



ICD-10-CM Specialized Coding Training

<http://publichealth.nc.gov/lhd/icd10/training.htm>

STD, HIV, Communicable Disease Course

For Local Health Departments and Rural Health

Unit 1





STD, HIV, Communicable Disease Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in STD, HIV, Communicable Disease
- Demonstrate how to accurately assign ICD-10-CM codes using STD, HIV, Communicable Disease scenarios

NOTE: Basic ICD-10-CM Coding training is a prerequisite for this course

A background image showing a stethoscope and several medical charts with colorful tabs (red, yellow, green, blue) on the left side. The charts are slightly out of focus, and the stethoscope is in the foreground.

Chapter 21

Factors influencing health status and contact with health services Instructional Notes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
 - This can arise in two main ways:
 - When a person who may or may not be sick encounters health services for some specific purpose
 - Examples: Encounter for screening for respiratory tuberculosis
 - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
 - Example: Pregnancy, incidental



Chapter 21

Factors influencing health status and contact with health services

Content

Chapter 21 contains the following block – 1st character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health care
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Contact/Exposure (Categories Z20 and Z77)**
 - Category Z20 indicates contact with, and suspected exposure to, communicable diseases
 - Do not show any sign or symptom of a disease
 - Suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic
 - **Z20.4 Contact with and (suspected) exposure to rubella**
 - Category Z77 indicates contact with and suspected exposures hazardous to health
 - **Z77.011 Contact with and (suspected) exposure to lead**
 - Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Inoculations and vaccinations (Code Z23)**

- **Z23** Encounter for immunization

Code first any routine childhood examination

- Indicates client is being seen to receive a prophylactic inoculation against a disease
- Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given
- Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit
 - **Z00.129** Encounter for routine child health examination without abnormal findings
 - **Z23** Encounter for immunization



Chapter 21 Z Codes and Immunizations

- Z28 Immunization not carried out (*except for Z28.3*)
 - Z28.0- Immunization not carried out because of contraindication
 - e.g., acute illness, patient allergy
 - Z28.1 Immunization not carried out because of patient decision for reasons of belief or group pressure
 - Z28.2- Immunization not carried out because of patient decision for other and unspecified reason
 - e.g., patient refusal
 - Z28.8- Immunization not carried out for other reason
 - Z28.9 Immunization not carried out for unspecified reason
- Z28.3, Underimmunization status
 - Includes delinquent or lapsed immunization schedule status

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories :**

- Z21 Asymptomatic HIV infection status ~ Code indicates that a client has tested positive for HIV but has manifested no signs or symptoms of the disease
- Z22 Carrier of infectious disease ~ Indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection (Example: **Z22.0** Carrier of Typhoid)
- Z33.1 Pregnant state, incidental – secondary code used when the pregnancy is in no way the complicating reason for the visit



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Status Z codes/categories:**

- Z79 Long-term (current) drug therapy ~ Indicates a client's continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a chronic condition (e.g., arthritis), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as TB)
 - It is **not** for use for clients who have addictions to drugs
 - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence)
 - Assign the appropriate code for the drug dependence instead
- Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease (**Z11.3** Encounter for screening for infections with a predominantly sexual mode of transmission)
- Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
 - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
- Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
- Screening code is not necessary if the screening is inherent to a routine examination
- In addition to the Z code, a procedure code is required to confirm that the screening was performed

Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Observation**
 - **Two observation Z code categories:**
 - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
 - Z04 Encounter for examination and observation for other reasons
 - Example: Z04.8, Encounter for examination and observation for other specified reasons
 - Possible use: Direct observe therapy to ensure client takes TB meds
 - Used in very limited circumstances
 - Person is observed for suspected condition that is ruled out
 - Administrative and legal observation status
 - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present
 - In such cases, the diagnosis/symptom code is used



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Follow-up**
 - Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
 - They imply that the condition has been fully treated and no longer exists
 - Not aftercare codes, or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae
 - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
 - Follow-up code is sequenced first, followed by the history code
 - A follow-up code may be used to explain multiple visits
 - Z09 Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasms
 - Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code



