



CDSA ICD-10-CM Training

Unit 4 ~ Part 2

ICD-10-CM Code Book Review of Relevant Chapters





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

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




Chapter 2 ~ Neoplasms

Content

Chapter 2 contains the following blocks – 1st character C or D


C00-C14 Malignant neoplasms of lip, oral cavity and pharynx	C73-C75 Malignant neoplasms of thyroid and other endocrine glands
C15-C26 Malignant neoplasms of digestive organs	C7A Malignant neuroendocrine tumors
C30-C39 Malignant neoplasms of respiratory and intrathoracic organs	C7B Secondary neuroendocrine tumors
C40-C41 Malignant neoplasms of bone and articular cartilage	C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites
C43-C44 Melanoma and other malignant neoplasms of skin	C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue
C45-C49 Malignant neoplasms of mesothelial & soft tissue	D00-D09 In situ neoplasms
C50 Malignant neoplasms of breast	D10-D36 Benign neoplasms, except benign neuroendocrine tumors
C51-C58 Malignant neoplasms of female genital organs	D3A Benign neuroendocrine tumors
C60-C63 Malignant neoplasms of male genital organs	D37-D48 Neoplasms of uncertain behavior, polycythemia vera & myelodysplastic syndromes
C64-C68 Malignant neoplasms of urinary tract	D49 Neoplasms of unspecified behavior
C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system	



Chapter 2 –Neoplasms

Instructional Notes


- **Code Range: C00~D49**
- All neoplasms are classified in Chapter 2 , whether functionally active or not
- An additional code from Chapter 4 may be used, to identify functional activity associated with any neoplasm
- **Morphology [Histology]**
 - Neoplasms classified primarily by site (topography), with broad groupings for behavior (e.g., malignant, in situ, benign, etc.)
 - The Table of Neoplasms should be used to identify the correct topography code
 - Exercise: Neuroblastoma of the right adrenal gland
 - In a few cases the morphology is included in the category and codes (e.g., Category C43, Malignant melanoma)



Chapter 2 – Neoplasms

Coding Guidelines

- Primary malignancy previously excised or eradicated from its site
 - If further treatment (e.g., additional surgery, chemo) is directed to the site, code the primary malignancy code until treatment is complete
 - If no further treatment is directed to the site and no evidence of any existing primary malignancy
 - A code from Z85, Personal history of malignant neoplasm should be used to indicate the former site of the malignancy
 - Example: **Z85.38 0** Personal history of malignant neoplasm of bone
 - Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site
 - The secondary site would be first listed
 - The Z85 code would be a secondary diagnosis



Chapter 2 – Neoplasms

Coding Guidelines

- Disseminated malignant neoplasm, unspecified
 - Use Code C80.0 only in cases where
 - Client has advanced metastatic disease
 - No known primary or secondary sites are specified
- Malignant neoplasm without specification of site
 - Use Code C80.1 only in cases where no determination can be made as to the primary site of a malignancy

C80 Malignant neoplasm without specification of site

Excludes1: malignant carcinoid tumor of unspecified site (C7A.00)
malignant neoplasm of specified multiple sites- code to each site

C80.0 Disseminated malignant neoplasm, unspecified

Carcinomatosis NOS

Generalized cancer, unspecified site (primary) (secondary)

Generalized malignancy, unspecified site (primary) (secondary)

C80.1 Malignant (primary) neoplasm, unspecified

Cancer NOS

Cancer unspecified site (primary)

Carcinoma unspecified site (primary)

Malignancy unspecified site (primary)

Excludes1: secondary malignant neoplasm of unspecified site (C79.9)



Chapter 3 ~ Diseases of the Blood...and Certain Disorders Involving the Immune Mechanism

Content

Chapter 3 contains the following blocks – 1st character D

D50-D53 Nutritional anemias	D70-D77 Other disorders of blood and blood-forming organs
D55-D59 Hemolytic anemias	D78 Intraoperative and postprocedural complications of the spleen
D60-D64 Aplastic and other anemias and other bone marrow failure syndromes	D80-D89 Certain disorders involving the immune mechanism
D65-D69 Coagulation defects, purpura and other hemorrhagic conditions	



Chapter 3

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

- **Code Range: D50~D89**
- Classification codes for folate deficiency anemia have been expanded to distinguish between dietary, drug-induced and other causal factors
- Thalassemia codes have been expanded to identify the disorder by the clinical type (e.g., Alpha, Delta-beta, etc)
- Sickle cell crisis codes are a combination code reportable by a single classification code
 - Example: D57.01 Hb-SS disease with acute chest syndrome
- Instructional notes in Chapter 3 provide direction for first-listed codes



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Content

Chapter 4 contains the following blocks – 1st character is E

E00-E07 Disorders of thyroid gland	E40-E46 Malnutrition
E08-E13 Diabetes mellitus	E50-E64 Other nutritional deficiencies
E15-E16 Other disorders of glucose regulation and pancreatic internal secretion	E65-E68 Overweight, obesity and other hyperalimentation
E20-E35 Disorders of other endocrine glands	E70-E88 Metabolic disorders
E36 Intraoperative complications of endocrine system	E89 Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Diabetes Mellitus

