

ICD-10-CM Code Set Training Public Consulting Group Missouri Department of Health and Senior Services

General ICD-10-CM Guidelines
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I. ICD-9-CM to ICD-10-CM

Chapter Changes

The following table provides information of general chapter changes between ICD-9-CM and ICD-10-CM. While several chapters have not moved, several have new locations and other body systems have been provided their own chapter. This provides a quick crosswalk to highlight the differences.

Chapter	ICD-9-CM	ICD-10-CM
1	Infectious and Parasitic Diseases	Certain Infectious and Parasitic Diseases
2	Neoplasms	Neoplasms
3	Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	Disease of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism
4	Diseases of the Blood and Blood-Forming Organs	Endocrine, Nutritional and Metabolic Diseases
5	Mental Disorders	Mental, Behavioral and Neurodevelopmental Disorders
6	Diseases of the Nervous System and Sense Organs	Disease of the Nervous System
7	Diseases of the Circulatory System	Diseases of the Eye and Adnexa
8	Diseases of the Respiratory System	Diseases of the Ear and Mastoid Process
9	Diseases of the Digestive System	Diseases of the Circulatory System
10	Diseases of the Genitourinary System	Diseases of the Respiratory System
11	Complications of Pregnancy, Childbirth, and the Puerperium	Diseases of the Digestive System
12	Diseases of the Skin and Subcutaneous Tissue	Diseases of the Skin and Subcutaneous Tissue
13	Diseases of the Musculoskeletal System and Connective Tissue	Diseases of the Musculoskeletal System and Connective Tissue
14	Congenital Anomalies	Disease of the Genitourinary System
15	Certain Conditions Originating in the Perinatal Period	Pregnancy, Childbirth and the Puerperium
16	Symptoms, Signs, and Ill-Defined Conditions	Certain Conditions Originating the Perinatal Period
17	Injury and Poisoning	Congenital Malformations, Deformations and Chromosomal Abnormalities
18	N/A	Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified
19	N/A	Injury, Poisoning and Certain Other Consequences of External Causes
20	N/A	External Causes of Morbidity
21	N/A	Factors Influencing Health Status and Contact with Health Services
Supplementary Classification	Classification of Factors Influencing Health Status and Contact with Health Services (V Codes)	N/A
Supplementary Classification	Classification of External Cause of Injury and Poisoning (E Codes)	N/A

ICD-10-CM Terms

The following terms can serve as a quick reference or glossary to assist in understanding the process associated with each and/or a quick guide to any changes in the terms use or meaning.

Alphabetical Index:

The organization from ICD-9-CM to ICD-10-CM remains similar. Codes are still listed by Main Terms, there are cross-references such as “see”, and “see also”. Nonessential modifiers are located in parentheses, remember that nonessential modifiers does not affect code selection. One change is with the indented code descriptors, you now see the entire descriptor for each code rather than having to refer to the main code descriptor for the category or sub-category heading/descriptor.

Tabular List:

The organization from ICD-9-CM to ICD-10-CM remains similar. The Tabular List remains the must use section in order to complete the code selection. The full code, including laterality, any applicable 7th characters, and additional coding guidance, such as excludes and includes can only be found in the Tabular List. The Tabular List is the chronological listing of the codes identified in the Alphabetical Index.

Category:

The three-character diagnosis code classifications that broadly define each condition

Combination Code:

A term that represents a single code used to classify two diagnoses. It is either a diagnosis with an associated sign or symptom, or a diagnosis with an associated complication. Multiple codes should not be used when the classification provided a combination code that clearly identifies all the elements documented in the diagnosis.

Crosswalk/Mapping:

Published by various coding authorities is designed to be an accurate and authoritative source regarding coding. There is no guarantee that the data is accurate, complete, or without errors. Many mappings offer only a comprehensive crosswalk using the GEM (General Equivalence Mappings, while others include an RM (Reimbursement Mapping). It is up to the provider/coder to determine the appropriate ICD-10-CM code that should be used based on the documentation. Remember in most cases ICD-9-CM codes are not a 1:1 match, but often have 2 or more codes that it can map to, and that not all codes may be deemed reimbursable by the payor.

Granularity:

In ICD-10-CM the term refers to the level of hierarchy and the amount of information the increased hierarchy provides to the diagnostic description.

Laterality:

ICD-10-CM code descriptions now include right, left, bilateral, dominant, non-dominant to describe diagnoses codes that affect body systems/sites/locations that have these options (extremities, lungs, etc). Additionally there are exceptions to the rule such as including upper or lower as with the eyelids, both laterality and the additional location must be considered in code selection. Another exception is for bilateral coding, if the category does not have a code that indicates bilateral (both sides, right/left, etc.), then the separate code for both the right and left side should be assigned.

Coding Tip: Character relationships for laterality are usually but not always as follows:

Right:	Number Character 1
Left:	Number Character 2
Bilateral:	Number Character 3
Unspecified:	Number Character 0 or 9 (depends on location as either the 5 th or 6 th character in the code)

Manifestation Codes:

Certain conditions have both an underlying etiology and multiple body system manifestations (complications) due to the underlying etiology. These conditions have a coding convention that is used in both ICD-9-CM and ICD-10-CM, the guideline will state that to properly code this diagnosis you must code first the underlying condition (first position/sequenced first), followed by the code for the manifestation. The Tabular List provides guidance via a coding note that states “use additional code” at the etiology code, and a “code first” note at the manifestation code. This indicates the proper sequencing order of the codes. However, in ICD-10-CM a new group of codes, Combination Codes, have been introduced to reduce the need for multiple codes to describe the complete diagnosis that is documented.

Morbidity:

This term refers to the disease rate or number of cases of a particular disease in a given age range, gender, occupation, or other relevant population based grouping.

Mortality:

This term refers to the death rate reflected by the population in a given age range, or other relevant statistical grouping.

Principal or First Listed Diagnosis:

This refers to the code sequenced first on a medical record that defines the primary reason for the encounter as determined at the end of the encounter (assessment/plan). For inpatient the first code listed is referred to as the principal diagnosis, in all other settings it is referred to as first listed.

Rubric:

Describes a group of similar conditions, in ICD-10-CM denotes either a three character category, or a four character subcategory.

Code Structure

Three Character Categories: The following tables are the Three Character Categories listed by chapter in ICD-10-CM.

