurysm, ruptured
574.01	Calculus of gallbladder with acute cholecystitis, with obstruction	K80.01	Calculus of gallbladder with acute cholecystitis with obstruction
		K80.13	Calculus of gallbladder with acute and chronic cholecystitis with obstruction
155.0	Malignant neoplasm of liver, primary	C22.0	Liver cell carcinoma
		C22.2	Hepatoblastoma
		C22.3	Angiosarcoma of liver
		C22.4	Other sarcomas of liver
		C22.7	Other specified carcinomas of liver
		C22.8	Malignant neoplasm of liver, primary, unspecified as to type
157.0	Malignant neoplasm of head of pancreas	C25.0	Malignant neoplasm of head of pancreas
571.6	Biliary cirrhosis	K74.3	Primary biliary cirrhosis
		K74.4	Secondary biliary cirrhosis
		K74.5	Biliary cirrhosis, unspecified
278.01	Morbid obesity	E66.01	Morbid (severe) obesity due to excess calories

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the lower abdomen: CPT® codes 00800-00882

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
682.9	Cellulitis and abscess of unspecified sites	L02.91	Cutaneous abscess, unspecified
		L03.90	Cellulitis, unspecified
		L03.91	Acute lymphangitis, unspecified
		L98.3	Eosinophilic cellulitis [Wells]
729.30	Panniculitis, unspecified site	M35.6	Relapsing panniculitis [Weber-Christian]
		M79.3	Panniculitis, unspecified
V76.51	Special screening for malignant neoplasms of colon	Z12.11	Encounter for screening for malignant neoplasm of colon
171.9	Malignant neoplasm of connective and other soft tissue, site unspecified	C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
		C49.9	Malignant neoplasm of connective and soft tissue, unspecified
550.00	Inguinal hernia, with gangrene, unilateral or unspecified (not specified as recurrent)	K40.40	Unilateral inguinal hernia, with gangrene, not specified as recurrent

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the lower abdomen: CPT® codes 00800-00882

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
553.20	Ventral, unspecified, hernia without mention of obstruction or gangrene	K43.9	Ventral hernia without obstruction or gangrene
550.13	Inguinal hernia, with obstruction, without mention of gangrene, bilateral, recurrent	K40.01	Bilateral inguinal hernia, with obstruction, without gangrene, recurrent
550.11	Inguinal hernia with obstruction, without mention of gangrene, unilateral or unspecified,recurrent	K40.31	Unilateral inguinal hernia, with obstruction, without gangrene, recurrent
617.3	Endometriosis of pelvic peritoneum	N80.3	Endometriosis of pelvic peritoneum
758.31	Cri-du-chat syndrome	Q93.4	Deletion of short arm of chromosome 5

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the lower abdomen: CPT® codes 00800-00882

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
154.0	Malignant neoplasm of rectosigmoid junction	C19	Malignant neoplasm of rectosigmoid junction
182.0	Malignant neoplasm of corpus uteri, except isthmus	C54.1	Malignant neoplasm of endometrium
		C54.2	Malignant neoplasm of myometrium
		C54.3	Malignant neoplasm of fundus uteri
		C54.9	Malignant neoplasm of corpus uteri, unspecified
188.0	Malignant neoplasm of trigone of urinary bladder	C67.0	Malignant neoplasm of trigone of bladder
V25.2	Sterilization	Z30.2	Encounter for sterilization
625.71	Vulvar vestibulitis	N94.810	Vulvar vestibulitis
189.2	Malignant neoplasm of ureter	C66.1	Malignant neoplasm of right ureter
		C66.2	Malignant neoplasm of left ureter
		C66.9	Malignant neoplasm of unspecified ureter
188.1	Malignant neoplasm of dome of urinary bladder	C67.1	Malignant neoplasm of dome of bladder

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the lower abdomen: CPT® codes 00800-00882

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
185	Malignant neoplasm of prostate	C61	Malignant neoplasm of prostate
227.0	Benign neoplasm of adrenal gland	D35.00	Benign neoplasm of unspecified adrenal gland
		D35.01	Benign neoplasm of right adrenal gland
		D35.02	Benign neoplasm of left adrenal gland
585.5	Chronic kidney disease, Stage V	N18.5	Chronic kidney disease, stage 5
594.0	Calculus in diverticulum of bladder	N21.0	Calculus in bladder
592.0	Calculus of kidney	N20.0	Calculus of kidney
		N20.2	Calculus of kidney with calculus of ureter
441.02	Dissection of aorta, abdominal	I71.02	Dissection of abdominal aorta

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the lower abdomen: CPT® codes 00800-00882

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
453.2	Other venous embolism and thrombosis of inferior vena cava	I82.220	Acute embolism and thrombosis of inferior vena cava
		I82.221	Chronic embolism and thrombosis of inferior vena cava

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the perineum: CPT® codes 00902-00952

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
455.2	Internal hemorrhoids with other complication	K64.0	First degree hemorrhoids
		K64.1	Second degree hemorrhoids
		K64.2	Third degree hemorrhoids
		K64.3	Fourth degree hemorrhoids
		K64.8	Other hemorrhoids
154.3	Malignant neoplasm of anus, unspecified site	C21.0	Malignant neoplasm of anus, unspecified
184.4	Malignant neoplasm of vulva, unspecified site	C51.9	Malignant neoplasm of vulva, unspecified
185	Malignant neoplasm of prostate	C61	Malignant neoplasm of prostate
599.1	Urethral fistula	N36.0	Urethral fistula
188.2	Malignant neoplasm of lateral wall of urinary bladder	C67.2	Malignant neoplasm of lateral wall of bladder

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the perineum: CPT® codes 00902-00952

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
600.01	Hypertrophy (benign) of prostate with urinary obstruction and other lower urinary tract symptoms (LUTS)	N40.1	Enlarged prostate with lower urinary tract symptoms
599.71	Gross hematuria	R31.0	Gross hematuria
223.3	Benign neoplasm of bladder	D30.3	Benign neoplasm of bladder
605	Redundant prepuce and phimosis	N47.0	Adherent prepuce, newborn
		N47.1	Phimosis
		N47.2	Paraphimosis
		N47.3	Deficient foreskin
		N47.4	Benign cyst of prepuce
		N47.5	Adhesions of prepuce and glans penis
		N47.7	Other inflammatory diseases of prepuce
		N47.8	Other disorders of prepuce

