OptumInsight Learning: Detailed Instruction for Appropriate ICD-10-CM Coding

An educational guide to the structure, conventions, and guidelines of ICD-10-CM coding

2014
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Chapter 3: ICD-10-CM Code Chapters

This chapter provides a review and analysis of the changes to individual chapters within certain classification blocks or three-character code categories. While not every revision or change has been identified for each chapter, the highlights provided here assist in ensuring that ICD-10-CM coding is performed accurately, in accordance with coding conventions, and with the current draft ICD-10-CM Official Guidelines for Coding and Reporting available at the time of this publication.

With any revision to a classification, changes are made for specific reasons. Overall, conditions classified in ICD-10-CM have been grouped in a way that is most appropriate for general epidemiological purposes and the evaluation of health care. Specific reasons for changes to the contents of the chapters include the intent to:

- Increase clinical detail about a specific disorder
- Reclassify diseases in accordance with current advances in clinical science and technologies
- Report recently identified diseases (i.e., since the last revision)
- Accommodate the required detail of a group of diseases
- Make effective use of available space

In general, conditions have been moved as a group within a chapter, and individual conditions have been reclassified. For example, certain disorders of the immune mechanism were expanded and the category group was moved to “Diseases of the Blood and Blood-forming Organs.” In ICD-9-CM, these disorders are included with “Endocrine, Nutritional, and Metabolic Diseases.”

CHAPTER 1: CERTAIN INFECTIOUS AND PARASITIC DISEASES

This chapter includes diseases due to infective organisms, including communicable diseases and diseases of suspected infectious origin. Additionally, conditions classifiable to this chapter include those that are generally recognized as communicable or transmissible. Although ICD-10-CM includes many infectious disease classifications specific to affected anatomic site, certain other infections are classified to other chapters. These conditions include congenitally acquired infections (chapter 16), influenza (chapter 10), postoperative infections (classified by body system), infections complicating pregnancy and delivery (chapter 15) and traumatic wound infections (chapter 19). Codes classifiable to this chapter are mutually exclusive from the same condition classifiable elsewhere. For example, enteritis due to Clostridium difficile is classified to A04.7 Enterocolitis due to Clostridium difficile, instead of K52.9 Noninfective gastroenteritis and colitis, unspecified. The Alphabetic Index lists a specific code for this condition as identified by causal organism. When confirmed by the Tabular List, the text does not prompt the coder to assign an additional code. By contrast, certain infections classified elsewhere require an additional code to specify the causal organism. Instructional notes in the Tabular List prompt the coder that an additional code is necessary. In these cases, the appropriate code from B95–B97 Bacterial, viral and other infectious agents, is assigned.

Instructions in this chapter include:
• Single codes used to identify the disease or condition
  Example: A46 Erysipelas
• Combination codes that identify both the condition and causal organism or causal organism, manifestation and/or affected anatomic site
  Example: A08.11 Acute gastroenteropathy due to Norwalk agent
• Dual classification codes that identify infectious etiology and manifestations classified elsewhere or single conditions that require more than one code to fully describe the condition
  Example: Pericarditis due to acute pulmonary histoplasmosis capsulate B39.4 + I32

Chapter 1 contains 22 code families depicted by the first character “A” and “B.” They are:

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
B10 Other human herpesviruses
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

ICD-10-CM Subchapter Restructuring
After reviewing different disease categories, the developers of ICD-10 restructured some of their groupings to bring together those groups that were related by cause. For example, the ICD-9-CM subchapter “Syphilis and Other Venereal Diseases” has been rearranged, and the subchapter “Rickettsioses and Other Arthropod-borne Diseases” has been split into two separate subchapters in ICD-10-CM.

