Texas Department of Aging and Disability Services
Approved Diagnostic Codes for Persons with Related Conditions

The following diagnostic codes are found in the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), 2015,* and are recognized by the Department of Aging and Disability Services (DADS) as conditions which may qualify an individual as having a related condition as described in federal and state law.

In accordance with the Code of Federal Regulations, Title 42, 435.1010, a related condition is a severe and chronic disability that:

A. is attributed to:
   i. cerebral palsy or epilepsy; or
   ii. any other condition, other than mental illness, found to be closely related to mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of individuals with mental retardation, and requires treatment or services similar to those required for individuals with mental retardation;
B. is manifested before the individual reaches age 22;
C. is likely to continue indefinitely; and
D. results in substantial functional limitation in at least three of the following areas of major life activity:
   i. self-care;
   ii. understanding and use of language;
   iii. learning;
   iv. mobility;
   v. self-direction; and
   vi. capacity for independent living.

A primary diagnosis by a licensed physician (or designee as defined in program rules) of a related condition may be required to meet eligibility for the following Medicaid programs:

- Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID);
- Community Living Assistance and Support Services (CLASS);
- Home and Community-based Services (HCS);
- Texas Home Living (TxHmL); and
- Deaf Blind with Multiple Disabilities (DBMD).

Please refer to the applicable rules governing those programs for complete information regarding eligibility.

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
B91	**Sequelae of poliomyelitis**
C71.1	**Malignant neoplasm of frontal lobe**
C71.2	**Malignant neoplasm of temporal lobe**
C71.3	**Malignant neoplasm of parietal lobe**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
C71.4	**Malignant neoplasm of occipital lobe**
C71.5	**Malignant neoplasm of cerebral ventricle**
C71.6	**Malignant neoplasm of cerebellum**
C71.7	**Malignant neoplasm of brain stem**
C71.8	**Malignant neoplasm of overlapping sites of brain**
C71.9	**Malignant neoplasm of brain, unspecified**
C79.31	**Secondary malignant neoplasm of brain**
C96.0	**Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis**
C96.5	**Multifocal and unisystemic Langerhans-cell histiocytosis**
C96.6	**Unifocal Langerhans-cell histiocytosis**
D42.0	**Neoplasm of uncertain behavior of cerebral meninges**
D42.1	**Neoplasm of uncertain behavior of spinal meninges**
D42.9	**Neoplasm of uncertain behavior of meninges, unspecified**
D43.0	**Neoplasm of uncertain behavior of brain, supratentorial**
D43.1	**Neoplasm of uncertain behavior of brain, infratentorial**
D43.2	**Neoplasm of uncertain behavior of brain, unspecified**
D43.4	**Neoplasm of uncertain behavior of spinal cord**
D44.0	**Neoplasm of uncertain behavior of thyroid gland**
D44.10	**Neoplasm of uncertain behavior of unspecified adrenal gland**
D44.11	**Neoplasm of uncertain behavior of right adrenal gland**
D44.12	**Neoplasm of uncertain behavior of left adrenal gland**
D44.2	**Neoplasm of uncertain behavior of parathyroid gland**
D44.3	**Neoplasm of uncertain behavior of pituitary gland**
D44.4	**Neoplasm of uncertain behavior of craniopharyngeal duct**
D44.5	**Neoplasm of uncertain behavior of pineal gland**
D44.6	**Neoplasm of uncertain behavior of carotid body**
D44.7	**Neoplasm of uncertain behavior of aortic body and other paraganglia**
D44.9	**Neoplasm of uncertain behavior of unspecified endocrine gland**
D49.6	**Neoplasm of unspecified behavior of brain**
D69.42	**Congenital and hereditary thrombocytopenia purpura**
D69.49	**Other primary thrombocytopenia**
D82.1	**Di Georges syndrome**
E00.0	**Congenital iodine-deficiency syndrome, neurological type**
E00.1	**Congenital iodine-deficiency syndrome, myxedematous type**
E00.2	**Congenital iodine-deficiency syndrome, mixed type**
E00.9	**Congenital iodine-deficiency syndrome, unspecified**
E03.0	**Congenital hypothyroidism with diffuse goiter**
E03.1	**Congenital hypothyroidism without goiter**
E03.2	**Hypothyroidism due to medicaments and other exogenous substances**
E03.3	**Postinfectious hypothyroidism**
E03.9	**Hypothyroidism, unspecified**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
E20.1	Pseudohypoparathyroidism
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E72.03	Lowes syndrome
E72.8	Other specified disorders of amino-acid metabolism
E75.00	GM2 gangliosidosis, unspecified
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.19	Other gangliosidosis
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.23	Krabbe disease
E75.240	Niemann-Pick disease type A
E75.241	Niemann-Pick disease type B
E75.242	Niemann-Pick disease type C
E75.243	Niemann-Pick disease type D
E75.248	Other Niemann-Pick disease
E75.249	Niemann-Pick disease, unspecified
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
E76.01	Hurlers syndrome
E76.02	Hurler-Scheie syndrome
E76.03	Scheies syndrome
E76.1	Mucopolysaccharidosis, type II
E76.210	Morquio A mucopolysaccharidoses
E76.211	Morquio B mucopolysaccharidoses
E76.219	Morquio mucopolysaccharidoses, unspecified
E76.22	Sanfilippo mucopolysaccharidoses
E79.1	Lesch-Nyhan syndrome
E79.2	Myoadenylate deaminase deficiency
E79.8	Other disorders of purine and pyrimidine metabolism
E83.59	Other disorders of calcium metabolism
E88.9	Metabolic disorder, unspecified
E89.0	Postprocedural hypothyroidism
F07.0	Personality change due to known physiological condition
F07.81	Postconcussional syndrome
F09	Unspecified mental disorder due to known physiological condition
F84.0	Autistic disorder
F84.2	Retts syndrome

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
F84.3	Other childhood disintegrative disorder
F84.5	Aspergers Syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F95.2	Tourettes disorder
G00.9	Bacterial meningitis, unspecified
G04.90	Encephalitis and encephalomyelitis, unspecified
G04.91	Myelitis, unspecified
G05.3	Encephalitis and encephalomyelitis in diseases classified elsewhere
G05.4	Myelitis in diseases classified elsewhere
G10	Huntingtons disease
G11.1	Early-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G12.1	Other inherited spinal muscular atrophy
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinsons disease
G21.11	Neuroleptic induced parkinsonism
G21.19	Other drug induced secondary parkinsonism
G21.2	Secondary parkinsonism due to other external agents
G21.3	Postencephalitic parkinsonism
G21.4	Vascular parkinsonism
G21.8	Other secondary parkinsonism
G21.9	Secondary parkinsonism, unspecified
G23.0	Hallervorden-Spatz disease
G23.1	Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski]
G23.2	Striatonigral degeneration
G24.1	Genetic torsion dystonia
G31.01	Picks disease
G31.81	Alpers disease
G31.82	Leighs disease
G31.89	Other specified degenerative diseases of nervous system
G35	Multiple sclerosis
G37.9	Demyelinating disease of central nervous system, unspecified
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.821	Epileptic spasms, not intractable, with status epilepticus
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G40.A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
G40.A11	Absence epileptic syndrome, intractable, with status epilepticus
G40.A19	Absence epileptic syndrome, intractable, without status epilepticus
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus
G50.0	Trigeminal neuralgia
G70.00	Myasthenia gravis without (acute) exacerbation
G71.0	Muscular dystrophy
G71.11	Myotonic muscular dystrophy
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.0	Diplegia of upper limbs
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
G83.20	Monoplegia of upper limb affecting unspecified side
G83.21	Monoplegia of upper limb affecting right dominant side
G83.22	Monoplegia of upper limb affecting left dominant side
G83.23	Monoplegia of upper limb affecting right nondominant side
G83.24	Monoplegia of upper limb affecting left nondominant side
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
G83.4	Cauda equina syndrome
G83.5	Locked-in state
G83.89	Other specified paralytic syndromes
G83.9	Paralytic syndrome, unspecified
G90.1	Familial dysautonomia [Riley-Day]
G91.0	Communicating hydrocephalus
G91.1	Obstructive hydrocephalus
G93.0	Cerebral cysts
G93.1	Anoxic brain damage, not elsewhere classified
G93.40	Encephalopathy, unspecified
G93.7	Reyes syndrome
G93.9	Disorder of brain, unspecified
G94	Other disorders of brain in diseases classified elsewhere
G95.9	Disease of spinal cord, unspecified
G96.9	Disorder of central nervous system, unspecified
H47.10	unspecified papilledema
H47.619	cortical blindness, unspecified site of brain
H47.639	Disorders of visual cortex in (due to) neoplasm, unspecified side of brain
H54.0	Blindness, both eyes
H54.10	Blindness, one eye, low vision other eye, unspecified eyes
H54.11	Blindness, right eye, low vision left eye
H54.12	Blindness, left eye, low vision right eye
H54.2	Low vision, both eyes
H54.3	Unqualified visual loss, both eyes
H54.40	Blindness, one eye, unspecified eye
H54.41	Blindness, right eye, normal vision left eye
H54.42	Blindness, left eye, normal vision right eye
H54.50	Low vision, one eye, unspecified eye
H54.51	Low vision, right eye, normal vision left eye
H54.52	Low vision, left eye, normal vision right eye
H54.60	Unqualified visual loss, one eye, unspecified
H54.61	Unqualified visual loss, right eye, normal vision left eye