Chapter 21

Factors influencing health status and contact with health services Coding Guidelines

- **Counseling**
 - Client/family member receives assistance in aftermath of illness/injury, or support is required in coping with family/social problems
 - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
 - Z30.0- Encounter for general counseling and advice on contraception
 - Z31.5 Encounter for genetic counseling
 - Z31.6- Encounter for general counseling and advice on procreation
 - Z32.2 Encounter for childbirth instruction
 - Z32.3 Encounter for childcare instruction
 - Z69 Encounter for mental health services for victim and perpetrator of abuse
 - Z70 Counseling related to sexual attitude, behavior and orientation
 - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
 - Z76.81 Expectant mother prebirth pediatrician visit



Chapter 21

Factors influencing health status and contact with health services

Coding Guidelines

- **Routine and administrative examinations**
 - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-employment physical)
 - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
 - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
 - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
 - Some codes for routine health examinations distinguish between “with” and “without” abnormal findings
 - Code assignment depends on the information that is known at the time the encounter is being coded
 - When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)



STD, HIV, Communicable Disease

Unit 1 ~ Review Questions

True/False

1. Any time a vaccine is administered, Z23 will be used as the diagnosis code
2. If a child is delinquent on his/her immunizations, use Status code Z28.3, Underimmunization status
3. Category Z20 codes are used when the client has signs or symptoms of a communicable disease
4. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a screening
5. If counseling routinely occurs during a screening for HIV, do not code the counseling



STD, HIV, Communicable Disease

Unit 1 - Coding Exercises

- **Scenario 1:** *Client returns today to be screened once again for HIV. The laboratory evidence for the HIV test conducted 2 weeks ago was inconclusive. HIV counseling was provided during the previous visit but client has questions that required additional counseling during today's visit.*
- **Scenario 2:** *Client ate at the Rise and Shine Restaurant on 10/2/15 and saw on the news where a restaurant employee was positive for Viral Hepatitis so patrons need to be vaccinated. Hepatitis vaccine was administered.*



Specialized ICD-10-CM Coding Training

STD, HIV, Communicable Disease Course

For Local Health Departments and Rural Health

Unit 2





STD, HIV, Communicable Disease

Unit 1 ~ Review Questions

True/False

1. Any time a vaccine is administered, Z23 will be used as the diagnosis code
2. If a child is delinquent on his/her immunizations, use Status code Z28.3, Underimmunization status
3. Category Z20 are used when the client has signs or symptoms of a communicable disease
4. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a screening
5. If counseling routinely occurs during a screening for HIV, do not code the counseling



STD, HIV, Communicable Disease Unit 1

Coding Exercises

- **Scenario 1:** *Client returns today to be screened once again for HIV. The laboratory evidence for the HIV test conducted 2 weeks ago was inconclusive. HIV counseling was provided during the previous visit but client has questions that required additional counseling during today's visit.*
- **Scenario 2:** *Client ate at the Rise and Shine Restaurant on 10/2/15 and saw on the news where a restaurant employee was positive for Viral Hepatitis so patrons need to be vaccinated. Hepatitis vaccine was administered.*



Chapter 1

Certain Infectious and Parasitic Diseases

- **Infectious Diseases** – pathogens invade the body and cause a disease
- **Parasitic Diseases** – parasite lives within a host organism and causes disease in the host
- **Code Range: A00-B99**
 - **Includes:** diseases generally recognized as communicable or transmissible
 - **Use additional** code to identify resistance to antimicrobial drugs (Z16~)
 - **Excludes1:**
 - certain localized infections ~ see body system-related chapters
 - infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.~)
 - influenza and other acute respiratory infections (J00-J22)
 - **Excludes2:**
 - carrier or suspected carrier of infectious disease (Z22.~)
 - infectious and parasitic diseases specific to the perinatal period (P35-P39)