ICD-9-CM

Rickettsioses and Other Arthropod-borne Diseases (080–088)
Syphilis and Other Venereal Diseases (090–099)
Other Spirochetal Diseases (100–104)
ICD-10-CM

Infections with a Predominantly Sexual Mode of Transmission (A50–A64)
Other Spirochetal Diseases (A65–A69)
Rickettsioses (A75–A79)
Arthropod-borne Viral Fevers and Hemorrhagic Fevers (A90–A99)

Category Title Changes

As the examples above illustrate, a number of category and subchapter titles have been revised in chapter 1. Titles were changed to better reflect the content, which was often necessary when specific types of diseases were given their own block, a new category was created, or an existing category was redefined. For example, the ICD-9-CM classification for “Late Effects” has been re-titled in ICD-10-CM to “Sequelae.”

<table>
<thead>
<tr>
<th>ICD-9-CM Section</th>
<th>ICD-10-CM Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>090–099 Syphils and Other Venereal Diseases</td>
<td>A50–A64 Infections with a Predominantly Sexual Mode of Transmission</td>
</tr>
<tr>
<td>137–139 Late Effects of Infectious and Parasitic Diseases</td>
<td>B90–B94 Sequelae of Infectious and Parasitic Diseases</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-9-CM Category</th>
<th>ICD-10-CM Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>046 Slow virus infections and prion diseases of central nervous system</td>
<td>A81 Atypical virus infections of central nervous systems</td>
</tr>
</tbody>
</table>

Organizational Adjustments

When comparing ICD-9-CM to ICD-10-CM, many codes have been added, deleted, combined, and moved. These changes include:

- ICD-9-CM code 034.0 Streptococcal sore throat has been moved in ICD-10-CM to chapter 10 Diseases of the Respiratory System.
- Human immunodeficiency virus disease followed the subchapter, “Other Bacterial Diseases” in ICD-9-CM. It has been moved to follow the subchapter for viral hepatitis in ICD-10-CM.
- The ICD-10 code for opportunistic mycoses, B48.7, has been deleted in ICD-10-CM. The conditions that would have been classified to this code have been moved to B48.8.

ICD-9-CM

118 Opportunistic mycoses

ICD-10-CM

B48.7 Opportunistic mycoses

Mycoses caused by fungi of low virulence that can establish an infection only as a consequence of factors such as the presence of debilitating disease or the administration of immunosuppressive and other therapeutic agents or radiation therapy. Most of the causal fungi are normally saprophytic in soil and decaying vegetation.
ICD-10-CM

B48.7 has been deleted in ICD-10-CM

B48.8 Other specified mycoses

- Adiaspiromycosis
- Infection of tissue and organs by Alternaria
- Infection of tissue and organs by Dreschlera
- Infection of tissue and organs by Fusarium
- Infection of tissue and organs by saprophytic fungi NEC

- Fifth digit designations to indicate the method of tuberculosis identification have been eliminated. For example:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>011.40</td>
<td>A15.0 Tuberculosis of lung</td>
</tr>
<tr>
<td>011.41</td>
<td>A15.0 Tuberculosis of lung</td>
</tr>
<tr>
<td>011.42</td>
<td>A15.0 Tuberculosis of lung</td>
</tr>
<tr>
<td>011.43</td>
<td>A15.0 Tuberculosis of lung</td>
</tr>
</tbody>
</table>

- New codes have been created where needs have been identified for unique codes to facilitate reporting. ICD-9-CM did not provide a separate code for sepsis due to enterococcus. A code has been added to ICD-10-CM to classify this disorder.

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>ICD-9-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>A41.81</td>
<td>Sepsis due to Enterococcus</td>
</tr>
</tbody>
</table>

- ICD-10-CM requires etiology/manifestation code assignment for certain infectious diseases and associated manifestations formerly reported by a single code in ICD-9-CM. These conditions include complications of orthitnosis (Chlamydia psittaci) and histoplasmosis infections. For example:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.01</td>
<td>B39.4 Histoplasmosis capsulate unspecified</td>
</tr>
<tr>
<td></td>
<td>G02 Meningitis in other infx &amp; parasitic dx</td>
</tr>
</tbody>
</table>

Chapter 1 Coding Guidance

Human Immunodeficiency Virus [HIV]