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
H54.62	Unqualified visual loss, left eye, normal vision right eye
H54.7	Unspecified visual loss
H54.8	Legal blindness, as defined in USA
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
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.5	Unspecified sensorineural hearing loss
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.8	Mixed conductive and sensorineural hearing loss, unspecified
H91.3	Deaf nonspeaking, not elsewhere classified
H91.8X1	Other specified hearing loss, right ear
H91.8X2	Other specified hearing loss, left ear
H91.8X9	Other specified hearing loss, unspecified ear
H91.90	Unspecified hearing loss, unspecified ear
H91.91	Unspecified hearing loss, right ear
H91.92	Unspecified hearing loss, left ear
H91.93	Unspecified hearing loss, bilateral
I67.9	Cerebrovascular disease, unspecified
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
I69.342	**Monoplegia of lower limb following cerebral infarction affecting left dominant side**
I69.343	**Monoplegia of lower limb following cerebral infarction affecting right non-dominant side**
I69.344	**Monoplegia of lower limb following cerebral infarction affecting left non-dominant side**
I69.349	**Monoplegia of lower limb following cerebral infarction affecting unspecified side**
I69.351	**Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side**
I69.352	**Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side**
I69.353	**Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side**
I69.354	**Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side**
I69.359	**Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side**
I69.841	**Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side**
I69.842	**Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side**
I69.843	**Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side**
I69.844	**Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side**
I69.849	**Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side**
I69.851	**Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side**
I69.852	**Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side**
I69.853	**Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side**
I69.854	**Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side**
I69.859	**Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side**
I69.941	**Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side**
I69.942	**Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side**
I69.943	**Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side**
I69.944	**Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
M33.20	Polymyositis, organ involvement unspecified
M33.29	Polymyositis with other organ involvement
M62.3	Immobility syndrome (paraplegic)
P04.3	Newborn (suspected to be) affected by maternal use of alcohol
P11.5	Birth injury to spine and spinal cord
P35.0	Congenital rubella syndrome
P84	Other problems with newborn
P90	Convulsions of newborn
Q01.0	Frontal encephalocele
Q01.1	Nasofrontal encephalocele
Q01.2	Occipital encephalocele
Q01.8	Encephalocele of other sites
Q01.9	Encephalocele, unspecified
Q03.0	Malformations of aqueduct of Sylvius
Q03.1	Atresia of foramina of Magendie and Luschka
Q03.8	Other congenital hydrocephalus
Q03.9	Congenital hydrocephalus, unspecified
Q04.1	Arhinencephaly
Q04.2	Holoprosencephaly
Q04.3	Other reduction deformities of brain
Q04.9	Congenital malformation of brain, unspecified
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
Q06.9	Congenital malformation of spinal cord, unspecified
Q07.8	Other specified congenital malformations of nervous system
Q07.9	Congenital malformation of nervous system, unspecified
Q15.8	Other specified congenital malformations of eye
Q18.8	Other specified congenital malformations of face and neck
Q27.8	Other specified congenital malformations of peripheral vascular system
Q28.8	Other specified congenital malformations of circulatory system
Q34.8	Other specified congenital malformations of respiratory system
Q40.2	Other specified congenital malformations of stomach
Q40.8	Other specified congenital malformations of upper alimentary tract
Q43.8	Other specified congenital malformations of intestine
Q52.8	Other specified congenital malformations of female genitalia
Q55.8	Other specified congenital malformations of male genital organs
Q62.2	Congenital megaureter
Q63.8	Other specified congenital malformations of kidney
Q68.8	Other specified congenital musculoskeletal deformities
Q69.9	Polydactyly, unspecified
Q71.10	Congenital absence of unspecified upper arm and forearm with hand present
Q71.11	Congenital absence of right upper arm and forearm with hand present
Q71.12	Congenital absence of left upper arm and forearm with hand present
Q71.13	Congenital absence of upper arm and forearm with hand present, bilateral
Q71.20	Congenital absence of both forearm and hand, unspecified upper limb
Q71.21	Congenital absence of both forearm and hand, right upper limb
Q71.22	Congenital absence of both forearm and hand, left upper limb
Q71.23	Congenital absence of both forearm and hand, bilateral
Q74.3	Arthrogryposis multiplex congenita
Q74.8	Other specified congenital malformations of limb(s)
Q75.0	Craniosynostosis
Q75.1	Craniofacial dysostosis
Q75.2	Hypertelorism
Q75.8	Other specified congenital malformations of skull and face bones
Q77.0	Achondrogenesis
Q77.1	Thanatophoric short stature
Q77.3	Chondrodysplasia punctata
Q77.5	Diastrophic dysplasia
Q78.0	Osteogenesis imperfecta
Q78.5	Metaphyseal dysplasia
Q78.8	Other specified osteochondrodysplasias
Q78.9	Osteochondrodysplasia, unspecified