Chapter 1

Certain Infectious and Parasitic Diseases

Content

Chapter 1 contains the following blocks – 1st character A or B

A00-A09	Intestinal infectious diseases	B10	Other human herpes viruses
A15-A19	Tuberculosis	B15-B19	Viral hepatitis
A20-A28	Certain zoonotic bacterial diseases	B20	Human immunodeficiency virus [HIV] disease
A30-A49	Other bacterial diseases	B25-B34	Other viral diseases
A50-A64	Infections with a predominantly sexual mode of transmission	B35-B49	Mycoses
A65-A69	Other spirochetal diseases	B50-B64	Protozoal diseases
A70-A74	Other diseases caused by chlamydiae	B65-B83	Helminthiases
A75-A79	Rickettsioses	B85-B89	Pediculosis, acariasis and other infestations
A80-A89	Viral and prion infections of the central nervous system	B90-B94	Sequelae of infectious and parasitic diseases
A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers	B95-B97	Bacterial and viral infectious agents
B00-B09	Viral infections characterized by skin and mucous membrane lesions	B99	Other infectious diseases



Chapter 1

Certain Infectious and Parasitic Diseases

Content

- Organism types are classified into the following groups:
 - Bacteria (Examples: Salmonella Food Poisoning, UTI, TB)
 - Type of organism
 - Body site
 - Specific bacteria causing infection, if known
 - Fungi (Examples: Athlete's Foot, Thrush, Ringworm)
 - Parasites (Example: A tapeworm attaches to the intestinal wall of its host, causing weight loss)
 - Viruses (Examples: Chickenpox, AIDS, German Measles)



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – HIV

- HIV Infections
 - Code only confirmed cases of HIV infection/illness
 - Confirmation does not require documentation of positive serology or culture for HIV
 - Provider’s statement that client is HIV positive, or has an HIV-related illness, is sufficient
 - If client is HIV positive and asymptomatic, do not code from Chapter 1
- HIV testing ~ Z11.4, Encounter for screening for HIV
 - Use additional codes for any associated high risk behavior (e.g., Z72.5~, High risk sexual behavior) or for any counseling provided (Z71.7)

Human immunodeficiency virus [HIV] disease (B20)

B20 Human immunodeficiency virus [HIV] disease

Includes: acquired immune deficiency syndrome [AIDS]
AIDS-related complex [ARC]
HIV infection, symptomatic

Code first Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium, if applicable (O98.7-)

Use additional code(s) to identify all manifestations of HIV infection

Excludes1: asymptomatic human immunodeficiency virus [HIV] infection status (Z21)
exposure to HIV virus (Z20.6)
inconclusive serologic evidence of HIV (R75)



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – Other Infections

- Infectious agents as cause of diseases classified to other chapters
 - If organism is not identified as part of the infections code, use additional code from Chapter 1 to identify the organism
 - N43 Hydrocele and spermatocele**
 - Includes:** hydrocele of spermatic cord, testis or tunica vaginalis
 - Excludes1:** congenital hydrocele (P83.5)
 - N43.0 Encysted hydrocele**
 - N43.1 Infected hydrocele**
 - Use additional code (B95-B97), to identify infectious agent**
- Infections resistant to antimicrobial drugs
 - Code first the infection
 - Assign additional code from category Z16 to identify resistance/non-responsiveness of a condition to antimicrobial drugs unless
 - Infection code identifies drug resistance (e.g., Methicillin resistant Staphylococcus aureus pneumonia, J15.212)



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – MRSA

- Methicillin Resistant Staphylococcus aureus (MRSA) conditions
 - If there is a combination code that includes the causal organism:
 - Assign the combination code (e.g., J15.212, Pneumonia due to Methicillin resistant Staphylococcus aureus)
 - Do Not assign B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as additional code
 - Do Not assign a code from Z16, Resistance to antimicrobial drugs
 - If there is documentation of a current infection (e.g., UTI) due to MRSA and there is no combination code that includes the causal organism:
 - List first the infection (e.g., N39.0, Urinary Tract Infection, site not specified)
 - Assign B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as an additional code
 - Do Not assign code Z16.11, Resistance to penicillins



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – MRSA and MSSA Colonization