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the perineum: CPT® codes 00902-00952

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
V25.2	Sterilization	Z30.2	Encounter for sterilization
752.51	Undescended testis	Q53.00	Ectopic testis, unspecified
		Q53.01	Ectopic testis, unilateral
		Q53.02	Ectopic testes, bilateral
		Q53.10	Unspecified undescended testicle, unilateral
		Q53.11	Abdominal testis, unilateral
		Q53.12	Ectopic perineal testis, unilateral
		Q53.20	Undescended testicle, unspecified, bilateral
		Q53.21	Abdominal testis, bilateral
		Q53.22	Ectopic perineal testis, bilateral
		Q53.9	Undescended testicle, unspecified

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the perineum: CPT® codes 00902-00952

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
186.0	Malignant neoplasm of undescended testis	C62.00	Malignant neoplasm of unspecified undescended testis
		C62.01	Malignant neoplasm of undescended right testis
		C62.02	Malignant neoplasm of undescended left testis
222.0	Benign neoplasm of testis	D29.20	Benign neoplasm of unspecified testis
		D29.21	Benign neoplasm of right testis
		D29.22	Benign neoplasm of left testis
608.20	Torsion of testis, unspecified	N44.00	Torsion of testis, unspecified
239.5	Neoplasm of unspecified nature of other genitourinary organs	D49.5	Neoplasm of unspecified behavior of other genitourinary organs
187.3	Malignant neoplasm of body of penis	C60.2	Malignant neoplasm of body of penis
187.4	Malignant neoplasm of penis, part unspecified	C60.9	Malignant neoplasm of penis, unspecified

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the perineum: CPT® codes 00902-00952

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
607.84	Impotence of organic origin	N52.01	Erectile dysfunction due to arterial insufficiency
		N52.02	Corporo-venous occlusive erectile dysfunction
		N52.03	Combined arterial insufficiency and corporo-venous occlusive erectile dysfunction
		N52.1	Erectile dysfunction due to diseases classified elsewhere
		N52.2	Drug-induced erectile dysfunction
		N52.31	Erectile dysfunction following radical prostatectomy
		N52.32	Erectile dysfunction following radical cystectomy
		N52.33	Erectile dysfunction following urethral surgery
		N52.34	Erectile dysfunction following simple prostatectomy
		N52.39	Other post-surgical erectile dysfunction
		N52.8	Other male erectile dysfunction
		N52.9	Male erectile dysfunction, unspecified

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the perineum: CPT® codes 00902-00952

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
622.10	Dysplasia of cervix, unspecified	N87.9	Dysplasia of cervix uteri, unspecified
618.00	Unspecified prolapse of vaginal walls	N81.9	Female genital prolapse, unspecified
218.0	Submucous leiomyoma of uterus	D25.0	Submucous leiomyoma of uterus
622.5	Incompetence of cervix	N88.3	Incompetence of cervix uteri

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with

Anesthesia for procedures on the perineum: CPT® codes 00902-00952

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
795.00	Abnormal glandular Papanicolaou smear of cervix	R87.619	Unspecified abnormal cytological findings in specimens from cervix uteri
628.2	Infertility, female, of tubal origin	N97.1	Female infertility of tubal origin

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the pelvis (except hip): CPT® codes 01112-01190

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
285.0	Sideroblastic anemia	D64.0	Hereditary sideroblastic anemia
		D64.1	Secondary sideroblastic anemia due to disease
		D64.2	Secondary sideroblastic anemia due to drugs and toxins
		D64.3	Other sideroblastic anemias
715.15	Osteoarthrosis, localized, primary, pelvic region and thigh	M16.0	Bilateral primary osteoarthritis of hip
		M16.10	Unilateral primary osteoarthritis, unspecified hip
		M16.11	Unilateral primary osteoarthritis, right hip
		M16.12	Unilateral primary osteoarthritis, left hip
808.53	Multiple open pelvic fractures with disruption of pelvic circle	S32.810B	Multiple fractures of pelvis with stable disruption of pelvic ring, initial encounter for open fracture
		S32.811B	Multiple fractures of pelvis with unstable disruption of pelvic ring, initial encounter for open fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the pelvis (except hip): CPT® codes 01112-01190

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
170.6	Malignant neoplasm of pelvic bones, sacrum, and coccyx	C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
171.6	Malignant neoplasm of connective and other soft tissue of pelvis	C47.5	Malignant neoplasm of peripheral nerves of pelvis
		C49.5	Malignant neoplasm of connective and soft tissue of pelvis
720.2	Sacroiliitis, not elsewhere classified	M46.1	Sacroiliitis, not elsewhere classified
733.5	Osteitis condensans	M85.30	Osteitis condensans, unspecified site
		M85.31 [1,2,9]	Osteitis condensans, shoulder
		M85.32 [1,2,9]	Osteitis condensans, upper arm
		M85.33 [1,2,9]	Osteitis condensans, forearm
		M85.34 [1,2,9]	Osteitis condensans, hand
		M85.35 [1,2,9]	Osteitis condensans, thigh
		M85.36 [1,2,9]	Osteitis condensans, lower leg
		M85.37 [1,2,9]	Osteitis condensans, ankle and foot
		M85.38	Osteitis condensans, other site
		M85.39	Osteitis condensans, multiple sites

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the pelvis (except hip): CPT® codes 01112-01190

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
808.43	Multiple closed pelvic fractures with disruption of pelvic circle	S32.810A	Multiple fractures of pelvis with stable disruption of pelvic ring, initial encounter for closed fracture
		S32.811A	Multiple fractures of pelvis with unstable disruption of pelvic ring, initial encounter for closed fracture
718.40	Contracture of joint, site unspecified	M24.50	Contracture, unspecified joint

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper leg (except knee) CPT® codes 01200-01274

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
835.02	Closed obturator dislocation of hip	S73.021A	Obturator subluxation of right hip, initial encounter
		S73.022A	Obturator subluxation of left hip, initial encounter
		S73.023A	Obturator subluxation of unspecified hip, initial encounter
		S73.024A	Obturator dislocation of right hip, initial encounter
		S73.025A	Obturator dislocation of left hip, initial encounter
		S73.026A	Obturator dislocation of unspecified hip, initial encounter
726.5	Enthesopathy of hip region	M25.751	Osteophyte, right hip
		M25.752	Osteophyte, left hip
		M25.759	Osteophyte, unspecified hip
		M70.60	Trochanteric bursitis, unspecified hip
		M70.61	Trochanteric bursitis, right hip
		M70.62	Trochanteric bursitis, left hip
		M70.70	Other bursitis of hip, unspecified hip
		M70.71	Other bursitis of hip, right hip
		M70.72	Other bursitis of hip, left hip
		M76.00	Gluteal tendinitis, unspecified hip
		M76.01	Gluteal tendinitis, right hip
		M76.02	Gluteal tendinitis, left hip