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis
Q85.1	Tuberous sclerosis
Q86.0	Fetal alcohol syndrome (dysmorphic)
Q86.8	Other congenital malformation syndromes due to known exogenous causes
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q87.2	Congenital malformation syndromes predominantly involving limbs
Q87.3	Congenital malformation syndromes involving early overgrowth
Q87.40	Marfans syndrome, unspecified
Q87.410	Marfans syndrome with aortic dilation
Q87.418	Marfans syndrome with other cardiovascular manifestations
Q87.42	Marfans syndrome with ocular manifestations
Q87.43	Marfans syndrome with skeletal manifestation
Q87.5	Other congenital malformation syndromes with other skeletal changes
Q87.81	Alport syndrome
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Q89.3	Situs inversus
Q89.7	Multiple congenital malformations, not elsewhere classified
Q89.8	Other specified congenital malformations
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
Q93.5	**Other deletions of part of a chromosome**
Q93.7	**Deletions with other complex rearrangements**
Q93.81	**Velo-cardio-facial syndrome**
Q93.88	**Other microdeletions**
Q93.89	**Other deletions from the autosomes**
Q93.9	**Deletion from autosomes, unspecified**
Q96.0	**Karyotype 45, X**
Q96.4	**Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome**
Q96.8	**Other variants of Turners syndrome**
Q96.9	**Turners syndrome, unspecified**
Q98.0	**Klinefelter syndrome karyotype 47, XXY**
Q98.1	**Klinefelter syndrome, male with more than two X chromosomes**
Q98.4	**Klinefelter syndrome, unspecified**
Q99.2	**Fragile X chromosome**
Q99.8	**Other specified chromosome abnormalities**
Q99.9	**Chromosomal abnormality, unspecified**
S01.101A	**Unspecified open wound of right eyelid and periocular area, initial encounter**
S01.101D	**Unspecified open wound of right eyelid and periocular area, subsequent encounter**
S01.101S	**Unspecified open wound of right eyelid and periocular area, sequela**
S01.102A	**Unspecified open wound of left eyelid and periocular area, initial encounter**
S01.102S	**Unspecified open wound of left eyelid and periocular area, sequela**
S01.109A	**Unspecified open wound of unspecified eyelid and periocular area, initial encounter**
S01.109D	**Unspecified open wound of unspecified eyelid and periocular area, subsequent encounter**
S01.109S	**Unspecified open wound of unspecified eyelid and periocular area, sequela**
S01.111A	**Laceration without foreign body of right eyelid and periocular area, initial encounter**
S01.112A	**Laceration without foreign body of left eyelid and periocular area, initial encounter**
S01.119A	**Laceration without foreign body of unspecified eyelid and periocular area, initial encounter**
S01.121A	**Laceration with foreign body of right eyelid and periocular area, initial encounter**
S01.121D	**Laceration with foreign body of right eyelid and periocular area, subsequent encounter**
S01.121S	**Laceration with foreign body of right eyelid and periocular area, sequela**
S01.122A	**Laceration with foreign body of left eyelid and periocular area, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S01.122D	Laceration with foreign body of left eyelid and periocular area, subsequent encounter
S01.122S	Laceration with foreign body of left eyelid and periocular area, sequela
S01.129A	Laceration with foreign body of unspecified eyelid and periocular area, initial encounter
S01.129D	Laceration with foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.129S	Laceration with foreign body of unspecified eyelid and periocular area, sequela
S01.131A	Puncture wound without foreign body of right eyelid and periocular area, initial encounter
S01.132A	Puncture wound without foreign body of left eyelid and periocular area, initial encounter
S01.139A	Puncture wound without foreign body of unspecified eyelid and periocular area, initial encounter
S01.141A	Puncture wound with foreign body of right eyelid and periocular area, initial encounter
S01.142A	Puncture wound with foreign body of left eyelid and periocular area, initial encounter
S01.149A	Puncture wound with foreign body of unspecified eyelid and periocular area, initial encounter
S01.151A	Open bite of right eyelid and periocular area, initial encounter
S01.151D	Open bite of right eyelid and periocular area, subsequent encounter
S01.151S	Open bite of right eyelid and periocular area, sequela
S01.152A	Open bite of left eyelid and periocular area, initial encounter
S01.152D	Open bite of left eyelid and periocular area, subsequent encounter
S01.152S	Open bite of left eyelid and periocular area, sequela
S01.159A	Open bite of unspecified eyelid and periocular area, initial encounter
S01.159D	Open bite of unspecified eyelid and periocular area, subsequent encounter
S01.159S	Open bite of unspecified eyelid and periocular area, sequela
S01.90xA	Unspecified open wound of unspecified part of head, initial encounter
S02.0xxA	Fracture of vault of skull, initial encounter for closed fracture
S02.0xxB	Fracture of vault of skull, initial encounter for open fracture
S02.101A	Fracture of base of skull, right side, initial encounter for closed fracture
S02.109A	Fracture of base of skull, unspecified side, initial encounter for closed fracture
S02.102A	Fracture of base of skull, left side, initial encounter for closed fracture
S02.102B	Fracture of base of skull, left side, initial encounter for open fracture
S02.101B	Fracture of base of skull, right side, initial encounter for open fracture
S02.109B	Fracture of base of skull, unspecified side, initial encounter for open fracture

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S02.101S	Fracture of base of skull, right side
S02.102S	Fracture of base of skull, left side
S02.109S	Fracture of base of skull, unspecified side
S02.80XA	Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture
S02.81XA	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture
S02.82XA	Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture
S02.80XB	Fracture of other specified skull and facial bones, unspecified side, initial encounter for open fracture
S02.81XB	Fracture of other specified skull and facial bones, right side, initial encounter for open fracture
S02.82XB	Fracture of other specified skull and facial bones, left side, initial encounter for open fracture
S02.80XD	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with routine healing
S02.81XD	Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with routine healing
S02.82XD	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with routine healing
S02.80XG	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with delayed healing
S02.81XG	Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with delayed healing
S02.82XG	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with delayed healing
S02.80XK	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with nonunion
S0.281XK	Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with nonunion
S02.82XK	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with nonunion
S02.80XS	Fracture of other specified skull and facial bones, unspecified side, sequela
S02.81XS	Fracture of other specified skull and facial bones, right side, sequela
S02.82XS	Fracture of other specified skull and facial bones, left side, sequela
S02.110A	Type I occipital condyle fracture, initial encounter for closed fracture
S02.110B	Type I occipital condyle fracture, initial encounter for open fracture
S02.111A	Type II occipital condyle fracture, initial encounter for closed fracture
S02.111B	Type II occipital condyle fracture, initial encounter for open fracture
S02.112A	Type III occipital condyle fracture, initial encounter for closed fracture
S02.112B	Type III occipital condyle fracture, initial encounter for open fracture
S02.118A	Other fracture of occiput, initial encounter for closed fracture
S02.118B	Other fracture of occiput, initial encounter for open fracture

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S02.119A	Unspecified fracture of occiput, initial encounter for closed fracture
S02.19xA	Other fracture of base of skull, initial encounter for closed fracture
S02.19xB	Other fracture of base of skull, initial encounter for open fracture
S02.91xA	Unspecified fracture of skull, initial encounter for closed fracture
S02.91xB	Unspecified fracture of skull, initial encounter for open fracture
S02.92xA	Unspecified fracture of facial bones, initial encounter for closed fracture
S02.92xB	Unspecified fracture of facial bones, initial encounter for open fracture
S02.92xD	Unspecified fracture of facial bones, subsequent encounter for fracture with routine healing
S02.92xG	Unspecified fracture of facial bones, subsequent encounter for fracture with delayed healing
S02.92xK	Unspecified fracture of facial bones, subsequent encounter for fracture with nonunion
S04.011A	Injury of optic nerve, right eye, initial encounter
S04.011D	Injury of optic nerve, right eye, subsequent encounter
S04.011S	Injury of optic nerve, right eye, sequela
S04.012A	Injury of optic nerve, left eye, initial encounter
S04.012D	Injury of optic nerve, left eye, subsequent encounter
S04.012S	Injury of optic nerve, left eye, sequela
S04.019A	Injury of optic nerve, unspecified eye, initial encounter
S04.019D	Injury of optic nerve, unspecified eye, subsequent encounter
S04.019S	Injury of optic nerve, unspecified eye, sequela
S04.02xA	Injury of optic chiasm, initial encounter
S04.02xD	Injury of optic chiasm, subsequent encounter
S04.02xS	Injury of optic chiasm, sequela
S04.031A	Injury of optic tract and pathways, right eye, initial encounter
S04.031D	Injury of optic tract and pathways, right eye, subsequent encounter
S04.031S	Injury of optic tract and pathways, right eye, sequela
S04.032A	Injury of optic tract and pathways, left eye, initial encounter
S04.032D	Injury of optic tract and pathways, left eye, subsequent encounter
S04.032S	Injury of optic tract and pathways, left eye, sequela
S04.039A	Injury of optic tract and pathways, unspecified eye, initial encounter
S04.039D	Injury of optic tract and pathways, unspecified eye, subsequent encounter
S04.039S	Injury of optic tract and pathways, unspecified eye, sequela
S04.041A	Injury of visual cortex, right eye, initial encounter
S04.041D	Injury of visual cortex, right eye, subsequent encounter
S04.041S	Injury of visual cortex, right eye, sequela
S04.042A	Injury of visual cortex, left eye, initial encounter
S04.042D	Injury of visual cortex, left eye, subsequent encounter
S04.042S	Injury of visual cortex, left eye, sequela