- **Code Range: E00~E89**
- Instead of a single category as in ICD-9-CM, there are 5 categories
 - E08 – Diabetes Mellitus due to underlying condition
 - E09 – Drug or chemical induced Diabetes Mellitus
 - E10 – Type 1 Diabetes Mellitus
 - E11 – Type 2 Diabetes Mellitus
 - E13 – Other specified Diabetes Mellitus
- The diabetes mellitus codes are combination codes that include:
 - type of diabetes mellitus
 - body system affected
 - complications affecting that body system

E10.4 Type 1 diabetes mellitus with neurological complications

E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified

E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy

E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
Type 1 diabetes mellitus with diabetic neuralgia



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- For Diabetes Mellitus codes:
 - 4th Character = underlying conditions with specified complications
 - 5th Character = specific manifestations
 - 6th Character = even further manifestations
- As many codes within a particular category as are necessary to describe all of the complications of the disease may be used
- Most Type 1 diabetics develop the condition before reaching puberty but age is not the sole determining factor
- All of the categories, except E10, have an instructional note to use an additional code for any long term insulin use (Z79.4)
- If the Type is not documented, the default is E11.~, Type 2 Diabetes Mellitus



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- Secondary Diabetes Mellitus
 - Secondary codes are in categories
 - E08, Diabetes mellitus due to underlying condition
 - E09, Drug or chemical induced diabetes mellitus
 - E13, Other specified diabetes mellitus
 - Always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, adverse effect of drug, or poisoning)
 - Follow Tabular List instructions to determine sequencing of codes
 - If diabetes mellitus is due to the surgical removal of all or part of the pancreas (postpancreatectomy)
 - Assign code E89.1, Postprocedural hypoinsulinemia as first-listed
 - Assign secondary code from category E13, Other specified Diabetes Mellitus
 - Assign secondary code from subcategory Z90.41-, Acquired absence of pancreas
 - Assign secondary code for long term insulin use, Z79.4




Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Documentation Differences

- Diabetes Mellitus
 - Controlled and Uncontrolled are no longer a factor in code selection
 - Uncontrolled is coded to Diabetes, by type, with hyperglycemia
 - E10.65 Type 1 diabetes mellitus with hyperglycemia
- More specific information is needed to assign codes in Chapter 4
 - Metabolic disorders require greater detail related to specific amino acid, carbohydrate, or lipid enzyme deficiency responsible for the metabolic disorder
 - Cushing's syndrome is now differentiated by type and cause
 - More specific information is required to code disorders of the parathyroid gland
 - Vitamins, mineral, and other nutritional deficiencies require more information on the specific vitamin(s) and mineral(s)



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Obesity

- Obesity codes are expanded

E66 Overweight and obesity

Code first obesity complicating pregnancy, childbirth and the puerperium, if applicable (O99.21-)

Use additional code to identify body mass index (BMI), if known (Z68.-)

Excludes1: adiposogenital dystrophy (E23.6)
lipomatosis NOS (E88.2)
lipomatosis dolorosa [Dercum] (E88.2)
Prader-Willi syndrome (Q87.1)

E66.0 Obesity due to excess calories

E66.01 Morbid (severe) obesity due to excess calories

Excludes1: morbid (severe) obesity with alveolar hypoventilation (E66.2)

E66.09 Other obesity due to excess calories

Body mass index [BMI] (Z68)

Z68 Body mass index [BMI]

Kilograms per meters squared

Note: BMI adult codes are for use for persons 21 years of age or older

BMI pediatric codes are for use for persons 2-20 years of age. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

Z68.1 Body mass index (BMI) 19 or less, adult

Z68.2 Body mass index (BMI) 20-29, adult

Z68.20 Body mass index (BMI) 20.0-20.9, adult

Z68.21 Body mass index (BMI) 21.0-21.9, adult



Chapter 7

Diseases of the eye and adnexa

Content

- **Code Range: H00~H59**

Chapter 7 contains the following block – 1st character is H

H00-H05 Disorders of eyelid, lacrimal system and orbit	H43-H44 Disorders of vitreous body and globe
H10-H11 Disorders of conjunctiva	H46-H47 Disorders of optic nerve and visual pathways
H15-H22 Disorders of sclera, cornea, iris and ciliary body	H49-H52 Disorders of ocular muscles, binocular movement, accommodation and refraction
H25-H28 Disorders of lens	H53-H54 Visual disturbances and blindness
H30-H36 Disorders of choroid and retina	H55-H57 Other disorders of eye and adnexa
H40-H42 Glaucoma	H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified



Chapter 8

Diseases of the ear and mastoid process

Content

- **Code Range: H60~H95**

Chapter 8 contains the following block – 1st character is H

H60-H62 Diseases of external ear	H90-H94 Other disorders of ear
H65-H75 Diseases of middle ear and mastoid	H95 Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified
H80-H83 Diseases of inner ear	

H72 Perforation of tympanic membrane

Includes: persistent post-traumatic perforation of ear drum
postinflammatory perforation of ear drum

Code first any associated otitis media (H65.-, H66.1-, H66.2-, H66.3-, H66.4-, H66.9-, H67.-)