- Methicillin susceptible Staphylococcus aureus (MSSA) and MRSA colonization
 - Colonization means that MSSA or MRSA is present on or in the body without necessarily causing illness
 - A positive MRSA colonization test might be documented by a clinician as “MRSA screen positive” or “MRSA nasal swab positive”
 - For clients documented as having MRSA colonization, assign code Z22.322, Carrier or suspected carrier of Methicillin resistant Staphylococcus aureus
 - For clients documented as having MSSA colonization, assign code Z22.321, Carrier or suspected carrier of Methicillin susceptible Staphylococcus aureus
 - If a client has MRSA colonization and an infection, code Z22.322 and the MRSA infection



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – Sepsis

- For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection
 - If type of infection or causal organism is not further specified, use A41.9
- Severe Sepsis, R65.2, should not be assigned unless Severe Sepsis or an associated organ dysfunction is documented:
 - Negative or inconclusive blood cultures do not preclude diagnosis of sepsis; Any clinical evidence of the condition must be documented
 - Urosepsis is a nonspecific term and there is not default code
 - Sepsis with organ dysfunction – follow instructions for coding severe sepsis
 - Acute organ dysfunction not clearly associated with sepsis
 - If there is documentation that acute organ dysfunction is related to a medical condition other than sepsis, do not assign Severe Sepsis code
 - If the documentation is not clear as to cause of organ dysfunction, query the clinician
- For further guidance related to Sepsis, refer to Coding Guidelines

Tracking the West Africa Ebola Outbreak

ICD-10

A Common Language for Monitoring Global Health Threats

4000+ cases ~ 2000+ deaths



No specific ICD-9 code for Ebola



Ebola shares code 078.89 with multiple viral diseases that have not been assigned a specific code in ICD-9