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper leg (except knee) CPT® codes 01200-01274

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		M76.10	Psoas tendinitis, unspecified hip
		M76.11	Psoas tendinitis, right hip
		M76.12	Psoas tendinitis, left hip
		M76.20	Iliac crest spur, unspecified hip
		M76.21	Iliac crest spur, right hip
		M76.22	Iliac crest spur, left hip
		M76.30	Iliotibial band syndrome, unspecified leg
		M76.31	Iliotibial band syndrome, right leg
		M76.32	Iliotibial band syndrome, left leg
820.03	Closed fracture of base of neck of femur	S72.041A	Displaced fracture of base of neck of right femur, initial encounter for closed fracture
		S72.042A	Displaced fracture of base of neck of left femur, initial encounter for closed fracture
		S72.043A	Displaced fracture of base of neck of unspecified femur, initial encounter for closed fracture
		S72.044A	Nondisplaced fracture of base of neck of right femur, initial encounter for closed fracture
		S72.045A	Nondisplaced fracture of base of neck of left femur, initial encounter for closed fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper leg (except knee) CPT® codes 01200-01274

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S72.046A	Nondisplaced fracture of base of neck of unspecified femur, initial encounter for closed fracture
170.7	Malignant neoplasm of long bones of lower limb	C40.20	Malignant neoplasm of long bones of unspecified lower limb
		C40.21	Malignant neoplasm of long bones of right lower limb
		C40.22	Malignant neoplasm of long bones of left lower limb
715.15	Osteoarthrosis, localized, primary, pelvic region and thigh	M16.0	Bilateral primary osteoarthritis of hip
		M16.10	Unilateral primary osteoarthritis, unspecified hip
		M16.11	Unilateral primary osteoarthritis, right hip
		M16.12	Unilateral primary osteoarthritis, left hip
996.42	Dislocation of prosthetic joint	T84.020A	Dislocation of internal right hip prosthesis, initial encounter
		T84.021A	Dislocation of internal left hip prosthesis, initial encounter
		T84.022A	Instability of internal right knee prosthesis, initial

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
			encounter
		T84.023A	Instability of internal left knee prosthesis, initial encounter
		T84.028A	Dislocation of other internal joint prosthesis, initial encounter
		T84.029A	Dislocation of unspecified internal joint prosthesis, initial encounter
820.02	Closed fracture of midcervical section of neck of femur	S72.031A	Displaced midcervical fracture of right femur, initial encounter for closed fracture
		S72.032A	Displaced midcervical fracture of left femur, initial encounter for closed fracture
		S72.033A	Displaced midcervical fracture of unspecified femur, initial encounter for closed fracture
		S72.034A	Nondisplaced midcervical fracture of right femur, initial encounter for closed fracture
		S72.035A	Nondisplaced midcervical fracture of left femur, initial encounter for closed fracture
		S72.036A	Nondisplaced midcervical fracture of unspecified femur, initial encounter for closed fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper leg (except knee) CPT® codes 01200-01274

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
820.12	Open fracture of midcervical section of neck of femur	S72.031B	Displaced midcervical fracture of right femur, initial encounter for open fracture type I or II
		S72.031C	Displaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S72.032B	Displaced midcervical fracture of left femur, initial encounter for open fracture type I or II
		S72.032C	Displaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S72.033B	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II
		S72.033C	Displaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S72.034B	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type I or II
		S72.034C	Nondisplaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper leg (except knee) CPT® codes 01200-01274

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S72.035B	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type I or II
		S72.035C	Nondisplaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S72.036B	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type I or II
		S72.036C	Nondisplaced midcervical fracture of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
440.4	Chronic total occlusion of artery of the extremities	I70.92	Chronic total occlusion of artery of the extremities
729.72	Nontraumatic compartment syndrome of lower extremity	M79.A21	Nontraumatic compartment syndrome of right lower extremity
		M79.A22	Nontraumatic compartment syndrome of left lower extremity
		M79.A29	Nontraumatic compartment syndrome of unspecified lower extremity

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper leg (except knee) CPT® codes 01200-01274

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
454.1	Varicose veins of lower extremities with inflammation	I83.10	Varicose veins of unspecified lower extremity with inflammation
		I83.11	Varicose veins of right lower extremity with inflammation
		I83.12	Varicose veins of left lower extremity with inflammation
440.20	Atherosclerosis of native arteries of the extremities, unspecified	I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
		I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
		I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
		I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
		I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
443.9	Peripheral vascular disease, unspecified	I73.9	Peripheral vascular disease, unspecified

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper leg (except knee) CPT® codes 01200-01274

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
444.9	Embolism and thrombosis of unspecified artery	I74.9	Embolism and thrombosis of unspecified artery

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
727.66	Nontraumatic rupture of patellar tendon	M66.261	Spontaneous rupture of extensor tendons, right lower leg
		M66.262	Spontaneous rupture of extensor tendons, left lower leg
		M66.269	Spontaneous rupture of extensor tendons, unspecified lower leg
821.20	Closed fracture of lower end of femur, unspecified part	S72.401A	Unspecified fracture of lower end of right femur, initial encounter for closed fracture
		S72.402A	Unspecified fracture of lower end of left femur, initial encounter for closed fracture
		S72.409A	Unspecified fracture of lower end of unspecified femur, initial encounter for closed fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
821.30	Open fracture of lower end of femur, unspecified part	S72.401B	Unspecified fracture of lower end of right femur, initial encounter for open fracture type I or II
		S72.401C	Unspecified fracture of lower end of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S72.402B	Unspecified fracture of lower end of left femur, initial encounter for open fracture type I or II
		S72.402C	Unspecified fracture of lower end of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S72.409B	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type I or II

