ICD-10-CM Expert for Hospitals
The complete official code set
Codes valid from October 1, 2019 through September 30, 2020
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D63.8 Anemia in other chronic diseases classified elsewhere
Code first underlying disease, such as:
diphtheria (B10.0)
hoarseness (B76.0-B76.9)
hypothyroidism (E00.0-E03.9)
malaria (B50.0-B54.0)
symptomatic late syphilis (A52.79)
tuberculosis (A18.89)

D64 Other anemias

D64.8 Hereditary sideroblastic anemias
Sex-linked hypochromic sideroblastic anemia

D64.2 Secondary sideroblastic anemia due to drugs and toxins
Code first poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6) Use additional code for adverse effect, if applicable, to identify drug (T36-T58 with fifth or sixth character 5)

D64.3 Other sideroblastic anemias
Sideroblastic anemia NOS
Pyridoxine-responsive sideroblastic anemia NEC

D64.4 Congenital dyserythropoietic anemia
Dyshemato poietic anemia (congenital)

D64.8 Other specified anemias

D64.81 Anemia due to antineoplastic chemotherapy
Antineoplastic chemotherapy induced anemia

AHA: 2017, 1Q, 7

D64.89 Other specified anemias
Infantile pseudoleukemia

AHA: 2017, 1Q, 7

Coagulation defects, purpura and other hemorrhagic conditions (D65-D69)

D65 Disseminated intravascular coagulation (defibrination syndrome)
Al fibrinogenemia, acquired
Consumption coagulopathy
Diffuse or disseminated intravascular coagulation (DIC)
Fibrinolytic hemorrhage, acquired
Fibrinolytic purpura
Purpura fulminans

AHA: 2014, 4Q, 22
DEF: Reversible adverse effect of chemotherapy, causing inhibition of bone marrow production; decrease in red blood cell production prevents adequate oxygenation of the tissues and organs causing fatigue, SOB, and exacerbation of other medical conditions.

D66 Hereditary factor VIII deficiency
Classical hemophilia
Deficiency factor VIII (with functional defect)
Hemophilia A

AHA: 2016, 4Q, 22
DEF: Hereditary, sex-linked lack of antihemophilic globulin (AHG) (factor VIII); causes abnormal coagulation characterized by increased bleeding, large bruises of skin, bleeding in mouth, nose, gastrointestinal tract; hematomas into joints, resulting in swelling and impaired function.

CC Excl: PDX collection S02

D68 Other coagulation defects

D68.8 Von Willebrand's disease
Factor VIII deficiency with vascular defect
Vascular hemophilia

DEF: Abnormal blood coagulation caused by deficient factor VIII; congenital; symptoms include excess or prolonged bleeding.

D68.3 Hemorrhagic disorder due to circulating anticoagulants

D68.31 Hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
Acquired hemophilia

DEF: Autoimmune inhibitors to clotting factors
Secondary hemophilia

CC Excl: PDX collection S83
Chapter Specific Guidelines with Coding Examples

The chapter specific guidelines from the ICD-10-CM Official Guidelines for Coding and Reporting have been provided below. Along with these guidelines are coding examples, contained in the shaded boxes, that have been developed to help illustrate the coding and/or sequencing guidance found in these guidelines.

a. Chronic obstructive pulmonary disease (COPD) and asthma

1) Acute exacerbation of chronic obstructive bronchitis and asthma

The codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation. An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, although an exacerbation may be triggered by an infection.

Vancomycin IV was started to treat a patient with acute pneumonia due to Streptococcus pneumoniae. Patient also with acute exacerbation of COPD continued on home meds.

J13 Pneumonia due to Streptococcus pneumoniae
J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

Explanation: ICD-10-CM uses combination codes to create organ-specific classifications for acute pneumonia. Category J44 codes include combination codes with severity components, which differentiate between COPD with acute lower respiratory infection (acute pneumonia), COPD with acute exacerbation, and COPD without mention of a complication (unspecified).

An acute exacerbation is a worsening or a decompensation of a chronic condition. An acute exacerbation is not equivalent to an infection superimposed on a chronic condition, although an exacerbation may be triggered by an infection, as in this example. Treatment of the pneumonia necessitated the inpatient admission. Instructional notes at J44.0 say to “code also to identify the infection,” which informs the coder that another code must be assigned if applicable. Sequencing of the pneumonia and COPD exacerbation are governed by the Section II, “Selection of Principal Diagnosis,” guidelines. In this case it was the pneumonia that was “chiefly responsible for occasioning the admission,” with the IV vancomycin treatment.

Exacerbation of moderate persistent asthma with status asthmaticus
J45.42 Moderate persistent asthma with status asthmaticus

Explanation: Category J45 Asthma includes severity-specific subcategories and fifth-character codes to distinguish between uncomplicated cases, those in acute exacerbation, and those with status asthmaticus.

b. Acute respiratory failure

1) Acute respiratory failure as principal diagnosis

A code from subcategory J96.0: Acute respiratory failure, or subcategory J96.2: Acute and chronic respiratory failure, may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital, and the selection is supported by the Alphabetic Index and Tabular List. However, chapter-specific coding guidelines, such as poisoning, that provide sequencing direction take precedence. When coding a poisoning or reaction to the improper use of a medication (e.g. overdose, wrong substance given or taken in error, wrong route of administration), first assign the appropriate code from category T36–T50. Use additional code(s) for all manifestations of the poisoning. In this instance, the respiratory failure is a manifestation of the poisoning and is sequenced as a secondary diagnosis.