Code B20 Human Immunodeficiency Virus [HIV] disease includes acquired immune deficiency syndrome [AIDS], AIDS-related complex [ARC], and HIV infection, symptomatic. This code is assigned for all subsequent encounters once a patient has developed an HIV-related illness or associated symptoms. Report code B20 as the first-listed diagnosis for patient encounters for HIV-related conditions. Assign additional codes to identify all manifestations of HIV infection, as documented.
Example

<table>
<thead>
<tr>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple cutaneous Kaposi’s sarcoma lesions in HIV disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>B20 Human Immunodeficiency Virus [HIV] disease</td>
</tr>
<tr>
<td>Use additional code(s) to identify all manifestations of HIV infection</td>
</tr>
<tr>
<td>C46.0 Kaposi’s sarcoma of skin</td>
</tr>
<tr>
<td>Code first any human immunodeficiency virus [HIV] disease (B20)</td>
</tr>
</tbody>
</table>

Patient encounters for conditions unrelated to HIV disease are coded and sequenced with the unrelated condition (e.g., illness or injury) as the first-listed diagnosis, followed by code B20 and other reportable secondary diagnoses.

Example

<table>
<thead>
<tr>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient with HIV disease admitted for surgical treatment of acute cholecystitis with cholelithiasis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>K80.00 Calculus of gallbladder with acute cholecystitis without obstruction</td>
</tr>
<tr>
<td>B20 Human Immunodeficiency Virus [HIV] disease</td>
</tr>
</tbody>
</table>

Code B20 excludes:

- Z21 Asymptomatic human immunodeficiency virus [HIV] infection status — Assign when the patient is without HIV or AIDS symptoms, but has been determined “HIV positive.”
- O98.7- HIV disease complicating pregnancy, childbirth and the puerperium — Chapter 15 codes take sequencing priority. Assign the appropriate O98.7 code, followed by the appropriate code for the HIV disease or status
- Z20.6 Exposure to HIV virus — Assign to report contact with, or exposure to the HIV virus in the absence of positive evidence of transmission.
- R75 Inconclusive serologic evidence of HIV — Assign for patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness.

**Infectious Agent**

Categories B95–B97 identify the infectious agents in conditions classified elsewhere. Certain infections are classified to other chapters but do not identify the causal infectious agent (organism). In these cases, it is necessary to use an additional code from chapter 1 to identify the organism. An instructional note is found at the infection code to prompt that an additional code should be assigned.
**Example**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary tract infection due to <em>Escherichia coli</em> [E. coli]</td>
<td>N39.0</td>
</tr>
<tr>
<td><strong>Urinary tract infection, site unspecified</strong></td>
<td>Use additional code (B95–B97) to identify infectious agent</td>
</tr>
<tr>
<td>B96.2</td>
<td><em>Escherichia coli</em> [E. coli] as the cause of diseases classified elsewhere</td>
</tr>
</tbody>
</table>

**Resistant Infections**

It is important to code and report all infections documented as antibiotic resistant. An instructional note has been added to the beginning of chapter 1, which instructs the coder to assign code Z16 Infection with drug resistant microorganisms, following the appropriate infection code all such cases.

**Example**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia due to methicillin resistant <em>Staphylococcus aureus</em> [MRSA]</td>
<td>J15.21</td>
</tr>
<tr>
<td><strong>Pneumonia due to Staphylococcus aureus</strong></td>
<td>Z16</td>
</tr>
<tr>
<td><strong>Infection with drug resistant microorganisms</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Sepsis and Septicemia**

Sepsis may be caused by the invasion of the blood stream by toxins, which may include bacteria, fungi, viruses and other organisms. As such, classification may vary depending on the nature of the organism. For example, when consulting the Alphabetic Index under the main term “Sepsis,” note the following:

- **Sepsis** generalized A41.9
  - Bacillus anthracis A22.7
  - Brucella (see also Brucellosis) A23.9
  - candidal B37.7
  - Erysipelothrix (rhusiopathiae)(erysipeloid) A26.7
  - extraintestinal yersiniosis A28.2
  - herpesviral B00.7

Code category A41 Other sepsis, lists multiple exclusions for specific systemic (septic) infections more appropriately classified elsewhere. Similarly, site-specific or organ-specific sepsis should not be coded as a systemic sepsis. Instructional notes at the beginning of category A41 direct the coder to sequence first sepsis due to other circumstances, such as postsurgical sepsis (T81.4) and sepsis occurring during labor (O75.3).

