Proper Utilization of the 2024 ICD-10 Codes and Guidelines







With Mario Fucinari, DC, CPCO, CPPM, CIC www.AskMario.com

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Types of Codes

- CPT Current Procedural Terminology
- ICD-10 International Classification of Diseases
- **HCPCS** Healthcare Common Procedure Coding System

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The Role of Coding

CPT - Defines what you are doing

ICD - 10 - Defines why you are doing a service

HCPCS – Defines services or products

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What Came First, Documentation or Coding?



- The diagnoses and procedure codes are taken from medical record documentation, laboratory, and radiologic results.
- The doctor and billing staff ensure the codes are applied correctly during the billing process, which includes abstracting the information from documentation, assigning the appropriate codes, and creating a claim to be paid by insurance

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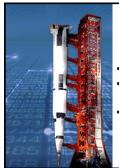
ICD-10-CM Guidelines

- The ICD-10-CM are a set of rules that have been developed to accompany and complement the official conventions and instructions.
- The guidelines provide additional instruction for the implementation of the codes.
- The diagnosis codes have been adopted under HIPAA for all healthcare settings.
- The importance of consistent, complete documentation in the healthcare record cannot be overemphasized. Without such documentation accurate coding cannot be achieved. The entire record should be reviewed to determine the specific reason for the encounter and the conditions treated.

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Is Your Coding Doomed?

- Increased Specificity in ICD-10
- Increased Detail in Documentation
- Code to the Highest Level of Specificity

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ICD-10-CM Rules

Mario Rule #2: Code what you know

Codes that describe symptoms and signs are only acceptable if that is the highest level of diagnostic certainty documented by the doctor. Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established.



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Unspecified Codes

 Codes referred to as "unspecified codes" are for use when the information in the medical record is insufficient to assign a more specific code.

UNSPECIFIED

 Report codes at the highest specificity documented.

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ICD-10-CM Rules

Signs and symptoms that are associated routinely with a disease (**condition**) process **should not** be assigned as additional codes, unless otherwise instructed by the classification.



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ICD-10-CM Rules

Code all documented conditions that coexist at the time of the visit that REQUIRE OR AFFECT patient care. Do not code conditions that no longer exist.

Co-morbidity or complicating factors

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E/M Guidelines 2024

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Selecting the Appropriate Level of E/M

Medical Decision Making (MDM)

- -Number and complexity of problems addressed
- Amount and/or complexity of data to be reviewed and analyzed
- Risk of complications and/or morbidity or mortality of patient management

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MDM and the NEW Guidelines

Medical Decision Making is defined as the process of establishing diagnoses, assessing the status of a condition, and/or selecting a management option.

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Level of MDM (Based on 2 out of the 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to Be Reviewed and Analyzed 'Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.	Risk of Complications and/o Morbidity or Mortality of Patient Management
99203 99213	Low 2 or more self-limited or minor problems; 1 stable, chronic illness; 1 stable, chronic illness; 1 acute, uncomplicated illness or injury; 1 stable, acute illness; 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care	Limited (1 out of 2 categories) Category 1: Testa and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source, • och unique source, • och unique source, • Ordering of each unique test, • Ordering o	Low risk of mortbidity from additional diagnostic testing or treatment

Level of MDM (Based on 2 out of the 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Bats to Be Reviewed and Analyzed Fach unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 5 below.	Risk of Complications and/or Morbidity or Morbidity of Patient Management
99204 99214	Moderate 1 or more chronic allowers with exacerbation, progression, or side effects of teachers. 2 or more stable, chronic allowers with the complex of the	Moderate (1 out of 3 categories) Category 1: Testa and documents • Any combination of 3 born the following: • Reviewer of prior document of the size of the following of the fo	Moderate task of morbidity from additional diagnostic lessing of treatment Examples only: Prescription drug management: Decision regarding minor surgery with identified patient or procedure that factors: Decision regarding indective major surgery without identified patient or procedure in the factors and in the surgery without identified patient or procedure in the factors of the surgery without identified patient or procedure in the factor is added to the surgery of the surgery

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"Therefore, the first responsibility of the doctor of chiropractic is to develop an understanding of the patient's health care needs, associated with their presentation, prior to developing a plan for intervention. The central core of clinical practice should and does focus around the needs of the patient."