Chapter 1 Certain Infectious and Parasitic Diseases (A00 - B99)

Code Range	Descriptor
A00 – A09	Intestinal infectious diseases
A15 – A19	Tuberculosis
A20 – A28	Certain zoonotic bacterial diseases
A30 – A49	Other bacterial diseases
A50 – A64	Infections with a predominantly sexual mode of transmission
A65 – A69	Other spirochetal diseases
A70 – A74	Other diseases caused by chlamydiae
A75 – A79	Rickettsioses
A80 – A89	Viral infections of the central nervous system
A90 – A99	Arthropod borne viral fevers and viral hemorrhagic fevers
B00 – B09	Viral infections characterized by skin and mucous membrane lesions
B15 – B19	Viral hepatitis
B20	Human Immunodeficiency Virus [HIV] disease
B25 – B34	Other viral diseases
B35 – B49	Mycoses
B50 – B64	Protozoal diseases
B65 – B83	Helminthiases
B85 – B89	Pediculosis, acariasis and other infestations
B90 – B94	Sequelae of infectious and parasitic diseases
B95 – B97	Bacterial, viral and other infectious agents
B99	Other infectious diseases

Chapter 2 Neoplasms (C00 – D49)

Code Range	Descriptor
C00 – C75	Malignant neoplasms, stated or presumed to be primary, of specified sites, except of lymphoid, hematopoietic and related tissue
C00-C14	Lip, oral cavity and pharynx
C15 – C26	Digestive organs
C30 – C39	Respiratory and intrathoracic organs
C40 – C41	Bone and articular cartilage
C43 – C44	Skin
C45 – C49	Mesothelial and soft tissue
C50	Breast
C51 – C58	Female genital organs
C60 – C63	Male genital organs
C64 – C68	Urinary tract
C69 – C72	Eye, brain and other parts of the central nervous system
C73 – C75	Thyroid and other endocrine glands
C76 – C80	Malignant neoplasms of ill-defined, secondary and unspecified sites
C81 – C96	Malignant neoplasms, stated or presumed to be primary, of lymphoid, hematopoietic and related tissue
D00 – D09	In situ neoplasms
D10 – D36	Benign neoplasms
D37 – D48	Neoplasms of uncertain behavior
D49	Neoplasms of unspecified behavior

Chapter 3 Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism (D50 – D89)

Code Range	Descriptor
D50 – D53	Nutritional anemias
D55 – D59	Hemolytic anemias
D60 – D64	Aplastic and other anemias
D65 – D69	Coagulation defects, purpura and other hemorrhagic conditions
D70 – D78	Other diseases of blood and blood-forming organs
D80 – D89	Certain disorders involving the immune mechanism

Chapter 4 Endocrine, Nutritional and Metabolic Diseases (E00 – E90)

Code Range	Descriptor
E00 – E07	Disorders of the thyroid gland
E08 – E13	Diabetes Mellitus
E15 – E16	Other disorders of glucose regulation and pancreatic internal secretion
E20 – E36	Disorders of other endocrine glands
E40 – E46	Malnutrition
E50 – E64	Other nutritional deficiencies
E65 – E68	Obesity and other Hyperalimentation
E70 – E89	Metabolic Disorders

Chapter 5 Mental, Behavioral and Neurodevelopmental Disorders (F01 – F99)

Code Range	Descriptor
F01 – F09	Mental disorders due to known physiological conditions
F10 – F19	Mental and behavioral disorders due to psychoactive substance use
F20 – F29	Schizophrenia, schizotypal and delusional, and other non-mood psychotic disorders
F30 – F39	Mood [affective] disorder
F40 – F48	Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50 – F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60 – F69	Disorders of adult personality and behavior
F70 – F79	Mental retardation
F80 – F89	Pervasive and specific developmental disorders
F90 – F98	Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99	Unspecified mental disorder

Chapter 6 Diseases of the Nervous System (G00 – G99)

Code Range	Descriptor
G00 – G09	Inflammatory diseases of the central nervous system
G10 – G13	Systemic atrophies primarily affecting the central nervous system
G20 – G26	Extrapyramidal and movement disorders
G30 – G32	Other degenerative diseases of the nervous system
G35 – G37	Demyelinating diseases of the central nervous system
G40 – G47	Episodic and paroxysmal disorders
G50 – G59	Nerve, nerve root and plexus disorders
G60 – G64	Polyneuropathies and other disorders of the peripheral nervous system
G70 – G73	Diseases of myoneural junction and muscle
G80 – G83	Cerebral palsy and other paralytic syndromes
G90 – G99	Other disorders of the nervous system

Chapter 7 Disorder of the Eye and Adnexa (H00 – H59)

Code Range	Descriptor
H00 – H05	Disorders of eyelid, lacrimal system and orbit
H10 – H13	Disorders of the conjunctiva
H15 – H21	Disorders of sclera, cornea, iris and ciliary body
H25 – H28	Disorders of lens
H30 – H36	Disorders of choroid and retina
H40 – H42	Glaucoma
H43 – H45	Disorders of vitreous body and globe
H46 – H47	Disorders of optic nerve and visual pathways
H49 – H52	Disorders of ocular muscles, binocular movement, accommodation and refraction
H53 – H54	Visual disturbances and blindness
H55 – H59	Other disorders of eye and adnexa

Chapter 8 Diseases of the Ear and Mastoid Process (H60 – H95)

Code Range	Descriptor
H60 – H62	Diseases of external ear
H65 – H75	Diseases of middle ear and mastoid
H80 – H83	Diseases of inner ear
H90 – H95	Other disorders of ear

Chapter 9 Diseases of the Circulatory System (I00 – I99)

Code Range	Descriptor
I00 – I02	Acute rheumatic fever
I05 – I09	Chronic rheumatic heart diseases
I10 – I15	Hypertensive diseases
I20 – I25	Ischemic heart diseases
I26 – I28	Pulmonary heart disease and diseases of pulmonary circulation
I30 – I52	Other forms of heart disease
I60 – I69	Cerebrovascular diseases
I70 – I79	Diseases of arteries, arterioles and capillaries
I80 – I89	Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
I95 – I99	Other and unspecified disorders of the circulatory system

Chapter 10 Diseases of the Respiratory System (J00 – J99)

Code Range	Descriptor
J00 – J06	Acute upper respiratory infections
J10 – J18	Influenza and pneumonia
J20 – J22	Other acute lower respiratory infections
J30 – J39	Other diseases of upper respiratory tract
J40 – J47	Chronic lower respiratory diseases
J60 – J70	Lung diseases due to external agents
J80 – J84	Other respiratory diseases principally affecting the interstitium
J85 – J86	Suppurative and necrotic conditions of the lower respiratory tract
J90 – J94	Other diseases of the pleura
J95 – J99	Other diseases of the respiratory system

Chapter 11 Diseases of the Digestive System (K00 – K95)

Code Range	Descriptor
K00 – K14	Diseases of oral cavity and salivary glands
K20 – K31	Diseases of esophagus, stomach and duodenum
K35 – K38	Diseases of appendix
K40 – K46	Hernia
K50 – K52	Noninfective enteritis and colitis
K55 – K63	Other diseases of intestines
K65 – K68	Diseases of peritoneum and retroperitoneum
K70 – K77	Diseases of the liver
K80 – K87	Disorders of gallbladder, biliary tract and pancreas
K90 – K95	Other diseases of the digestive system

Chapter 12 Diseases of the Skin and Subcutaneous Tissue (L00 – L99)

Code Range	Descriptor
L00 – L08	Infections of the skin and subcutaneous tissue
L10 – L14	Bullous disorders
L20 – L30	Dermatitis and eczema
L40 – L45	Papulosquamous disorders
L50 – L54	Urticarial and erythema
L55 – L59	Radiation-related disorders of the skin and subcutaneous tissue
L60 – L75	Disorders of skin appendages
L76	Intraoperative and post procedural complications of dermatologic procedures
L80 – L99	Other disorders of the skin and subcutaneous tissue

Chapter 13 Diseases of the Musculoskeletal System and Connective Tissue (M00 – M99)