Instructions regarding the coding of “Septicemia, Systemic Inflammatory Response Syndrome (SIRS), Sepsis, Severe Sepsis, and Septic Shock” have been re-titled to “Sepsis, Severe Sepsis, and Septic Shock.” Although guideline content has been reorganized the underlying concepts and sequencing rules for sepsis coding have not been changed for ICD-10-CM. These key concepts include:

- Assign the appropriate code for the underlying systemic infection.
• Sepsis of unknown type or causal organism is reported with A41.9 Sepsis, unspecified.
• Subcategory R65.2 codes should not be assigned in the absence of supportive documentation of severe sepsis or acute organ dysfunction.
• Report a code from subcategory R65.2 only when the diagnosis of severe sepsis or associated acute organ dysfunction has been documented.
• Severe sepsis requires a minimum of two codes: a code for the underlying systemic infection first, followed by the appropriate code from subcategory R65.2 Severe sepsis.
• Assign additional codes for any associated organ dysfunction (e.g., renal failure, respiratory failure) when coding severe sepsis.
• Septic shock indicates the presence of severe sepsis. For all cases of septic shock, report the code for the underlying systemic infection first, followed by R65.21 Severe sepsis with septic shock.

Example

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe gram-negative sepsis with acute respiratory failure</td>
<td>A41.50 Gram-negative sepsis, unspecified</td>
</tr>
</tbody>
</table>

Refer to the annotated ICD-10-CM Draft Official Guidelines for Coding and Reporting section of this book for additional information.

Level of Detail in Coding

As in ICD-9-CM, diagnosis codes are to be used and reported to the highest level of specificity available. ICD-10-CM provides, in the majority of cases, an exponentially increased level of specificity than ICD-9-CM. In chapter 1, this code expansion is intended to facilitate identification of specific types of causal organisms or other indicators of severity. For example:

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>036.2</td>
<td>Meningococcemia</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>038.0</td>
<td>Streptococcal Septicemia</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combination Codes

Certain infectious disease classifications have been expanded in ICD-10-CM to facilitate identification of secondary disease processes, specific manifestations, or associated complications. As such, code to the highest level of specificity as
documented in the record. Consult the instructions in the text to determine whether additional codes are necessary to report the associated conditions or manifestations.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>002.0</td>
<td>Typhoid fever</td>
</tr>
<tr>
<td>A01.00</td>
<td>Typhoid fever unspecified</td>
</tr>
<tr>
<td>A01.01</td>
<td>Typhoid meningitis</td>
</tr>
<tr>
<td>A01.02</td>
<td>Typhoid fever with heart involvement</td>
</tr>
<tr>
<td>A01.03</td>
<td>Typhoid pneumonia</td>
</tr>
<tr>
<td>A01.04</td>
<td>Typhoid arthritis</td>
</tr>
<tr>
<td>A01.05</td>
<td>Typhoid osteomyelitis</td>
</tr>
<tr>
<td>A01.09</td>
<td>Typhoid fever with other complications</td>
</tr>
</tbody>
</table>

**Example**

**Diagnosis**

Acute typhoid cholecystitis

**Coding**

A01.09 Typhoid fever with other complications

In this example, the Alphabetic Index directs the coder to assign one code. The index lists “Typhoid, cholecystitis (current)” as A01.09. Similarly, “Cholecystitis, typhoidal” is listed as A01.09. There are no further instructions in the Tabular List to assign additional codes.

**Late Effects (Sequelae)**

ICD-10-CM classifies late effect conditions as “sequelae” to categories B90–B94. These codes specify the residual effect which remains after the acute phase of a previous illness or injury. There is no time limit restricting the reporting of late effect codes. Residual conditions may occur months or years following the causal condition. Two codes are often required: the condition resulting from the sequela is sequenced first, followed by the appropriate late effect code.