Excludes1: acute suppurative otitis media with rupture of the tympanic membrane (H66.01-)
traumatic rupture of ear drum (S09.2-)



Chapter 9

Diseases of the circulatory system

Content

- **Code Range: I00-I99**

Chapter 9 contains the following block – 1st character is I

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



Chapter 9

Diseases of the circulatory system

Coding Guidelines

- **Sequelae of Cerebrovascular Disease – I69**

- Category I69 is used for conditions classifiable to categories I60-I67 as the causes of sequela (neurologic deficits), themselves classified elsewhere
 - These “late effects” include neurologic deficits that persist after initial onset of conditions classifiable to categories I60-I67
 - Neurologic deficits caused by cerebrovascular disease may be present from the onset or any time thereafter
- Codes from category I69 that specify hemiplegia, hemiparesis and monoplegia identify whether the dominant or nondominant side is affected . For codes that specify laterality with dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:
 - For ambidextrous patients, the default should be dominant
 - If the left side is affected, the default is non-dominant
 - If the right side is affected, the default is dominant
- History of cerebrovascular disease but no neurological deficits-Z86.73



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

- **Chronic Obstructive Pulmonary Disease [COPD] and Asthma**
 - Codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation
 - Acute exacerbation is a worsening or a decompensation of a chronic condition
 - Acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection
 - Asthma terminology is updated to reflect current clinical classification of asthma
 - Mild intermittent
 - Mild persistent
 - Moderate persistent
 - Severe persistent
 - Intrinsic (nonallergic) and extrinsic (allergic) asthma are both classified to J45.909 – Unspecified asthma, uncomplicated



Chapter 10

Diseases of the respiratory system

Severity of Asthma Classification

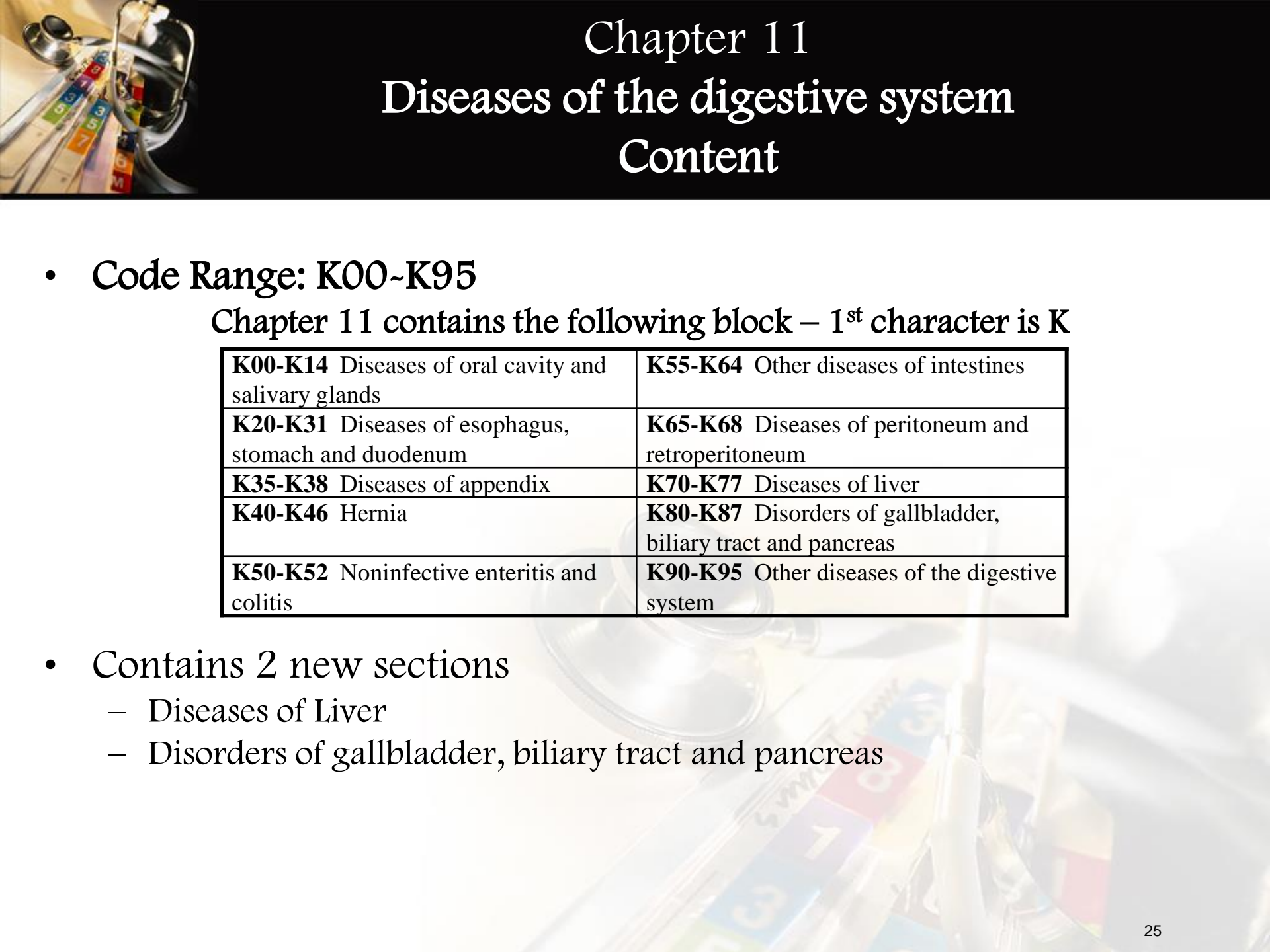
Presentation of Asthma before (without) Treatment