Code Range	Descriptor
M00 – M02	Infectious arthropathies
M05 – M14	Inflammatory polyarthropathies
M15 – M19	Osteoarthritis
M20 – M25	Other joint disorders
M26 – M27	Dentofacial anomalies [including malocclusion] and other disorders of the jaw
M30 - M36	Systemic connective tissue disorders
M40 – M43	Deforming dorsopathies
M45 – M49	Spondylopathies
M50 – M54	Other dorsopathies
M60 – M63	Disorders of muscles
M65 – M67	Disorders of synovium and tendon
M70 – M79	Other soft tissue disorders
M80 – M85	Disorders of bone density and structure
M86 – M90	Other osteopathies
M91 – M94	Chondropathies
M95 – M99	Other disorders of the musculoskeletal system and connective tissue

Chapter 14 Diseases of the Genitourinary System (N00 – N99)

Code Range	Descriptor
N00 – N08	Glomerular diseases
N10 – N16	Renal tubule-interstitial diseases
N17 – N19	Renal failure
N20 – N23	Urolithiasis
N25 – N29	Other disorders of kidney and ureter
N30 – N39	Other diseases of the urinary system
N40 – N51	Diseases of male genital organs
N60 – N64	Disorders of breast
N70 – N77	Inflammatory diseases of female pelvic organs
N80 – N98	Non-inflammatory disorders of female genital tract
N99	Other disorders of genitourinary system

Chapter 15 Pregnancy, Childbirth and the Puerperium (O00 – O94)

Code Range	Descriptor
O00 – O08	Pregnancy with abortive outcome
O09	Supervision of high-risk pregnancy
O10 – O16	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the Puerperium
O20 – O29	Other maternal disorders predominantly related to pregnancy
O30 – O48	Maternal care related to the fetus and amniotic cavity and possible delivery problems
O60 – O77	Complications of labor and delivery
O80, O82	Encounter for delivery
O85 – O92	Complications predominantly related to the Puerperium
O93	Sequelae of complication of pregnancy, childbirth, and the Puerperium
O94 – O9A	Other obstetric conditions, not elsewhere classified

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

Code Range	Descriptor
P00 – P04	Newborn affected by maternal factors and by complications of pregnancy, labor and delivery
P05 – P08	Disorders related to length of gestation and fetal growth
P10 – P15	Birth trauma
P19 – P29	Respiratory and cardiovascular disorders specific to the perinatal period
P35 – P39	Infections specific to the perinatal period
P50 – P61	Hemorrhagic and hematological disorders of newborn
P70 – P74	Transitory endocrine and metabolic disorders specific to newborn
P75 – P78	Digestive system disorders of newborn
P80 – P83	Conditions involving the integument and temperature regulation of newborn
P84	Other problems with newborn
P90 – P96	Other disorders originating in the perinatal period

Chapter 17 **Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00 – Q99)**

Code Range	Descriptor
Q00 – Q07	Congenital malformations of the nervous system
Q10 – Q18	Congenital malformations of the eye, ear, face and neck
Q20 – Q28	Congenital malformations of the circulatory system
Q30 – Q34	Congenital malformations of the respiratory system
Q35 – Q37	Cleft lip and cleft palate
Q38 – Q45	Other congenital malformations of the digestive system
Q50 – Q56	Congenital malformations of genital organs
Q60 – Q64	Congenital malformations of the urinary system
Q65 – Q79	Congenital malformations and deformations of the musculoskeletal system
Q80 – Q89	Other congenital malformations
Q90 – Q99	Chromosomal abnormalities, not elsewhere classified

Chapter 18 **Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00 – R99)**

Code Range	Descriptor
R00 – R09	Symptoms and signs involving the circulatory and respiratory systems
R10 – R19	Symptoms and signs involving the digestive system and abdomen
R20 – R23	Symptoms and signs involving the skin and subcutaneous tissue
R25 – R29	Symptoms and signs involving the nervous and musculoskeletal systems
R30 – R39	Symptoms and signs involving the urinary system
R40 – R46	Symptoms and signs involving cognition, perception, emotional state and behavior
R47 – R49	Symptoms and signs involving speech and voice
R50 – R69	General symptoms and signs
R70 – R79	Abnormal findings on examination of blood, without diagnosis
R80 – R82	Abnormal findings on examination of urine, without diagnosis
R83 – R89	Abnormal findings on examination of other body fluids, substance and tissues, without diagnosis
R90 – R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R99	Ill-defined and unknown cause of mortality



Chapter 19 Injury, Poisoning and Certain Other Consequences of External Cause (S00 – T88)

Code Range	Descriptor
S00 – S09	Injuries to the head
S10 – S19	Injuries to the neck
S20 – S29	Injuries to the thorax
S30 – S39	Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals
S40 – S49	Injuries to the shoulder and upper arm
S50 – S59	Injuries to the elbow and forearm
S60 – S69	Injuries to the wrist and hand
S70 – S79	Injuries to the hip and thigh
S80 – S89	Injuries to the knee and lower leg
S90 – S99	Injuries to the ankle and foot
T07	Unspecified multiple injuries
T14	Injury of unspecified body region
T15 – T19	Effects of foreign body entering through natural orifice
T20 – T32	Burns and corrosions
T33 – T34	Frostbite
T36 – T50	Poisoning by adverse effect of an under-dosing of drugs, medications and biological substances
T51 – T65	Toxic effects of substances chiefly non-medicinal as to source
T66 – T78	Other and unspecified effects of external causes
T79	Certain early complications of trauma
T80 – T88	Complications of surgical and medical care, not elsewhere classified

Chapter 20		External Causes of Morbidity (V00 – Y99)
Code Range	Descriptor	
V00 – X58	Accidents	
V00 – V99	Transport accidents	
V00 – V09	Pedestrian injured in transport accident	
V10 – V19	Pedal cyclist injured in transport accident	
V20 – V29	Motorcycle rider injured in transport accident	
V30 – V39	Occupant of three-wheeled motor vehicle injured in transport accident	
V40 – V49	Car occupant injured in transport accident	
V50 – V59	Occupant of pick-up truck or van injured in transport accident	
V60 – V69	Occupant of heavy transport vehicle injured in transport accident	
V70 – V79	Bus occupant injured in transport accident	
V80 – V89	Other land transport accidents	
V90 – V94	Water transport accidents	
V95 – V97	Air and space transport accidents	
V98 – V99	Other and unspecified transport accidents	
W00 – X58	Other external causes of accidental injury	
W00 – W19	Falls	
W20 – W49	Exposure to inanimate mechanical forces	
W50 – W64	Exposure to animate mechanical forces	
W65 – W74	Accidental drowning and submersion	
W85 – W99	Exposure to electric current, radiation and extreme ambient air temperature and pressure	
X00 – X09	Exposure to smoke, fire and flames	
X10 – X19	Contact with heat and hot substances	
X30 – X39	Exposure to forces of nature	
X52 – X58	Accidental exposure to other specified factors	
X71 – X83	Intentional self-harm	
X92 – Y08	Assault	
Y21 – Y33	Event of undetermined intent	
Y35 – Y38	Legal intervention, operations of war, military operations and terrorism	
Y62 – Y84	Complications of medical and surgical care	
Y62 – Y69	Misadventures to patients during surgical and medical care	
Y70 – Y82	Medical devices associated with adverse incidents in diagnostic and therapeutic use	
Y83 – Y84	Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	
Y90 – Y99	Supplementary factors related to causes of morbidity classified elsewhere	



Chapter 21 **Factors Influencing Health Status and Contact with Health Services (Z00 – Z99)**

Code Range	Descriptor
Z00 – Z13	Persons encountering health services for examination and investigation
Z14 – Z15	Genetic carrier and genetic susceptibility to disease
Z16	Infection with drug resistant microorganisms
Z20 – Z28	Persons with potential health hazards related to communicable diseases
Z30 – Z39	Person encountering health services in circumstances related to reproduction
Z40 – Z53	Persons encountering health services for specific procedures and health care
Z55 – Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z6	Do not resuscitate (DNR) status
Z67	Blood-type
Z69 – Z76	Persons encountering health services in other circumstances
Z79 – Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Additional Category Definitions

Four Character Categories:

The four character categories further define the site, etiology, and manifestation or state of the disease or condition. The four character subcategory includes the three character category plus decimal with an additional character to further identify the condition to the highest level of specificity.