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S72.409C	Unspecified fracture of lower end of unspecified femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
718.46	Contracture of joint, lower leg	M24.561	Contracture, right knee
		M24.562	Contracture, left knee
		M24.569	Contracture, unspecified knee
836.2	Other tear of cartilage or meniscus of knee, current	S83.200A	Bucket-handle tear of unspecified meniscus, current injury, right knee, initial encounter
		S83.201A	Bucket-handle tear of unspecified meniscus, current injury, left knee, initial encounter
		S83.202A	Bucket-handle tear of unspecified meniscus, current injury, unspecified knee, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S83.203A	Other tear of unspecified meniscus, current injury, right knee, initial encounter
		S83.204A	Other tear of unspecified meniscus, current injury, left knee, initial encounter
		S83.205A	Other tear of unspecified meniscus, current injury, unspecified knee, initial encounter
		S83.206A	Unspecified tear of unspecified meniscus, current injury, right knee, initial encounter
		S83.207A	Unspecified tear of unspecified meniscus, current injury, left knee, initial encounter
		S83.209A	Unspecified tear of unspecified meniscus, current injury, unspecified knee, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S83.30XA	Tear of articular cartilage of unspecified knee, current, initial encounter
		S83.31XA	Tear of articular cartilage of right knee, current, initial encounter
		S83.32XA	Tear of articular cartilage of left knee, current, initial encounter
823.40	Torus fracture, tibia alone	S82.161A	Torus fracture of upper end of right tibia, initial encounter for closed fracture
		S82.162A	Torus fracture of upper end of left tibia, initial encounter for closed fracture
		S82.169A	Torus fracture of upper end of unspecified tibia, initial encounter for closed fracture

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S82.311A	Torus fracture of lower end of right tibia, initial encounter for closed fracture
		S82.312A	Torus fracture of lower end of left tibia, initial encounter for closed fracture
		S82.319A	Torus fracture of lower end of unspecified tibia, initial encounter for closed fracture
823.11	Open fracture of upper end of fibula alone	S82.831B	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type I or II
		S82.831C	Other fracture of upper and lower end of right fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.832B	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type I or II

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S82.832C	Other fracture of upper and lower end of left fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.839B	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type I or II
		S82.839C	Other fracture of upper and lower end of unspecified fibula, initial encounter for open fracture type IIIA, IIIB, or IIIC
836.54	Lateral dislocation of tibia, proximal end, closed	S83.141A	Lateral subluxation of proximal end of tibia, right knee, initial encounter
		S83.142A	Lateral subluxation of proximal end of tibia, left knee, initial encounter
		S83.143A	Lateral subluxation of proximal end of tibia, unspecified knee, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S83.144A	Lateral dislocation of proximal end of tibia, right knee, initial encounter
		S83.145A	Lateral dislocation of proximal end of tibia, left knee, initial encounter
		S83.146A	Lateral dislocation of proximal end of tibia, unspecified knee, initial encounter
715.16	Osteoarthrosis, localized, primary, lower leg	M17.0	Bilateral primary osteoarthritis of knee
		M17.10	Unilateral primary osteoarthritis, unspecified knee
		M17.11	Unilateral primary osteoarthritis, right knee
		M17.12	Unilateral primary osteoarthritis, left knee
170.7	Malignant neoplasm of long bones of lower limb	C40.20	Malignant neoplasm of long bones of unspecified lower limb

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		C40.21	Malignant neoplasm of long bones of right lower limb
		C40.22	Malignant neoplasm of long bones of left lower limb
823.41	Torus fracture, fibula alone	S82.811A	Torus fracture of upper end of right fibula, initial encounter for closed fracture
		S82.812A	Torus fracture of upper end of left fibula, initial encounter for closed fracture
		S82.819A	Torus fracture of upper end of unspecified fibula, initial encounter for closed fracture
		S82.821A	Torus fracture of lower end of right fibula, initial encounter for closed fracture
		S82.822A	Torus fracture of lower end of left fibula, initial encounter for closed fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S82.829A	Torus fracture of lower end of unspecified fibula, initial encounter for closed fracture
454.1	Varicose veins of lower extremities with inflammation	I83.10	Varicose veins of unspecified lower extremity with inflammation
		I83.11	Varicose veins of right lower extremity with inflammation
		I83.12	Varicose veins of left lower extremity with inflammation
447.0	Arteriovenous fistula, acquired	I77.0	Arteriovenous fistula, acquired
440.20	Atherosclerosis of native arteries of the extremities, unspecified	I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
		I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
		I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the knee and popliteal area: CPT® codes 01320-01444

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
		I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
444.22	Arterial embolism and thrombosis of lower extremity	I74.3	Embolism and thrombosis of arteries of the lower extremities
		I74.4	Embolism and thrombosis of arteries of extremities, unspecified
442.3	Aneurysm of artery of lower extremity	I72.4	Aneurysm of artery of lower extremity

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
CPT® codes 01462-01522

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
824.2	Fracture of lateral malleolus, closed	S82.61XA	Displaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture
		S82.62XA	Displaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture
		S82.63XA	Displaced fracture of lateral malleolus of unspecified fibula, initial encounter for closed fracture
		S82.64XA	Nondisplaced fracture of lateral malleolus of right fibula, initial encounter for closed fracture
		S82.65XA	Nondisplaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture
		S82.66XA	Nondisplaced fracture of lateral malleolus of unspecified fibula, initial encounter for closed fracture
715.17	Osteoarthrosis, localized, primary, ankle and foot	M19.071	Primary osteoarthritis, right ankle and foot
		M19.072	Primary osteoarthritis, left ankle and foot

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
**Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
CPT® codes 01462-01522**

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		M19.079	Primary osteoarthritis, unspecified ankle and foot
844.9	Sprains and strains of unspecified site of knee and leg	S83.90XA	Sprain of unspecified site of unspecified knee, initial encounter
		S83.91XA	Sprain of unspecified site of right knee, initial encounter
		S83.92XA	Sprain of unspecified site of left knee, initial encounter
		S86.911A	Strain of unspecified muscle(s) and tendon(s) at lower leg level, right leg, initial encounter
		S86.912A	Strain of unspecified muscle(s) and tendon(s) at lower leg level, left leg, initial encounter
		S86.919A	Strain of unspecified muscle(s) and tendon(s) at lower leg level, unspecified leg, initial encounter
727.67	Nontraumatic rupture of achilles tendon	M66.36 [1, 2, 9]	Spontaneous rupture of flexor tendons, lower leg
		M66.86 [1, 2, 9]	Spontaneous rupture of other tendons, lower leg

