ICD – 10 CM

CHAPTERS 19 TO 21

Chapter 19: Injury, poisoning, and certain other consequences of external causes (S00-T88)

a. Application of 7th Characters in Chapter 19

- Most categories in this chapter have three 7th character values (with the exception of fractures)
- A - initial encounter
- D - subsequent encounter
- S - sequela.

b. Coding of Injuries

- assign separate codes for each injury

- Combination code – do not assign separate code

- Traumatic injury codes (S00-T14.9) are not to be used for **normal, healing surgical wounds or to identify complications of surgical wounds.**

1) Superficial injuries

- **Abrasions / contusions – not coded when associated with severe injury**

2) Primary injury with damage to nerves/blood vessels

- **Primary injury results in minor damage to nerves/ blood vessels –**

- **code primary injury as principal diag and assign additional code for injury to nerves (S04) / blood vessels (S15)**

- **Primary injury to nerves / blood vessels – that should be sequenced first.**

3) Iatrogenic injuries

- Injury codes from Chapter 19 should not be assigned for injuries that occur during, or as a result of, a medical intervention.

- Assign the appropriate complication code(s)

c. Coding of Traumatic Fractures

- The principles of multiple coding of injuries followed

- Fractures of specified sites are coded individually by site

- A fracture not indicated as open or closed - coded to closed

- Not documented as displaced / not displaced – code displaced

More specific guidelines

1) Initial vs. subsequent encounter for fractures

- appropriate 7th character for initial encounter A - for each encounter where the patient is receiving active treatment for the fracture

- subsequent care for encounters – D – routine healing

- G – Delayed healing

- Care of complications of fractures, such as malunion and nonunion, should be reported with the appropriate 7th character for subsequent care with nonunion (K)

- subsequent care with malunion (P)

2) Multiple fractures sequencing

- sequenced in accordance with the severity of the fracture.

3) Physeal fractures

- assign only the code identifying the type of physeal fracture.

- Do not assign a separate code to identify the specific bone that is fractured.

d. Coding of Burns and Corrosions

- The ICD-10-CM makes a distinction between burns and corrosions.

- The burn codes - for thermal burns, electricity and radiation except sunburns, that come from a heat source, such as a fire or hot appliance.

- Corrosions are burns due to chemicals.

- The guidelines are the same for burns and corrosions.

- **Current burns (T20-T25)**
  - Depth
  - Extent
  - Agent (X code)
- **Classification by depth:**
  - first degree (erythema)
  - second degree (blistering)
  - third degree (full-thickness involvement). – black eschar

- **Burns of the eye and internal organs (T26-T28)** are
  - classified by site, but not by degree.
1) **Sequencing of burn and related condition codes**
- Code the highest degree of burn when more than one burn is present.
- has both internal and external burns – sequencing based on circumstances of encounter
- admitted for burn injuries and other related conditions - sequencing based on circumstances of encounter

2) Burns of the same anatomic site – only one code (highest degree of burn)

3) Non-healing burns –

- **coded as acute burns**
- Necrosis of burned skin – coded as non healed burn

4) Infected burn – add code for infection

5) Assign separate codes for each burn site

- Category T30, Burn and corrosion

- Unspecified code – rarely used

- Burns of multiple sites – if documentation not specifies the individual sites

6) Burns and corrosions classified according to extent of body surface involved

- category T31, Burns classified according to extent of body surface involved

- T32, Corrosions classified according to extent of body surface involved,

- Categories T31 and T32 are based on the classic "rule of nines" to estimate body surface

- Identify - Extent of Body surface in percentage and degree of burns

- head and neck are assigned nine percent,
- each arm nine percent,
- each leg 18 percent,
- the anterior trunk 18 percent,
- posterior trunk 18 percent, and
- genitalia one percent.
- Providers may change these percentage assignments where necessary to accommodate infants and children who have proportionately larger heads than adults, and patients who have large buttocks, thighs, or abdomen that involve burns.