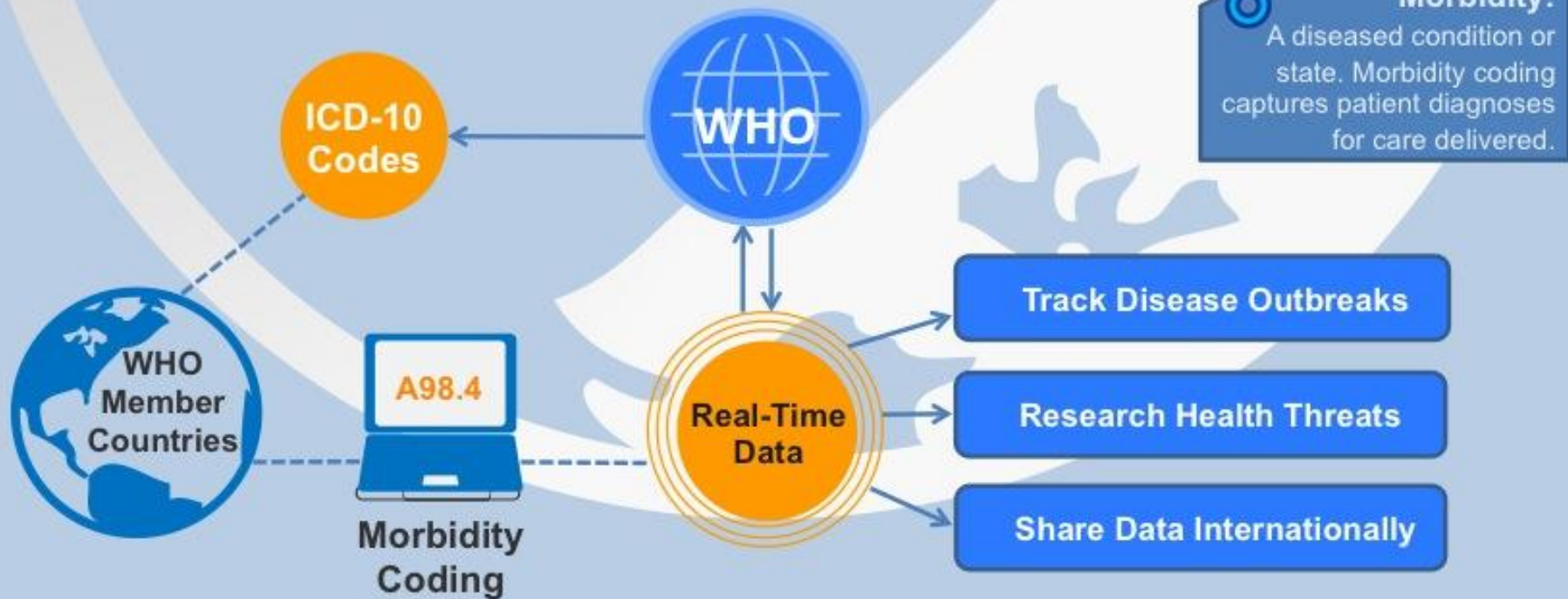


One specific ICD-10 code for Ebola

ICD* codes, published by the World Health Organization, are used to report morbidity and mortality

“A Public Health Emergency of International Concern”

World Health Organization (WHO)



United States and ICD-9

The U.S. uses the ninth version of the ICD codes (ICD-9) to code morbidity. More than three decades old, ICD-9 lacks specific disease codes, making it difficult to analyze, research and alert the public to disease outbreaks in real-time.

The World and ICD-10

With the exception of the United States, all of the world's industrialized nations use ICD-10 to code morbidity and report disease data to the World Health Organization. Precise codes support biosurveillance of public health threats.



ICD-9

United States

ICD-10

10

10

Difficult to monitor disease outbreaks; biosurveillance impeded

Disease research limited by lack of verifiable, aggregate data

Limited ability to share data internationally

Difficult to assess efficacy of treatment and outcomes

Reduced ability to notify WHO of public health emergencies in real-time

Difficult to determine survival and mortality rates

Public Health

Coding morbidity with ICD-9 severely limits the U.S.'s ability to immediately track and respond to global health threats like Ebola.

ICD-10



Capture

Verify

Analyze

Share

Real-time

Learn more about ICD-10 from the Coalition for ICD-10

www.coalitionforicd10.org

Learn more about Ebola

www.who.int/ebola

www.cdc.gov/ebola



Chapter 10

Diseases of the respiratory system

Instructions/Content

- **Code Range: J00-J99**

- When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (e.g. tracheobronchitis to bronchitis in J40)
- Use additional code, where applicable, to identify tobacco use or exposure

Chapter 10 contains the following block – 1st character is J

J00-J06 Acute upper respiratory infections	J80-J84 Other respiratory diseases principally affecting the interstitium
J09-J18 Influenza and pneumonia	J85-J86 Suppurative and necrotic conditions of the lower respiratory tract
J20-J22 Other acute lower respiratory infections	J90-J94 Other diseases of the pleura
J30-K39 Other diseases of upper respiratory tract	J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
J40-J47 Chronic lower respiratory diseases	J96-J99 Other diseases of the respiratory system
J60-J70 Lung diseases due to external agents	



Chapter 10

Diseases of the respiratory system

Coding Guidelines

- **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)
 - “Confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus
 - Coding may be based on the provider’s diagnostic statement that the client 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
 - If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza
 - Use the appropriate influenza code from category J11, Influenza due to unidentified influenza virus
 - Do Not assign codes from category J09 or J10



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified CMS Comments Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
 - medical record documentation, and
 - clinical knowledge of the patient’s health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
 - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
 - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter

Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Content

Chapter 18 contains the following block – 1st character is R

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality



Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

Coding Guidelines

- Use of symptom codes
 - Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider
- Use of a symptom code with a definitive diagnosis code
 - Codes for signs and symptoms may be reported in addition to a related definitive diagnosis
 - When the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes
 - The definitive diagnosis code should be sequenced before the symptom code
 - Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
 - When a combination code that identifies both the definitive diagnosis and common symptoms of that diagnosis, do not code the symptom



STD, HIV, Communicable Disease

Unit 2 – Review Questions

True/False

1. Infectious diseases that occur during pregnancy are coded using Chapter 1
2. Before coding HIV positive, there must be a positive serology or culture for HIV in the client's record
3. If the documentation states the client has AIDS, always code B20, HIV disease
4. All infections are classified using Chapter 1
5. If the clinician suspects influenza but cannot confirm the type, use codes in category J11
6. When a combination code that identifies both the definitive diagnosis and common symptoms of that diagnosis, code the symptoms



STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
1	A 42 year old woman who was exposed to TB during a family visit comes in for TB screening (PPD) and to begin prophylactic treatment.
2	A 35 year old male visits the health department to receive results of a TB skin test that is required for employment. When the skin test is read, it is positive 10mm.
3	A patient presents to the TB Clinic with a note from his Primary Care Physician (PCP) stating he has a 25mm reading of his PPD and requires further evaluation. PCP also reports patient with productive cough x 2 months, 15 lb wt loss over 3 months, fatigue, and night sweats. Sputum sent to State Lab.
4	Patient presents to STD clinic stating he has been in contact with Chlamydia. Complains of sporadic, mild testicular pain for a couple of days. Denies any penile discharge or dysuria. Partner treated 2-3 weeks ago; no sex since.
5	<u>Part 1:</u> A 21 year old male comes in to STD clinic complaining of a urethral discharge and wants to be tested for STD. <u>Part 2:</u> Client returns for test results; testing indicates that he has gonorrhea. Dx: Gonococcal urethritis
6	A 32 year old female is seen in the STD clinic for STD testing. It is discovered the patient has a yeast infection.



STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
7	33 year old male is seen for with severe nausea and vomiting that started yesterday after eating at a Chinese restaurant. Dx: Acute case of bacterial food poisoning due to Salmonella
8	A 16 year old female visits the health department and asked “to be tested” because she says she has been told that she has been exposed to an STD but doesn’t know what kind of STD. She tells the nurse that she just wants “to be checked” to be sure she doesn’t have any kind of STD. She has had multiple male partners.
9	Male patient presents to clinic for HIV and STD testing. He reports some mild dysuria and one week ago he had flu –like symptoms with high fever. Reports that he has had multiple unprotected sexual partners and sexual encounters which include same sex partners.
10	17 year old male presents to the health department stating he has noted some growths on his penis and wants to determine if he has a STD. He reports multiple female partners. During physical exam, provider notes raised veruca cell lesions, .25 cm in diameter with 3-4 inch cluster on penile. Dx: Condyloma treated with Trichloroacetic acid (TCA) and return to clinic in 7 days for retreatment. Safe sex and STD prevention were discussed.



STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
11	24 year old male walks into the health department complaining of fever, sore throat, muscle pain and headaches. He states he just returned from a business trip to Nigeria. Quarantine protocol is initiated for possible Ebola virus.
12	An 18 year old female presents to STD clinic complaining of heavy vaginal discharge and lower right abdominal pain for three days. She has only had sexual relations with one male and she is not aware if he has an STD but she wants to be checked. Examination findings consistent with Pelvic Inflammatory Disease. Culture results received 1 week later are consistent with Chlamydia.



Specialized ICD-10-CM Coding Training

STD, HIV, Communicable Disease Course

For Local Health Departments and Rural Health

Unit 3





STD, HIV, Communicable Disease

Unit 2 – Review Questions

True/False

1. Infectious diseases that occur during pregnancy are coded using Chapter 1

Answer: False (these are coded in Chapter 15; however, in Chapter 15 there may be instructions to code also infections in Chapter 1)

2. Before coding HIV positive, there must be a positive serology or culture for HIV in the client's record

Answer: False (Confirmation does not require documentation of positive serology or culture for HIV; Provider's statement that client is HIV positive, or has an HIV-related illness, is sufficient)

3. If the documentation states the client has AIDS, always code B20, HIV disease

Answer: True (B20 Human immunodeficiency virus [HIV] disease; Includes: acquired immune deficiency syndrome [AIDS], AIDS-related complex [ARC], HIV infection, symptomatic. Even if the client is pregnant and you use a code from O98.7, HIV disease complicating pregnancy, there is a Use Additional Code note to code B20 as well.)