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S04.049A	Injury of visual cortex, unspecified eye, initial encounter
S04.049D	Injury of visual cortex, unspecified eye, subsequent encounter
S04.049S	Injury of visual cortex, unspecified eye, sequela
S04.10xA	Injury of oculomotor nerve, unspecified side, initial encounter
S04.10xD	Injury of oculomotor nerve, unspecified side, subsequent encounter
S04.10xS	Injury of oculomotor nerve, unspecified side, sequela
S04.11xA	Injury of oculomotor nerve, right side, initial encounter
S04.11xD	Injury of oculomotor nerve, right side, subsequent encounter
S04.11xS	Injury of oculomotor nerve, right side, sequela
S04.12xA	Injury of oculomotor nerve, left side, initial encounter
S04.20xA	Injury of trochlear nerve, unspecified side, initial encounter
S04.20xD	Injury of trochlear nerve, unspecified side, subsequent encounter
S04.20xS	Injury of trochlear nerve, unspecified side, sequela
S04.21xA	Injury of trochlear nerve, right side, initial encounter
S04.21xD	Injury of trochlear nerve, right side, subsequent encounter
S04.21xS	Injury of trochlear nerve, right side, sequela
S04.22xA	Injury of trochlear nerve, left side, initial encounter
S04.22xD	Injury of trochlear nerve, left side, subsequent encounter
S04.22xS	Injury of trochlear nerve, left side, sequela
S04.30xA	Injury of trigeminal nerve, unspecified side, initial encounter
S04.30xD	Injury of trigeminal nerve, unspecified side, subsequent encounter
S04.30xS	Injury of trigeminal nerve, unspecified side, sequela
S04.31xA	Injury of trigeminal nerve, right side, initial encounter
S04.31xD	Injury of trigeminal nerve, right side, subsequent encounter
S04.31xS	Injury of trigeminal nerve, right side, sequela
S04.32xA	Injury of trigeminal nerve, left side, initial encounter
S04.32xD	Injury of trigeminal nerve, left side, subsequent encounter
S04.32xS	Injury of trigeminal nerve, left side, sequela
S04.40xA	Injury of abducent nerve, unspecified side, initial encounter
S04.40xD	Injury of abducent nerve, unspecified side, subsequent encounter
S04.40xS	Injury of abducent nerve, unspecified side, sequela
S04.41xA	Injury of abducent nerve, right side, initial encounter
S04.41xD	Injury of abducent nerve, right side, subsequent encounter
S04.41xS	Injury of abducent nerve, right side, sequela
S04.42xA	Injury of abducent nerve, left side, initial encounter
S04.42xD	Injury of abducent nerve, left side, subsequent encounter
S04.42xS	Injury of abducent nerve, left side, sequela
S04.50xA	Injury of facial nerve, unspecified side, initial encounter
S04.50xD	Injury of facial nerve, unspecified side, subsequent encounter
S04.50xS	Injury of facial nerve, unspecified side, sequela
S04.51xA	Injury of facial nerve, right side, initial encounter
S04.51xD	Injury of facial nerve, right side, subsequent encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S04.51xS	Injury of facial nerve, right side, sequela
S04.52xA	Injury of facial nerve, left side, initial encounter
S04.52xD	Injury of facial nerve, left side, subsequent encounter
S04.52xS	Injury of facial nerve, left side, sequela
S04.60xD	Injury of acoustic nerve, unspecified side, subsequent encounter
S04.60xS	Injury of acoustic nerve, unspecified side, sequela
S04.61xA	Injury of acoustic nerve, right side, initial encounter
S04.61xD	Injury of acoustic nerve, right side, subsequent encounter
S04.61xS	Injury of acoustic nerve, right side, sequela
S04.62xA	Injury of acoustic nerve, left side, initial encounter
S04.62xD	Injury of acoustic nerve, left side, subsequent encounter
S04.62xS	Injury of acoustic nerve, left side, sequela
S04.70xA	Injury of accessory nerve, unspecified side, initial encounter
S04.70xD	Injury of accessory nerve, unspecified side, subsequent encounter
S04.70xS	Injury of accessory nerve, unspecified side, sequela
S04.71xA	Injury of accessory nerve, right side, initial encounter
S04.71xD	Injury of accessory nerve, right side, subsequent encounter
S04.71xS	Injury of accessory nerve, right side, sequela
S04.72xA	Injury of accessory nerve, left side, initial encounter
S04.72xD	Injury of accessory nerve, left side, subsequent encounter
S04.72xS	Injury of accessory nerve, left side, sequela
S04.811A	Injury of olfactory [1st] nerve, right side, initial encounter
S04.811D	Injury of olfactory [1st] nerve, right side, subsequent encounter
S04.811S	Injury of olfactory [1st] nerve, right side, sequela
S04.812A	Injury of olfactory [1st] nerve, left side, initial encounter
S04.812D	Injury of olfactory [1st] nerve, left side, subsequent encounter
S04.812S	Injury of olfactory [1st] nerve, left side, sequela
S04.819A	Injury of olfactory [1st] nerve, unspecified side, initial encounter
S04.819D	Injury of olfactory [1st] nerve, unspecified side, subsequent encounter
S04.819S	Injury of olfactory [1st] nerve, unspecified side, sequela
S04.891A	Injury of other cranial nerves, right side, initial encounter
S04.891D	Injury of other cranial nerves, right side, subsequent encounter
S04.891S	Injury of other cranial nerves, right side, sequela
S04.892A	Injury of other cranial nerves, left side, initial encounter
S04.892D	Injury of other cranial nerves, left side, subsequent encounter
S04.892S	Injury of other cranial nerves, left side, sequela
S04.899A	Injury of other cranial nerves, unspecified side, initial encounter
S04.899D	Injury of other cranial nerves, unspecified side, subsequent encounter
S04.899S	Injury of other cranial nerves, unspecified side, sequela
S04.9xxA	Injury of unspecified cranial nerve, initial encounter
S04.9xxD	Injury of unspecified cranial nerve, subsequent encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S04.9xxS	**Injury of unspecified cranial nerve, sequela**
S05.40xA	**Penetrating wound of orbit with or without foreign body, unspecified eye, initial encounter**
S05.40xD	**Penetrating wound of orbit with or without foreign body, unspecified eye, subsequent encounter**
S05.40xS	**Penetrating wound of orbit with or without foreign body, unspecified eye, sequela**
S05.41xA	**Penetrating wound of orbit with or without foreign body, right eye, initial encounter**
S05.42xA	**Penetrating wound of orbit with or without foreign body, left eye, initial encounter**
S05.50xA	**Penetrating wound with foreign body of unspecified eyeball, initial encounter**
S05.50xD	**Penetrating wound with foreign body of unspecified eyeball, subsequent encounter**
S05.50xS	**Penetrating wound with foreign body of unspecified eyeball, sequela**
S05.51xA	**Penetrating wound with foreign body of right eyeball, initial encounter**
S05.51xD	**Penetrating wound with foreign body of right eyeball, subsequent encounter**
S05.51xS	**Penetrating wound with foreign body of right eyeball, sequela**
S05.52xA	**Penetrating wound with foreign body of left eyeball, initial encounter**
S05.52xD	**Penetrating wound with foreign body of left eyeball, subsequent encounter**
S05.52xS	**Penetrating wound with foreign body of left eyeball, sequela**
S06.0X0A	**Concussion without loss of consciousness, initial encounter**
S06.0X0D	**Concussion without loss of consciousness, subsequent encounter**
S06.0X0S	**Concussion without loss of consciousness, sequela**
S06.0X1A	**Concussion with loss of consciousness of 30 minutes or less, initial encounter**
S06.0X1D	**Concussion with loss of consciousness of 30 minutes or less, subsequent encounter**
S06.0X1S	**Concussion with loss of consciousness of 30 minutes or less, sequela**
S06.0X2A	**Concussion with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.0X2D	**Concussion with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.0X2S	**Concussion with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.0X9A	**Concussion with loss of consciousness of unspecified duration, initial encounter**
S06.0X9D	**Concussion with loss of consciousness of unspecified duration, subsequent encounter**
S06.0X9S	**Concussion with loss of consciousness of unspecified duration, sequela**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.310A	**Contusion and laceration of right cerebrum without loss of consciousness, initial encounter**
S06.310D	**Contusion and laceration of right cerebrum without loss of consciousness, subsequent encounter**
S06.310S	**Contusion and laceration of right cerebrum without loss of consciousness, sequela**
S06.311A	**Contusion and laceration of right cerebrum with loss of consciousness of 30 minutes or less, initial encounter**
S06.311D	**Contusion and laceration of right cerebrum with loss of consciousness of 30 minutes or less, subsequent encounter**
S06.311S	**Contusion and laceration of right cerebrum with loss of consciousness of 30 minutes or less, sequela**
S06.312A	**Contusion and laceration of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.312D	**Contusion and laceration of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.312S	**Contusion and laceration of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.313A	**Contusion and laceration of right cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter**
S06.313D	**Contusion and laceration of right cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter**
S06.313S	**Contusion and laceration of right cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela**
S06.314A	**Contusion and laceration of right cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.314D	**Contusion and laceration of right cerebrum with loss of consciousness of 6 hours to 24 hours, subsequent encounter**
S06.314S	**Contusion and laceration of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela**
S06.315A	**Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.315D	**Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter**
S06.315S	**Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela**
S06.316A	**Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.316D	**Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.316S	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.319A	Contusion and laceration of right cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.319D	Contusion and laceration of right cerebrum with loss of consciousness of unspecified duration, subsequent encounter
S06.319S	Contusion and laceration of right cerebrum with loss of consciousness of unspecified duration, sequela
S06.320A	Contusion and laceration of left cerebrum without loss of consciousness, initial encounter
S06.320D	Contusion and laceration of left cerebrum without loss of consciousness, subsequent encounter
S06.320S	Contusion and laceration of left cerebrum without loss of consciousness, sequela
S06.321A	Contusion and laceration of left cerebrum with loss of consciousness of 30 minutes or less, initial encounter
S06.321D	Contusion and laceration of left cerebrum with loss of consciousness of 30 minutes or less, subsequent encounter
S06.321S	Contusion and laceration of left cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.322A	Contusion and laceration of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.322D	Contusion and laceration of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.322S	Contusion and laceration of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.323A	Contusion and laceration of left cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.323D	Contusion and laceration of left cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.323S	Contusion and laceration of left cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.324A	Contusion and laceration of left cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.324D	Contusion and laceration of left cerebrum with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.324S	Contusion and laceration of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.325A	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.325D	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.325S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.326A	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.326D	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.326S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.329A	Contusion and laceration of left cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.329D	Contusion and laceration of left cerebrum with loss of consciousness of unspecified duration, subsequent encounter
S06.329S	Contusion and laceration of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.330A	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, initial encounter
S06.330D	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, subsequent encounter
S06.330S	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, sequela
S06.331A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter
S06.331D	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, subsequent encounter
S06.331S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela
S06.332A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.332D	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.332S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.333A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.333D	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.333S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.334A	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.334D	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, subsequent encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.334S	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela**
S06.335A	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.335D	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter**
S06.335S	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela**
S06.336A	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.336D	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**
S06.336S	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela**
S06.339A	**Contusion and laceration of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter**
S06.340A	**Traumatic hemorrhage of right cerebrum without loss of consciousness, initial encounter**
S06.340D	**Traumatic hemorrhage of right cerebrum without loss of consciousness, subsequent encounter**
S06.340S	**Traumatic hemorrhage of right cerebrum without loss of consciousness, sequela**
S06.341A	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, initial encounter**
S06.341D	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, subsequent encounter**
S06.341S	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, sequela**
S06.342A	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.342D	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.342S	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.343A	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter**
S06.343D	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, subsequent encounter**
S06.343S	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.344A	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.344D	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, subsequent encounter**
S06.344S	**Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela**
S06.345A	**Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.345D	**Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter**
S06.345S	**Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela**