Type of Asthma	Symptoms	Nighttime Symptoms	Lung Function
Severe persistent	<ul style="list-style-type: none"> •Continual symptoms •Limited physical activity •Frequent exacerbations 	Frequent	<ul style="list-style-type: none"> • FEV₁ or PEF ≤ 60% predicted •PEF variability > 30%
Moderate persistent	<ul style="list-style-type: none"> •Daily symptoms •Daily use of inhaled short-acting beta₂-agonist •Exacerbation of affect activity •Exacerbation ≥ 2 times/week ≥ 1 day(s) 	> 1 time/week	<ul style="list-style-type: none"> • FEV₁ or PEF 60-80% predicted •PEF variability > 30%
Mild persistent	<ul style="list-style-type: none"> •Symptoms > 2 times/week but < 1 time/day •Exacerbation may affect activity 	> 2 times/month	<ul style="list-style-type: none"> • FEV₁ or PEF ≥ 80% predicted •PEF variability 20-30%
Mild intermittent	<ul style="list-style-type: none"> •Symptoms ≤ 2 times/week •Asymptomatic and normal PEF between exacerbations •Exacerbations of varying intensity are brief (a few hours to a few days) 	≤ 2 times/month	<ul style="list-style-type: none"> • FEV₁ or PEF ≥ 80% predicted •PEF variability < 20%

FEV₁ = The maximal amount of air a person can forcefully exhale over one second accounting for the variables of height, weight, and race used to denote the degree of obstruction with asthma

PEF= Peak Expiratory Flow is the maximum flow of expelled air during expiration following full inspiration (big breath in and then big breath out)

Source: National Heart, Lung, and Blood Institute - <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>



Chapter 11

Diseases of the digestive system

Content

- **Code Range: K00~K95**

Chapter 11 contains the following block – 1st character is K

K00-K14 Diseases of oral cavity and salivary glands	K55-K64 Other diseases of intestines
K20-K31 Diseases of esophagus, stomach and duodenum	K65-K68 Diseases of peritoneum and retroperitoneum
K35-K38 Diseases of appendix	K70-K77 Diseases of liver
K40-K46 Hernia	K80-K87 Disorders of gallbladder, biliary tract and pancreas
K50-K52 Noninfective enteritis and colitis	K90-K95 Other diseases of the digestive system

- Contains 2 new sections
 - Diseases of Liver
 - Disorders of gallbladder, biliary tract and pancreas



Chapter 12

Diseases of the skin and subcutaneous tissue

Content

- **Code Range: L00~L99**

Chapter 12 contains the following block – 1st character is L

L00-L08 Infections of the skin and subcutaneous tissue	L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
L10-L14 Bullous disorders	L60-L75 Disorders of skin appendages
L20-L30 Dermatitis and eczema	L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue
L40-L45 Papulosquamous disorders	L80-L99 Other disorders of the skin and subcutaneous tissue
L49-L54 Urticaria and erythema	



Chapter 12

Diseases of the skin and subcutaneous tissue

Coding Guidelines

- **Pressure ulcer stage codes**
 - **Pressure ulcer stages**
 - Codes from category L89, Pressure ulcer, are combination codes that identify the site of the pressure ulcer as well as the stage of the ulcer
 - Pressure ulcer stages are classified based on severity
 - Stages 1-4
 - Unspecified stage
 - Unstageable
 - Assign as many codes from category L89 as needed to identify all the pressure ulcers the client has, if applicable
- **Unstageable pressure ulcers**
 - Code assignment for unstageable pressure ulcer (L89.~~0) should be based on clinical documentation when the stage cannot be clinically determined and pressure ulcers documented as deep tissue injury but not documented as due to trauma.
 - If no documentation regarding stage, assign unspecified stage (L89.~~9).



Chapter 12

Diseases of the skin and subcutaneous tissue

Coding Guidelines

- **Documented pressure ulcer stage**
 - Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index
 - Code assignment for pressure ulcer stage may be based on non-physician documentation since this information is typically documented by other clinicians involved in the care of the client (e.g., nurses)
 - Physician must document that client has pressure ulcer
 - For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried
- **Pressure ulcers documented as healed**
 - No code is assigned if the documentation states that the pressure ulcer is completely healed.



