

Applying ICD-10-CM Guidelines

Illustrated guide and practical examples of
ICD-10-CM coding guidelines and conventions

2020



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Official Coding and Reporting Guidelines: Section I.B. General Coding Guidelines

B. General Coding Guidelines

1. Locating a code in the ICD-10-CM

To select a code in the classification that corresponds to a diagnosis or reason for visit documented in a medical record, first locate the term in the Alphabetic Index, and then verify the code in the Tabular List. Read and be guided by instructional notations that appear in both the Alphabetic Index and the Tabular List.

It is essential to use both the Alphabetic Index and Tabular List when locating and assigning a code. The Alphabetic Index does not always provide the full code. Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List. A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.

2. Level of Detail in Coding

Diagnosis codes are to be used and reported at their highest number of characters available.

ICD-10-CM diagnosis codes are composed of codes with 3, 4, 5, 6 or 7 characters. Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth characters and/or sixth characters, which provide greater detail.

A three-character code is to be used only if it is not further subdivided. A code is invalid if it has not been coded to the full number of characters required for that code, including the 7th character, if applicable.

3. Code or codes from A00.0 through T88.9, Z00-Z99.8

The appropriate code or codes from A00.0 through T88.9, Z00-Z99.8 must be used to identify diagnoses, symptoms, conditions, problems, complaints or other reason(s) for the encounter/visit.

4. Signs and symptoms

Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider. Chapter 18 of ICD-10-CM, Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (codes R00.0 - R99) contains many, but not all, codes for symptoms.

See Section I.B.18 Use of Signs/Symptom/Unspecified Codes

5. Conditions that are an integral part of a disease process

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

6. Conditions that are not 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.

codes sequenced in the following order: the condition or nature of the sequela is sequenced first. The sequela code is sequenced second.

An exception to the above guidelines are those instances where the code for the sequela is followed by a manifestation code identified in the Tabular List and title, or the sequela code has been expanded (at the fourth, fifth or sixth character levels) to include the manifestation(s). The code for the acute phase of an illness or injury that led to the sequela is never used with a code for the late effect.

See Section I.C.9. Sequelae of cerebrovascular disease

See Section I.C.15. Sequelae of complication of pregnancy, childbirth and the puerperium

See Section I.C.19. Application of 7th characters for Chapter 19

11. Impending or Threatened Condition

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

If it did occur, code as confirmed diagnosis.

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 for “Threatened.”

If the subterms are listed, assign the given code.

If the subterms are not listed, code the existing underlying condition(s) and not the condition described as impending or threatened.

12. Reporting Same Diagnosis Code More than Once

Each unique ICD-10-CM diagnosis code may be reported only once for an encounter. This applies to bilateral conditions when there are no distinct codes identifying laterality or two different conditions classified to the same ICD-10-CM diagnosis code.

13. Laterality

Some ICD-10-CM codes indicate laterality, specifying whether the condition occurs on the left, right or is bilateral. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

When a patient has a bilateral condition and each side is treated during separate encounters, assign the “bilateral” code (as the condition still exists on both sides), including for the encounter to treat the first side. For the second encounter for treatment after one side has previously been treated and the condition no longer exists on that side, assign the appropriate unilateral code for the side where the condition still exists (e.g., cataract surgery performed on each eye in separate encounters). The bilateral code would not be assigned for the subsequent encounter, as the patient no longer has the condition in the previously-treated site. If the treatment on the first side did not completely resolve the condition, then the bilateral code would still be appropriate.

14. Documentation by Clinicians Other than the Patient's Provider

Code assignment is based on the documentation by patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions, such as codes for the Body Mass Index (BMI), depth of non-pressure chronic ulcers, pressure ulcer stage, coma scale, and NIH stroke scale (NIHSS) codes, code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis), since this information is typically documented by other clinicians involved in the care of the patient (e.g., a dietitian often documents the BMI, a nurse often documents the pressure ulcer stages, and an emergency medical technician often documents the coma scale). However, the associated diagnosis (such as overweight, obesity, acute stroke, or pressure ulcer)

Chapter 1: Certain Infectious and Parasitic Diseases (A00–B99)

This chapter covers diseases caused by infectious and parasitic organisms, which include diseases generally recognized as communicable or transmissible. Only a small percentage of organisms in the environment cause disease. Most bacteria, viruses, fungi, and other microorganisms found in the external environment (e.g., air, water, and soil) or the internal environment (e.g., on or within our bodies) are harmless or even beneficial. Disease is caused almost exclusively by microorganisms that are human pathogens, also referred to as pathogenic microorganisms, except in persons or hosts whose weakened immune systems allow normally harmless microorganisms to cause opportunistic infections.

This chapter is organized primarily by the type of infectious organism or parasite, such as infections caused by bacteria, viruses, and mycoses, and parasitic diseases caused by protozoa and helminthes. Some code blocks are organized by site of infection, such as intestinal infectious diseases, and other code blocks are organized by mode of transmission, such as infections with a predominantly sexual mode of transmission, arthropod-borne viral fevers, and viral hemorrhagic fevers.