S06.346A	**Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.346D	**Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**
S06.346S	**Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela**
S06.349A	**Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, initial encounter**
S06.349D	**Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, subsequent encounter**
S06.349S	**Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, sequela**
S06.350A	**Traumatic hemorrhage of left cerebrum without loss of consciousness, initial encounter**
S06.351A	**Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, initial encounter**
S06.351D	**Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, subsequent encounter**
S06.351S	**Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, sequela**
S06.352A	**Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.352D	**Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.352S	**Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.353A	**Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.353D	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, subsequent encounter
S06.353S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.354A	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.354D	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.354S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.355A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.355D	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.355S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.356A	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.356D	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.356S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.359A	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, initial encounter
S06.359D	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, subsequent encounter
S06.359S	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.360A	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, initial encounter
S06.360D	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, subsequent encounter
S06.360S	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, sequela
S06.361A	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, initial encounter
S06.361D	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, subsequent encounter
S06.361S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.362A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.362D	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.362S	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.363A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, initial encounter**
S06.363D	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, subsequent encounter**
S06.363S	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela**
S06.364A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.364D	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, subsequent encounter**
S06.364S	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela**
S06.365A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.365D	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter**
S06.365S	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela**
S06.366A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.366D	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**
S06.366S	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela**
S06.367A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter**
S06.368A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter**
S06.369A	**Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.369D	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, subsequent encounter
S06.369S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, sequela
S06.370A	Contusion, laceration, and hemorrhage of cerebellum without loss of consciousness, initial encounter
S06.370D	Contusion, laceration, and hemorrhage of cerebellum without loss of consciousness, subsequent encounter
S06.370S	Contusion, laceration, and hemorrhage of cerebellum without loss of consciousness, sequela
S06.371A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 30 minutes or less, initial encounter
S06.371D	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 30 minutes or less, subsequent encounter
S06.371S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 30 minutes or less, sequela
S06.372A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.372D	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.372S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.373A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.373D	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.373S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.374A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 6 hours to 24 hours, initial encounter
S06.374D	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.374S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 6 hours to 24 hours, sequela
S06.375A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.375D	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.375S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.376A	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.376D	**Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**
S06.376S	**Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela**
S06.379A	**Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of unspecified duration, initial encounter**
S06.379D	**Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of unspecified duration, subsequent encounter**
S06.379S	**Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of unspecified duration, sequela**
S06.380A	**Contusion, laceration, and hemorrhage of brainstem without loss of consciousness, initial encounter**
S06.380D	**Contusion, laceration, and hemorrhage of brainstem without loss of consciousness, subsequent encounter**
S06.380S	**Contusion, laceration, and hemorrhage of brainstem without loss of consciousness, sequela**
S06.381A	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 30 minutes or less, initial encounter**
S06.381D	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 30 minutes or less, subsequent encounter**
S06.381S	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 30 minutes or less, sequela**
S06.382A	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.382D	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.382S	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.383A	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter**
S06.383D	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter**
S06.383S	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela**
S06.384A	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.384D	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 6 hours to 24 hours, subsequent encounter**
S06.384S	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 6 hours to 24 hours, sequela**
S06.385A	**Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.385D	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.385S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.386A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.386D	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.386S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.389A	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration, initial encounter
S06.389D	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration, subsequent encounter
S06.389S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration, sequela
S06.4X0A	Epidural hemorrhage without loss of consciousness, initial encounter
S06.4X0D	Epidural hemorrhage without loss of consciousness, subsequent encounter
S06.4X0S	Epidural hemorrhage without loss of consciousness, sequela
S06.4X1A	Epidural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.4X1D	Epidural hemorrhage with loss of consciousness of 30 minutes or less, subsequent encounter
S06.4X1S	Epidural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.4X2A	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.4X2D	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.4X2S	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.4X3A	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
S06.4X3D	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter
S06.4X3S	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.4X4A	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.4X4D	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, subsequent encounter
S06.4X4S	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.4X5A	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
S06.4X5D	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter
S06.4X5S	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.4X6A	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
S06.4X6D	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter
S06.4X6S	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.4X9A	Epidural hemorrhage with loss of consciousness of unspecified duration, initial encounter
S06.4X9D	Epidural hemorrhage with loss of consciousness of unspecified duration, subsequent encounter
S06.4X9S	Epidural hemorrhage with loss of consciousness of unspecified duration, sequela
S06.5X0A	Traumatic subdural hemorrhage without loss of consciousness, initial encounter
S06.5X0D	Traumatic subdural hemorrhage without loss of consciousness, subsequent encounter
S06.5X0S	Traumatic subdural hemorrhage without loss of consciousness, sequela
S06.5X1A	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, initial encounter
S06.5X1D	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, subsequent encounter
S06.5X1S	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.5X2A	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter
S06.5X2D	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter
S06.5X2S	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.5X3A	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.5X3D	**Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter**
S06.5X3S	**Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela**
S06.5X4A	**Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.5X4D	**Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, subsequent encounter**
S06.5X4S	**Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela**
S06.5X5A	**Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.5X5D	**Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter**
S06.5X5S	**Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela**
S06.5X6A	**Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.5X6D	**Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**
S06.5X6S	**Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela**
S06.5X9A	**Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, initial encounter**
S06.5X9D	**Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, subsequent encounter**
S06.5X9S	**Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, sequela**
S06.6X0A	**Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter**
S06.6X0D	**Traumatic subarachnoid hemorrhage without loss of consciousness, subsequent encounter**
S06.6X0S	**Traumatic subarachnoid hemorrhage without loss of consciousness, sequela**
S06.6X1A	**Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, initial encounter**
S06.6X1D	**Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, subsequent encounter**
S06.6X1S	**Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, sequela**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.6X2A	**Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.6X2D	**Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.6X2S	**Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.6X3A	**Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter**
S06.6X3D	**Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter**
S06.6X3S	**Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela**
S06.6X4A	**Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.6X4D	**Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, subsequent encounter**
S06.6X4S	**Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela**
S06.6X5A	**Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.6X5S	**Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela**
S06.6X6A	**Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.6X9A	**Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter**
S06.6X9D	**Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, subsequent encounter**
S06.6X9S	**Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, sequela**
S06.890A	**Other specified intracranial injury without loss of consciousness, initial encounter**
S06.890D	**Other specified intracranial injury without loss of consciousness, subsequent encounter**
S06.890S	**Other specified intracranial injury without loss of consciousness, sequela**
S06.891A	**Other specified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter**
S06.891D	**Other specified intracranial injury with loss of consciousness of 30 minutes or less, subsequent encounter**
S06.891S	**Other specified intracranial injury with loss of consciousness of 30 minutes or less, sequela**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.892A	**Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.892D	**Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.892S	**Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.893A	**Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter**
S06.893D	**Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter**
S06.893S	**Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela**
S06.894A	**Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.895A	**Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.895D	**Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, subsequent encounter**
S06.895S	**Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela**
S06.896A	**Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.896D	**Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**
S06.896S	**Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela**
S06.899A	**Other specified intracranial injury with loss of consciousness of unspecified duration, initial encounter**
S06.899D	**Other specified intracranial injury with loss of consciousness of unspecified duration, subsequent encounter**
S06.899S	**Other specified intracranial injury with loss of consciousness of unspecified duration, sequela**
S06.9X0A	**Unspecified intracranial injury without loss of consciousness, initial encounter**
S06.9X0D	**Unspecified intracranial injury without loss of consciousness, subsequent encounter**
S06.9X0S	**Unspecified intracranial injury without loss of consciousness, sequela**
S06.9X1A	**Unspecified intracranial injury with loss of consciousness of 30 minutes or less, initial encounter**
S06.9X1D	**Unspecified intracranial injury with loss of consciousness of 30 minutes or less, subsequent encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S06.9X1S	**Unspecified intracranial injury with loss of consciousness of 30 minutes or less, sequela**
S06.9X2A	**Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, initial encounter**
S06.9X2D	**Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, subsequent encounter**