Mark Dehen, DC, Council on Chiropractic Guidelines and Practice Parameters (CCGPP), Nov. 9, 2019

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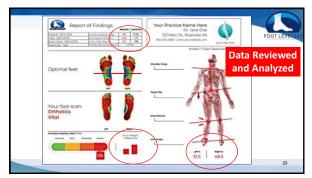
Documentation of Complicating Factors

"Complicating Factors to Be Considered"

- Older age
- · Psychosocial Factors
- Mental Health
 - PTSD
 - AnxietyDepression
- Obesity
- Pregnancy
- Sedentary Lifestyle
- Kinetic Chain Disruption due to hyperpronation Syndrome
- Deconditioning
- >3 previous episodes
- Delay treatment >7 days
- Congenital anomalies
 Type of Work Activities
- Non-Compliance

Farabaugh RJ, Dehen MD, Hawk C., Management of chronic spine-related conditions: Consensus recommendations of a multidisciplinary panel. Journal of Manipulative and Physiological Therapies 2010; 33(7): 484-492.

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Scan Every Patient Make this your protocol

- Various studies show overpronation creates biomechanical dysfunction
- It's an educational opportunity to show patients the feet play an instrumental part in the care you provide



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ICD-10-CM Rules

Do NOT code for unconfirmed diagnoses that are probable, suspected, to rule out, etc.

•If you suspect it, document it, but do not put it as a diagnosis on the claim form if it is not confirmed.

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Excludes1 Guidelines

- Excludes1 means "NOT CODED HERE" "THIS OR THAT"
- An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note.
- An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.
- \bullet Used when two conditions cannot occur together.

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Excludes2 Guidelines

EXCLUDES2:

- Excludes 2 The excluded code and the code above the excluded code can be used together if the documentation supports them.
- It basically asks, "This other information is included or related to the other code. Do you want it to be included?"
- This reminds you that you may want to add in this other condition.

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ICD-10-CM Clinical Examples

M54.2 Cervicalgia

EXCLUDES1 cervicalgia due to intervertebral disc disorder (M51.1-)

M54.3 Sciatica

EXCLUDES1 lesion of sciatic nerve (G57.0) sciatica due to intervertebral disc disorder (M50.1-) sciatica with lumbago (M54.4-)

M54.30 Sciatica unspecified M54.31 Sciatica, right side M54.32 Sciatica, left side

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ICD-10-CM Clinical Examples

M51 Thoracic, thoracolumbar and lumbosacral disc disorders EXCLUDES2 – cervical and cervicothoracic disc disorders (M50.-) sacral and sacrococcygeal disorders (M53.3)

M51.1 Thoracic, thoracolumbar and lumbosacral disc disorders (Sciatica due to intervertebral disc disorder)

EXCLUDES1 – lumbar radiculitis (NOS) M54.16 sciatica NOS M54.3)

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ICD-10-CM Clinical Examples

S13 Dislocation and sprain of joints and ligaments at neck level INCLUDES avulsion of joint or ligament at neck level

accusion of joint on ligament at neck level sprain of cartilage, joint or ligament at neck level sprain of cartilage, joint or ligament at neck level traumatic hemarthrosis of joint or ligament at neck level traumatic rupture of joint or ligament at neck level traumatic subluxation of joint or ligament at neck level traumatic tear of joint or ligament at neck level

EXCLUDES2 strain of muscle or tendon at neck level (S16.1)

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Sprain and Disc Codes Together

NO S AND M FOR BCBS \$33.5xxA Lumbar Sprain M51.37 Lumbar Degenerative Disc Disease

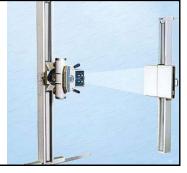
> Sprain and Disc Conditions cannot be together for some carriers (BCBS, UHC)



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Do You Own an X-ray Machine?

Policies and Procedures must be in place to obtain imaging reports, if available, prior to consultation.