Chapter 14

Diseases of the genitourinary system

Content

Code Range: N00~N99

Chapter 14 contains the following block – 1st character is N

N00-N08 Glomerular diseases	N40-N53 Diseases of male genital organs
N10-N16 Renal tubulo-interstitial diseases	N60-N65 Disorders of breast
N17-N19 Acute kidney failure and chronic kidney disease	N70-N77 Inflammatory diseases of female pelvic organs
N20-N23 Urolithiasis	N80-N98 Noninflammatory disorders of female genital tract
N25-N29 Other disorders of kidney and ureter	N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhere classified
N30-N39 Other diseases of the urinary system	



Chapter 14

Diseases of the genitourinary system

Coding Guidelines

- **Chronic kidney disease (CKD)**
 - CKD is classified based on severity
 - The severity of CKD is designated by stages 1-5
 - Stage 2, code N18.2, equates to mild CKD
 - Stage 3, code N18.3, equates to moderate CKD
 - Stage 4, code N18.4, equates to severe CKD
 - Code N18.6, End stage renal disease (ESRD), is assigned when the provider has documented end-stage-renal disease (ESRD)
 - If both a stage of CKD and ESRD are documented, assign code N18.6 only
 - Clients who have undergone kidney transplant may still have some form of CKD because the kidney transplant may not fully restore kidney function
 - Presence of CKD alone does not constitute a transplant complication
 - Assign appropriate N18 code for the client's stage of CKD and code Z94.0, Kidney transplant status.



Chapter 15

Pregnancy, childbirth and the puerperium

Content

Chapter 15 contains the following blocks – 1st character is O (not zero)

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



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Content

Chapter 19 contains the following block – 1st characters are S and T

S00-S09 Injuries to the head	T15-T19 Effects of foreign body entering through natural orifice
S10-S19 Injuries to the neck	T20-T32 Burns and corrosions
S20-S29 Injuries to the thorax	T20-T25 Burns and corrosions of external body surface, specified by site
S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals	T26-T28 Burns and corrosions confined to eye and internal organs
S40-S49 Injuries to the shoulder and upper arm	T30-T32 Burns and corrosions of multiple and unspecified body regions
S50-S59 Injuries to the elbow and forearm	T33-T34 Frostbite
S60-S69 Injuries to the wrist, hand and fingers	T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances
S70-S79 Injuries to the hip and thigh	T51-T6 Toxic effects of substances chiefly nonmedicinal as to source
S80-S89 Injuries to the knee and lower leg	T66-T78 Other and unspecified effects of external causes
S90-S99 Injuries to the ankle and foot	T79 Certain early complications of trauma
T07 Injuries involving multiple body regions	T80-T88 Complications of surgical and medical care, not elsewhere classified
T14 Injury of unspecified body region	



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Application of 7th Characters in Chapter 19
 - Most categories in this chapter have three **7th character values** (with the exception of fractures which have more than 3 7th character selections):
 - **A**- initial encounter
 - used when client is receiving active treatment for the **condition**
 - Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a **new** physician
 - **D**- subsequent encounter
 - used for encounters after client has received active treatment of the **condition** and is receiving routine care for the **condition** during the healing or recovery phase
 - Aftercare ‘Z’ codes not needed when 7th character ‘D’ code is used
 - Examples of subsequent care are: cast change or removal, medication adjustment, aftercare and follow up visits following **treatment of the injury or condition**
 - **S** - sequela
 - use for complications or conditions that arise as a direct result of a **condition**
 - Example: Shaken infant syndrome



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- **Scenario:** A 5 month old male was referred to the CDSA to address concerns regarding shaken infant syndrome. The child was found unresponsive at home when EMS was called. He required resuscitation and was found to have bilateral subdural hematomas on CT scan at an outside hospital. Following admission and observation , he developed seizures. The subdurals were evacuated after the seizures were controlled with medication. Due to continued difficulties relearning how to suck, a g-tube was placed for feeding purposes. On exam, he has increased reflexes in the lower extremities and clonus at the right knee. Muscle tone is globally decreased. Vision photoscreen read as “need to refer”; however, he has been seen and retinal hemorrhages were ruled out. On developmental assessment, adaptive/self-help scores are delayed as are gross motor skills. He is now in foster care and his foster mother is struggling with sleep concerns as he wakes every 1-3 hours throughout the day and night.



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects
 - Do not code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
 - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
 - Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
 - If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
 - **Adverse Effect** - When coding an adverse effect of a drug that has been correctly prescribed and properly administered
 - assign the appropriate code for the nature of the adverse effect
 - » Examples: Tachycardia, delirium, vomiting
 - followed by the appropriate code for the adverse effect of the drug (T36-T50)



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances (T36-T50)

Includes: adverse effect of correct substance properly administered
poisoning by overdose of substance
poisoning by wrong substance given or taken in error
underdosing by (inadvertently) (deliberately) taking less substance than prescribed or instructed

Code first , for adverse effects, the nature of the adverse effect, such as:
adverse effect NOS (T88.7)
aspirin gastritis (K29.-)
blood disorders (D56-D76)
contact dermatitis (L23-L25)
dermatitis due to substances taken internally (L27.-)
nephropathy (N14.0-N14.2)

Note: The drug giving rise to the adverse effect should be identified by use of codes from categories T36-T50 with fifth sixth character 5.