S06.9X2S	**Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela**
S06.9X3A	**Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter**
S06.9X3D	**Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, subsequent encounter**
S06.9X3S	**Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela**
S06.9X4A	**Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, initial encounter**
S06.9X4D	**Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, subsequent encounter**
S06.9X4S	**Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela**
S06.9X5A	**Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter**
S06.9X6A	**Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter**
S06.9X6D	**Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, subsequent encounter**
S06.9X6S	**Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela**
S06.9X9A	**Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter**
S06.9X9D	**Unspecified intracranial injury with loss of consciousness of unspecified duration, subsequent encounter**
S06.9X9S	**Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela**
S09.90xA	**Unspecified injury of head, initial encounter**
S09.90xD	**Unspecified injury of head, subsequent encounter**
S09.90xS	**Unspecified injury of head, sequela**
S14.0xxA	**Concussion and edema of cervical spinal cord, initial encounter**
S14.101A	**Unspecified injury at C1 level of cervical spinal cord, initial encounter**
S14.101D	**Unspecified injury at C1 level of cervical spinal cord, subsequent encounter**
S14.101S	**Unspecified injury at C1 level of cervical spinal cord, sequela**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S14.102A	**Unspecified injury at C2 level of cervical spinal cord, initial encounter**
S14.102D	**Unspecified injury at C2 level of cervical spinal cord, subsequent encounter**
S14.102S	**Unspecified injury at C2 level of cervical spinal cord, sequela**
S14.103A	**Unspecified injury at C3 level of cervical spinal cord, initial encounter**
S14.103D	**Unspecified injury at C3 level of cervical spinal cord, subsequent encounter**
S14.103S	**Unspecified injury at C3 level of cervical spinal cord, sequela**
S14.104A	**Unspecified injury at C4 level of cervical spinal cord, initial encounter**
S14.104D	**Unspecified injury at C4 level of cervical spinal cord, subsequent encounter**
S14.104S	**Unspecified injury at C4 level of cervical spinal cord, sequela**
S14.105A	**Unspecified injury at C5 level of cervical spinal cord, initial encounter**
S14.105D	**Unspecified injury at C5 level of cervical spinal cord, subsequent encounter**
S14.105S	**Unspecified injury at C5 level of cervical spinal cord, sequela**
S14.106A	**Unspecified injury at C6 level of cervical spinal cord, initial encounter**
S14.106D	**Unspecified injury at C6 level of cervical spinal cord, subsequent encounter**
S14.106S	**Unspecified injury at C6 level of cervical spinal cord, sequela**
S14.107A	**Unspecified injury at C7 level of cervical spinal cord, initial encounter**
S14.107D	**Unspecified injury at C7 level of cervical spinal cord, subsequent encounter**
S14.107S	**Unspecified injury at C7 level of cervical spinal cord, sequela**
S14.109A	**Unspecified injury at unspecified level of cervical spinal cord, initial encounter**
S14.109D	**Unspecified injury at unspecified level of cervical spinal cord, subsequent encounter**
S14.111A	**Complete lesion at C1 level of cervical spinal cord, initial encounter**
S14.111D	**Complete lesion at C1 level of cervical spinal cord, subsequent encounter**
S14.111S	**Complete lesion at C1 level of cervical spinal cord, sequela**
S14.112A	**Complete lesion at C2 level of cervical spinal cord, initial encounter**
S14.112D	**Complete lesion at C2 level of cervical spinal cord, subsequent encounter**
S14.112S	**Complete lesion at C2 level of cervical spinal cord, sequela**
S14.113A	**Complete lesion at C3 level of cervical spinal cord, initial encounter**
S14.113S	**Complete lesion at C3 level of cervical spinal cord, sequela**
S14.114A	**Complete lesion at C4 level of cervical spinal cord, initial encounter**
S14.114D	**Complete lesion at C4 level of cervical spinal cord, subsequent encounter**
S14.114S	**Complete lesion at C4 level of cervical spinal cord, sequela**
S14.115A	**Complete lesion at C5 level of cervical spinal cord, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S14.115D	**Complete lesion at C5 level of cervical spinal cord, subsequent encounter**
S14.115S	**Complete lesion at C5 level of cervical spinal cord, sequela**
S14.116A	**Complete lesion at C6 level of cervical spinal cord, initial encounter**
S14.116D	**Complete lesion at C6 level of cervical spinal cord, subsequent encounter**
S14.116S	**Complete lesion at C6 level of cervical spinal cord, sequela**
S14.117A	**Complete lesion at C7 level of cervical spinal cord, initial encounter**
S14.117D	**Complete lesion at C7 level of cervical spinal cord, subsequent encounter**
S14.117S	**Complete lesion at C7 level of cervical spinal cord, sequela**
S14.119A	**Complete lesion at unspecified level of cervical spinal cord, initial encounter**
S14.121A	**Central cord syndrome at C1 level of cervical spinal cord, initial encounter**
S14.121D	**Central cord syndrome at C1 level of cervical spinal cord, subsequent encounter**
S14.121S	**Central cord syndrome at C1 level of cervical spinal cord, sequela**
S14.122A	**Central cord syndrome at C2 level of cervical spinal cord, initial encounter**
S14.122D	**Central cord syndrome at C2 level of cervical spinal cord, subsequent encounter**
S14.122S	**Central cord syndrome at C2 level of cervical spinal cord, sequela**
S14.123A	**Central cord syndrome at C3 level of cervical spinal cord, initial encounter**
S14.123D	**Central cord syndrome at C3 level of cervical spinal cord, subsequent encounter**
S14.123S	**Central cord syndrome at C3 level of cervical spinal cord, sequela**
S14.124A	**Central cord syndrome at C4 level of cervical spinal cord, initial encounter**
S14.124D	**Central cord syndrome at C4 level of cervical spinal cord, subsequent encounter**
S14.124S	**Central cord syndrome at C4 level of cervical spinal cord, sequela**
S14.125A	**Central cord syndrome at C5 level of cervical spinal cord, initial encounter**
S14.125D	**Central cord syndrome at C5 level of cervical spinal cord, subsequent encounter**
S14.125S	**Central cord syndrome at C5 level of cervical spinal cord, sequela**
S14.126A	**Central cord syndrome at C6 level of cervical spinal cord, initial encounter**
S14.126D	**Central cord syndrome at C6 level of cervical spinal cord, subsequent encounter**
S14.126S	**Central cord syndrome at C6 level of cervical spinal cord, sequela**
S14.127A	**Central cord syndrome at C7 level of cervical spinal cord, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S14.127D	**Central cord syndrome at C7 level of cervical spinal cord, subsequent encounter**
S14.127S	**Central cord syndrome at C7 level of cervical spinal cord, sequela**
S14.129A	**Central cord syndrome at unspecified level of cervical spinal cord, initial encounter**
S14.131A	**Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter**
S14.131D	**Anterior cord syndrome at C1 level of cervical spinal cord, subsequent encounter**
S14.131S	**Anterior cord syndrome at C1 level of cervical spinal cord, sequela**
S14.132A	**Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter**
S14.132D	**Anterior cord syndrome at C2 level of cervical spinal cord, subsequent encounter**
S14.132S	**Anterior cord syndrome at C2 level of cervical spinal cord, sequela**
S14.133A	**Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter**
S14.133S	**Anterior cord syndrome at C3 level of cervical spinal cord, sequela**
S14.134A	**Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter**
S14.134D	**Anterior cord syndrome at C4 level of cervical spinal cord, subsequent encounter**
S14.134S	**Anterior cord syndrome at C4 level of cervical spinal cord, sequela**
S14.135A	**Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter**
S14.135D	**Anterior cord syndrome at C5 level of cervical spinal cord, subsequent encounter**
S14.135S	**Anterior cord syndrome at C5 level of cervical spinal cord, sequela**
S14.136A	**Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter**
S14.136D	**Anterior cord syndrome at C6 level of cervical spinal cord, subsequent encounter**
S14.136S	**Anterior cord syndrome at C6 level of cervical spinal cord, sequela**
S14.137A	**Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter**
S14.137D	**Anterior cord syndrome at C7 level of cervical spinal cord, subsequent encounter**
S14.137S	**Anterior cord syndrome at C7 level of cervical spinal cord, sequela**
S14.138A	**Anterior cord syndrome at C8 level of cervical spinal cord, initial encounter**
S14.139A	**Anterior cord syndrome at unspecified level of cervical spinal cord, initial encounter**
S14.141A	**Brown-Sequard syndrome at C1 level of cervical spinal cord, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S14.142A	**Brown-Sequard syndrome at C2 level of cervical spinal cord, initial encounter**
S14.143A	**Brown-Sequard syndrome at C3 level of cervical spinal cord, initial encounter**
S14.144A	**Brown-Sequard syndrome at C4 level of cervical spinal cord, initial encounter**
S14.145A	**Brown-Sequard syndrome at C5 level of cervical spinal cord, initial encounter**
S14.146A	**Brown-Sequard syndrome at C6 level of cervical spinal cord, initial encounter**
S14.147A	**Brown-Sequard syndrome at C7 level of cervical spinal cord, initial encounter**
S14.149A	**Brown-Sequard syndrome at unspecified level of cervical spinal cord, initial encounter**
S14.149D	**Brown-Sequard syndrome at unspecified level of cervical spinal cord, subsequent encounter**
S14.149S	**Brown-Sequard syndrome at unspecified level of cervical spinal cord, sequela**
S14.151A	**Other incomplete lesion at C1 level of cervical spinal cord, initial encounter**
S14.152A	**Other incomplete lesion at C2 level of cervical spinal cord, initial encounter**
S14.153A	**Other incomplete lesion at C3 level of cervical spinal cord, initial encounter**
S14.154A	**Other incomplete lesion at C4 level of cervical spinal cord, initial encounter**
S14.155A	**Other incomplete lesion at C5 level of cervical spinal cord, initial encounter**
S14.156A	**Other incomplete lesion at C6 level of cervical spinal cord, initial encounter**
S14.157A	**Other incomplete lesion at C7 level of cervical spinal cord, initial encounter**
S14.158A	**Other incomplete lesion at C8 level of cervical spinal cord, initial encounter**
S14.159A	**Other incomplete lesion at unspecified level of cervical spinal cord, initial encounter**
S24.101A	**Unspecified injury at T1 level of thoracic spinal cord, initial encounter**
S24.101D	**Unspecified injury at T1 level of thoracic spinal cord, subsequent encounter**
S24.101S	**Unspecified injury at T1 level of thoracic spinal cord, sequela**
S24.102A	**Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter**
S24.102D	**Unspecified injury at T2-T6 level of thoracic spinal cord, subsequent encounter**
S24.102S	**Unspecified injury at T2-T6 level of thoracic spinal cord, sequela**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S24.103A	**Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter**
S24.103D	**Unspecified injury at T7-T10 level of thoracic spinal cord, subsequent encounter**
S24.103S	**Unspecified injury at T7-T10 level of thoracic spinal cord, sequela**
S24.104A	**Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter**
S24.104D	**Unspecified injury at T11-T12 level of thoracic spinal cord, subsequent encounter**
S24.104S	**Unspecified injury at T11-T12 level of thoracic spinal cord, sequela**
S24.109A	**Unspecified injury at unspecified level of thoracic spinal cord, initial encounter**
S24.109D	**Unspecified injury at unspecified level of thoracic spinal cord, subsequent encounter**
S24.111A	**Complete lesion at T1 level of thoracic spinal cord, initial encounter**
S24.111D	**Complete lesion at T1 level of thoracic spinal cord, subsequent encounter**
S24.111S	**Complete lesion at T1 level of thoracic spinal cord, sequela**
S24.112A	**Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter**
S24.112D	**Complete lesion at T2-T6 level of thoracic spinal cord, subsequent encounter**
S24.112S	**Complete lesion at T2-T6 level of thoracic spinal cord, sequela**
S24.113A	**Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter**
S24.113D	**Complete lesion at T7-T10 level of thoracic spinal cord, subsequent encounter**
S24.113S	**Complete lesion at T7-T10 level of thoracic spinal cord, sequela**
S24.114A	**Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter**
S24.114D	**Complete lesion at T11-T12 level of thoracic spinal cord, subsequent encounter**
S24.114S	**Complete lesion at T11-T12 level of thoracic spinal cord, sequela**
S24.119A	**Complete lesion at unspecified level of thoracic spinal cord, initial encounter**
S24.131A	**Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter**
S24.131D	**Anterior cord syndrome at T1 level of thoracic spinal cord, subsequent encounter**
S24.131S	**Anterior cord syndrome at T1 level of thoracic spinal cord, sequela**
S24.132A	**Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter**
S24.132D	**Anterior cord syndrome at T2-T6 level of thoracic spinal cord, subsequent encounter**
S24.132S	**Anterior cord syndrome at T2-T6 level of thoracic spinal cord, sequela**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S24.133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.133D	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, subsequent encounter
S24.133S	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.134D	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, subsequent encounter
S24.134S	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.139A	Anterior cord syndrome at unspecified level of thoracic spinal cord, initial encounter
S24.141A	Brown-Sequard syndrome at T1 level of thoracic spinal cord, initial encounter
S24.141S	Brown-Sequard syndrome at T1 level of thoracic spinal cord, sequela
S24.142A	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.142S	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.143A	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.143S	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.144A	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.144S	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.149A	Brown-Sequard syndrome at unspecified level of thoracic spinal cord, initial encounter
S24.149D	Brown-Sequard syndrome at unspecified level of thoracic spinal cord, subsequent encounter
S24.149S	Brown-Sequard syndrome at unspecified level of thoracic spinal cord, sequela
S24.151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
S24.151D	Other incomplete lesion at T1 level of thoracic spinal cord, subsequent encounter
S24.151S	Other incomplete lesion at T1 level of thoracic spinal cord, sequela
S24.152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.152D	Other incomplete lesion at T2-T6 level of thoracic spinal cord, subsequent encounter
S24.152S	Other incomplete lesion at T2-T6 level of thoracic spinal cord, sequela