STD, HIV, Communicable Disease

Unit 2 – Review Questions

True/False

4. All infections are classified using Chapter 1

Answer: False (Certain infections are classified in chapters other than Chapter 1; If organism is not identified as part of the infections code, use additional code from Chapter 1 to identify the organism)

5. If the clinician suspects influenza but cannot confirm the type, use codes in category J11

Answer: True

6. When a combination code that identifies both the definitive diagnosis and common symptoms of that diagnosis, code the symptoms

Answer: False (do not code symptoms that commonly occur with a definitive diagnosis and especially don't code them if they are included in a combination code)



STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
1	<p>A 42 year old woman who was exposed to TB during a family visit comes in for TB screening (PPD) and to begin prophylactic treatment.</p> <p>Z11.1 Encounter for screening for respiratory TB; Z20.1 Contact with and (suspected) exposure to tuberculosis</p>
2	<p>A 35 year old male visits the health department to receive results of a TB skin test that is required for employment. When the skin test is read, it is positive 10mm.</p> <p>Z11.1 Encounter for screening for respiratory TB; R76.11 Nonspecific reaction to tuberculin skin test without active tuberculosis</p>
3	<p>A patient presents to the TB Clinic with a note from his Primary Care Physician (PCP) stating he has a 25mm reading of his PPD and requires further evaluation. PCP also reports patient with productive cough x 2 months, 15 lb wt loss over 3 months, fatigue, and night sweats. Sputum sent to State Lab.</p> <p>Z11.1 Encounter for screening for respiratory tuberculosis (<i>some may suggest Z13.83, Encounter for screening for respiratory disorder but there is an Excludes1: Encounter for screening for respiratory TB</i>); R76.11 Nonspecific reaction to tuberculin skin test without active TB, PPD positive; R05 Cough; R63.4 Abnormal weight loss; R53.83 Other fatigue; R61 Generalized hyperhidrosis (Sweats, night)</p>



STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
4	<p>Patient presents to STD clinic stating he has been in contact with Chlamydia. Complains of sporadic, mild testicular pain for a couple of days. Denies any penile discharge or dysuria. Partner treated 2-3 weeks ago; no sex since.</p> <p>Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission; N50.8 Pain, testis; Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission (since the client has some symptoms, perhaps should not use the screening code but not sure what was done based on documentation provided. Was there an examination??? Return to provider for more information)</p>
5	<p><u>Part 1:</u> A 21 year old male comes in to STD clinic complaining of a urethral discharge and wants to be tested for STD. <u>Part 2:</u> Client returns for test results; testing indicates that he has gonorrhea. Dx: Gonococcal urethritis</p> <p><u>Part 1:</u> Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; R36.9 Urethral discharge, unspecified. <u>Part 2:</u> A54.01 Gonococcal cystitis and urethritis, unspecified</p>

STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
6	<p>A 32 year old female is seen in the STD clinic for STD testing. It is discovered the patient has a yeast infection.</p> <p>Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; B37.9 Candidiasis, unspecified (With more specific documentation as to the location of the infection (e.g., vulva and/or vagina), could use more specific code (e.g., B37.3))</p>
7	<p>33 year old male is seen for with severe nausea and vomiting that started yesterday after eating at a Chinese restaurant. Dx: Acute case of bacterial food poisoning due to Salmonella</p> <p>A02.9 Salmonella infection, unspecified – key word in Alphabetic Index is “poisoning”</p>
8	<p>A 16 year old female visits the health department and asked “to be tested” because she says she has been told that she has been exposed to an STD but doesn’t know what kind of STD. She tells the nurse that she just wants “to be checked” to be sure she doesn’t have any kind of STD. She has had multiple male partners.</p> <p>Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; Z20.2 Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission; Z72.51 High risk heterosexual behavior</p>



STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
9	<p>Male patient presents to clinic for HIV and STD testing. He reports some mild dysuria and one week ago he had flu –like symptoms with high fever. Reports that he has had multiple unprotected sexual partners and sexual encounters which include same sex partners.</p> <p>Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission (Do not need to code Z11.4 Encounter for screening for human immunodeficiency virus [HIV] – Z11.3 covers all STDs); R30.0 Dysuria; Z72.53 High risk bisexual behavior</p>
10	<p>17 year old male presents to the health department stating he has noted some growths on his penis and wants to determine if he has a STD. He reports multiple female partners. During physical exam, provider notes raised veruca cell lesions, .25 cm in diameter with 3-4 inch cluster on penile. Dx: Condyloma treated with Trichloroacetic acid (TCA) and return to clinic in 7 days for retreatment. Safe sex and STD prevention were discussed.</p> <p>Z00.01 Encounter for general adult medical examination with abnormal findings; Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; A63.0 Anogenital (venereal) warts; Z70.8 Other sex counseling; Z72.51 High risk heterosexual behavior</p>



STD, HIV, Communicable Disease

Unit 2 ~ Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis
11	<p>24 year old male walks into the health department complaining of fever, sore throat, muscle pain and headaches. He states he just returned from a business trip to Nigeria. Quarantine protocol is initiated for possible Ebola virus.</p> <p>Z20.828 Contact with and (suspected) exposure to other viral communicable diseases; R50.9 Fever Unspecified; R51 Headache; M79.1 Myalgia; J02.9 Sore throat (Note: In outpatient settings, cannot code “possible”, “suspected”, etc. so you code the symptoms)</p>
12	<p>An 18 year old female presents to STD clinic complaining of heavy vaginal discharge and lower right abdominal pain for three days. She has only had sexual relations with one male and she is not aware if he has an STD but she wants to be checked. Examination findings consistent with Pelvic Inflammatory Disease. Culture results received 1 week later are consistent with Chlamydia.</p> <p>Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission; N73.9 Female pelvic inflammatory disease, unspecified (Do not need to code the symptoms since confirmed dx; code for promiscuous behavior is not appropriate); A56.11 Chlamydial female PID</p>



STD, HIV, Communicable Disease

Unit 1 ~ Review Questions

True/False

1. Any time a vaccine is administered, Z23 will be used as the diagnosis code

Answer: True

2. If a child is delinquent on his/her immunizations, use Status code Z28.3, Underimmunization status

Answer: True (Z28.3, Underimmunization status, includes delinquent or lapsed immunization schedule status)

3. Category Z20 are used when the client has signs or symptoms of a communicable disease

Answer: False (Category Z20 is to be used when clients are seen as a result of contact with, and suspected exposure to, communicable diseases. Use these codes when the client does not show any signs or symptoms of the communicable disease)



STD, HIV, Communicable Disease

Unit 1 ~ Review Questions

True/False

4. Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a screening

Answer: False (Testing of a person to rule out or confirm a suspected diagnosis because the person has some sign or symptom is a **diagnostic examination**, not a screening. In these cases, the **sign** or **symptom** is used to explain the reason for the test)

5. If counseling routinely occurs during a screening for HIV, do not code the counseling

Answer: True (Use counseling codes for things such as HIV counseling – Z71.7 – as long as this type of counseling is not associated with another diagnosis code when the counseling component is integral to standard treatment. For example, if counseling routinely occurs during a screening for HIV, then you would not code the counseling.)



STD, HIV, Communicable Disease

Unit 1 ~ Coding Exercises

- **Scenario 1:** *Client returns today to be screened once again for HIV. The laboratory evidence for the HIV test conducted 2 weeks ago was inconclusive. HIV counseling was provided during the previous visit but client has questions that required additional counseling during today's visit.*

Answer: Z11.4 (Screening, human...); R75 (human, immunodeficiency, laboratory evidence); Z71.7 (Counseling, human....)

- **Scenario 2:** *Client ate at the Rise and Shine Restaurant on 10/2/15 and saw on the news where a restaurant employee was positive for Viral Hepatitis so patrons need to be vaccinated. Hepatitis vaccine was administered.*

Answer: Z23 (Encounter for vaccine is first-listed since that is why client came in); Z20.5 Contact with and (suspected) exposure to viral hepatitis



Evaluation and Questions

Evaluation Forms are in the ICD-10- CM Specialized Coding Training Workbook and at:

<http://publichealth.nc.gov/lhd/icd10/docs/training>

Submit Evaluation Forms and Questions to:

Marty.Melvin@dhhs.nc.gov