ICD-10-CM uses the same indented format and each code includes the full description of the code, the coder no longer needs to complete the full description using the partial information from the category and subcategory areas.

Five and Six Character Sub-classifications:

The fifth character identifies the most precise level of specificity in ICD-9-CM; however, in ICD-10CM the fifth or sixth character sub-classifications represent the most accurate level of specificity.

Seventh Character Extensions:

Certain ICD-10-CM categories have applicable seven characters. If applicable the seventh character is required for all codes within the category. The seventh character must always be in the seventh position of the data field. If a code that requires a seventh character is not six characters, a placeholder “X” must be used to fill in the empty character spaces.

Dummy Placeholders:

As stated above the “X” is used as the placeholder character. It is used as a fifth or sixth character placeholder to allow for future expansion. It is used to hold the seventh character in the seventh position for any code that requires seven characters when the code is less than six characters in length.

Example: T15.12XS Foreign body in conjunctival sac, left eye, sequela

II. ICD-10-CM Conventions

Glossary of Terms

Section II will provide definitions for all coding conventions for use as a refresher any changes from ICD-9-CM to ICD-10-CM will be noted.

Additional Diagnosis:

The secondary diagnosis code used, if available, to provide a more complete picture of the primary diagnosis.

Code First/Use Additional Code Notes:

Etiology and manifestation paired codes have a specific index entry structure. In the index both conditions are listed together with the etiology code first followed by the manifestation codes in brackets. The code in brackets is always to be sequenced second.

NEC:

An NEC alphabetic index entry directs the coder to an “other specified” code in the Tabular List, remember to see the inclusion terms under the Tabular Format subheading.

NOS:

Not otherwise specified is another abbreviation for unspecified.

Punctuation:

- [] Brackets are used in the Tabular List to enclose synonyms, alternative wording, or explanatory wording. Brackets are used in the Alphabetic Index to identify manifestation codes.
- () Parentheses are used in both the Alphabetic Index and Tabular List to enclose supplemental words that do not affect the code number. The terms within the parentheses are referred to as nonessential modifiers.
- :
- Colon is used after an incomplete term that needs one or more of the modifiers that follow to make it assignable to a given category.
- }
- The brace encloses a series of terms each of which is modified by the statement appearing at the right of the brace.
- ,
- Words following a comma are essential modifiers. The term in the inclusion note must be present in the diagnostic statement to qualify the code.

Code Also:

Code also notes instructs that two codes may be required to fully describe a condition, but the sequencing of the two codes depends on the severity of the conditions and the reason for the encounter.

See and See Also:

When the “see” instruction follows a main term in the Index it indicates that another term should be referenced. It is necessary to go to the main term referenced to locate the correct code.

A “see also” instruction that follows a main term in the index instructs that there is another main term that may also be referenced and provide additional index entries that may be useful. It is not necessary to follow the “see also” note when the original main term provides the necessary code.

Default Codes:

A code listed next to a main term in the ICD-10-CM Index is referred to as a default code. The default code represents the condition that is most commonly associated with the main term, or is the unspecified code for the condition. If a condition is documented in a medical record without any additional information, such as acute or chronic, the default code should be assigned.

Remember never code directly from the default code listed; always confirm your code choice selection in the Tabular List.

Code First/Use Additional Code Notes:

Codes that have both an underlying etiology and multiple body system manifestations due to the underlying etiology require sequencing the underlying condition first, followed by the manifestation. When such combinations exist there is a “use additional code” notes at the etiology code, and a “code first” note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes (etiology followed by manifestation).

Excludes Notes

Two types of excludes notes are found, both indicate that the codes excluded from each other are also independent of each other. They instruct the user to go to another code for the excluded condition.

Type 1 Excludes: Indicates that the code excluded should never be used at the same time as the code above the *Excludes 1* note. Additional *Excludes 1* notes are used when two conditions cannot occur together. Conditions listed with *Excludes 1* are mutually exclusive.

Type 2 Excludes: These notes indicate that the condition excluded is not part of the condition represented by the code. A patient may have both conditions at the same, when an *Excludes 2* note appears under a code it is acceptable to use both the code and the excluded code together when both conditions exist. *Excludes 2* represents “not included here”.

Inclusion Terms:

Lists of terms are included under some codes. These terms are some of the conditions for which that code number is to be used, or can be assigned to that code.



Other Specified and NEC:

Codes in the Tabular List with “other specified” are for use when the information in the medical record provides detail for which a specific code does not exist. NEC represent other specified. Index entries for NEC directs the coder to an “other specified” code in the Tabular List.

Unspecified and NOS:

Codes with “unspecified” in the Tabular List are for use when the information in the medical record is insufficient to assign a more specific code. NOS is equivalent to unspecified in the Tabular List.

Use of “and”:

And represents and/or when used in a narrative statement.

With/Without:

Default is always without when the final character of a set of codes provide the two options of with and without. For five character codes “0” in the fifth position represents without, and a “1” represents with. For six character codes, the sixth position character of a “1” represents with and “9” represents without.

III. General Coding Guidelines

Golden Rules

Never code from the Index alone, always refer to the Tabular List.

Always code to the highest level of specificity as allowed by the documentation.

Coding Guidelines

Signs and Symptoms:

Codes that describe signs and symptoms are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.

Conditions that are an Integral Part of a Disease Process:

Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.

Multiple Coding for a Single Condition:

The etiology/manifestation convention requires two codes to completely describe a single condition, there are other single conditions that also require more than one code.

Follow all “code first” or “use additional code” notes where indicated.

Acute and Chronic Conditions:

If the same condition is described as both acute and chronic, and separate subentries exist at the same indentation level, code both and sequence the acute code first.

Acute Condition: The medical conditions characterized by sudden onset, severe change, and/or short duration.

Chronic Condition: Medical conditions characterized by long duration, frequent recurrence over a long period of time, and/or slow progression over time.

Combination Codes:

A combination code is a single code used to classify:

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

Assign only the combination code when that code fully identifies the diagnostic condition.

Late Effects (Sequelae):

Sequela is the term used for the residual effect after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. Coding sequela usually requires two codes sequenced by first coding the condition or nature of the sequela, then the sequela code second.

There are exceptions to this rule and are identified in the Tabular List.