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
**Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
CPT® codes 01462-01522**

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		6th Character meanings for codes as indicated 1 Right 2 Left 9 Unspecified	
727.81	Contracture of tendon	M67.00	Short Achilles tendon (acquired), unspecified ankle
		M67.01	Short Achilles tendon (acquired), right ankle
		M67.02	Short Achilles tendon (acquired), left ankle
735.1	Hallux varus	M20.30	Hallux varus (acquired), unspecified foot
		M20.31	Hallux varus (acquired), right foot
		M20.32	Hallux varus (acquired), left foot
824.7	Trimalleolar fracture, open	S82.851B	Displaced trimalleolar fracture of right lower leg, initial encounter for open fracture type I or II
		S82.851C	Displaced trimalleolar fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.852B	Displaced trimalleolar fracture of left lower leg, initial encounter for open fracture type I or II

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S82.852C	Displaced trimalleolar fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.853B	Displaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type I or II
		S82.853C	Displaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.854B	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for open fracture type I or II
		S82.854C	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.855B	Nondisplaced trimalleolar fracture of left lower leg, initial encounter for open fracture type I or II

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
CPT® codes 01462-01522

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S82.855C	Nondisplaced trimalleolar fracture of left lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.856B	Nondisplaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type I or II
		S82.856C	Nondisplaced trimalleolar fracture of unspecified lower leg, initial encounter for open fracture type IIIA, IIIB, or IIIC
823.90	Open fracture of unspecified part of tibia alone	S82.201B	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type I or II
		S82.201C	Unspecified fracture of shaft of right tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.202B	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type I or II

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
CPT® codes 01462-01522

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S82.202C	Unspecified fracture of shaft of left tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S82.209B	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type I or II
		S82.209C	Unspecified fracture of shaft of unspecified tibia, initial encounter for open fracture type IIIA, IIIB, or IIIC
824.6	Trimalleolar fracture, closed	S82.851A	Displaced trimalleolar fracture of right lower leg, initial encounter for closed fracture
		S82.852A	Displaced trimalleolar fracture of left lower leg, initial encounter for closed fracture
		S82.853A	Displaced trimalleolar fracture of unspecified lower leg, initial encounter for closed fracture
		S82.854A	Nondisplaced trimalleolar fracture of right lower leg, initial encounter for closed fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
CPT® codes 01462-01522

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S82.855A	Nondisplaced trimalleolar fracture of left lower leg, initial encounter for closed fracture
		S82.856A	Nondisplaced trimalleolar fracture of unspecified lower leg, initial encounter for closed fracture
443.29	Dissection of other artery	I67.0	Dissection of cerebral arteries, nonruptured
		I77.79	Dissection of other artery
444.22	Arterial embolism and thrombosis of lower extremity	I74.3	Embolism and thrombosis of arteries of the lower extremities
		I74.4	Embolism and thrombosis of arteries of extremities, unspecified
454.1	Varicose veins of lower extremities with inflammation	I83.10	Varicose veins of unspecified lower extremity with inflammation
		I83.11	Varicose veins of right lower extremity with inflammation
		I83.12	Varicose veins of left lower extremity with inflammation

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the lower leg (below knee, include ankle and foot:
CPT® codes 01462-01522

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
996.95	Complication of reattached foot and toe(s)	T87.1X9	Complications of reattached (part of) unspecified lower extremity

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the shoulder and axilla: CPT® codes 01610-01682

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
726.11	Calcifying tendinitis of shoulder	M75.30	Calcific tendinitis of unspecified shoulder
		M75.31	Calcific tendinitis of right shoulder
		M75.32	Calcific tendinitis of left shoulder
840.7	Superior glenoid labrum lesion	S43.431A	Superior glenoid labrum lesion of right shoulder, initial encounter
		S43.432A	Superior glenoid labrum lesion of left shoulder, initial encounter
		S43.439A	Superior glenoid labrum lesion of unspecified shoulder, initial encounter
727.61	Complete rupture of rotator cuff	M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
		M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
		M75.122	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
840.4	Rotator cuff (capsule) sprain	S43.421A	Sprain of right rotator cuff capsule, initial encounter

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the shoulder and axilla: CPT® codes 01610-01682

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S43.422A	Sprain of left rotator cuff capsule, initial encounter
		S43.429A	Sprain of unspecified rotator cuff capsule, initial encounter
170.9	Malignant neoplasm of bone and articular cartilage, site unspecified	C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
		C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
		C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
		C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
		C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
		C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the shoulder and axila: CPT® codes 01610-01682

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
715.11	Osteoarthrosis, localized, primary, shoulder region	M19.011	Primary osteoarthritis, right shoulder
		M19.012	Primary osteoarthritis, left shoulder
		M19.019	Primary osteoarthritis, unspecified shoulder
440.22	Atherosclerosis of native arteries of the extremities with rest pain	I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
		I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
		I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
		I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
		I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
442.0	Aneurysm of artery of upper extremity	I72.1	Aneurysm of artery of upper extremity

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the shoulder and axilla: CPT® codes 01610-01682

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
444.09	Other arterial embolism and thrombosis of abdominal aorta	I74.09	Other arterial embolism and thrombosis of abdominal aorta
		I74.10	Embolism and thrombosis of unspecified parts of aorta
		I74.19	Embolism and thrombosis of other parts of aorta
453.85	Acute venous embolism and thrombosis of subclavian veins	I82.B11	Acute embolism and thrombosis of right subclavian vein
		I82.B12	Acute embolism and thrombosis of left subclavian vein
		I82.B13	Acute embolism and thrombosis of subclavian vein, bilateral
		I82.B19	Acute embolism and thrombosis of unspecified subclavian vein
812.00	Closed fracture of unspecified part of upper end of humerus	S42.201A	Unspecified fracture of upper end of right humerus, initial encounter for closed fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the shoulder and axilla: CPT® codes 01610-01682

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S42.202A	Unspecified fracture of upper end of left humerus, initial encounter for closed fracture
		S42.209A	Unspecified fracture of upper end of unspecified humerus, initial encounter for closed fracture
812.10	Open fracture of unspecified part of upper end of humerus	S42.201B	Unspecified fracture of upper end of right humerus, initial encounter for open fracture
		S42.202B	Unspecified fracture of upper end of left humerus, initial encounter for open fracture
		S42.209B	Unspecified fracture of upper end of unspecified humerus, initial encounter for open fracture