**CHAPTER 1 CODING EXERCISES**

Assign the appropriate ICD-10-CM diagnosis codes for all reportable diagnoses, excluding external causes of morbidity (V00–Y99):

*Answers to coding exercises are listed in appendix A.*

1. Acute *E. coli* cystitis

2. Coxsackie enteritis

3. Bell’s palsy as late effect of Lyme disease
4. Sequelae of poliomyelitis, secondary kyphoscoliosis of thoracic spine

5. AIDS-related encephalopathy

6. HIV infection status

7. Septicemia due to systemic progression of *Pseudomonas aeruginosa* urinary tract infection

8. Severe pneumococcal septicemia due to pneumococcal pneumonia, with SIRS and acute kidney failure

9. Methicillin resistant *S. aureus* septicemia

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**CHAPTER 1 CODING SCENARIOS**

Assign the appropriate ICD-10-CM diagnosis codes for all reportable diagnoses, excluding external causes of morbidity (V00–Y99):

*Answers to coding exercises are listed in appendix A.*

1. An otherwise healthy 26-year-old female presents to the emergency department with fever, an erythematous, pruritic rash on her face, trunk and limbs, painful bilateral joint pain and swelling of the hands, wrists, and knees. Past medical history is noncontributory. The patient stated that her 5-year-old child had a similar mild rash two weeks ago, but did not appear ill or complain of joint pain. A blood test was obtained to rule out the presence of suspected parvovirus antibodies. Test results were positive for immunoglobulin M (IgM) antibody to Parvovirus B19, confirming a suspected clinical diagnosis consistent with recent Parvovirus infection.

   The patient was placed on rest, hydrated, and given ibuprofen (800 mg) with resolution fever. She was advised that the joint pain should resolve in a couple weeks. The patient was also advised to rest, restrict activities, and follow up with her physician if symptoms worsen.

   Diagnosis: Arthritis due to Parvovirus B19 infection

2. A 42-year-old patient with a two-year history of AIDS was admitted with fever, nonproductive cough, pleuritic chest pain, and shortness of breath. He stated a history of progressive weight loss and fatigue throughout the 30 days preceding admission. Diagnostic imaging was positive for pulmonary infiltrates. Sputum was positive for *Pneumocystis carinii*. The patient was placed on supplemental oxygen therapy, prednisone, and Pentamidine isethionate. The patient showed marked improvement within 48 hours of admission and was discharged home with instructions and a prescription to continue oral Pentamidine isethionate for 14 days.

   Diagnosis: Pneumocystis carinii pneumonia (PCP)
3. A 53-year-old diabetic male sustained a deep laceration to the left proximal thumb with a chef’s knife while deboning poultry in the kitchen of a local restaurant. He placed a dishtowel over the cut to stop the bleeding, and then wrapped the finger in a gauze bandage. Approximately 48 hours after the initial injury, he replaced the bandage. A couple of days later, when he removed the bandage, the cut had become red and swollen. Upon seeking care for the wound, his physician cleaned the wound and prescribed a broad-spectrum antibiotic. However, the patient failed to complete the dosage when the wound began to improve. Approximately five days after stopping the antibiotic, he developed fatigue, malaise, and tachycardia. Within 24 hours from the onset of symptoms, he presented to the emergency department at his local hospital with progressively worsening fever, chills, tachycardia, lethargy, and confusion. Upon admission, his fever was 104 degrees, blood pressure 88/60 mm Hg, respiratory rate 22, and pulse 110. The patient was determined to be in shock, likely of septic origin based on the evaluation of the infected wound present on examination, and recent history. Blood chemistry revealed a BUN of 54 g/dl and creatinine of 1.8 mg/dl. Blood cultures grew gram-negative rods identified as [ital]E. coli[/ital]. The patient was admitted to ICU, placed on intravenous Ciprofloxin at 400 mg IV q12h and mechanical ventilation for the associated acute respiratory failure. The patient responded well to treatment and was discharged in improved condition with favorable prognosis.

Diagnosis: E. coli septicemia