Use additional code(s) to specify:
manifestations of poisoning
underdosing or failure in dosage during medical and surgical care (Y63.6, Y63.8-Y63.9)
underdosing of medication regimen (Z91.12-, Z91.13-)

Excludes1: toxic reaction to local anesthesia in pregnancy (O29.3-)

Excludes2: abuse and dependence of psychoactive substances (F10-F19)
abuse of non-dependence-producing substances (F55.-)
drug reaction and poisoning affecting newborn (P00-P96)
pathological drug intoxication (inebriation) (F10-F19)



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
(cont'd)
 - **Poisoning**-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 categories T36-T50
 - » The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
 - Use additional code(s) for all manifestations of poisonings
 - If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code
 - T40.0x2A Poisoning by opium, intentional self-harm, first encounter**
 - F11.121 Opioid abuse with intoxication delirium**



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
(cont'd)
 - Examples of **Poisoning**:
 - Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person
 - Overdose of a drug intentionally taken or administered that results in drug toxicity
 - Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
 - Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
 - **Underdosing**
 - Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
 - For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6")
 - Example: T38.2X6- Underdosing of antithyroid drugs
 - Codes for underdosing should never be assigned as first-listed codes
 - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
 - Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known

Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adult and child abuse, neglect and other maltreatment
 - Sequence first the appropriate code from one of the following categories for abuse, neglect and other maltreatment :
 - T74.~ Adult and child abuse, neglect and other maltreatment, confirmed
 - T76.~ Adult and child abuse, neglect and other maltreatment, suspected
 - Any accompanying mental health or injury code(s) are additional codes
 - If the documentation in the medical record states abuse or neglect, it is coded as confirmed (T74.~)
 - For cases of confirmed abuse or neglect, an external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries
 - X94.0xxA Assault by shotgun
 - A perpetrator code (Y07) should be added when the perpetrator of the abuse is known
 - Y07.11 Biological father, perpetrator of maltreatment and neglect



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adult and child abuse, neglect and other maltreatment
 - If the documentation in the medical record states suspected abuse or neglect, it is coded as suspected (T76.~)
 - For suspected cases of abuse or neglect, do not report external cause or perpetrator code
 - If a suspected case of abuse, neglect or mistreatment is ruled out during an encounter, assign one of the following codes (do not use (T76.~):
 - Z04.71 Encounter for examination and observation following alleged physical adult abuse, ruled out
 - Z04.72 Encounter for examination and observation following alleged child physical abuse, ruled out
 - If a suspected case of alleged rape or sexual abuse is ruled out during an encounter, assign one of the following codes (do not use (T76.~):
 - Z04.41 Encounter for examination and observation following alleged physical adult abuse, ruled out
 - Z04.42, Encounter for examination and observation following alleged rape or sexual abuse, ruled out



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- **Complications of Care**
 - Documentation of complications of care
 - Code assignment (key word, “Complication”) is based on the provider’s documentation of the relationship between the condition and the care or procedure
 - The guideline extends to any complications of care, regardless of the chapter the code is located in
 - **Example: T85.84 xA Pain due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter**
 - It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications
 - There must be a cause-and-effect relationship between the care provided and the condition, and
 - an indication in the documentation that it is a complication
 - Query the provider for clarification, if the complication is not clearly documented



Chapter 20

External Causes of Morbidity

Instructional Notes

- This chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects
 - Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another ICD-10-CM Chapter where the nature of the condition is indicated
 - Most often, the condition will be classifiable to **Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T88)**
 - Other conditions that may be stated to be due to external causes are classified in Chapters 1-18
 - For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition
- There is no national requirement for reporting external cause codes



Chapter 20

External Causes of Morbidity

Content

- **Code Range V00~Y99**

Chapter 20 contains the following block – 1st characters are V, W, X, Y

V00-X58	Accidents	V70-V79	Bus occupant injured in transport accident
V00-V99	Transport accidents	V80-V89	Other land transport accidents
V00-V09	Pedestrian injured in transport accident	V90-V94	Water transport accidents
V10-V19	Pedal cycle rider injured in transport accident	V95-V97	Air and space transport accidents
V20-V29	Motorcycle rider injured in transport accident	V98-V99	Other and unspecified transport accidents
V30-V39	Occupant of three-wheeled motor vehicle injured in transport accident	W00-X58	Other external causes of accidental injury
V40-V49	Car occupant injured in transport accident	W00-W19	Slipping, tripping, stumbling and falls
V50-V59	Occupant of pick-up truck or van injured in transport accident	W20-W49	Exposure to inanimate mechanical forces
V60-V69	Occupant of heavy transport vehicle injured in transport accident	W50-W64	Exposure to animate mechanical forces



Chapter 20

External Causes of Morbidity

Content

Chapter 20 contains the following block (cont'd) – 1st characters are V, W, X, Y

W65-W74	Accidental non-transport drowning and submersion	Y21-Y33	Event of undetermined intent
W85-W99	Exposure to electric current, radiation and extreme ambient air temperature and pressure	Y35-Y38	Legal intervention, operations of war, military operations, and terrorism
X00-X08	Exposure to smoke, fire and flames	Y62-Y84	Complications of medical and surgical care
X10-X19	Contact with heat and hot substances	Y62-Y69	Misadventures to patients during surgical and medical care
X30-X39	Exposure to forces of nature	Y70-Y82	Medical devices associated with adverse incidents in diagnostic and therapeutic use
X52-X58	Accidental exposure to other specified factors	Y83-Y84	Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
X71-X83	Intentional self-harm	Y90-Y99	Supplementary factors related to causes of morbidity classified elsewhere
X92-Y08	Assault		