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
841.8	Sprains and strains of other specified sites of elbow and forearm	S53.401A	Unspecified sprain of right elbow, initial encounter
		S53.402A	Unspecified sprain of left elbow, initial encounter
		S53.409A	Unspecified sprain of unspecified elbow, initial encounter
		S53.491A	Other sprain of right elbow, initial encounter
		S53.492A	Other sprain of left elbow, initial encounter
		S53.499A	Other sprain of unspecified elbow, initial encounter
840.9	Sprains and strains of unspecified site of shoulder and upper arm	S43.401A	Unspecified sprain of right shoulder joint, initial encounter
		S43.402A	Unspecified sprain of left shoulder joint, initial encounter
		S43.409A	Unspecified sprain of unspecified shoulder joint, initial encounter
		S43.90XA	Sprain of unspecified parts of unspecified shoulder girdle, initial encounter
		S43.91XA	Sprain of unspecified parts of right shoulder girdle, initial encounter
		S43.92XA	Sprain of unspecified parts of left shoulder girdle, initial encounter
		S46.911A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S46.912A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
		S46.919A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, unspecified arm, initial encounter
955.3	Injury to radial nerve	S44.20XA	Injury of radial nerve at upper arm level, unspecified arm, initial encounter
		S44.21XA	Injury of radial nerve at upper arm level, right arm, initial encounter
		S44.22XA	Injury of radial nerve at upper arm level, left arm, initial encounter
		S54.20XA	Injury of radial nerve at forearm level, unspecified arm, initial encounter
		S54.21XA	Injury of radial nerve at forearm level, right arm, initial encounter
		S54.22XA	Injury of radial nerve at forearm level, left arm, initial encounter
		S64.20XA	Injury of radial nerve at wrist and hand level of unspecified arm, initial encounter
		S64.21XA	Injury of radial nerve at wrist and hand level of right arm, initial encounter
		S64.22XA	Injury of radial nerve at wrist and hand level of left arm, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
727.62	Nontraumatic rupture of tendons of biceps (long head)	M66.22 [1,2,9]	Spontaneous rupture of extensor tendons, upper arm
		M66.30	Spontaneous rupture of flexor tendons, unspecified site
		M66.31 [1,2,9]	Spontaneous rupture of flexor tendons, shoulder
		M66.32 [1,2,9]	Spontaneous rupture of flexor tendons, upper arm
		M66.82 [1,2,9]	Spontaneous rupture of other tendons, upper arm
		M66.83 [1,2,9]	Spontaneous rupture of other tendons, forearm
		6th Character meanings for codes as indicated 1 Right 2 Left 9 Unspecified	
812.02	Closed fracture of anatomical neck of humerus	S42.291A	Other displaced fracture of upper end of right humerus, initial encounter for closed fracture
		S42.292A	Other displaced fracture of upper end of left humerus, initial encounter for closed fracture
		S42.293A	Other displaced fracture of upper end of unspecified humerus, initial encounter for closed fracture
		S42.294A	Other nondisplaced fracture of upper end of right humerus, initial encounter for closed fracture
		S42.295A	Other nondisplaced fracture of upper end of left humerus, initial encounter for closed

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
			fracture
		S42.296A	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for closed fracture
715.22	Osteoarthrosis, localized, secondary, upper arm	M19.121	Post-traumatic osteoarthritis, right elbow
		M19.122	Post-traumatic osteoarthritis, left elbow
		M19.129	Post-traumatic osteoarthritis, unspecified elbow
		M19.221	Secondary osteoarthritis, right elbow
		M19.222	Secondary osteoarthritis, left elbow
		M19.229	Secondary osteoarthritis, unspecified elbow
813.15	Open fracture of head of radius	S52.121B	Displaced fracture of head of right radius, initial encounter for open fracture type I or II
		S52.121C	Displaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S52.122B	Displaced fracture of head of left radius, initial encounter for open fracture type I or II
		S52.122C	Displaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S52.123B	Displaced fracture of head of unspecified radius, initial encounter for open fracture type I or II
		S52.123C	Displaced fracture of head of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S52.124B	Nondisplaced fracture of head of right radius, initial encounter for open fracture type I or II
		S52.124C	Nondisplaced fracture of head of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S52.125B	Nondisplaced fracture of head of left radius, initial encounter for open fracture type I or II
		S52.125C	Nondisplaced fracture of head of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S52.126B	Nondisplaced fracture of head of unspecified radius, initial encounter for open fracture type I or II
		S52.126C	Nondisplaced fracture of headof unspecified radius, initial for open encounter for open fracture type IIIA, IIIB, or IIIC

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
730.12	Chronic osteomyelitis, upper arm	M86.321	Chronic multifocal osteomyelitis, right humerus
		M86.322	Chronic multifocal osteomyelitis, left humerus
		M86.329	Chronic multifocal osteomyelitis, unspecified humerus
		M86.421	Chronic osteomyelitis with draining sinus, right humerus
		M86.422	Chronic osteomyelitis with draining sinus, left humerus
		M86.429	Chronic osteomyelitis with draining sinus, unspecified humerus
		M86.521	Other chronic hematogenous osteomyelitis, right humerus
		M86.522	Other chronic hematogenous osteomyelitis, left humerus
		M86.529	Other chronic hematogenous osteomyelitis, unspecified humerus
		M86.621	Other chronic osteomyelitis, right humerus
		M86.622	Other chronic osteomyelitis, left humerus
		M86.629	Other chronic osteomyelitis, unspecified humerus
		M86.8X2	Other osteomyelitis, upper arm