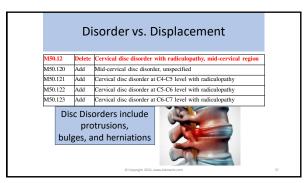


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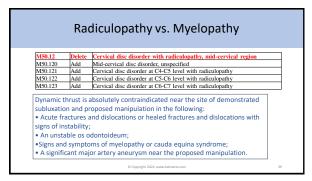
Accessing Patient Portals

- Increasing awareness of patients' rights regarding the ownership of their medical data has sparked a trend towards transparency and patients' participation regarding their personal diagnostic and therapeutic processes.
- \bullet Recent developments in information technology (IT) make it now possible for patients to access all their health data, including radiology reports and images directly online via electronic patient

Becker, C.D., Kotter, E. Communicating with patients in the age of online portals—challenges and opportunities on the horizon for radiologists. Insights Imaging 13, 83 (2022). https://doi.org/10.1186/s1324-022-01222-7



Disorder vs. Displacement | Strict | Displacement | Displacement



ICD-10 Changes

The code M54.5 LUMBAGO/LOW BACK PAIN was DELETED and is not a billable code

Lumbago/Lumbalgia (M54.5) was be replaced with the following:

- M54.50 Low back pain, unspecified (includes loin pain and lumbago NOS)
- M54.51 Vertebrogenic low back pain
- M54.59 Other low back pain

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ICD-10 Changes

M54.50 Low back pain, unspecified (includes loin pain and lumbago NOS)

- Most closely replaces the Lumbalgia (M54.5)
- Still an UNSPECIFIED CODE
- Use as a LAST RESORT

Ask Yourself:

Lumbalgia (low back pain) due to _____

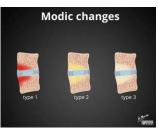
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ICD-10 Changes

M54.51 Vertebrogenic low back pain

- Due to MODIC Changes in the low back vertebral endplate pain
- Needs to be verified with MRI



Complete 2024 - - - - Advances - - -

ICD-10 Changes

M54.59 Other low back

- · Describes pain in the area surrounding the low back
- · Usually refers to systemic or organ conditions causing LBP



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ICD-10 Clinical Examples Cervicogenic Cephalgia G44.86 Code also the associated cervical spinal condition, if known CAUSE

Code Order Example:

M50.32 - cervical DDD

G44.86 - cervicogenic cephalgia -

EFFECT

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ICD-10 Changes FOR 2024

G43.1 Migraine with aura

Exludes1: chronic migraine with aura (G43.E-)

NEW SUBCATEGORY

G43.E- Chronic migraine with aura Excludes1: migraine with aura (G43.1-)

G43.E0 Chronic migraine with aura, not intractable
-Chronic migraine with aura, not intractable, with status migrainosus
G43.E01 Chronic migraine with aura, not intractable, with status migrainosus G43.E09 Chronic migraine with aura, not intractable, without status

migrainosus
-Chronic migraine with aura NOS

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ICD-10 Changes FOR 2024

Diseases of the musculoskeletal system and connective tissue (M00-M99)

NEW SUBCATEGORY

M80.0 - Age-related osteoporosis with current pathological fracture NEW CODES*

M80.0B - **Age-related** osteoporosis with current pathological fracture, pelvis M80.0B1 - **Age-related** osteoporosis with current pathological fracture, right pelvis M80.0B2 - **Age-related** osteoporosis with current pathological fracture, left pelvis M80.0B9 - **Age-related** osteoporosis with current pathological fracture, unspecified pelvis

*PARTIAL LIST

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Combination Codes

A combination code is a single code used to classify:

- Two diagnoses, or
- A diagnosis with an associated secondary process (manifestation)
- A diagnosis with an associated complication

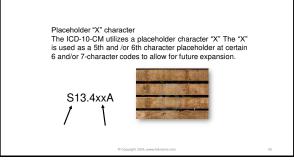


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Combo-Code Examples ICD-10 M54.30 Sciatica unspecified side M54.31 Sciatica Right M54.32 Sciatica Left M54.40 Sciatica uith lumbago unspecified M54.41 Sciatica with lumbago right M54.42 Sciatica with lumbago left M99.03





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7th Characters Certain ICD-10-CM categories have applicable 7th characters. The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters. S13.4xxA

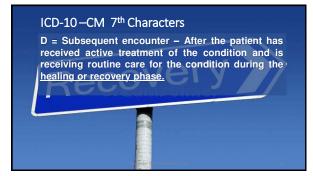
A - The initial encounter character is used as long as the patient is receiving <u>active</u> care for that condition, not the first time the provider sees the patient.