Chapter 20

External Causes of Morbidity

Coding Guidelines

- General External Cause Coding Guidelines
 - Used with any code in the range of A00.0-T88.9, Z00-Z99 that is a health condition due to an external cause
 - Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity
 - External cause code used for length of treatment
 - Assign the external cause code, with the appropriate 7th character (initial encounter, subsequent encounter or sequela) for each encounter for which the injury or condition is being treated
 - Use the full range of external cause codes
 - Completely describe the cause, the intent, the place of occurrence, and if applicable, the activity of the patient at the time of the event, and the patient's status, for all injuries, and other health conditions due to an external cause



Chapter 20

External Causes of Morbidity

Coding Guidelines

- General External Cause Coding Guidelines (cont'd)
 - Assign as many external cause codes as necessary to fully explain each cause
 - Selection of appropriate external cause code(s) is guided by the Alphabetic Index of External Causes and by Inclusion and Exclusion notes in the Tabular List
 - An external cause code can never be a first-listed diagnosis
 - Certain external cause codes are combination codes that identify sequential events that result in an injury
 - Example: A fall which results in striking against an object
 - The injury may be due to either event or both
 - The combination external cause code used should correspond to the sequence of events regardless of which caused the most serious injury
 - External cause codes are not needed if the external cause and intent are included in a code from another chapter
 - Example: T36.OX1~ Poisoning by penicillins, accidental (unintentional)



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Place of Occurrence Guideline
 - Codes from category **Y92, Place of occurrence of the external cause**, are secondary codes for use after other external cause codes to identify the location of the patient at the time of injury or other condition
 - A place of occurrence code is used only once, at the initial encounter for treatment
 - No 7th characters are used for Y92
 - Only one code from Y92 should be recorded on a medical record
 - Do not use place of occurrence code **Y92.9, Unspecified place or not applicable**, if the place is not stated or is not applicable
 - A place of occurrence code should be used in conjunction with an activity code, Y93
 - Example: **Y93.01 Activity, walking, marching and hiking**



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Activity Code

- Assign a code from category Y93, Activity code, to describe the activity of the patient at the time the injury or other health condition occurred
- An activity code is used only once, at the initial encounter for treatment
- Only one code from Y93 should be recorded on a medical record
- An activity code should be used in conjunction with a place of occurrence code, Y92
- The activity codes are not applicable to poisonings, adverse effects, misadventures or **sequela**
- Do not assign **Y93.9, Unspecified activity**, if the activity is not stated
- A code from category Y93 is appropriate for use with external cause and intent codes if identifying the activity provides additional information about the event



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Place of Occurrence, Activity, and Status Codes Used with other External Cause Code
 - When applicable, place of occurrence, activity, and external cause status codes are sequenced after the main external cause code(s)
 - Regardless of the number of external cause codes assigned, there should be only one place of occurrence code, one activity code, and one external cause status code assigned to an encounter
- If the Reporting Format Limits the Number of External Cause Codes
 - Report the code for the cause/intent most related to the reason for the encounter
 - If the format permits capture of some additional external cause codes, the cause/intent, including medical misadventures, of the additional events should be reported rather than the codes for place, activity, or external status



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Initial encounters generally require four secondary codes from Chapter 20
 - External cause codes – utilize 7th character extension
 - Initial encounter (A)
 - Subsequent encounter (D)
 - Sequelae (S)
 - Example: **X11.xxxA Contact with hot tap water, initial encounter**
 - Place of Occurrence – initial encounter only
 - Example: **Y92.210 Daycare center as the place of occurrence of the external cause**
 - Activity Code – initial encounter only
 - Example: **Y93.D9 Activity, involving other arts and handcrafts**
 - External Cause Status – initial encounter only
 - Example: **Y99.8 Other external cause status (includes Student activity)**



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Multiple External Cause Coding Guidelines

- More than one external cause code is required to fully describe the external cause of an illness **or** injury
- The assignment of external cause codes should be sequenced in the following priority:
 - If two or more events cause separate injuries, an external cause code should be assigned for each cause
 - The first-listed external cause code will be selected in the following order:
 - External codes for child and adult abuse take priority over all other external causes
 - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse
 - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse and terrorism
 - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, child and adult abuse and terrorism
 - Activity and external cause status codes are assigned following all causal (intent) external cause codes
 - The first-listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident, or self-harm, following the order of hierarchy listed above



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Child and Adult Abuse Guideline
 - Adult and child abuse, neglect and maltreatment are classified as assault
 - Any of the assault codes may be used to indicate the external cause of any injury resulting from the confirmed abuse
 - For confirmed cases of abuse, neglect and maltreatment, when the perpetrator is known, a code from **Y07, Perpetrator of maltreatment and neglect**, should accompany any other assault codes
- Unknown or Undetermined Intent Guideline
 - If the intent (accident, self-harm, assault) of the cause of an injury or other condition is unknown or unspecified, code the intent as accidental intent
 - All transport accident categories assume accidental intent
 - External cause codes for events of undetermined intent are only for use if the documentation in the record specifies that the intent cannot be determined