7) Encounters for treatment of sequela of burns

- i.e., scars or joint contractures
- a burn or corrosion code with the 7th character "S"

8) Sequelae with a late effect code and current burn

- Code with 7th character "A" or "D"
- Code with 7th character "S"
- Coded together - (when both a current burn and sequelae of an old burn exist).

9) Use of an external cause code with burns and corrosions

- to identify the source and intent of the burn, as well as the place where it occurred

e. Adverse Effects, Poisoning, Underdosing and Toxic Effects

- Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent.

- **1) Do not code directly from the Table of Drugs – refer back tabular list**

- **2) Use as many codes as necessary to describe – all drugs / medicinal/ biological substances**

- **3) If the same code would describe the causative agent -** for more than one adverse reaction / poisoning, toxic effect or underdosing – code only once

- **4) If two or more drugs, medicinal or biological substances** – **code each unless a combination code available.**
- **If multiple unspecified drugs, medicinal or biological substances were taken** – code from subcategory **T50.91**
- **5) The occurrence of drug toxicity is classified in ICD-10-CM as follows**
- (a) **Adverse Effect**
  – (T36-T50)
  – for example T36.0X5
  – Examples of the nature of an adverse effect are
  – tachycardia, delirium, gastrointestinal hemorrhaging, vomiting, hypokalemia, hepatitis, renal failure, or respiratory failure

(b) **Poisoning**

- e.g., overdose, wrong substance given or taken in error, wrong route of administration
- T36-T50
- accidental, intentional self-harm, assault and undetermined **– 5th / 6th character**
- unknown or unspecified intent – code as accidental
- undetermined intent – based on documentation
- Code for manifestations of all poisonings
- diagnosis of abuse or dependence documented – code that also.

- **Examples of poisoning include**:
- (i) Error was made in drug prescription
- (ii) Overdose of a drug intentionally taken
- (iii)Non prescribed drug taken with correctly
- (iv)Interaction of drug(s) and alcohol

(c) **Underdosing** -

- taking less of a medication than prescribed
- Discontinuing the use of a prescribed medication on the patient's own initiative
- T36-T50 (fifth or sixth character "6").
- Codes for underdosing should never be assigned as principal or first-listed codes.
- relapse or exacerbation of the medical condition – due to under dose –code the condition

- Noncompliance (Z91.12-, Z91.13- and Z91.14-) or complication of care (Y63.6-Y63.9) codes are to be used with an underdosing code to indicate intent, if known.

(d) **Toxic Effects**

- When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect.

- categories T51-T65.

- Toxic effect codes have an associated intent: accidental, intentional self-harm, assault and undetermined.

f. Adult and child abuse, neglect and other maltreatment

- Sequence first the appropriate code from categories T74, Adult and child abuse, neglect and other maltreatment, confirmed)
- T76, Adult and child abuse, neglect and other maltreatment, suspected) for abuse, neglect and other maltreatment,
- + mental health or injury code(s).
- **confirmed abuse or neglect** -
  - external cause code from the assault section (X92-Y09**) for cause of injury**
  - A perpetrator code (Y07) should be added when the perpetrator of the abuse is known
- do not report external cause or perpetrator code – suspected abuse/ neglect

- **Suspected cases ruled out during encounter**
- Z04.71, Encounter for examination and observation following alleged physical adult abuse, ruled out, or
- Z04.72, Encounter for examination and observation following alleged child physical abuse, ruled out, should be used,
- Z04.41, Encounter for examination and observation following alleged adult rape
- Z04.42, Encounter for examination and observation following alleged child rape,
- Z04.81, Encounter for examination and observation of victim following forced sexual exploitation,
- Z04.82, Encounter for examination and observation of victim following forced labor exploitation,
- not a code from T76.

Pain due to medical devices / implants or grafts left in a surgical site

- Code from chap 19
- Additional code for pain – acute / chronic due to presence of the device, implant or graft (G89.18 or G89.28).