ACTIVE

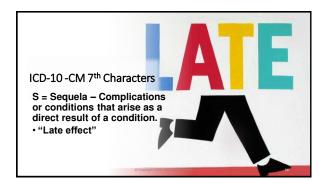
CARE

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ICD 10 Injury Guidelines

A – Acute Injury D – Sub-acute Rehabilitation

Acute: S13.4xxA – Cervical Sprain S16.1xxA – Cervical Strain Rehab:S13.4xxD – Cervical Sprain

S16.1xxA - Cervical Strain

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ICD 10 Disc Guidelines

Prior ICD- 10 Code	Previous Code Description	New ICD-10 Code	New Code Description
M51.86	Other intervertebral disc disorders, lumbar region	M51.A0	Intervertebral annulus fibrosus defect, unspecified size
		M51.A1	Intervertebral annulus fibrosus defect, small, lumbar region
		M51.A2	Intervertebral annulus fibrosus defect, large, lumbar region

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ICD 10 Disc Guidelines

Prior ICD- 10 Code	Previous Code Description	New ICD-10 Code	New Code Description
M51.86	Other intervertebral disc disorders, lumbar region	M51.A3	Intervertebral annulus fibrosus defect, lumbosacral region, unspecified size
M51.87	Other intervertebral disc disorders, lumbosacral region	M51.A4	Intervertebral annulus fibrosus defect, small, lumbosacral region,
		M51.A5	Intervertebral annulus fibrosus defect, large, lumbosacral region,

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NEW ICD 10 Codes New Code New ICD-10 Code Prior ICD-10 Code Description Description Concussion with loss of consciousness status S06.09XA consciousness of unspecified duration, initial encounter S06.0XAA unknown, initial encounter Concussion with loss of consciousness status Concussion with loss of S06.0XAD S06.0X9D consciousness of unspecified duration, subsequent encounter unknown, subsequent encounter Concussion with loss of Concussion with loss of S06.0X9S consciousness of unspecified duration, sequela. S06.0XAS consciousness status unknown, sequela

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Sequencing of Codes



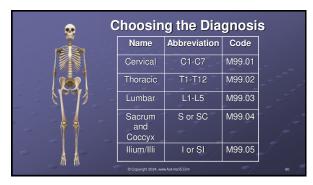
-Alphanumeric characters are reported on the insurance claim form because you are communicating to a computer.

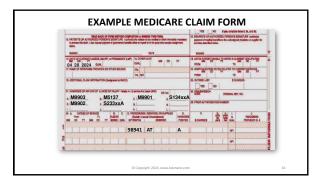
-Be sure to use the correct codes to the highest degree of specificity.

The diagnosis you provide directly relates to the level of care permitted by the third-party payers.

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participation of the same of t	The state of the s	I	
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region		
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region	GROUP 2	
M47.816	Spondylosis without myeiopathy or radiculopathy, lumbar region]	
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region.]	
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region		
M48.11	Ankylosing hyperostosis [Forestier], occipito-atlanto-axiai region	CODES	
M48.12	Ankylosing hyperostosis [Forestier], cervical region		
M48.13	Ankylosing hyperostosis [Forestier], cervicothoracic region		
M48.14	Ankylosing hyperostosis [Forestier], thoracic region		
M48.15	Ankylosing hyperostosis (Forestier), thoracolumbar region		
M48.16	Ankylosing hyperostosis [Forestier], lumbar region		
M48.17	Ankylosing hyperostosis [Forestier], lumbosacral region		
M48.18	Ankylosing hyperostosis [Forestier], sacral and sacrococcygeal region		
M48.19	Ankylosing hyperostosis [Forestier], multiple sites in spine		
MS4.2	Cervicalgia		
M54.50	Low back pain		
M\$4,6	Pain in thoracic spine		
M62.49	Contracture of muscle, multiple sites	62	

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ICD-10 CODE	DESCRIPTION	
\$13.8XXA	Sprain of joints and ligaments of other parts of neck, initial encounter	
S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter	
523.3XXA	Sprain of ligaments of thoracic spine, initial encounter	
\$23.8XXA	Sprain of other specified parts of thorax, initial encounter	
529.012A	Strain of muscle and tendon of back wall of thorax, initial encounter	
S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter	
\$33.6XXA	Sprain of sacroiliac joint, initial encounter	
S33.8XXA	Sprain of other parts of lumbar spine and pelvis, initial encounter	
539.012A	Strain of muscle, fascia and tendon of lower back, initial encounter	
539.013A	Strain of muscle, fascia and tendon of pelvis, initial encounter	