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Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
812.12	Open fracture of anatomical neck of humerus	S42.291B	Other displaced fracture of upper end of right humerus, initial encounter for open fracture
		S42.292B	Other displaced fracture of upper end of left humerus, initial encounter for open fracture
		S42.293B	Other displaced fracture of upper end of unspecified humerus, initial encounter for open fracture
		S42.294B	Other nondisplaced fracture of upper end of right humerus, initial encounter for open fracture
		S42.295B	Other nondisplaced fracture of upper end of left humerus, initial encounter for open fracture
		S42.296B	Other nondisplaced fracture of upper end of unspecified humerus, initial encounter for open fracture
172.9	Melanoma of skin, site unspecified	C43.9	Malignant melanoma of skin, unspecified
		D03.9	Melanoma in situ, unspecified
733.11	Pathologic fracture of humerus	M80.02[1,2,9]A	Age-related osteoporosis with current pathological fracture, humerus, initial encounter
		M80.82[1,2,9]A	Other osteoporosis with current pathological fracture, humerus, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		M84.42[1,2,9]A	Pathological fracture, humerus, initial encounter for fracture
		M84.52[1,2,9]A	Pathological fracture in neoplastic disease, humerus, initial encounter
		M84.62[1,2,9]A	Pathological fracture in other disease, humerus, initial encounter
		6th Character meanings for codes as indicated 1 Right 2 Left 9 Unspecified	
812.50	Open fracture of unspecified part of lower end of humerus	S42.401B	Unspecified fracture of lower end of right humerus, initial encounter for open fracture
		S42.402B	Unspecified fracture of lower end of left humerus, initial encounter for open fracture
		S42.409B	Unspecified fracture of lower end of unspecified humerus, initial encounter for open fracture
996.91	Complications of reattached forearm	T87.0X9	Complications of reattached (part of) unspecified upper extremity
444.21	Arterial embolism and thrombosis of upper extremity	I74.2	Embolism and thrombosis of arteries of the upper extremities
996.94	Complications of reattached upper extremity, other and	T87.0X1	Complications of reattached (part of) right upper extremity
		T87.0X2	Complications of reattached (part of) left upper extremity

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
	unspecified	T87.0X9	Complications of reattached (part of) unspecified upper extremity
903.1	Brachial blood vessels injury	S45.101A	Unspecified injury of brachial artery, right side, initial encounter
		S45.102A	Unspecified injury of brachial artery, left side, initial encounter
		S45.109A	Unspecified injury of brachial artery, unspecified side, initial encounter
		S45.111A	Laceration of brachial artery, right side, initial encounter
		S45.112A	Laceration of brachial artery, left side, initial encounter
		S45.119A	Laceration of brachial artery, unspecified side, initial encounter
		S45.191A	Other specified injury of brachial artery, right side, initial encounter
		S45.192A	Other specified injury of brachial artery, left side, initial encounter
		S45.199A	Other specified injury of brachial artery, unspecified side, initial encounter
		S45.201A	Unspecified injury of axillary or brachial vein, right side, initial encounter
		S45.202A	Unspecified injury of axillary or brachial vein, left side, initial encounter

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the upper arm and elbow: CPT® codes 01710-01782

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S45.209A	Unspecified injury of axillary or brachial vein, unspecified side, initial encounter
		S45.211A	Laceration of axillary or brachial vein, right side, initial encounter
		S45.212A	Laceration of axillary or brachial vein, left side, initial encounter
		S45.219A	Laceration of axillary or brachial vein, unspecified side, initial encounter
		S45.291A	Other specified injury of axillary or brachial vein, right side, initial encounter
		S45.292A	Other specified injury of axillary or brachial vein, left side, initial encounter
		S45.299A	Other specified injury of axillary or brachial vein, unspecified side, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the forearm, wrist, and hand: CPT® codes 01810-01860

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
354.0	Carpal tunnel syndrome	G56.00	Carpal tunnel syndrome, unspecified upper limb
		G56.01	Carpal tunnel syndrome, right upper limb
		G56.02	Carpal tunnel syndrome, left upper limb
813.05	Closed fracture of head of radius	S52.121A	Displaced fracture of head of right radius, initial encounter for closed fracture
		S52.122A	Displaced fracture of head of left radius, initial encounter for closed fracture
		S52.123A	Displaced fracture of head of unspecified radius, initial encounter for closed fracture
		S52.124A	Nondisplaced fracture of head of right radius, initial encounter for closed fracture
		S52.125A	Nondisplaced fracture of head of left radius, initial encounter for closed fracture

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the forearm, wrist, and hand: CPT® codes 01810-01860

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S52.126A	Nondisplaced fracture of head of unspecified radius, initial encounter for closed fracture
719.43	Pain in joint, forearm	M25.531	Pain in right wrist
		M25.532	Pain in left wrist
		M25.539	Pain in unspecified wrist
813.51	Open Colles' fracture	S52.531B	Colles' fracture of right radius, initial encounter for open fracture type I or II
		S52.531C	Colles' fracture of right radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S52.532B	Colles' fracture of left radius, initial encounter for open fracture type I or II
		S52.532C	Colles' fracture of left radius, initial encounter for open fracture type IIIA, IIIB, or IIIC
		S52.539B	Colles' fracture of unspecified radius, initial encounter for open fracture type I or II
		S52.539C	Colles' fracture of unspecified radius, initial encounter for open fracture type IIIA, IIIB, or IIIC

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the forearm, wrist, and hand: CPT® codes 01810-01860

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
715.14	Osteoarthrosis, localized, primary, hand	M18.0	Bilateral primary osteoarthritis of first carpometacarpal joints
		M18.10	Unilateral primary osteoarthritis of first carpometacarpal joint, unspecified hand
		M18.11	Unilateral primary osteoarthritis of first carpometacarpal joint, right hand
		M18.12	Unilateral primary osteoarthritis of first carpometacarpal joint, left hand
		M19.041	Primary osteoarthritis, right hand
		M19.042	Primary osteoarthritis, left hand
		M19.049	Primary osteoarthritis, unspecified hand
903.2	Injury to radial blood vessels	S55.101A	Unspecified injury of radial artery at forearm level, right arm, initial encounter
		S55.102A	Unspecified injury of radial artery at forearm level, left arm, initial encounter
		S55.109A	Unspecified injury of radial artery at forearm level, unspecified arm, initial encounter

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the forearm, wrist, and hand: CPT® codes 01810-01860

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S55.111A	Laceration of radial artery at forearm level, right arm, initial encounter
		S55.112A	Laceration of radial artery at forearm level, left arm, initial encounter
		S55.119A	Laceration of radial artery at forearm level, unspecified arm, initial encounter
		S55.191A	Other specified injury of radial artery at forearm level, right arm, initial encounter
		S55.192A	Other specified injury of radial artery at forearm level, left arm, initial encounter
		S55.199A	Other specified injury of radial artery at forearm level, unspecified arm, initial encounter
		S65.101A	Unspecified injury of radial artery at wrist and hand level of right arm, initial encounter
		S65.102A	Unspecified injury of radial artery at wrist and hand level of left arm, initial encounter

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the forearm, wrist, and hand: CPT® codes 01810-01860