Chapter 20

External Causes of Morbidity

Coding Guidelines

- *Sequelae* (Late Effects) of External Cause Guidelines
 - *Sequelae* external cause codes are reported using the external cause code with the 7th character “S” for sequela
 - These codes should be used with any report of a late effect or sequela resulting from a previous injury
 - A sequela external cause code should never be used with a related current nature of injury code
 - Use a late effect external cause code for subsequent visits when a late effect of the initial injury is being treated
 - Do not use a late effect external cause code for subsequent visits for follow-up care (e.g., to assess healing, to receive rehabilitative therapy) of the injury when no late effect of the injury has been documented



Unit 4, Part 2 – Review Questions

True/False

1. Before coding HIV positive, there must be a positive serology or culture for HIV in the client's record
2. If the documentation states the client has AIDS, always code B20, HIV disease
3. All neoplasms are coded in Chapter 2
4. Only one Diabetes Mellitus code can be assigned for each encounter
5. Code Z79.4, Long-term (current) use of insulin, is always used for all 5 categories of Diabetes Mellitus
6. Most codes in Chapter 7, Diseases of the Eye and Adnexa, include anatomic site and/or laterality



Unit 4, Part 2 – Review Questions

True/False

7. If a 3 year old male falls down the steps and breaks a leg, the fracture will be coded from Chapter 13, Diseases of the Musculoskeletal System and Connective Tissue
8. For adverse effects due to drugs or chemicals, always begin with the Table of Drugs and Chemicals
9. The Table of Drugs and Chemicals is used to identify Chapter 20 codes





Unit 4, Part 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	<p>30-month old girl born full term but whose birth weight demonstrated intrauterine growth restriction. She was referred for a developmental assessment given concerns about expressive language and feeding difficulties. Child has a history of failure to thrive. She continued to have feeding difficulties but demonstrated stable weight gain. Acid reflux was diagnosed and medication was prescribed. Delayed gastric emptying was also diagnosed and medication was prescribed for that. Child has continued to resist some feedings and demonstrates a very poor appetite even if she is willing to accept the first bite. Assessment demonstrated significant delay in expressive language, mild delays in fine motor skills, receptive language, and overall cognitive skills. Volume limiting (self) was observed during mealtime but no oral-motor dysfunction was noted.</p>	
2	<p>2 yr old with Ullrich-Turner Syndrome was started on Androgen 3 days ago and is seen today for a rash that started out on face and stomach and has spread to arms and back. The mother reports no other changes in the child's diet or environmental factors so the Androgen was discontinued due to the adverse effect from the medication. The child developed AIDS in utero, has juvenile diabetes mellitus and insulin is administered via an insulin pump, and moderate nonproliferative diabetic retinopathy. The child will undergo surgery for a brain stem glioma in one week.</p>	



Unit 4, Part 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
3	21-month old male born full-term and perinatal period was uncomplicated other than poor feeding. Subsequent concerns about visual tracking arose and imaging studies demonstrated abnormalities with central nervous system. He has been diagnosed with obstructive hydrocephalus, cortical blindness, strabismus, feeding difficulties, oropharyngeal dysphagia, and developmental delays. Child has undergone placement of VP-shunt and strabismus surgery.	
4	8-month old girl enrolled in the NC ITP with establishing condition of unilateral sensorineural hearing loss. She failed her newborn hearing screening x2 and was referred to UNC for an ABR. An MRI was performed and MOC reports that some “brain damage” was noted. She stated that she has been told that it was possibly due to a virus such as CMV. Child was already receiving direct PT for gross motor delays. Evaluation report noted low muscle tone too. Upon enrollment, review of medical records indicates mild-to-moderate hearing loss in right ear along with MRI findings of encephalomalacia involving of white matter in the anterior temporal lobes as well as mildly hypoplastic cerebellar vermis. Child noted to have probable delayed motor skills upon enrollment.	



Unit 4, Part 2

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
5	30 month old girl is being seen by physical therapist for complications of stroke. Therapist is working on ambulation with assistive technology.	
6	4 month old girl with Trisomy 21 with large ventricular septal defect, poor weight gain and exhibiting signs of mild congestive heart failure. Home visit done to assess developmental status and impact of medical conditions on development. Child has demonstrated increased respiratory rate, increased fatigue with feedings, and poor weight gain. Child also has noted hypotonia. Gross motor milestones are delayed.	
7	23-month old who had a neuroblastoma surgically removed and now has a diagnosis of Opsoclonus-Myoclonus Syndrome. She receives IV-IG (Intravenous-immunoglobulin) treatments every 3weeks. She was referred in July due to mobility and equilibrium concerns (she went from being able to walk and run to a very unsteady walk). Her symptoms continued to progress and she went from crawling to being barely able to move at all. Since her surgery (removal of the neuroblastoma -August), she has made progress regaining skills and now moves around her home, with the assistance of AFOS and theratogs, by crawling, pulling to stand and cruising around the furniture. She has notable trembling of her body and nystagmus which causes her some difficulties with using a spoon and/or fork. Her development is impacted in all areas.	



Questions/CEU Information

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Information for CEUs

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