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S24.153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.153D	Other incomplete lesion at T7-T10 level of thoracic spinal cord, subsequent encounter
S24.153S	Other incomplete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.154D	Other incomplete lesion at T11-T12 level of thoracic spinal cord, subsequent encounter
S24.154S	Other incomplete lesion at T11-T12 level of thoracic spinal cord, sequela
S24.159A	Other incomplete lesion at unspecified level of thoracic spinal cord, initial encounter
S34.01xA	Concussion and edema of lumbar spinal cord, initial encounter
S34.02xA	Concussion and edema of sacral spinal cord, initial encounter
S34.02xD	Concussion and edema of sacral spinal cord, subsequent encounter
S34.02xS	Concussion and edema of sacral spinal cord, sequela
S34.101A	Unspecified injury to L1 level of lumbar spinal cord, initial encounter
S34.101D	Unspecified injury to L1 level of lumbar spinal cord, subsequent encounter
S34.101S	Unspecified injury to L1 level of lumbar spinal cord, sequela
S34.102A	Unspecified injury to L2 level of lumbar spinal cord, initial encounter
S34.102D	Unspecified injury to L2 level of lumbar spinal cord, subsequent encounter
S34.102S	Unspecified injury to L2 level of lumbar spinal cord, sequela
S34.103A	Unspecified injury to L3 level of lumbar spinal cord, initial encounter
S34.103D	Unspecified injury to L3 level of lumbar spinal cord, subsequent encounter
S34.103S	Unspecified injury to L3 level of lumbar spinal cord, sequela
S34.104A	Unspecified injury to L4 level of lumbar spinal cord, initial encounter
S34.104D	Unspecified injury to L4 level of lumbar spinal cord, subsequent encounter
S34.104S	Unspecified injury to L4 level of lumbar spinal cord, sequela
S34.105A	Unspecified injury to L5 level of lumbar spinal cord, initial encounter
S34.105D	Unspecified injury to L5 level of lumbar spinal cord, subsequent encounter
S34.105S	Unspecified injury to L5 level of lumbar spinal cord, sequela
S34.109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
S34.109S	Unspecified injury to unspecified level of lumbar spinal cord, sequela
S34.111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter
S34.111D	Complete lesion of L1 level of lumbar spinal cord, subsequent encounter