Acute hypoxic respiratory failure due to COPD exacerbation
J96.81 Acute respiratory failure with hypoxia
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

Explanation: Category J96 classifies respiratory failure with combination codes that designate the severity and the presence of hypoxia and hypercapnia. Code J96.81 is sequenced as the first-listed diagnosis, as the reason for the admission. Respiratory failure may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the hospital and the selection is supported by the Alphabetic Index and Tabular List.

c. Influenza due to certain identified influenza viruses

Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J10). This is an exception to the hospital inpatient guideline Section II, H. (Uncertain Diagnosis).

In this context, “confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus. However, coding should be based on the provider’s diagnostic statement that the patient has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10.

Acute pneumococcal pneumonia with subsequent development of acute respiratory failure
J13 Pneumonia due to Streptococcus pneumoniae
J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

Explanation: Acute respiratory failure may be listed as a secondary diagnosis if it occurs after administration, or if it is present on admission but does not meet the definition of principal diagnosis.

Acute pneumococcal pneumonia and acute respiratory failure, both present on admission
J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J13 Pneumonia due to Streptococcus pneumoniae

Explanation: When a patient is admitted with respiratory failure and another acute condition, such as a bacterial pneumonia, the principal diagnosis will be dependent on the circumstances of admission. If both the respiratory failure and the other acute condition are equally responsible for occasioning the admission to the hospital, and there are no chapter-specific sequencing rules, the guideline regarding two or more diagnoses that equally meet the definition for principal diagnosis (Section II, C) may be applied in these situations.

If the documentation is not clear as to whether acute respiratory failure and another condition are equally responsible for occasioning the admission, query the provider for clarification.

Acute pneumococcal pneumonia
J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia
J13 Pneumonia due to Streptococcus pneumoniae

Explanation: Acute respiratory failure may be listed as a secondary diagnosis if it occurs after administration, or if it is present on admission but does not meet the definition of principal diagnosis.
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Chapter 19. Injury, Poisoning and Certain Other Consequences of External Causes

S06–S06.306

Intracranial injury

7th characters D and S do not apply to codes in category S06 with 6th character 7 – death due to brain injury prior to regaining consciousness, or 8 – death due to other cause prior to regaining consciousness.

traumatic brain injury

Code also any associated:
- open wound of head (S01.-)
- skull fracture (S02.-)

HCC with 7th character indicating sequela.

The appropriate 7th character is to be added to each code from category S06.

A initial encounter
D subsequent encounter
S sequela

CC Excl: For codes in category S06, unless otherwise noted:

CC or MCC with 7th character A: PDX collection 1154

S06 0

Concussion

Concussion with other intracranial injuries classified in subcategories S06.1- to S06.6-.

S06.82 - code to specified intracranial injury

S06.8X Concussion

12 7 S06.8X0 Concussion without loss of consciousness
12 7 S06.8X1 Concussion with loss of consciousness of less than 30 minutes
12 7 S06.8X2 Concussion with loss of consciousness of 30 minutes or less
12 7 S06.8X3 Concussion with loss of consciousness of unspecified duration

S06.1 Traumatic cerebral edema

Diffuse traumatic cerebral edema

Focal traumatic cerebral edema

CC Excl: For codes in subcategory S06.1, unless otherwise noted:

MCC with 7th character A: PDX collection 1155

S06.1X Traumatic cerebral edema

11 7 S06.1X0 Traumatic cerebral edema with loss of consciousness of any duration with death due to cause prior to regaining consciousness.

CC Excl: MCC with 7th character A: PDX collection 1154

S06.1X8 Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness.

S06.1X9 Traumatic cerebral edema with loss of consciousness of unspecified duration

S06.2 Diffuse traumatic brain injury

Diffuse axonal brain injury

S06.2X Diffuse traumatic brain injury

S06.2X0 Diffuse traumatic brain injury without loss of consciousness
S06.2X1 Diffuse traumatic brain injury with loss of consciousness of any duration
S06.2X2 Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes
S06.2X3 Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours
S06.2X4 Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours
S06.2X5 Diffuse traumatic brain injury with loss of consciousness of greater than 24 hours without return to pre-existing conscious levels
S06.2X6 Diffuse traumatic brain injury with loss of consciousness of greater than 24 hours with return to pre-existing conscious level with patient surviving
S06.2X7 Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness.
S06.2X8 Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness.
S06.2X9 Diffuse traumatic brain injury with loss of consciousness of unspecified duration

S06.3 Focal traumatic brain injury

Diffuse traumatic brain injury

S06.30 Unspecified focal traumatic brain injury

S06.30X Unspecified focal traumatic brain injury with loss of consciousness

S06.301 Unspecified focal traumatic brain injury with loss of consciousness of any duration
S06.302 Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less
S06.303 Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes
S06.304 Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours
S06.305 Unspecified focal traumatic brain injury with loss of consciousness of greater than 24 hours
S06.306 Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving

11 HCC with 7th character indicating initial encounter (A or B - specific to category) OR sequela.

12 HCC with 7th character indicating sequela.

References:
- Newborn: 0
- Pediatric: 0-17
- Maternity: 12-55
- Adult: 15-124
- Major CC Condition
- PDx acts as own MCC
- PDx acts as own CC
- PDX collection 1154
- PDX collection 1155
Chapter 10. Diseases of the Respiratory System (J00–J99)

Respiratory System

- Nasal cavity and paranasal sinuses
- Nostril
- Oral cavity
- Pharynx
- Larynx
- Trachea
- Right lung
- Left lung
- Carina of trachea
- Left main/primary bronchus
- Right main/primary bronchus
- Secondary (lobar) bronchi
- Tertiary (segmental) bronchi
- Bronchioles
- Alveoli
- Diaphragm