Chapter 1 of the ICD-10-CM official code set is broken down into the following code blocks:

A00–A09	Intestinal infection diseases
A15–A19	Tuberculosis
A20–A28	Certain zoonotic bacterial diseases
A30–A39	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 and prion 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	Helminthiasis
B85–B89	Pediculosis, acariasis and other infestations
B90–B94	Sequelae of infectious and parasitic diseases
B95–B97	Bacterial and viral infectious agents
B99	Other infectious diseases

Chapter 2: Neoplasms (C00–D49)

Neoplasms are abnormal tissue growths resulting from rapid division of cells. They can be either solid or fluid-filled and are classified primarily by site, with subclassifications for morphology or behavior such as malignant, benign, in situ, uncertain behavior, and unspecified. The neoplasm table should be used to identify the correct site (topography) code. In some cases, such as malignant melanoma and certain neuroendocrine tumors, the morphology is included in the category and codes. The tabular section should always be consulted for the specific code.

In addition to classifications for solid tissue malignant neoplasms, there are additional classifications for histological types of cancers such as of lymphoid, hematopoietic, malignant, and benign neuroendocrine tumors; and some specific types of skin cancers, such as melanoma, basal cell carcinoma, and squamous cell carcinoma.

Definitions
<p>histological. Referring to the microscopic tissues, which consist of four basic types:</p> <ul style="list-style-type: none">• Epithelial (epi, upon or over) is found throughout the body and makes up the covering of external and internal surfaces.• Connective tissue is the most widespread in the human body. It forms bones, cartilage, tendons, and ligaments and performs the duties of protection, support and binding together. Blood is also included here as it is found in connective tissue.• Muscle which produces movement and includes either striated or smooth• Nerves which receive stimuli and conduct impulses and includes both central and peripheral tissues. <p>morphology. Study of cells to determine tissue of origin combining histology and behavior development of the neoplasm such as malignant, benign, uncertain, in situ. Morphology also considers the grade or stage which is not currently specified in ICD-10-CM.</p>

All neoplasms are classified to this chapter, whether or not they are functionally active. A functionally active neoplasm is a growth that performs functions ascribed to surrounding tissue, as in a thyroid tumor that secretes thyroxine and causes hyperthyroidism in the patient. An additional code from chapter 4, “Endocrine, Nutritional and Metabolic Diseases,” may be used to identify functional activity associated with any neoplasm.

Chapter 2 of the ICD-10-CM official code set is broken down into the following code blocks:

C00–C14	Malignant neoplasms of lip, oral cavity and pharynx
C15–C26	Malignant neoplasms of digestive organs
C30–C39	Malignant neoplasms of respiratory and intrathoracic organs
C40–C41	Malignant neoplasms of bone and articular cartilage
C43–C44	Melanoma and other malignant neoplasms of skin
C45–C49	Malignant neoplasms of mesothelial and soft tissue
C50	Malignant neoplasms of breast
C51–C58	Malignant neoplasms of female genital organs
C60–C63	Malignant neoplasms of male genital organs
C64–C68	Malignant neoplasms of urinary tract
C69–C72	Malignant neoplasms of eye, brain and other parts of central nervous system
C73–C75	Malignant neoplasms of thyroid and other endocrine glands
C7A	Malignant neuroendocrine tumors
C7B	Secondary neuroendocrine tumors
C76–C80	Malignant neoplasms of ill-defined, other secondary and unspecified sites

C81–C96	Malignant neoplasms of lymphoid, hematopoietic and related tissue
D00–D09	In situ neoplasms
D10–D36	Benign neoplasms, except benign neuroendocrine tumors
D3A	Benign neuroendocrine tumors
D37–D48	Neoplasms of uncertain behavior, polycythemia vera and myelodysplastic syndromes
D49	Neoplasms of unspecified behavior

The guidelines for this chapter address coding and sequencing of neoplasms, complications associated with neoplasms, and complications with therapy for the neoplasms. Users must take into account the morphology (histologic type) of neoplasms and any associated manifestations or complications when assigning codes.

Guidelines for chapter 2 cover the following conditions:

- General guidelines
- Treatment directed at the malignancy (I.C.2.a)
- Treatment of secondary site (I.C.2.b)
- Coding and sequencing of complications (I.C.2.c)
- Primary malignancy previously excised (I.C.2.d)
- Admissions/encounters involving chemotherapy, immunotherapy, and radiation therapy (I.C.2.e)
- Admission/encounter to determine extent of malignancy (I.C.2.f)
- Symptoms, signs, and abnormal findings listed in chapter 18 associated with neoplasms (I.C.2.g)
- Admission/encounter for pain control/management (I.C.2.h)
- Malignancy in two or more noncontiguous sites (I.C.2.i)
- Disseminated malignant neoplasm, unspecified (I.C.2.j)
- Malignant neoplasm without specification of site (I.C.2.k)
- Sequencing of neoplasm codes (I.C.2.l)
- Current malignancy versus personal history of malignancy (I.C.2.m)
- Leukemia, multiple myeloma, and malignant plasma cell neoplasms in remission versus personal history (I.C.2.n)
- Aftercare following surgery for neoplasm (I.C.2.o)
- Follow-up care for completed treatment of a malignancy (I.C.2.p)
- Prophylactic organ removal for prevention of malignancy (I.C.2.q)
- Malignant neoplasm associated with transplanted organ (I.C.2.r)