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
		S65.109A	Unspecified injury of radial artery at wrist and hand level of unspecified arm, initial encounter
		S65.111A	Laceration of radial artery at wrist and hand level of right arm, initial encounter
		S65.112A	Laceration of radial artery at wrist and hand level of left arm, initial encounter
		S65.119A	Laceration of radial artery at wrist and hand level of unspecified arm, initial encounter
		S65.191A	Other specified injury of radial artery at wrist and hand level of right arm, initial encounter
		S65.192A	Other specified injury of radial artery at wrist and hand level of left arm, initial encounter
		S65.199A	Other specified injury of radial artery at wrist and hand level of unspecified arm, initial encounter
444.21	Arterial embolism and thrombosis of upper extremity	I74.2	Embolism and thrombosis of arteries of the upper extremities

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures on the forearm, wrist, and hand: CPT® codes 01810-01860

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
585.4	Chronic kidney disease, Stage IV (severe)	N18.4	Chronic kidney disease, stage 4 (severe)
996.91	Complications of reattached forearm	T87.0X9	Complications of reattached (part of) unspecified upper extremity
451.82	Phlebitis and thrombophlebitis of superficial veins of upper extremities	I80.8	Phlebitis and thrombophlebitis of other sites
813.50	Open fracture of lower end of forearm, unspecified	S52.90XB	Unspecified fracture of unspecified forearm, initial encounter for open fracture type I or II
		S52.90XC	Unspecified fracture of unspecified forearm, initial encounter for open fracture type IIIA, IIIB, or IIIC

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures for radiological procedures: CPT® codes 01916-01936

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
443.9	Peripheral vascular disease, unspecified	I73.9	Peripheral vascular disease, unspecified
414.01	Coronary atherosclerosis of native coronary artery	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
		I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
		I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
		I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
		I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
155.0	Malignant neoplasm of liver, primary	C22.0	Liver cell carcinoma
		C22.2	Hepatoblastoma
		C22.3	Angiosarcoma of liver
		C22.4	Other sarcomas of liver
		C22.7	Other specified carcinomas of liver
		C22.8	Malignant neoplasm of liver, primary, unspecified as to type

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures for radiological procedures: CPT® codes 01916-01936

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
443.21	Dissection of carotid artery	I77.71	Dissection of carotid artery
414.12	Dissection of coronary artery	I25.42	Coronary artery dissection
437.3	Cerebral aneurysm, nonruptured	I67.1	Cerebral aneurysm, nonruptured
453.2	Other venous embolism and thrombosis of inferior vena cava	I28.220	Acute embolism and thrombosis of inferior vena cava
		I28.221	Chronic embolism and thrombosis of inferior vena cava
572.3	Portal hypertension	K76.6	Portal hypertension
453.0	Budd-chiari syndrome	I82.0	Budd-Chiari syndrome
721.42	Spondylosis with myelopathy, lumbar region	M47.16	Other spondylosis with myelopathy, lumbar region
724.2	Lumbago	M54.5	Low back pain

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures for burns, excisions, or debridement: CPT® codes 01951-01953

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
945.42	Deep necrosis of underlying tissues [deep third degree] without mention of loss of a body part, of foot	T25.321A	Burn of third degree of right foot, initial encounter
		T25.322A	Burn of third degree of left foot, initial encounter
		T25.329A	Burn of third degree of unspecified foot, initial encounter
		T25.721A	Corrosion of third degree of right foot, initial encounter
		T25.722A	Corrosion of third degree of left foot, initial encounter
		T25.729A	Corrosion of third degree of unspecified foot, initial encounter
948.00	Burn [any degree] involving less than 10 percent of body surface with third degree burn, less than 10 percent or unspecified	T31.0	Burns involving less than 10% of body surface
		T32.0	Corrosions involving less than 10% of body surface
948.20	Burn [any degree] involving 20-29 percent of body surface with third degree burn, less than 10 percent or unspecified	T31.20	Burns involving 20-29% of body surface with 0% to 9% third degree burns
		T32.20	Corrosions involving 20-29% of body surface with 0% to 9% third degree corrosion

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures for obstetric procedures: CPT® codes 01958-01969

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Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
652.10 (code first any associated obstructed labor; 660.0)	Breech or other malpresentation successfully converted to cephalic presentation, unspecified as to episode of care or not applicable	O32.1XX0	Maternal care for breech presentation, not applicable or unspecified
650	Normal delivery	O80	Encounter for full-term uncomplicated delivery
652.30 (code first any associated obstructed labor (660.0))	Transverse or oblique presentation, unspecified as to episode of care or not applicable	O32.2XX0	Maternal care for transverse and oblique lie, not applicable or unspecified
665.11	Rupture of uterus during labor, delivered, with or without mention of antepartum condition	O71.1	Rupture of uterus during labor
666.12	Other immediate postpartum hemorrhage, delivered, with mention of postpartum complication	O72.1	Other immediate postpartum hemorrhage
632	Missed abortion	O02.1	Missed abortion
635.90	Legally induced abortion, without mention of complication, unspecified	Z33.2	Encounter for elective termination of pregnancy

ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures for obstetric procedures: CPT® codes 01958-01969

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
653.50	Unusually large fetus causing disproportion, unspecified as to episode of care or not applicable	O33.5XX0	Maternal care for disproportion due to unusually large fetus, not applicable or unspecified

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ICD-9-CM and ICD-10-CM codes that describe diagnoses/conditions commonly associated with
Anesthesia for procedures for other procedures: CPT® codes 01990-01999

Common ICD-9-CM Code(s)	ICD-9-CM Descriptor	ICD-10-CM Code	ICD-10-CM Descriptor
348.82	Brain Death	G93.82	Brain Death
337.21	Reflex sympathetic dystrophy of the upper limb	G90.511	Complex regional pain syndrome I of right upper limb
		G90.512	Complex regional pain syndrome I of left upper limb
		G90.513	Complex regional pain syndrome I of upper limb, bilateral
		G90.519	Complex regional pain syndrome I of unspecified upper limb
724.3	Sciatica	M54.30	Sciatica, unspecified side
		M54.31	Sciatica, right side
		M54.32	Sciatica, left side
		M54.40	Lumbago with sciatica, unspecified side
		M54.41	Lumbago with sciatica, right side
		M54.42	Lumbago with sciatica, left side
338.18	Other acute postoperative pain	G89.18	Other acute post procedural pain