Impending or Threatened Conditions:

Code any condition described at the time of discharge as “impending” or “threatened” in the following manner:

If it did occur, code as confirmed

If it did not occur, reference the Alphabetic Index to determine if the condition has a subentry term for “impending” or “threatened”, and also reference main term entries for “Impending” and “Threatened”

If the sub-terms are listed, assign the given code

If the sub-terms are not listed, code the existing underlying condition(s) and not the condition described as impending or threatened

Complications of Surgery and Other Medical Care:

When admission is for treatment of a complication resulting from surgery or other medical care, the complication code is sequenced as the first-listed code.

Reporting Same Diagnosis Code More than Once:

Each unique code may be reported only once per encounter, this applies to bilateral conditions or two different conditions classified to the same ICD-10-CM diagnosis code.

Syndromes:

Follow the Alphabetic Index guidance for syndromes, if no guidance exists, assign codes for the documented manifestations of the syndrome.

Documentation of Complications of Care:

Code assignment is based on the documentation of the relationship between the condition and the care or procedure. Query the provider for clarification if the complication is not clearly documented as a cause-and-effect scenario.

Principal or First Listed Diagnosis

Coding is based first on the conventions that provide sequencing instructions, if no instruction apply, then sequencing is based on the condition that brought the patient to the hospital or outpatient office, or is the primary focus of treatment. Conditions present on admission that receive treatment, but do not meet the definition of principal diagnosis should be coded as additional codes.

Additional guidelines include:

A sign or symptom code is not to be used as a principal diagnosis when a definitive diagnosis for the sign or symptom has been established.

A sign or symptom code is to be used as a principle/first listed if no definitive diagnosis is established at the time of coding. If the diagnosis is confirmed prior to coding the encounter, the confirmed diagnosis code should be used.

If anticipated treatment is not carried out due to unforeseen circumstances, the principal diagnosis/first listed codes remains the condition or diagnosis that the provider planned to treat.

When the admission is for treatment of a complication resulting from surgery or other medical care, the complication code is sequenced as the principal diagnosis/first listed code.

Selection of Secondary Diagnoses

In many cases more than one code is necessary to fully explain the encounter, additional conditions or reasons for the encounter also need to be coded. These additional codes are for diagnoses that affects the patient's care in terms of requiring clinical evaluation or therapeutic treatment, diagnostic procedures or extended length of hospital stay or increased nursing care/or monitoring.

Symptom Codes with Confirmed Diagnoses

A symptom code should not be used with a confirmed diagnosis if the symptom is integral to the diagnosis.

A symptom code should be used with a confirmed diagnosis if the symptom is not always associated with that diagnosis.

Previous Conditions

Some documentation includes statements surrounding resolved conditions or status post procedures that have no bearing on the current treatment, these conditions are not to be reported and are coded only if required by the hospital or physician office policy.



Abnormal Test Findings

These are NOT coded or reported unless the physician indicates their clinical significance. If findings are outside the normal range and other tests are ordered to evaluate the condition or treatment is prescribed, it is appropriate to ask the physician if the abnormal finding should be added.

If the abnormal test finding corresponds to a confirmed diagnosis, it should not be coded as an addition to the confirmed diagnosis. A sign or symptom code is to be used as principal/first listed if no definitive diagnosis is established at the time of coding. If the diagnosis is confirmed prior to coding the encounter, the confirmed diagnosis code should be used.

Medical Necessity:

Services or supplies that are proper and needed for the diagnosis or treatment of a medical condition; are provided for the diagnosis, direct care, and treatment of a medical condition, meet the standards of medical practice in the local area; and are not mainly for the convenience of the patient or doctor.

IV. Other Helpful Information

Coding Tips and Key Points of Understanding

1. When an instructional note appears under a three-character category code, it applies to all codes within that category. However, an instructional note under a specific code applies only to that single code.
2. One major difference in ICD-10-CM is that codes will have complete descriptions rather than relying on the hierarchy.
3. Health care providers will need to be educated on the additional detail required to be documented in the medical record in order to code injuries. For example, with the reporting of laterality, providers will need to document where the injury occurred.
4. The Uniform Hospital Discharge Data Set defines that the definition of principal diagnosis applies only to inpatients in acute, short-term, general hospitals
5. Some three-character code groupings stand alone as the valid code for the condition. Do not “zero fill” these codes, as that makes them invalid. Valid codes in ICD-10-CM may have three, four, five, six, or seven characters.
6. Use of the fifth, sixth, or seventh character is not optional. If five digit sub-classifications appear in ICD-9-CM, they must be used. If five, six, or seven character sub-classifications appear in ICD-10-CM, they must be used.
7. Parentheses enclose terms that are called “nonessential modifiers”. A patient’s condition need not match the nonessential modifiers for that code to be selected.
8. Many of the alternative names found in the alphabetic index are not listed as inclusion terms in the tabular list. To code accurately, the coder should consult the index and then verify the code found in the tabular list.
9. The placement of instructional notes is important. Notes appearing at the beginning of chapters apply to all categories within the chapter. Notes appearing at the beginning of sub-chapters apply to all codes within the sub-chapter. Notes appearing at three-character categories apply to all four, five, six, and seven character codes within the various subdivisions.

10. Excludes notes in ICD-10-CM are labeled as a type 1 or 2. An Excludes 1 note indicates codes listed elsewhere that would never be used together. The two conditions are not the same, and are, in fact, mutually exclusive. An Excludes 2 note indicates codes that may be reported together with the listed codes, if appropriate. This excludes note clarifies that the excluded condition is not considered part of the main code, and can be reported in addition to the main code.
11. “Code First” and “Use Additional Code” notes may appear independently of each other, or to designate certain etiology/manifestation paired codes. These instructions prompt the coder that an additional code should be reported to represent a complete diagnostic statement. A code title that specifies “in diseases classified elsewhere” specifically identifies manifestation codes that should never be reported alone, or as a first listed diagnosis.
12. If a term describing a condition can be expressed in more than one form, all forms, will appear in the main term entry.
13. An essential modifier that is the sole essential modifier for a main term appears in the alphabetic index on the same line as the main term, separated by a comma.
14. Nonessential modifiers may be present or absent for the diagnosis to be coded, either way, the code remains the same.
15. Although their alpha placement is purely coincidental, it may help in remembering code families to consider the following:
 - a. Most neoplasm codes begin with “C” as in cancer
 - b. Diabetes and other endocrine disorders begin with “E”, as in endocrinology
 - c. Musculoskeletal codes begin with “M”
 - d. Nephrology codes can be found under “N”
 - e. Obstetrical codes begin with the letter “O”
 - f. Perinatal codes begin with the letter “P”
16. Three chapters in ICD-10-CM underwent substantial review and revision: chapter 5, 19, and 20. The coder must understand the changes made to these chapters in order to code correctly from them. Specifically for chapter 5, Mental and Behavioral, these codes are further affected by the changes found in DSM5, many codes that were once used in the diagnostic process are not available when linking to DSM5.
17. Documentation requirements for circulatory disorders are greater with ICD-10-CM than under ICD-9-CM. Example, in subdural hemorrhage, I-10 codes available for this condition specify acute, sub-acute, or chronic.