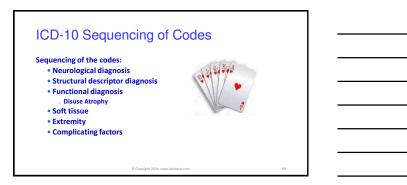
ICD-10 Sequencing of Codes Sequencing of the codes: Neurological diagnosis Structural descriptor diagnosis Functional diagnosis Soft tissue Extremity Complicating factors

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ICD-10 Sequencing of Codes Sequencing of the codes: Neurological diagnosis Postlaminectomy syndrome Disc Displacement Neuritis Structural descriptor diagnosis Functional diagnosis Functional diagnosis Soft tissue Extremity Complicating factors

ICD-10 Sequencing of Codes Sequencing of the codes: Neurological diagnosis • Structural descriptor diagnosis Degenerative Disc Disease **Spinal Stenosis** Scoliosis • Functional diagnosis • Soft tissue Extremity Complicating factors

ICD-10 Sequencing of Codes Sequencing of the codes: • Neurological diagnosis • Structural descriptor diagnosis - Degenerative Disc Disease Spinal StenosisScoliosis Segmental and Somatic Dysfunction Functional diagnosis • Soft tissue • Extremity • Complicating factors



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Deconditioning Syndrome



M62.50 Muscle wasting and atrophy, not elsewhere classified, unspecified site

M62.59 Muscle wasting and atrophy, not elsewhere classified, multiple sites

M62.511 Muscle wasting and atrophy, not elsewhere classified, right shoulder

M62512 Muscle wasting and atrophy, not elsewhere classified, left shoulder

M62.519 Muscle wasting and atrophy, not elsewhere classified, unspecified shoulder

M62.5A Muscle wasting and atrophy, not elsewhere classified, back

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ICD-10 Sequencing of Codes

Sequencing of the codes:

- Neurological diagnosis
- Structural descriptor diagnosis
- Functional diagnosis
- Soft tissue
 - _ Myositis
- Fibromyalgia Extremity
- Complicating factors

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ICD-10 Sequencing of Codes

Sequencing of the codes:

- Neurological diagnosis
- Structural descriptor diagnosis
- Functional diagnosis
- Soft tissue
 - Myositis
- _ Fibromyalgia
- Extremity
- Complicating factors
- External Cause Codes (VA, PI, WC)

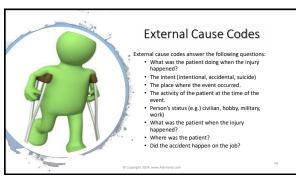


External Cause Codes

- External cause codes should never be sequenced as the first-listed or principle diagnosis codes.
- There is no national requirement for mandatory external cause coding
- May be a state-based or payer-based requirement. Check with your PPO, PI and work-comp programs.
- It is encouraged to voluntarily report external cause codes

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Social Determinants of Health (SDoH)

- SDoH are non-clinical factors that influence health, such as socioeconomics, physical environment, food access, healthcare habits, and accessibility.
- SDoH are important predictors in clinical care, and positive conditions are associated with improved patient outcomes and reduced costs. Adverse conditions have been shown to negatively affect patient outcomes.
- As much as 50 percent of a patient's health can be attributed to non-clinical factors.

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Social Determinants of Health (SDoH)

- SDoH data is used to assess and alleviate healthcare disparities and inequities.
- SDoH metrics may be used in multidisciplinary facilities and in community partnerships.
- SDOH are non-clinical factors that may be used as complicating factors

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Social Determinants of Health (SDoH)

- · Examples include:
 - Availability of food
 - Availability of housing
 - Poverty
 - Mental health
- Reported with ICD-10-CM codes Z55-Z65

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But when they are, code... Z91.190 Patient noncompliance with other medical treatment due to financial hardship

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What About NON-COMPLIANT Patients!

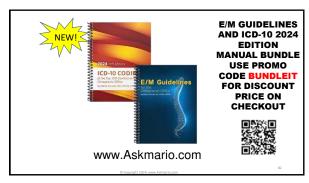
- Z91.19 Patient's noncompliance with other medical treatment and regimen
- Z91.190 Patient's noncompliance with other medical treatment and regimen due to financial hardship
 Z91.198 Patient's noncompliance with other medical
- treatment and regimen for other reason
- Z91.199 Patient's noncompliance with other medical treatment and regimen due to unspecified reason



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