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S34.112A	**Complete lesion of L2 level of lumbar spinal cord, initial encounter**
S34.112D	**Complete lesion of L2 level of lumbar spinal cord, subsequent encounter**
S34.113A	**Complete lesion of L3 level of lumbar spinal cord, initial encounter**
S34.113D	**Complete lesion of L3 level of lumbar spinal cord, subsequent encounter**
S34.114A	**Complete lesion of L4 level of lumbar spinal cord, initial encounter**
S34.114D	**Complete lesion of L4 level of lumbar spinal cord, subsequent encounter**
S34.115A	**Complete lesion of L5 level of lumbar spinal cord, initial encounter**
S34.115D	**Complete lesion of L5 level of lumbar spinal cord, subsequent encounter**
S34.119A	**Complete lesion of unspecified level of lumbar spinal cord, initial encounter**
S34.119D	**Complete lesion of unspecified level of lumbar spinal cord, subsequent encounter**
S34.121A	**Incomplete lesion of L1 level of lumbar spinal cord, initial encounter**
S34.121D	**Incomplete lesion of L1 level of lumbar spinal cord, subsequent encounter**
S34.121S	**Incomplete lesion of L1 level of lumbar spinal cord, sequela**
S34.122A	**Incomplete lesion of L2 level of lumbar spinal cord, initial encounter**
S34.122D	**Incomplete lesion of L2 level of lumbar spinal cord, subsequent encounter**
S34.122S	**Incomplete lesion of L2 level of lumbar spinal cord, sequela**
S34.123A	**Incomplete lesion of L3 level of lumbar spinal cord, initial encounter**
S34.123D	**Incomplete lesion of L3 level of lumbar spinal cord, subsequent encounter**
S34.123S	**Incomplete lesion of L3 level of lumbar spinal cord, sequela**
S34.124A	**Incomplete lesion of L4 level of lumbar spinal cord, initial encounter**
S34.124D	**Incomplete lesion of L4 level of lumbar spinal cord, subsequent encounter**
S34.125A	**Incomplete lesion of L5 level of lumbar spinal cord, initial encounter**
S34.129A	**Incomplete lesion of unspecified level of lumbar spinal cord, initial encounter**
S34.131A	**Complete lesion of sacral spinal cord, initial encounter**
S34.131D	**Complete lesion of sacral spinal cord, subsequent encounter**
S34.131S	**Complete lesion of sacral spinal cord, sequela**
S34.132A	**Incomplete lesion of sacral spinal cord, initial encounter**
S34.132D	**Incomplete lesion of sacral spinal cord, subsequent encounter**
S34.132S	**Incomplete lesion of sacral spinal cord, sequela**
S34.139A	**Unspecified injury to sacral spinal cord, initial encounter**
S34.139D	**Unspecified injury to sacral spinal cord, subsequent encounter**
S34.139S	**Unspecified injury to sacral spinal cord, sequela**
S34.3xxA	**Injury of cauda equina, initial encounter**

ICD-10 CM - Diagnosis Code	ICD-10 CM - Diagnosis Description
S34.3xxD	**Injury of cauda equina, subsequent encounter**
S34.3xxS	**Injury of cauda equina, sequela**