18. ICD-10-CM combined common symptoms and complications of certain diagnosis codes, resulting in an increased number of combination code classifications. A combination code is a single code used to classify two diagnoses, or a diagnosis with an associated manifestation or complication.

19. Useful websites:

- a. <http://www.cdc.gov/nchs/icd/icd10cm.htm>
- b. <http://www.cms.hhs.gov/ICD10>

V. Chapter by Chapter Information

Guidelines, Coding Tips, and Key Points of Understanding

Chapter 1: Certain Infectious and Parasitic Diseases

1. Includes diseases recognized as communicable or transmissible
2. Z16 must be used to identify resistance to antimicrobial drugs
3. New Code Block A50 – A64
 - a. Infections with a predominantly sexual mode of transmission
 - b. Does NOT include HIV
4. Review Coding Guidelines and Notes each time you code SEPSIS or AIDS
5. Highlight the Coding Note and Code First Information found under Sequelae of Infectious and Parasitic Diseases (B90 – B94)

Chapter 2: Neoplasms

1. Mark, Tab, Indicate where the Neoplasm table is in your ICD-10-CM Book
2. Primary Malignant Neoplasms that overlap two or more contiguous sites are classified to subcategory/code .8 (overlapping lesion), unless indexed elsewhere
3. Non-contiguous will have codes for each site assigned

Chapter 3: Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism

1. No Changes, Updates, or New Guidelines

Chapter 4: Endocrine, Nutritional, and Metabolic Diseases

1. Many new combination codes
2. No longer classified as controlled or uncontrolled
 - a. Inadequately, Out of Control, or Poorly Controlled coded by type with Hyperglycemia
3. Coding Note in the Tabular under category E09
 - a. Use additional code for adverse effect, if applicable, to identify drug
4. T36 - T65 with fifth or sixth character 5
5. Use the Drugs and Chemical Table to Locate Code
 - a. Mark, Tab, Indicate where this table is in your ICD-10-CM Book
6. Use additional code to identify any insulin use
 - a. Code Z79.4

Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders

1. Unique codes for alcohol and drug use, abuse and dependence
2. Continuous or Episodic Use no longer classified
3. History of drug or alcohol dependence is coded as “in remission”
4. Many new combination codes
5. Use additional code to indicate the blood alcohol level, if indicated
 - a. Y90.-

Chapter 6: Diseases of the Nervous System

1. Category Codes G81, G82, and G83
 - a. Used only when listed conditions are reported without further specification
 - b. Stated as old or longstanding
 - c. Unspecified cause
2. Updated Epilepsy Terminology
 - a. Localization related idiopathic
 - b. Generalized idiopathic
 - c. Special epileptic syndromes
3. Specificity
 - a. Seizures of localized onset
 - b. Complex Partial Seizures
 - c. Intractable Status Epilepticus
4. Category G40 and G43
 - a. Terms equivalent to intractable
 - i. Pharmacoresistent (pharmacologically resistant)
 - ii. Treatment Resistant
 - iii. Refractory (medically)
 - iv. Poorly Controlled

Chapter 7: Diseases of the Eye and Adnexa

1. Codes are distinguished by laterality, read the descriptor carefully
 - a. Right, left, bilateral, and unspecified each have codes
 - b. If bilateral in not available, assign the code for right and left (2 codes needed)

Chapter 8: Diseases of the Ear and Mastoid Process

1. Chapter Note State to use external cause code, and should follow the code for the ear condition, if applicable
2. Otitis Media
 - a. Use additional code for associated perforated tympanic membrane
 - i. H72.-
 - b. Use additional code to identify exposures and histories
 - i. Exposure to environmental tobacco smoke
 1. Z77.22
 - ii. Exposure to tobacco smoke in the perinatal period
 1. P96.81
 - iii. History of Tobacco Use
 1. Z87.891
 - iv. Occupational exposure to environmental tobacco smoke
 1. Z57.31
 - v. Tobacco dependence
 1. F17.-
 - vi. Tobacco use
 1. Z72.0

Chapter 9: Disease of the Cardiovascular System

1. Coding Hypertension has changed, read the descriptors carefully
2. Acute MI active versus old, changed from 8 weeks to 4 weeks
3. AMI Code Categories
 - a. Initial AMI
 - i. I21
 - b. Subsequent AMI
 - i. I22
4. Code category I22 cannot be used alone, must be used with a code from I21
 - a. Read the coding notes in ICD-10-CM book for sequencing
5. Flow Chart for Patient admitted with AMI
 - a. Previous MI
 - i. NO
 1. Code Initial MI: Code Category I21
 - ii. YES
 1. Older Than 28 Days
 - a. YES
 - i. Code Initial MI: Code Category I21
 - ii. Code Old MI: Code I25.2
 - b. NO
 - i. Code Subsequent MI: Code Category I22
 - ii. Code Initial MI: Code Category I21

Chapter 10: Diseases of the Respiratory System

1. New terminology for asthma
2. Respiratory conditions in more than 1 site, that is not specifically indexed, is classified to the lower anatomic site
3. Many additional code notes
4. Asthma Severity Guidelines based on Frequency of Daytime Symptoms
 - a. Intermittent
 - i. Less than or equal to 2 times per week.
 - b. Mild Persistent
 - i. More than 2 times per week.
 - c. Moderate Persistent
 - i. Daily.
 - ii. May restrict physical activity.
 - d. Severe Persistent
 - i. Throughout the day.
 - ii. Frequent severe attacks limiting the ability to breathe.
5. Highlight the Coding Note in Tabular Section for J2 – J22
 - a. Excludes2 Note for Chronic Obstructive Pulmonary Disease with Acute Lower Respiratory Infection
6. Highlight the Coding Note in the Tabular Section for J44
 - a. Code also the type of asthma, if applicable
 - i. J45.-
7. Highlight the Coding Note in the Tabular Section for J45
 - a. Excludes2 Note for asthma with chronic obstructive pulmonary disease
 - i. REMEMBER: By definition when an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together if the patient has both conditions at the same time
 - b. Highlight the Coding Note in the Tabular Section for code I69.391
 - i. Use an additional code to identify the type of dysphagia (if known)
 1. R13.1-

Chapter 11: Diseases of the Digestive System

1. Coding Note
 - a. Hernia with both gangrene and obstruction is classified/coded as Hernia with gangrene
 - b. New combination codes for complications commonly associated with Crohn's Disease
 - i. Found in subcategory K50.0

Chapter 12: Diseases of the Skin and Subcutaneous Tissue

1. Pressure Ulcers
 - a. Site, laterality, and severity are now specified by a single code
 - b. Severity identified as stage 1 through 4
2. Non-pressure Chronic Ulcers
 - a. Site, laterality, and severity can be specified by a single code
 - b. Highlight the note under category L97
3. Coding Note in the Tabular Section for codes L27.0 and L27.1
 - a. Instructional Note states to use additional codes for adverse effects, if applicable to identify the drug
 - i. T36 – T50
 - ii. With fifth or sixth character 6

Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue

1. Pathological or Stress Fracture Seventh Characters
 - a. A: Initial Encounter
 - b. D: Subsequent, Routine Healing
 - c. G: Subsequent, Delayed Healing
 - d. K: Subsequent, Non-union
 - e. P: Subsequent, Mal-union
 - f. S: Sequelae
2. Terms Defined
 - a. Spontaneous Rupture
 - i. Occurs when normal force is applied to tissues that are inferred to have less than normal strength
 - b. Fragility Fracture
 - i. Sustained with trauma no more than a fall from a standing height, or less, occurring under circumstances that would not cause a fracture in a normal healthy bone
3. Coding Note
 - a. ICD-10-CM has three different categories for pathologic fractures
 - i. Due to Neoplastic Disease
 - ii. Due to Osteoporosis
 - iii. Due to Other Specified Disease

Chapter 14: Diseases of the Genitourinary System

1. Additional Code Requirements
 - a. N17: Code also the underlying condition
 - b. N18: Code first the etiology
 - c. N30: Additional code for the infectious agent
 - d. N31: Additional code for urinary incontinence
 - e. N33: Code first the underlying disease
 - f. N40.1: Additional code for associated symptoms

Chapter 15: Pregnancy, Childbirth, and the Puerperium

1. Trimesters Axis of Classification, rather than Episode of Care
 - a. Not all conditions include codes for all three trimesters
 - b. Trimester is counted from first day of last menstrual period
2. Trimester Classifications
 - a. 1st Trimester: Less than 14 weeks and 0 days
 - b. 2nd Trimester: 14 weeks and 0 days to less than 28 weeks and 0 days
 - c. 3rd Trimester: 28 weeks and 0 days until delivery
3. Codes in this chapter are only for use in the Maternal Records
4. Codes in this chapter never used on Newborn Record
5. Codes in this chapter are for conditions related to, or aggravated by the pregnancy, childbirth, or by the Puerperium
6. Weeks of Gestation, added to identify specific week of pregnancy
 - a. Category Z3A
 - b. Found in the Alphabetic Index under Pregnancy, Weeks of Gestation
7. Terms Redefined
 - a. Abortion vs. Fetal Death
 - i. 20 weeks instead of 22
 - b. Early vs. Late Vomiting
 - i. 20 weeks instead of 22
 - c. Preterm Labor
 - i. 37 completed weeks of gestation
8. Seventh Characters for Fetus Indicators
 - a. 0: Not applicable or Unspecified
 - b. 1: Fetus 1
 - c. 2: Fetus 2
 - d. 3: Fetus 3
 - e. 4: Fetus 4
 - f. 5: Fetus 5
 - g. 9: Other Fetus
9. Coding Note
 - a. ICD-10-CM now provides a combination code for obstructed labor incorporating the obstructed labor with the reason for the obstruction into one code

Chapter 16: Certain Conditions Origination in the Perinatal Period

1. Coding Notes
 - a. Review Coding Guideline 1.C.16.a.1
 - b. Codes from this Chapter are used
 - i. For the Newborn Record Only
 - ii. Never used in the maternal record
 - iii. Includes condition that have origins in the fetal or perinatal period, even if morbidity occurs later
 1. Before birth through first 28 days after birth
2. Code Block P00 – P04
 - a. Use when the listed maternal condition is specified as the cause of confirmed morbidity, or potential morbidity, and have their origin in the perinatal period
 - b. Use when newborns are suspected of having an abnormal condition resulting from exposure from the mother, or birth process, but without signs or symptoms, and after examination and observation, does not exist
 - c. May be used even if treatment has begun for a suspected condition that is ruled out
3. Category P07
 - a. When both birth weight and gestational age are available, both should be coded
 - b. Birth weight code is sequenced before the gestational age code
4. Category Z38
 - a. Classifies Liveborn
 - i. Place of Birth
 - ii. Type of Delivery
 - b. Principal Code
 - i. Initial Record
 - ii. Newborn
 - c. Not Used
 - i. Maternal Record

Chapter 17: Congenital Malformations, Deformations, and Chromosomal Abnormalities

1. Codes in this section may be principal, first listed, or secondary diagnosis
2. Codes from this chapter may be used throughout the life of the patient
3. Malformation/Abnormality
 - a. When no unique code is available, assign additional codes for any manifestations
 - b. When a specific code exists and is used, manifestations inherent to the anomaly are not coded separately
 - c. Additional codes should be assigned for manifestation not inherent to the malformation or abnormality
4. Coding Notes
 - a. If the congenital malformation has been corrected, personal history code is used
 - i. Example: Club Foot
 - b. Although present at birth an abnormality may not be identified until later in life, if diagnosed by a physician, as a code form Q00 – Q99
 - c. For birth admission, use the appropriate code from category Z38
 - i. Liveborn infants according to place of birth, and type of delivery
 - ii. These should be sequenced as the principal diagnosis, followed by congenital anomaly codes from Q00 – Q89

Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings

1. Codes from this chapter are used for/when:
 - a. No more specific diagnosis can be made even after all facts have been investigated
 - b. Signs or symptoms existing at the time of the initial encounter are transient and causes are not determined
 - c. Provisional diagnosis is all that is available due to patient failing to return
 - d. Patient is referred elsewhere before final diagnosis is made
 - e. More precise diagnosis is not available
 - f. Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right
2. Coma Scale
 - a. Used with traumatic brain injury, or sequelae of cerebrovascular disease codes
 - i. Primarily used by trauma registries, research use, but can be used in any setting
 - ii. Sequenced after the diagnosis codes
 - iii. One from each subcategory is needed
 1. R40.21, R40.22, R40.23
 - iv. Seventh Character indicates when recorded
 1. 0: Unspecified Time
 2. 1: In Field: EMT or Ambulance
 3. 2: At arrival to ER
 4. 3: At hospital admission
 5. 4: 24 hours after admission
 - b. SIRS: Category R65
 - i. Codes identify SIRS of non-infectious origin
 - ii. With and Without acute organ dysfunction
 - iii. Severe Sepsis with and without septic shock
 - iv. Instructional note indicates underlying condition or infection is coded first
 - v. Sepsis not classified to R65 (coded to infection, i.e. A41.9) is assigned for sepsis, unspecified

Chapter 19: Injury, Poisoning, and Certain Other consequences of External Causes

1. Injuries are grouped by body part, rather than category of injury
 - a. Head: S00 – S09
 - b. Neck: S10 – S19
 - c. Thorax: S20 – S29
2. Coding Notes
 - a. Chapter has 2 Alpha Characters
 - i. S:
 1. Injuries related to body region
 - ii. T:
 1. Injuries unspecified region
 2. Poisonings, external causes
 - b. Use secondary code(s) from Chapter 20 to indicate cause of injury
 - c. Codes within t section include external cause do not require the additional external cause code
3. Fractures
 - a. ICD-10-CM allows for greater specificity
 - i. Type
 - ii. Anatomical site
 - iii. Displaced vs. nondisplaced
 - iv. Laterality
 - v. Routine vs delayed healing
 - vi. Non-union
 - vii. Mal-union
 - b. Type of Encounter
 - i. Initial
 - ii. Subsequent
 - iii. Sequelae
 - c. Seventh Character
 - i. A: Initial Closed
 - ii. B: Initial Open
 - iii. D: Subsequent Routine
 - iv. G: Subsequent Delayed
 - v. K: Subsequent Non-union
 - vi. P: Subsequent Mal-union
 - vii. S: Sequelae
 - d. Coding Notes:
 - i. Some fracture categories provide for seventh character to designate the specific type of open fracture based on the Gustilo open fracture classification
 - ii. A fracture not indicated as displaced or non-displaced is coded as displaced
 - iii. A fracture not designated as open or closed should be coded as closed
 - iv. Categories S52, S72, and S82 have additional seventh characters to identify open fractures with the Gustilo classification
 1. B: Initial encounter for open fracture type I or II; initial encounter for open fracture NOS
 2. C: Initial encounter for open fracture type IIIA, IIIB, or IIIC
 3. E: Subsequent encounter for open fracture type I or II with routine healing