Transplant complications other than kidney

 – Two codes

 – the appropriate code from category T86

 – secondary code that identifies the complication.

Kidney transplant complications

- Code T86.1- should be assigned for documented complications of a kidney transplant – failure / rejection / other complication

- Not assigned for post kidney transplant patients who have chronic kidney disease

- **the appropriate complication code from chapter 9 would be assigned for a vascular intraoperative or postprocedural complication**
- **unless the complication is specifically indexed to a T code in chapter 19**

Chapter 20: External Causes of Morbidity (V00-Y99)

- Never sequenced first
- Injury research and evaluation of injury prevention strategies
- how the injury – caused ,
- the intent
- the place where the event occurred
- the activity of the patient at the time of the event
- the person's status
- Separate alphabetic index

- Y92 – PLACE OF OCCURRENCE OF THE EXTERNAL CAUSE
- Y93 – ACTIVITY CODE

Chapter 21: Factors influencing health status and contact with health services (Z00-Z99)

- Z codes may be used as either a first-listed (principal diagnosis code in the inpatient setting)
- or a secondary code, depending on the circumstances of the encounter.
- Certain Z codes may only be used as first-listed or principal diagnosis.
- Z Codes Indicate a Reason for an Encounter
- Contact/Exposure – Z20 (communicable diseases)

- Z77, Other contact with and (suspected) exposures hazardous to health, indicates contact with and suspected exposures hazardous to health.
- **Inoculations and vaccinations -** Code Z23
- **Status -** Status codes indicate that a patient is either a carrier of a disease or has the sequelae or residual of a past disease or condition.
- A status code should not be used with a diagnosis code if information provided by status code
- Eg: Z94.1, Heart transplant status, should not be used with a code from subcategory T86.2, Complications of heart transplant.

- **4) History (of) – personal / family**
- **5) Screening**
- **6) Observation -** The observation codes are to be used as principal diagnosis only.
- The only exception to this is when the principal diagnosis is required to be a code from category Z38, Liveborn infants according to place of birth and type of delivery.
- Then a code from category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out, is sequenced after the Z38 code

- Codes from subcategory Z03.7**,** Encounter for suspected maternal and fetal conditions ruled out, may either be used as a first-listed or as an additional code assignment depending on the case.

7) Aftercare

- when the initial treatment of a disease has been performed and the patient requires continued care during the healing or recovery phase, or for the long-term consequences of the disease.

- if treatment is directed at a current, acute disease – do not assign after care code

- Exceptions
- Z51.0, Encounter for antineoplastic radiation therapy, and
- codes from subcategory Z51.1, Encounter for antineoplastic chemotherapy and immunotherapy.
- These codes are to be first-listed, followed by the diagnosis code when a patient's encounter is solely to receive radiation therapy, chemotherapy, or immunotherapy for the treatment of a neoplasm

- The aftercare Z codes should also not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the appropriate 7th character (for subsequent encounter).

- The aftercare codes are generally first-listed to explain the specific reason for the encounter

8) Follow-up

- used to explain continuing surveillance following completed treatment of a disease, condition, or injury.

- The follow-up code is sequenced first, followed by the history code.

- A follow-up code may be used to explain multiple visits (in place of diagnosis)

- **9) Donor – Z52**
- **10) Counseling**
- **11) Encounters for Obstetrical and Reproductive Services**
- **12) Newborns and Infants**
- **13) Routine and Administrative Examinations -** a general check-up, or, examinations for administrative purposes, such as, a pre-employment physical
- **Prophylactic Organ Removal**
- **Z Codes That May Only be Principal/First-Listed Diagnosis**

Exercise

- First degree and second degree burns on the thumb and two fingers on the right

- Pt with cut at her RT index finger in kitchen at her apartment with a knife as she was washing it with the dishes.

- A scar on the cheek from an old 2nd degree burn

- Pt has complaints of vomiting and diagnosed as Gastritis. Poisoning due to adverse effects of NSAIDS