4. F: Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
 5. H: Subsequent encounter for open fracture type I or II with delayed healing
 6. J: Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
 7. M: Subsequent encounter for open fracture type I or II with non-union
 8. N: Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with non-union
 9. Q: Subsequent encounter for open fracture type I or II with mal-union
 10. R: Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with mal-union
- v. Gustilo Classification
1. I: Low energy, wound less than 1 cm
 2. II: Greater than 1 cm with moderate soft tissue damage
 3. III: High energy wound greater than 1 cm with extensive soft tissue damage
 4. IIIA: Adequate soft tissue cover
 5. IIIB: Inadequate soft tissue cover
 6. IIIC: Associated with arterial injury
- e. Encounter Definitions:
- i. Initial Encounter
 1. Patient is Receiving Active Treatment
 - a. Surgical
 - b. Emergency Department Encounter
 - c. Evaluation and Continuing Treatment by same or different physician
 - ii. Subsequent Encounter
 1. After active treatment has begun and now receiving routine care during healing or recovery phase
 - a. Cast change or removal
 - b. X-rays to check healing status of fracture
 - c. Removal of external or internal fixation device
 - d. Medication adjustment
 - e. Other aftercare and follow-up visits following injury treatment
 - iii. Sequelae
 1. Complications or conditions that arise as a direct result of a condition
 2. Use both the injury code that precipitated sequelae and code for sequelae
 3. S added only to injury code, not sequelae code
 4. S identifies injury responsible for Sequelae
 5. Specific type of sequelae sequenced first, followed by injury code
- f. Aftercare Z Codes
- i. Should not be used for aftercare for conditions such as injuries or poisonings, where seventh characters are provided to identify subsequent care
- g. Poisoning, Adverse Effect, Underdosing Definitions
- i. Poisoning
 1. Overdoes of substances, wrong substance given or taken in error
 - ii. Adverse Effect

1. Hypersensitivity or reaction to correct substance properly administered
- iii. Underdosing
 1. Taking less of a medication than is prescribed or instructed by manufacturer either inadvertently or deliberately
- h. Coding Notes for Poisoning, Adverse Effects, Underdosing
 - i. Use additional code(s) for manifestation of poisoning
 - ii. Assign code for the nature of the adverse effect, followed by the code for the drug
 - iii. Use additional codes for intent of underdosing:
 1. Failure in dosage during medical and surgical care
 - a. Y63.8 – Y63.9
 2. Patient's underdosing of medication regime
 - a. Z91.12-, Z913-
 - iv. New combination codes for poisonings/external cause
 - v. Table of Drugs and Chemicals (tab, mark, indicate)
 1. Groups all poisoning columns together
 2. Followed by adverse effect and underdosing
 - vi. When no intent of poisoning is indicated, code accidental
 1. Undetermined is only used when there is specific documentation in the record that intent cannot be determined

Chapter 20: External Causes of Morbidity

1. Most applicable to injuries
2. Also valid for other use, such as heart attack occurring during strenuous activity
3. External cause code may be used with any code in range A00.0 – T88.9, and Z00 – Z99
4. Encompasses alpha characters
 - a. V, W, X, and Y
5. Assign external cause code with appropriate seventh character for each encounter for which an injury or condition is being treated
 - a. Initial, Subsequent, and/or Sequelae
6. Transport Accidents Coding Note:
 - a. Use additional code to identify
 - i. Airbag Injury
 1. W22.1
 - ii. Type of Street or Road
 1. Y92.4-
 - iii. Use of Cellular Telephone at time of transport accident
 1. Y93.C-
7. Place of Occurrence Coding
 - a. Use with activity code
 - b. Only on initial encounter
 - c. Generally only one Y92 code is on the record
 - d. Do not use Y92.9 if place not stated
8. Activity Coding
 - a. Category Y93
 - b. Use with codes from Y92 and Y99
 - c. Only on initial encounter
 - d. Only one Y93 code is on the record
 - e. Do not use Y93.9 if activity not stated
 - f. Not used with poisonings, adverse effects, misadventures, or late effects
9. Category Y99
 - a. External Cause Status
 - i. Used to indicate work status
 1. Military activity
 2. Non-military person at work
 3. Individual, including a student or volunteer involved in a non-work activity
 - ii. Assign with other external cause codes, such as transport accidents and falls
 - iii. Not used with poisonings, adverse effects, misadventures or late effects
 - iv. Do not assign a code from category Y99 if no other external cause codes (cause, activity) are applicable for the encounter
 - v. Do not assign code Y99.9, unspecified external cause status, if status not stated
10. Seventh Character Guidelines
 - a. The seventh character must always be the seventh character in the data field
 - b. If a code requires a seventh character, and is not six characters in length, an X placeholder must be used to fill in the empty characters
11. Coding Note for Category S61
 - a. Indicates a code also any associated wound infection, does not provide a mandatory sequencing requirement for S61 to be sequenced ahead of the wound infection

Chapter 21: Factors Influencing Health Status and Contact with Health Services

1. Z Code Reason for Encounter
 - a. Used when a person who may or may not be sick seeks encounters for health services for a specific purpose, example, receive limited care, donate an organ/tissue, vaccinations, well visits, counseling
 - b. Used when some circumstance or problem is present which influences a person's health status but is not a current illness or injury
 - c. Corresponding procedure code must accompany a Z code if a procedure is performed
2. Index Terms to Locate Z Codes
 - a. Admission (Encounter)
 - b. Aftercare
 - c. Attention To
 - d. Boarder
 - e. Care (of)
 - f. Carrier (suspected) of
 - g. Checking
 - h. Chemotherapy
 - i. Contact
 - j. Contraception, contraceptives
 - k. Counseling
 - l. Dependence
 - m. Dialysis
 - n. Donor
 - o. Encounter for
 - p. Examination
 - q. Exposure
 - r. Filling (of)
 - s. Follow-up
 - t. Healthy
 - u. History (personal) of
 - v. Maintenance
 - w. Maladjustment
 - x. Newborn
 - y. Observation
 - z. Outcome of delivery
 - aa. Pregnancy
 - bb. Problem
 - cc. Prophylactic
 - dd. Replacement by artificial or mechanical device or prosthesis of
 - ee. Resistance, Resistant
 - ff. Screening
 - gg. Status (post)
 - hh. Supervision (of)
 - ii. Test(s)
 - jj. Therapy
 - kk. Transplant(ed)
 - ll. Unavailability of Medical Facilities
 - mm. Vaccination



3. Coding Note regarding Z Codes and Fractures:
 - a. Aftercare Z codes are not used for fracture aftercare
 - b. Aftercare of a fracture requires the assignment of the acute fracture code with the seventh character "D" (subsequent encounter)

